STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-089	A. BUILDING: _____ B. WING _____	R 03/19/2019

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MOSS LANE II	42414 MOSS LANE NEW LONDON, NC 28127

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 3/19/19. The complaint was substantiated (Intake #NC 148779). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .560)C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure allegations against staff were reported to the Health Care Personnel Registry(HCPR) within 24 hours of the health care facility becoming aware of the allegation. The findings are: Review on 3/6/19 of former client #3's (FC#3) record revealed: -admission date of 1/5/18 with diagnosis of Intellectual Developmental Disability-Mild,	V 318		

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V 318	Continued From page 1 Cardiomypathy, Diabetes Type 2, Speech Delay and Adjustment Disorder; -discharged 2/1/19; -legal guardian was the Department of Social Services; -admission assessment documented FC#3 had a history of being exploited by friends, sexually active and was homeless. Review on 3/6/19 of an internal investigation dated 1/17/19 documented the following: -1/10/19 FC#3's legal guardian (LG) reported concerns to the Agency's Administration (Adms) FC#3 had a male at the group home who was a sex offender and FC#3 had sex with him; -1/11/19 meeting held with LG, FC#3 and Adms to address concerns, determined visit did not occur and FC#3 did not have sex with the male, staff #1 who was working date of incident denied and FC#3 denied; -staff #1 reported the male came onto the group home property on 1/4/19 while she was working to see FC#3 but she did not allow him to enter the group home, staff #1 contacted her supervisor who informed staff #1 FC#3 can not have any male visitors, staff #1 asked the male to leave; -1/17/19 incident reported to local Adult Protective Services; -1/17/19 and 1/18/19 FC#3 was evaluated medically for any signs of sexual trauma or STDs, no evidence found; -2/4/19 FC#3 was discharged from the facility by her LG. Review on 3/11/19 of the North Carolina Sex Offender Registry revealed: -the male identified as visiting FC#3 at the facility was listed on the registry;	V 318		

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V 318	Continued From page 2 -been listed since 2008; -Indecent Liberty with a Minor and Lewd Acts with a Child. Interview on 3/14/19 with FC#3 revealed: -met the male through social media; -talked back and forth through social media, had her own cell phone; -was coming back from an outing with staff #1 and client #1; -client #2 was back at group home when they got home; -the male was in the yard at the group home; -the male came inside, went to her room for a few minutes; -client #1, #2 and staff #2 were there; -denied had sex with the male, stated only kissed, denied the male touched her anywhere on her body; -the male called for a ride and then left; -client #2 started a rumor about her and the male having sex; -staff #1's boyfriend is friends with the male. Interview on 3/7/19 with client #1 revealed: -FC#3 had the male visitor; -staff #1 was working; -the male came inside facility, sat on the couch; -FC#3 took the male to her room, the door was open; -FC#3 and the male did not have sex; -staff #1 was sitting right there. Interview on 3/11/19 with client #2 revealed: -FC#3 had the male visitor to the facility; -the male came inside the facility, sat on couch, then went with FC#3 to her room for about 5 minutes with the door shut; -don't think FC#3 and the male had sex;	V 318		

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V 318	Continued From page 3 -staff #1 was there the whole time; -she told staff #1 FC#3 was not supposed to have any visitors; -staff #1 called the Team Lead (TL) 10 minutes later to ask about FC#3's visitors; -FC#3 and the male went outside in the front yard; -TL told staff #1 to tell the male to leave, the male left. Interview on 3/11/19 with staff #1 revealed: -was returning from an outing; -a male was in the driveway at the facility; -she and clients entered the facility; -she went to the bathroom; -when she came out of the bathroom, the male was at the door; -FC#3 told her she has never had company and the TL won't mind; -the male came inside the facility and was on the rug at the door; -she called the TL to ask can FC#3 have a male visitor; -TL reported FC#3 cannot have a visitor and make the male leave; -everyone was outside by this time, FC#3 was going back and forth with the TL on the phone about wanting the male to visit; -the male was there about 20 minutes; -the male did not say his name, he walked from Albemarle, only time seen this male at the facility. Review on 3/8/19 of DHHS IRIS revealed: -report of allegations of neglect against staff #1; -incident occurred on 1/4/19; -facility became aware of incident on 1/10/19; -HCPR report regarding the allegations of neglect against staff #1 was entered on 1/31/19.	V 318		

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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 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.	V 367		

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V 367	Continued From page 5 (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 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	V 367		

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V 367	Continued From page 6 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 records review and interviews, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 3/6/19 of former client #3's (FC#3) record revealed: -admission date of 1/5/18 with diagnosis of Intellectual Developmental Disability-Mild, Cardiomypathy, Diabetes Type 2, Speech Delay and Adjustment Disorder; -discharged 2/1/19; -legal guardian was the Department of Social Services; -admission assessment documented FC#3 had a history of being exploited by friends, sexually active and was homeless. Review on 3/6/19 of an internal investigation dated 1/17/19 documented the following: -1/10/19 FC#3's legal guardian (LG) reported concerns to the Agency's Administration (Adms) FC#3 had a male at the group home who was a sex offender and FC#3 had sex with him; -1/11/19 meeting held with LG, FC#3 and Adms to address concerns, determined visit did not occur and FC#3 did not have sex with the male, staff #1 who was working date of incident denied	V 367		

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V 367	Continued From page 7 and FC#3 denied; -staff #1 reported the male came onto the group home property on 1/4/19 while she was working to see FC#3 but she did not allow him to enter the group home, staff #1 contacted her supervisor who informed staff #1 FC#3 can not have any male visitors, staff #1 asked the male to leave; -1/17/19 incident reported to local Adult Protective Services; -1/17/19 and 1/18/19 FC#3 was evaluated medically for any signs of sexual trauma or STDs, no evidence found; -2/4/19 FC#3 was discharged from the facility by her LG. Review on 3/11/19 of the North Carolina Sex Offender Registry revealed: -the male identified as visiting FC#3 at the facility was listed on the registry; -been listed since 2008; -Indecent Liberty with a Minor and Lewd Acts with a Child Interview on 3/14/19 with FC#3 revealed: -met the male through social media; -talked back and forth through social media, had her own cell phone; -was coming back from an outing with staff #1 and client #1; -client #2 was back at group home when they got home; -the male was in the yard at the group home; -the male came inside, went to her room for a few minutes; -client #1, #2 and staff #2 were there; -denied had sex with the male, stated only kissed, denied the male touched her anywhere on her body;	V 367		

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V 367	Continued From page 8 -the male called for a ride and then left; -client #2 started a rumor about her and the male having sex; -staff #1's boyfriend is friends with the male. Interview on 3/7/19 with client #1 revealed: -FC#3 had the male visitor; -staff #1 was working; -the male came inside facility, sat on the couch; -FC#3 took the male to her room, the door was open; -FC#3 and the male did not have sex; -staff #1 was sitting right there. Interview on 3/11/19 with client #2 revealed: -FC#3 had the male visitor to the facility; -the male came inside the facility, sat on couch, then went with FC#3 to her room for about 5 minutes with the door shut; -don't think FC#3 and the male had sex; -staff #1 was there the whole time; -she told staff #1 FC#3 was not supposed to have any visitors; -staff #1 called the Team Lead (TL) 10 minutes later to ask about FC#3's visitors; -FC#3 and the male went outside in the front yard; -TL told staff #1 to tell the male to leave, the male left. Interview on 3/11/19 with staff #1 revealed: -was returning from an outing; -a male was in the driveway at the facility; -she and clients entered the facility; -she went to the bathroom; -when she came out of the bathroom, the male was at the door; -FC#3 told her she has never had company and the TL won't mind;	V 367		

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V 367	Continued From page 9 -the male came inside the facility and was on the rug at the door; -she called the TL to ask can FC#3 have a male visitor; -TL reported FC#3 cannot have a visitor and make the male leave; -everyone was outside by this time, FC#3 was going back and forth with the TL on the phone about wanting the male to visit; -the male was there about 20 minutes; -the male did not say his name, he walked from Albemarle, only time seen this male at the facility. Review on 3/8/19 of DHHS IRIS revealed: -incident occurred on 1/4/19; -facility became aware of incident on 1/10/19; -incident report regarding the allegation FC#3 had sex with an unapproved male visitor at the facility was entered on 1/31/19.	V 367		