STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED	
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MHL011-405	B. WING			9/2019	
STREET	ADDRESS, CITY, S	STATE, ZIP CODE			
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AC 27G .5600F Supervised s of all Disability					
V 367 27G .0604 Incident Reporting Requirements					
UIREMENTS FOR B PROVIDERS B providers shall report all accept deaths, that occur during the services or while the providers premises or level. If deaths involving the clients are rendered any service within incident to the LME catchment area where ed within 72 hours of the incident. The report shall or may be submitted via may be or encrypted electronic shall include the following provider contact and lation; intification information; cident; and viduals or authorities notified	ill in				
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
MHL011-405		B. WING			C 19/2019		
NEW YORK HOMES RESIDENTIAL CARE CEN. 644 OLIVI			DRESS, CITY, SETTE ROAD	STATE, ZIP CODE			
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V 367	missing or incomples shall submit an updareport recipients by day whenever: (1) the provide erroneous, mislead (2) the provide required on the inciunavailable. (c) Category A and upon request by the obtained regarding (1) hospital reinformation; (2) reports by (3) the provide (d) Category A and of all level III incided Mental Health, Dev Substance Abuse Substan	ge 1 ete information. The plated report to all requithe end of the next being a reason to belied in the report may being or otherwise unrelier obtains information dent form that was problem. B providers shall subsect LME, other information the incident, including ecords including confider's response to the insection of the providers shall send the reports to the Divisive elopmental Disabilities for vices within 72 hour the incident. Categor da copy of all level III a client death to the Divisive elopmental Disabilities for vices within 72 hour the incident. In cases within 72 hour the incident. In cases with the incident of the Division of the compact of the providers shall report the compact of the providers shall send the LME responsible for the compact of	eve that eliable; or neviously omit, ion g: dential d ncident. In a copy ion of s and ers of eliable or the ided. For ovided d shall neet the	V 367			

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
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	PROVIDER OR SUPPLIER	ITIAL CARE CEN	644 OLIVI	DRESS, CITY, S ETTE ROAD LE, NC 2880	STATE, ZIP CODE		
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V 367	the definition of a let (3) searches (4) seizures (5) the total rediction incidents that occur (6) a statement been no reportable incidents have occur meet any of the crit	evel II or level III incide of a client or his living of client property or particular, and entindicating that the incidents whenever furred during the quarteria as set forth in Particular and Subparagraphics.	g area; roperty in I level III re have no ter that aragraphs	V 367			
	facility failed to report Local Managing En Organization (LME/1 of 3 sampled clien	views and staff intervort a Level II incident tity/Managed Care (MCO) within 72 hournts (Client #1) preseressive and destructive	to the rs of when nted				
	Improvement Syster-Report submitted of 12/29/18 (5 days) roughly client #1 eloped out Staff found him out and refused to return the property, cup hysically aggressive tear gutters from the neighbor, the pasto Client #1 was even return home and has	at of his bedroom win- side walking toward to rn. He began destro- tting himself and bed we with staff. He con- e church building who ar and police showed tually able to calm do ave cuts cleaned up. 1/21/19 regarding inc	ealed: dent dated dow. the church ying came tinued to en a up. own and				

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER NEW YORK HOMES RESIDENTIAL CARE CEN (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		D.			SURVEY LETED		
NAME OF PROVIDER OR SUPPLIER NEW YORK HOMES RESIDENTIAL CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 644 OLIVETTE ROAD ASHEVILLE, NC 28804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE OF CROSS-REFERENCED TO THE APPROPRIATE DATE OF CORRECTION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE					71. 501251110.			,
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V 367 Continued From page 3 V 367	/ 367 Conti	ა67 Cor	Continued From p	age 3	V 367			
While staff was engaged with another client, Client #1 exited the facility with no shoes, socks or shirt. Client refused staff's request to come back in and continued to walk across the street. Staff followed until they were able to calm Client #1 enough to sit down. They talked for about 45 minutes and then returned to the house. Client #1 was administered PRN but continued to pace for hoursReport submitted 1/21/19 regarding incident dated 1/18/19 revealed: After pacing anxiously in the living room, Client #1 went to his bedroom and shut himself in his closet refusing to come out. Client #1 opened the closet door to reveal bleeding arms that he had been cutting with glass from a broken light bulb. He reluctantly gave the glass to staff and followed them to the bathroom to clean his wounds. He returned to his bedroom and tried to jump out of his bedroom window but staff stopped him. He then accompanied staff into the living room where he slept for the nightReport submitted 1/2/1/19 regarding incident dated 1/20/19 revealed: Client #1 eloped out of his bedroom window before dinner on 1/20/19. Reported he wanted to kill several staff members as well as himself. 911 was called-police transported client to the hospitalReport submitted 3/19/19 regarding incident dated 3/15/19 (4 days) revealed: Client #1 eloped from the home and was found wandering around outside. He refused to come back inside. He became physically aggressive with staff as he was attempting to lay down in the main road saying he wanted to kill himself. Police were called and escorted Client #1 home. After he refused to get out of the car, the police transported him to the hospital due to his	While Client or shi back Staff #1 en minut #1 wa for ho -Report dated After went close close been He re them return his be then a he sle -Report dated Client befork kill se was conspillated Client wand back with simain were he re	While Client or shirt back in Staff for #1 end minute #1 was for hour report dated After p went to closet been of them to return his bed them to return his bed client before kill sev was can hospital report dated client wande back in with stimain return to the slep of them to the slep of the s	While staff was en Client #1 exited thor shirt. Client refiback in and contin Staff followed until #1 enough to sit dominutes and then #1 was administer for hoursReport submitted dated 1/18/19 revealed and the pacing anxious went to his bedrook closet refusing to closet door to reveale to his bedroom window them to the bathrow them to the bathrow them accompanied the slept for the nighest pacing and the slept for the nighest for the nighest for the nighest end 1/20/19 revealed at 1/20/19 revealed and 1/20	ngaged with another client e facility with no shoes, so used staff's request to contued to walk across the still they were able to calm Cown. They talked for about returned to the house. Clied PRN but continued to 1/21/19 regarding incider ealed: susly in the living room, Client and shut himself in his come out. Client #1 open eal bleeding arms that he glass from a broken light to be the glass to staff and for both to clean his wounds. In distaff into the living room ght. 1/21/19 regarding incider ealed: sut of his bedroom window with the staff stopped him. In the living room ght. 1/21/19 regarding incider ealed: sut of his bedroom window with the living room ght. 3/19/19 regarding incider ealed: sut of his bedroom window with the living room the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside. He refused to contain the home and was for outside.	t, ocks me reet. Client ut 45 lient pace nt ient #1 seed the had bulb. Illowed He where nt voted to lf. 911 nt und ome ive in the Police			

Division of Health Service Regulation

STATE FORM 6899 3BQB11 If continuation sheet 4 of 6

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		SURVEY PLETED	
AND I CAN OF CONNECTION IDENTIFICATION NOWIDER.		A. BUILDING:		COM	LETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
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V 367	Continued From pa	age 4	V 367			
	-Admission date of -Diagnoses- Attent Disorder, Moderate Disruptive Mood Di Persistent Disinhib	ion Deficit Hyperactivity e Intellectual Disability, ysregulation Disorder and ition and Social Engagement m, property destruction and				
	Client #1 was unavailable for interview. Interview with Guardian for Client #1 revealed: -Client #1 had always been this way-"he can control every bit of this. He needs not to be cuddled but to have significant consequences when he does damage to others property. He just wants all the attention all the time." -He was working on something with the church to hold Client #1 accountable for his behaviors.					
	Family Living prima -Client #1's behavior uncontrollable whe directed toward so he could not have so -Have tried changin seen his psychiatris monthsClient #1 had a be psychologist would	In staff attention would be meone else in the home or if something he wanted. In medications. Client #1 hast 11 times in the past 12 Phavior support plan and the lase Client #1 weekly.	d			
	Professional (QP) -Client #1's behavior downShe was aware of electronic medical by Staff #1.	9 with the Qualified revealed: ors were normally up and the incident reports in their record (EMR) system entered ble for entering that informations				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
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V 367	into IRIS (Incident F System) notifying th -She reviewed their every day and ente as soon as she cou -She was not aware	Response Improvem ne LME. EMR for incident re red the information ir	ports nto IRIS	V 367			

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