

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL072-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2019
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NAME OF PROVIDER OR SUPPLIER PERQUIMANS COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 142 RIVERWOOD DRIVE HERTFORD, NC 27944
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 2/26/19. The complaint was unsubstantiated Intake #NC00147489. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to revise one of three audited clients (#1) treatment plan. The findings are:</p> <p>Review on 2/26/19 of client #1's treatment plan revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 4/1/01 - diagnoses of Moderate Intellectual Disability & Esophageal reflux - a treatment plan dated 9/1/18 with no strategies to address client #1's use of her cell phone <p>Review on 2/26/19 of an incident report dated 2/24/19 for client #1 revealed: "2 sheriff came to house saying they had received nine 911 calls from a cell phone. Called the [Qualified Professional (QP)] told me to take [client #1's] cell phone and put them in her desk if she needed to make a call she could call...then put phone back in desk."</p> <p>Observation on 2/26/19 at 3:52pm revealed the following:</p> <ul style="list-style-type: none"> - a cell phone in the QP's office in an unlock desk drawer - the QP turned on the cell phone and it came on in a foreign language <p>During interview on 2/26/19 the House Manager reported:</p> <ul style="list-style-type: none"> - client #1 has a smart phone that she had since Christmas 2017, however at this time the cell phone has no service - she purchased the cell phone herself, she was her own guardian 	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - client #1 doesn't know how to read therefore she pushes numbers on her cell phone - she does not intentionally call 911 however, when she pushed numerous buttons somehow 911 was contacted - client #1 also has a flip phone but 911 wasn't contacted when she used that phone - client #1 contacted the police a couple of times in 2018 - one time in November 2018 she contacted the police 3 times on a Saturday - the police said the calls are being received in different languages - client #1 changes the language of the phone and staff have to figure out how to change it back to English - the police told staff that client #1 maybe charged if she continued to call 911 - client #1 has sent nude pictures to her boyfriend - she wants to keep the smart phone because her boyfriend has the same phone - the QP was aware of the number of times client #1 has contacted the police - the Human Rights committee supposed to meet next month to see if they could restrict client #1's use of the smart phone - there were not strategies to address client #1's use of her cell phone - "it was her right to keep the cell phone" until the Human Rights committee met <p>During interview on 2/26/19 the QP reported:</p> <ul style="list-style-type: none"> - she was not aware client #1 was calling the police until Saturday (2/23/19) - the cell phone was not activated but 911 could still be called - she was aware the police was called numerous times on 2/23/19 - if the police have responded to the facility in 	V 112		

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V 112	Continued From page 3 the past she was not made aware by staff - client #1 has sent nude pictures on her phone in the past and she restricted use of client #1's cell phone - there was no measures put in place at this time in regards to client #1's cell phone use - she has reviewed the cell phone with client #1 and also discussed with her about selling the phone - she explained to client #1 that she could possibly be charged if she continued to call the police, however she (client #1) started to cry...therefore she ended the conversation	V 112		
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;	V 367		

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V 367	<p>Continued From page 4</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO). The findings are:</p> <p>Review on 2/26/19 of an incident report dated 2/24/19 for client #1 revealed: "2 sheriff came to house saying they had received nine 911 calls from a cell phone. Called the [Qualified Professional (QP)] told me to take [client #1's] cell phone and put them in her desk if she needed to make a call she could call...then put phone back in desk."</p> <p>During interview on 2/26/19 the House Manager reported: - client #1 doesn't know how to read therefore</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>she pushes numbers on her cell phone</p> <ul style="list-style-type: none"> - she does not intentionally call 911 however, when she pushed numerous buttons somehow 911 was contacted - client #1 contacted the police a couple of times in 2018 - one time in November 2018 she contacted the police 3 times on a Saturday - the police said the calls are being received in different languages - client #1 changes the language of the phone and staff have to figure out how to change it back to English - the police has told staff that client #1 maybe charged if she continued to call 911 - the QP was aware of the number of times client #1 has contacted the police - she has not filled out any incident reports in regards to police responses to the facility <p>During interview on 2/26/19 the QP reported:</p> <ul style="list-style-type: none"> - staff made her aware on Saturday (2/23/19) the police were at the facility due to numerous calls made from a cell phone - it was not determined if it was client #1's cell phone the calls were made from - therefore, she has not completed an incident report - she was not made aware of any other times the police responded to the facility 	V 367		