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	MHL078-159	A. BUILDING: _____ B. WING _____	R-C 03/22/2019

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A BETTER WAY RESIDENTIAL SERVICES	220 CALVINS ROAD SHANNON, NC 28386

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 03/22/19. The complaints were unsubstantiated (Intake #NC00147462 and Intake #NC00149428). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 03/08/19 of facility records from December 2018 thru present revealed no	V 114		

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V 114	Continued From page 1 documented fire or disaster drills. Interview on 03/08/19 the Assistant Manager stated no fire or disaster drills had been completed at the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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. (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	V 118		

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V 118	Continued From page 2	V 118		

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 record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (????). The findings are:

Finding #1:
Review on 03/08/19 of client #TP's record revealed:
-14 year old male.
-Admission date of 10/23/18.
-Diagnoses of Conduct Disorder, Disruptive Impulse Control Disorder, Schizophrenia Spectrum, Attention Deficit Hyperactivity Disorder (ADHD) and Psychotic Disorder.

Review on 03/08/19 of client #TJ signed physician orders revealed:
-Adderall (treats ADHD) 5 milligrams (mg) take 2 tablets once daily.
-Melatonin (treats insomnia) 5mg - take 2 tablets once daily.

A.Review on 03/08/19 of client #TJ February 2019 and March 2019 MARs revealed the following transcribed entry:
-Adderall 5mg - take 2 tablets by mouth every day.

Observation on 03/08/19 of client #TJ's medications revealed Adderall 10mg - take one

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V 118	Continued From page 3 tablet daily. B.Review on 03/08/19 of client #TJ February 2019 and March 2019 revealed the following blanks: February 2019 -Melatonin - 02/28/19 March 2019 -03/06/19 and 03/07/19. Finding #2 Review on 03/08/19 of client #NZ record revealed: Review on 03/08/19 of client #NZ's signed medication orders revealed: -Divalproex (treats seizures) 500mg - take one tablettwice daily. -Seroquel/Quetiapine (antipsychotic) 50mg - take one tablet daily. Review on 03/08/19 of client #NZ's rMARs revealed the following blanks: Febraury 2019 -Divalproex - 02/28/19 -Seroquel - 02/28/19 March 2019 -Seroquel - 03/06/19 and 03/07/19. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

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V 132	Continued From page 4	V 132		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are: See Tag V367 for specifics. Interview on 03/08/18 and 03/22/19 the Licensee stated she had not reported the allegation of abuse to the HCPR as required.	V 132		
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:	V 367		

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V 367	Continued From page 6 (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. (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	V 367		

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V 367	Continued From page 7 .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 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 reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 03/08/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no report from the facility regarding Former Client (FC)#5's allegation of abuse against staff #1. Interview on 03/22/19 FC #5 stated: -He had staff "put hands on me, folded me up	V 367		

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V 367	Continued From page 8 (staff and date unspecified), put hands on my mouth and squeezed my teeth (assistant group home manager - 12/18 date unspecified), one lady choked me (staff #3 - date unspecified)... [staff #1] saw it, no kids saw it." -He had told his social worker about the incidents when she came to his school. -He didn't have any marks or bruises from any of the allegations. -He thought he told his school principal about the incidents but "she didn't believe me." Interview on 03/08/19 client #3 stated: -He was not aware of any abuse or harm by any staff at the facility. Interview on 03/08/19 client #4 stated: -He was not aware of any abuse or harm by any staff at the facility. Interview on 03/08/19 staff #1 stated: -He was not aware of any harm or abuse by any staff at the facility. -He was present during multiple restraints for FC #5 on 12/25/18 and the restraints were conducted according to his training. - Staff #3 did "not put her hands on him (FC #5) but was clearly upset, he had jumped in front of her and he (FC# 5) was verbally aggressive towards her (staff #3)..." -He had been made aware of the allegations made by FC #5 for incident on 12/25/18. -He had not harmed or abused any client in the facility. Interview on 03/08/19 staff #3 stated: -She had been made aware of the allegations made by FC #5 for incident on 12/25/18. -She was not aware of any harm or abuse by any staff at the facility.	V 367		

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V 367	Continued From page 9 -She had not harmed or abused any client in the facility. Interview on 03/08/19 the Licensee stated: -She was made aware of allegations of abuse by FC #5 when DSS came to complete an investigation. -She was aware she had not completed a report to the Health Care Personnel Registry (HCPR) or completed an internal investigation of the allegation of abuse made by FC #5 or submitted the incident report in the required timeframe and she agreed do so.	V 367		