

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-620 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/29/2019 |
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| NAME OF PROVIDER OR SUPPLIER COLTRANE'S GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 3811 REPON STREET GREENSBORO, NC 27407 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An Annual and Follow-Up Survey was completed on March 29, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to hold fire drills and disaster drills quarterly, on each shift, under conditions that simulate an emergency. The findings are: Review on 3-29-19 of the facility ' s emergency</p> | V 114 | | |

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

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| V 114 | <p>Continued From page 1</p> <p>drill logs revealed pertaining to Fire Dirlls:</p> <ul style="list-style-type: none"> - First Quarter; 2019 <ul style="list-style-type: none"> - no second shift drill held - no third shift drill held - Second Quarter; 2018 <ul style="list-style-type: none"> - no second shift drill held - no third shift drill held - Third Quarter; 2018 <ul style="list-style-type: none"> - no second shift drill held - no third shift drill held - Fourth Quarter; 2018 <ul style="list-style-type: none"> - no first shift drill held <p>Further review revealed, pertaining to disaster drills:</p> <ul style="list-style-type: none"> - First Quarter; 2019 <ul style="list-style-type: none"> - no second shift drill held - Second Quarter; 2018 <ul style="list-style-type: none"> - no first shift drill held - Third Quarter; 2018 <ul style="list-style-type: none"> - no third shift drill held - Fourth Quarter; 2018 <ul style="list-style-type: none"> - no third shift drill held <p>Interview on 3-29-19 with the Director/Owner (D/O) revealed:</p> <ul style="list-style-type: none"> - "we went over this yesterday and thought we were doing them each quarter" - "I guess we were confused" - "to be honest, we don ' t do any real late drills" <p>Interview on 3-29-19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - she would work with the D/O and make sure the drills were held every shift, each quarter | V 114 | | |
| V 366 | 27G .0603 Incident Response Requirments | V 366 | | |

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| V 366 | <p>Continued From page 2</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record</p> | V 366 | | |

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| V 366 | <p>Continued From page 3</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to</p> | V 366 | | |

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| V 366 | <p>Continued From page 4</p> <p>three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to maintain documentation of level I incidences including; the cause of the incident, corrective measures, development and implementation of measures to prevent the incident from re-occurring, and the person or persons responsible for implementing the corrections and preventive measures. The findings are:</p> <p>Interview on 3-29-19 with staff #1 revealed: - there was a level I incident report form - "we have an incident report book" - "we document what happened and how we handled it"</p> <p>Interview on 3-28-19 with the Director/Owner</p> | V 366 | | |

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| V 366 | <p>Continued From page 5</p> <p>(D/O) reported:</p> <ul style="list-style-type: none"> - there had been no level I incidences in the last 6 months - there had been no level II incidences in the last 6 months - she could not locate her level I incident report form - "you mean if someone pricked their finger and needed a band-aid" -that would be a level I incident? - "yea, I don ' t have a form for that" <p>Interview on 3-29-19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - understood there needed to be a way to document level I incidences - "we don ' t have one [level I incident report form], but we ' ll get one" - "I ' ll help her [D/O] create one" | V 366 | | |