

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CEN'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>644 OLIVETTE ROAD ASHEVILLE, NC 28804</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <small>By DHSR - Mental Health Lic. &amp; Cert. Section at 1:50 pm, Apr 09, 2019</small> </div>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  A complaint survey was completed on 3/19/19. The complaint was unsubstantiated (Intake #NC148267). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	V 000		
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	V 367	<p>on 3/19/19 DHS Surveyor met with RFI QPs to discuss the survey findings and we reviewed the NC rule regarding incident reporting. RFI QPs met on 3/20/19 to discuss and do a plan of correction. QPs will meet with all staff and AFL's during their supervisions to discuss &amp; review the procedures for reporting on all incidents immediately to QP and if a QP is out on leave another QP will complete the incident report in their absence. All level II + III incidence will be reported within 72 hours of becoming aware of incident on IRIS report by QPs. RFI electronic records system has a reporting component for staff to report. If information is lacking and QP is unable to obtain all information needed QP will submit all information</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Wanda Self, President*  
*BA, QP*

4/9/19

Division of Health Service Regulation

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V 367	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to report a Level II incident to the Local Managing Entity/Managed Care Organization (LME/MCO) within 72 hours of when 1 of 3 sampled clients (Client #1) presented self-injurious, aggressive and destructive behaviors. The findings are:</p> <p>Record review on 3/19/19 of Incident Response Improvement System (IRIS) reports revealed: -Report submitted 1/3/19 regarding incident dated 12/29/18 (5 days) revealed: Client #1 eloped out of his bedroom window. Staff found him outside walking toward the church and refused to return. He began destroying church property, cutting himself and became physically aggressive with staff. He continued to tear gutters from the church building when a neighbor, the pastor and police showed up. Client #1 was eventually able to calm down and return home and have cuts cleaned up. -Report submitted 1/21/19 regarding incident dated 1/17/19 (4 days) revealed:</p>	V 367	<p><i>Known at that time and submit further information as needed</i></p> <p><i>New York Homes will notify RFI through THEARP as well as an email to each care coordinator regarding each incident</i></p> <p><i>Plan of correction is completed as of <del>5/1st</del> May 1<sup>st</sup> 2019</i></p> <p><i>The Executive Director Kathryn Hill will monitor all incident reports monthly for 3 months to ensure that this does not occur again and if RFI has maintained compliance she will begin monitoring quarterly</i></p>	
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