

Division of Health Service Regulation

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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(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
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V 000 INITIAL COMMENTS

An Annual and Follow-Up Survey was completed on March 29, 2019. Deficiencies were cited.

This facility is licensed for the following service category:

- 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults

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 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

V 000

DHSR - Mental Health

APR 15 2019

Lic. & Cert. Section

V 114

Deficiency V 114:

04/08/2019

To assist Admin and staff, when planning and executing emergency drills, the log was revised in 2017, to have the 'pre-printed' month, as well as, time of day (just 'am' & 'pm', not exact time). This revision, has since, caused an issue with ensuring that the drills were, also, being completed on a 3-shift rotation. To correct this recent citing and oversight, the log has been revised, to also, show a 'pre-printed', 3 shift choice/selection; to specify, the shift conducted.
Admin will continuously, train staff before, during, and after ANY type of drill is conducted. Also, to insure accuracy, proper execution, and record keeping, Admin will be present for each conducted emergency drill. One fire drill and one evacuation/ disaster drill will be conducted and 'correctly' documented each month. These drills will occur, interchangeably between 3, 8- hour shifts. This will be recorded in the 'Fire and Disaster Record Book' on the 'New' Drill logs by Admin, following each drill/event. The Record book will be reviewed/verified quarterly by the Qualified Professional to ensure accuracy.

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

Lathay Coltrane

TITLE
Admin.

(X6) DATE

4/11/19

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V 114	Continued From page 1 drill logs revealed pertaining to Fire Dirlls: - First Quarter; 2019 - no second shift drill held - no third shift drill held - Second Quarter; 2018 - no second shift drill held - no third shift drill held - Third Quarter; 2018 - no second shift drill held - no third shift drill held - Fourth Quarter; 2018 - no first shift drill held Further review revealed, pertaining to disaster drills: - First Quarter; 2019 - no second shift drill held - Second Quarter; 2018 - no first shift drill held - Third Quarter; 2018 - no third shift drill held - Fourth Quarter; 2018 - no third shift drill held Interview on 3-29-19 with the Director/Owner (D/O) revealed: - "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" Interview on 3-29-19 with the Qualified Professional revealed: - 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	Continued From page 2 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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: (1) immediately securing the client record	V 366	Deficiency V 366: Unfortunately, due to miscommunication, it was assumed that the only incidents required to be reported, were those that were Level 2 or higher. This deficiency is being corrected by adopting, and implementing the current "Quarterly Provider Incident Report" form (Form QM11; see attached), found on the NCDHHS website. Although, every effort will be made to prevent all types of incidents from occurring, This form and information contained in it, will assist us in ensuring that all incidents are being properly prevented, documented, corrected, and reported. We will also, review our policies and procedures with all staff, to ensure that this implementation takes place. The facility's QP, will be responsible for verifying and maintaining documentation, implementing current preventive measures, and addressing/ correcting any necessary measures, according to federal regulations.	05/15/2019

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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	Continued From page 5 (D/O) reported: - 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" Interview on 3-29-19 with the Qualified Professional revealed: - 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			

Quarterly Provider Incident Report

State Fiscal Year and Quarter of this Report:

SFY18-19

4th Qtr (Apr, May, Jun)

Name of Provider and Facility/Unit:

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Provider Identification Number:

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[Use National Provider Identifier (NPI), otherwise in preferred order (from top down on the list to the right) -- MH License Number, Medicaid Enrollment Number, IPRS Attending Number, LME Assigned Number, or Provider Tax ID]

National Provider Identifier	<input type="checkbox"/>
MH License Number	<input type="checkbox"/>
Medicaid Enrollment Number	<input type="checkbox"/>
IPRS Attending Number	<input type="checkbox"/>
LME Assigned Number	<input type="checkbox"/>
Provider Tax ID	<input type="checkbox"/>

Check which type of Provider Identification Number was provided:

Section 1 - Summary of Level 1 Incidents

Number of Incident Reports ¹	Unduplicated Count of Consumers Involved ²	Highest Number of Incidents for One Consumer ³
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Restrictive Interventions

[A Level 1 incident is any planned use of a restrictive intervention administered appropriately and without discomfort, complaint, or injury.]

Total Unduplicated Count ⁴			
Seclusion			
Isolated Time-Out			
Restraint			

Medication Errors

[A Level 1 incident is any error that a physician or pharmacist has determined does not threaten the consumer's health or safety. Providers of periodic services should report errors for consumers who self-administer medications as soon as learning of the incident.]

Wrong Dosage Administered			
Wrong Medication Administered			
Wrong Administrative Technique			
Wrong Time (over 1 hour from prescribed time)			
Wrong Person Given Medication			
Missed Dose of Prescribed Medication			
Refused Dose of Prescribed Medication			
Dose Preparation Error			
Loss or Spillage of Medication			
Other Medication Errors			

Other Incidents

[All searches/seizures are classified as a Level 1 incident.]

Any Search of Consumer/Living Area or Seizure of Consumer's Property			
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Footnotes Referenced Above In Section 1:

1. A count of the number of incident reports completed during the quarter for the type of incident indicated.
2. Provide an unduplicated count of the consumers for which an incident report was completed during the quarter for the type of incident indicated. For example, if one consumer had multiple incidents during the quarter of the type indicated, that consumer should be counted only once.
3. Identify the individual consumer with the highest number of incidents during the quarter for the type indicated and report this number as the highest number of incidents for one consumer. For example, if 30 medication errors out of a total of 35 during the quarter were

Quarterly Provider Incident Report

attributed to one consumer, the highest number for one consumer would be 30. If 35 consumers each had one medication error during the quarter, the highest number for one consumer would be one.

4. For **total unduplicated count**, count each incident report only once regardless of the number of different types of restrictive interventions that may be listed on an individual report. For each **type** of restrictive intervention listed (seclusion, isolated time-out, or restraint), count each incident reported on the incident report. It is possible that the sum of each type of incident may exceed the total unduplicated count if more than one type of restrictive intervention is reported on a single incident report.

Section 2 - Summary of Level 2 and 3 Incidents

This section provides a summary of the number of Level 2 and Level 3 Incident Reports that were completed and submitted to the host LME during the quarter.

	Number of Incident Reports	Unduplicated Count of Consumers Involved	Highest Number of Incidents for One Consumer
Number of Level 2 Incident Reports			
Number of Level 3 Incident Reports			

If no Level 2 or Level 3 Incident Reports were submitted, did any Level 2 or Level 3 incident occur and go unreported? Yes No

Section 3 - How the Provider is Analyzing Trends and Using Incident Report Data

Provide a brief description of patterns or trends identified through data analysis, strategies developed to address identified problems or opportunities for improvement, actions taken, evaluation of the results of actions taken, and/or next steps being planned. The information provided below should address quality improvement efforts related to all types of incidents (Level 1, 2, and 3) and should not be limited to the Level 1 incidents reported on this form. This section will expand as needed.

	Description
Analyses (Trends, patterns)	
Strategies Developed	
Actions Taken	
Evaluation of Results of Actions Taken	
Next Steps	

Print Name of Person Completing Report for Provider:

Title:

Date:

Phone:

Email:

Quarterly Provider Incident Report

Instructions

Requirement to Submit the Report:

10A NCAC 27G .0604, requires Category A and B providers to submit a report each quarter to the host Local Management Entity (LME) providing summary information of selected Level 1 incidents* that occurred during the quarter involving restrictive interventions, medication errors, any search of a client or a client's living area, and any seizure of a client's property or property in the client's possession. **A separate report shall be submitted for each provider facility/site.** The report shall be submitted using a form provided by the Secretary of the North Carolina Department of Health and Human Services (NC DHHS). The Provider Quarterly Incidents Report (Form QM11) is the designated form for submitting this report. A copy of this form may be found on the Division of MH/DD/SAS website:

<http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm>

* *A Level 1 incident is any occurrence that is not consistent with the routine operation of a facility or service or the routine care of a client and that is likely to lead to adverse effects upon a client and does not meet the definition of a Level 2 or 3 incident. For further explanation, please refer to the DHHS Incident and Death Response System Manual, a copy of which also may be found on the above referenced web site.*

Even if there are no Level 1 incidents of the types to be reported during the quarter, providers are still required to submit this form to the host LME indicating "0" incidents. This will allow the host LME to distinguish between no incidents and a failure to report by a provider.

When to Submit the Report:

The quarterly summary and analysis of incidents is to be done every three months and submitted no later than 10 days after the end of the quarter. The following table describes the months covered and the due dates for each quarterly report.

Report	Months Covered	Due Date
First Quarter	July, August, September	October 10
Second Quarter	October, November, December	January 10
Third Quarter	January, February, March	April 10
Fourth Quarter	April, May, June	July 10

Where and How to Submit the Report:

This report should be emailed, faxed or mailed to the Incident Report Coordinator at your Host LME. Contact information for each LME is listed alphabetically by LME and by county on the Local Contact LME Listing page of the Division's website at:

<http://www.ncdhhs.gov/mhddsas/lmedirectory.htm>

Questions:

Questions about this quarterly report should be directed to the Incident Report Coordinator at your Host LME.

FIRE DRILL REQUIREMENT LOG

HOME NAME: Coltrane's Group Home; 3811 Repon Street, Greensboro, NC 27407

Fire drills are required a minimum of 12 times per year, with a total of 3 in each 3 month period. Of those three, one must be during the "Daytime," one must be in the "Evening," and one must be during "Sleeping" hours. This requirement is sometimes referred to as "one per shift per quarter." NOTE: A Log of each Drill should be kept separately, showing names of participants, staff actions, evacuation time, and any problems and corrective action.

1st Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						
2nd Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						
3rd Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						
4th Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 2, 2019

Lathay L. Coltrane
Post Office Box 79113
Greensboro, NC. 27417

Re: Annual and Follow-Up Survey completed March 29, 2019
Coltrane's Group Home, 3811 Repon St. Greensboro, NC. 27407
MHL # 041-620
E-mail Address: lathay@bellsouth.net

DHSR - Mental Health

APR 15 2019

Lic. & Cert. Section

Dear Ms. Coltrane:

Thank you for the cooperation and courtesy extended during the Annual and Follow-Up Survey completed March 29, 2019.

As a result of the follow up survey, it was determined that all of the previous deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is May 29, 2019.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC. 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Scott M. Walton, LCSW, CI/I
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: _DHSR_Letters@sandhillscenter.org
DHSRreports@eastpointe.net
File