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V 000	INITIAL COMMENTS An annual and complaint survey was completed 1/18/19. The complaint (Intake # NC00146876) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a	V 107		

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V 107	Continued From page 1 decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on observation, record review and interviews, the governing body failed to assure a personnel record was maintained for two of three former staff and one current staff (former staff #1, Former Manager, Driver). The findings are: a. Review on 1/15/19 of personnel records revealed no record was on site for former staff #1 (FS1). Review of a medication administration record (MAR) for a former client #1 (FC1) for the month of December 2018, FS1 initialed the MAR for former client #1 on 12/9/18, 12/11/18 and 12/13/18 as having administered Oxycodone for knee pain. During an interview on 1/15/19, the Administrator/Licensee reported FS1 was a	V 107		

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V 107	Continued From page 2 former employee worked a few days in December 2018. b. Review on 1/15/19 of personnel records revealed no record was on site for Former Manager (FM). During an interview on 1/15/19, the Administrator reported she hired the FM to set up and run the program. The Administrator reported the FM did not help her but she paid the FM through the end of December 2018. The Administrator reported she did not set up or maintain a personnel record for the FM. c. Review on 1/15/19 of the personnel records revealed no record on site for the facility Driver. Observation on 1/15/19 at approximately 10:05 AM, a vehicle arrived at the facility with a male driver. A female who identified herself as staff exited the van with several clients. During an interview on 1/15/19, the man driving the vehicle identified himself as the Driver. During an interview on 1/18/18, the Administrator reported the Driver was not a facility staff person but rather a friend. The "friend" transported clients but had not asked for payment. The Administrator reported she did not have a personnel record for the "friend" that transported her clients.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented.	V 108		

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V 108	Continued From page 3 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the Administrator failed to assure employees had training in first aid, cardiopulmonary resuscitation and the Heimlich maneuver affecting 1 of 2 current staff (#1) and 2 of 3 former staff (former staff #1, Former Manager). The findings are:	V 108		

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V 108	Continued From page 4 a. Review on 1/15/19 of staff #1's record revealed: - a hire of 12/12/18 - a Health Care Personnel Registry check dated 1/7/19 - a criminal check completed 12/13/18 - cardiopulmonary resuscitation training completed 12/12/18 - no formal evidence of first aid training During an interview on 1/15/19, staff #1 reported she had worked at the facility about three weeks. Staff #1 reported she worked her shift alone. Staff #1 reported she had prior group home experience between 2005 and 2007. Staff #1 reported she had no evidence of her prior training but was working on getting what she needed to work here. b. Review on 1/15/19 of personnel records revealed no record or evidence of training was on site for former staff #1. c. Review on 1/15/19 of personnel records revealed no record or evidence of training was on site for Former Manager (FM). During an interview on 1/15/19, the Administrator reported she had no evidence of any training for former staff #1 or the FM. The Administrator reported she had scheduled training for staff #1.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals.	V 110		

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V 110	Continued From page 5 (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interviews, one of five staff, (the Administrator) failed to demonstrate competence in decision making required by the population served. The findings are: Review on 1/15/19 of the Administrator's personnel record revealed: - a Masters in Social Work earned 2012	V 110		

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V 110	Continued From page 6 - a job description indicating the Administrator was the Director of the facility - training including: first aid, cardiopulmonary resuscitation, medication administration, Geriatric/ Adult Mental Health Specialty Teams training, Crisis Response, Suicide in Older Adults, Diabetic and Insulin Injection, Introduction to Mental Illness, Cultural Diversity, Ethics, Clients' Rights, and Alternatives to Restrictive Interventions 1. The following evidence reflects the lack of evidence of staff training in personnel records a. Review on 1/15/19 of staff #1's record revealed: - a hire of 12/12/18 - no formal evidence of first aid training - no evidence of medication administration training During an interview on 1/15/19, staff #1 reported she worked at the facility three weeks. Staff #1 reported she worked her shift alone. b. Review on 1/15/19 and 1/18/19 of staff #2's record revealed: - no clear hire date - no evidence of a statewide criminal check - no evidence of medication administration training During an interview on 1/17/19, staff #2 reported she had worked at the facility for one week. Staff #2 reported she worked her shift alone. c. Review on 1/15/19 of personnel records revealed no record or evidence of training was on	V 110		

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V 110	Continued From page 7 site for former staff #1. d. Review on 1/15/19 of personnel records revealed no record or evidence of training was on site for Former Manager (FM). During an interview on 1/15/19, the Administrator reported she hired a Manager and a Qualified Professional but the Manger did not help her and the QP had not reported for work since the end of November 2018. The Administrator reported she hired staff but did not set up personnel records or arrange for appropriate training for staff until the survey had been initiated. The Administrator reported she hired staff #1 and staff #2. Staff #1 and staff #2 worked shifts alone and administered medication although there was no evidence of medication administration training in the record. The Administrator reported both staff #1 and #2 told her they had the training on previous jobs. 2. The following evidence reflects the lack of information in client records Review on 1/15/19 of client #2's record revealed: - an admission date of 1/8/19 - an FL2 dated 1/8/19 with diagnoses including: Depression, Anxiety, Chronic Pain Syndrome, Bipolar Disorder - no evidence of authorization for consent for emergency medical care Review on 1/15/19 of client #3's record revealed: - an admission date of 11/9/18 - an FL2 dated 11/7/18 with diagnoses including: Dementia unspecified, Bipolar Disorder, Anxiety Disorder, Major Depressive Disorder, High Blood Pressure, Chrohn's Disease	V 110		

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V 110	Continued From page 8 - no evidence of authorization for consent for emergency medical care Review on 1/15/19 of client #4's record revealed: - no clear admission date - an FL2 dated 10/24/18 with diagnoses including: Seizure Disorder, Chronic Obstructive Pulmonary Disease and Major Depression - no evidence of authorization for consent for emergency medical care Review on 1/15/19 of former client #1's record revealed: - an admission date of 10/30/18 and a discharge date of 12/15/18 - an FL2 dated 10/30/18 with diagnoses including: Altered Mental Status secondary to hepatic encephalopathy, Cirrhosis, Chronic Hepatitis C, and History of aggressive behavior - no evidence of authorization for consent for emergency medical care - no documentation toward outcomes from 11/18/18 to 12/15/18	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an	V 111		

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V 111	Continued From page 9 established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure an assessment was completed for one of three current, audited clients (client #4) prior to the delivery of services. The findings are: Review on 1/15/19 of client #4's record revealed: - no clear admission date - an FL2 dated 10/24/18 with diagnoses including Seizure Disorder, Chronic Obstructive Pulmonary Disease and Major Depression - a treatment plan dated 11/30/18 with goals addressing obtaining a General Education Diploma and following the	V 111		

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V 111	Continued From page 10 rules of the group home - no evidence of a screening or admission assessment During an interview on 1/16/19, client #4 reported he felt safe in the home and was treated well. During an interview on 1/17/19, the Qualified Professional reported: - she had been with the home since October 2018 - her job responsibilities included completing admission assessments for clients - she last visited the home in November 2018 - she was not sure she had met client #4 and had no documentation for him During an interview on 1/15/19, the Licensee/ Administrator reported the QP did not come in December and she last saw her in November. The Licensee/ Administrator reported it was the QP's responsibility to complete admission assessments.	V 111		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse	V 113		

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V 113	Continued From page 11 diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician was maintained in the record for three of three audited current clients (#2, #3, #4). The governing body also failed to	V 113		

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V 113	Continued From page 12	V 113		

assure documentation on clients' progress towards outcomes was maintained in the record for one of one former clients (former client #1) The findings are:

1. The following evidence reflects the failure to obtain consent for emergency medical care.

Review on 1/15/19 of client #2's record revealed:
- an admission date of 1/8/19
- an FL2 dated 1/8/19 with diagnoses including Depression, Anxiety, Chronic Pain Syndrome and Bipolar
Disorder
- no evidence of a signed consent to seek emergency care

Review on 1/15/19 of client #3's record revealed:
- an admission date of 11/9/19
- an FL2 dated 11/7/18 with diagnoses including Dementia unspecified, Bipolar Disorder current episode manic
moderate, Anxiety Disorder, Major Depressive Disorder, High Blood Pressure and Chrohn's Disease
- no evidence of a signed consent to seek emergency care

Review on 1/15/19 of client #4's record revealed:
- no clear admission date
- an FL2 dated 10/24/18 with diagnoses including Seizure Disorder, Chronic Obstructive Pulmonary Disease and
Major Depression
- no evidence of a signed consent to seek emergency care

During an interview on 1/15/19, the Licensee/ Administrator reported she was not aware the

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V 113	Continued From page 13 information was required in the clients' records. 2. The following evidence reflects the failure to maintain progress towards outcomes in a client record. Review on 1/15/19 of former client #1's (FC1) record revealed: - an admission date of 10/30/18 and discharge date of 12/15/18 - an FL2 dated 10/30/18 with diagnoses including Altered Mental Status secondary to hepatic encephalopathy, Cirrhosis, Chronic Hepatitis C, Schizophrenia and History of Aggressive Behavior resolved - a treatment plan dated 11/17/18 with goals addressing following rules to maintain placement, maintaining physical and mental health - progress notes dated between 10/30/18 to 11/18/18 reflected FC1 abided by the schedule and medication regime - no evidence of progress notes between 11/18/18 and client's discharge on 12/15/18 During an interview on 1/18/19, the Licensee/Administrator reported there was more than one note book for FC1's progress notes but she could not locate the other one.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.	V 118		

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V 118	Continued From page 14 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the Licensee/Administrator failed to assure medications were administered on the written order of a person authorized to prescribe drugs for one of three current , audited clients (#3). The findings are: Observation on 1/15/19 at approximately 11:30 AM of client #3's medications revealed the following medications were present: - Risperidone 1 mg tablets with instructions to	V 118		

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V 118	Continued From page 15 administer 1 tablet at hour of sleep - Hydroxyzine Pam 25 mg tablets with instructions to administer 1 tablet 3 times daily as needed for agitation - Oxybutynin 5 mg tablets with instructions to administer 1 tablet daily - Fluticasone Prop 50 MCG with instructions to spray 1 spray in both nostrils 1 time daily Review on 1/15/19 of client #3's record revealed: - an admission date of 11/9/19 - an FL2 dated 11/7/18 with diagnoses including Dementia unspecified, Bipolar Disorder current episode manic moderate, Anxiety Disorder, Major Depressive Disorder, High Blood Pressure and Chrohn's Disease - no evidence of signed physicians' order fro the above medications - November 2018, December 2018 and January 2019 medication administration records with documentation that reflected the above medications were administered daily to client #3 During an interview on 1/15/19, the Licensee/Administrator reported she would try to obtain the physicians' orders.	V 118		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this	V 133		

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V 133	Continued From page 16 Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability	V 133		

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V 133	Continued From page 17 of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole,	V 133		

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V 133	Continued From page 18	V 133		

rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.
(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:
(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.
(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.
(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other

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V 133	Continued From page 19 Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the	V 133		

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V 133	Continued From page 20 following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on observation, record review and interview, the Licensee/Administrator failed to assure statewide criminal checks were completed as a condition of an offer for employment for 2 of 5 current staff (#2, Driver). The findings are: a. Review on 1/15/19 and 1/18/19 of personnel records revealed a record for staff #2. Review of staff #2's record revealed: - no clear hire date - a Health Care Personnel registry check completed 1/7/19 - documentation of various trainings completed September 2018 - no evidence of a statewide criminal check During an interview on 1/17/19, staff #2 reported she began working in January 2019. b. Review on 1/15/19 and 1/18/19 of personnel record revealed no record or criminal check was present of the Driver.	V 133		

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V 133	Continued From page 21 Observation on 1/15/19 at approximately 10:05 AM, a vehicle arrived at the facility with a male driver. A female who identified herself as staff exited the van with several clients. During an interview on 1/15/19, the man driving the vehicle identified himself as the Driver. During an interview on 1/18/19, the Administrator reported she did not have criminal checks for staff #2 or the Driver.	V 133		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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V 367	Continued From page 22 cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall	V 367		

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V 367	Continued From page 23 include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the Licensee/Administrator failed to assure an incident report was completed and submitted to the Local Management Entity (LME) within 72 hours for 1 of 1 former clients (former client #1). The findings are: Review on 1/15/19 of former client #1's (FC1) record revealed: - an admission date of 10/30/18 and discharge date of 12/15/18 - an FL2 dated 10/30/18 with diagnoses including Altered Mental Status secondary to hepatic encephalopathy, Cirrhosis, Chronic Hepatitis C, Schizophrenia and History of Aggressive Behavior resolved - a treatment plan dated 11/17/18 with goals addressing following rules to maintain placement, maintaining physical	V 367		

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V 367	Continued From page 24 and mental health - progress notes dated between 10/30/18 to 11/18/18 reflected FC1 abided by the schedule and medication regime - no evidence of progress notes between 11/18/18 and client's discharge on 12/15/18 - no evidence of any incident report regarding FC1 Review on 1/15/19, of the NC Incident Reporting Improvement System revealed no incident reports regarding FC1. During an interview on 1/15/19, staff #1 reported FC1 left the home without permission on a few occasions. During an interview on 1/15/19, the Licensee/Administrator reported FC1 had a prior history of going into the hospital in order to "get high" by requesting medication for pain. The Licensee/Administrator reported FC1 would go to neighbors' homes to try to use the phone to call EMS (emergency medical services) to try to go to the hospital. During an interview on 1/18/19, the Licensee/Administrator reported neighbors called the police twice about FC1 coming to their homes to use the phone. The Licensee/ Administrator reported she just recently learned neighbors called the police. The Licensee/Administrator reported she did not ask the former staff #1 (FS1), who was present, to complete an incident report. The Licensee/Administrator reported the FS1 wrote progress notes about FC1's behavior but she could not locate the book those notes were documented in. During an interview on 1/17/19, the Qualified	V 367		

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V 367	Continued From page 25 Professional reported: - she had worked at the facility since October 2018 - she had met FC1 - she did monthly documentation on clients but some of the documentation was not at the facility - she had not generated any incident reports and was not ware of FC1 leaving the facility to use neighbors' phones - she was not aware FC1 no longer resided at the facility	V 367		