STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-138	A. BUILDING: _____ B. WING _____	04/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELO'S CARE HOME, INC	10091 US HIGHWAY 74 WEST MAXTON, NC 28364

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V 000	INITIAL COMMENTS A complaint survey was completed on April 18, 2019. One complaint was substantiated (intake #NC00149701) and one complaint was unsubstantiated (intake #NC00150043). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	V 132 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY Investigation was completed by Director 4/1/19 thru 4/3/19. Director failed to contact Health Care Personnel Register in a timely manner. Initial report was submitted 4/25/19 and the investigation report was submitted 4/26/19 to correct the deficiency.	
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	V 132	Measures to prevent the problem from occurring again. Allegations going forward Management will investigation and report finding to the Health Care Personal Registry in the required time frame within five working days of the initial notification to the Department. The monitoring will take place when an allegation is reported with in 24 hours of the allegation report. RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 3:08 pm, Apr 26, 2019	

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V 132	Continued From page 1 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. 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: Review on 04/17/19 of facility records revealed no documentation the HCPR was notified of client #2's 04/01/19 allegation of abuse against staff #1. See Tag V367 for specifics. Interview on 04/18/19 the Licensee stated she would complete all notifications and reports as required.	V 132	An incident report was submitted in the IRIS but it didn't completely submit due to management failed to get the completely submitted page. It was under the assumption that once an incident is submitted in the IRIS it was completed. An incident number was assigned to the incident but it was not received in the system. Management resubmitted the incident report in the IRIS 4/18/19. Measures will be put in place to correct the deficient the monitor (Director) will get the submission page to confirm the report has been completely submitted when an incident level II, III occurs. In the event the IRIS is down or the report can't be submitted the monitor (Director) will fax a copy to the fax number located in the IRIS reporting system. And also contact local MCO to report failed to report in the IRIS system.	
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	V 367		

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V 367	Continued From page 2 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 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;	V 367	Director contacted DSS Robeson County and reported the allegation 4/2/19 to intake person Latiesha Waltman contacted by phone 910 608 2122. Director contacted Eastpointe MCO Robeson County and reported the allegation 4/2/19 to Care Coordinator Keena McNeil contacted by phone 910 272 1535. Also, contacted Angelo's Care Home Inc. QP and reported the allegation 4/1/19 to Sherry Scott 910 280 6742 Submitted in the IRIS 4/3/19, but not successful. Report was resubmitted 4/18/19 successfully.	

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V 367	Continued From page 3 (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 .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.	V 367		

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V 367	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 04/17/19 of the North Carolina Incident Response Improvement System (IRIS) from March 2019 thru present revealed no level II or III reports for client #2 had been submitted. Review on 04/17/19 of client #2's record revealed: - 55 year old female. - Admission date of 03/17/03. - Diagnoses of Bipolar Disorder, Intermittent Explosive Disorder, Mild Mental Retardation, Cerebral Palsy, Epilepsy, Scoliosis, Hereditary Spastic Paraplegia, Diverticulosis and Gastroesophageal Reflux Disorder. Review on 04/17/19 of an IRIS report for client #2 dated 04/01/19 and completed by the Licensee revealed: - No documented "Provider Comments" or the report was properly submitted to the LME. - "Describe the cause of this incident: 4/3/2019 Member served (client #2) had no complaints prior to bruise appearing. After interviewing member served and staff it is unknown what caused the bruise. - Incident Prevention: 4/3/2019 Management will have a safety training April 15 2019." - No documentation the IRIS report was sent to the Health Care Personnel Registry (HCPR) or the local Department of Social Services (DSS). - No documentation client #2 had initially made an allegation staff #1 had injured her eye.	V 367		

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V 367	Continued From page 5 Review on 04/17/19 of a "Corporate Compliance Reporting Form" signed by staff #4 and dated 04/03/19 revealed: - "Alleged behavior or incident that occurred: Staff reported [Client #2] had a bruise on her left eye. [Client #2] didn't complain to staff that her eye hurt or that she bumped it during transfer with Hoyer lift. [Client #2] stated [Staff #1] threw [client #2] leg back and her bedroom shoe hit her eye... [Staff #1] reported to management [Client #2] stated [Staff #1] injured her eye..." Interview on 04/17/19 and 04/18/19 the Licensee stated: - She had completed an IRIS report on client #2's bruise, however she may not have completely submitted the document. - She had not completed an IRIS report regarding client #2's allegation against staff #1 because client #2's story kept changing. - She did not contact the local DSS or HCPR regarding client #2's allegation on 04/01/19. - Client #2 has a history of making allegations. - She would ensure the incident report was submitted as required.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social	V 500		

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V 500	Continued From page 6 Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is	V 500	Director contacted DSS Robeson County and reported the allegation 4/2/19 to intake person Latiesha Waltman contacted by phone 910 608 2122. Director contacted Eastpointe MCO Robeson County and reported the allegation 4/2/19 to Care Coordinator Keena McNeil contacted by phone 910 272 1535. Also, contacted Angelo's Care Home Inc. QP and reported the allegation 4/1/19 to Sherry Scott 910 280 6742 Submitted in the IRIS 4/3/19, but not successful. Report was resubmitted 4/18/19 successfully. Staff was trained 4/15/19 In-service log Van tie downs, Food preparation, Client Rights, pressure sore wound care, Hoyer lifter bomb threats, and Fire drills	

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V 500	Continued From page 7 renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report to the Department of Social Services (DSS) in the county where services are provided an allegation of resident abuse by health care personnel. The findings are: Review on 04/17/19 of facility records revealed no documentation the local DSS was notified of client #2's 04/01/19 allegation of abuse against staff #1. See Tag V367 for specifics. Interview on 04/18/19 the Licensee stated she would complete all notifications and reports as required.	V 500		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.	V 738		

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V 738	Continued From page 8 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to keep the facility free of insects. The findings are: Review on 04/17/19 of a facility "Formal Grievance/Complaint Form" dated 03/06/19 and 03/12/19 revealed: - 03/06/19 - staff reported observing bed bugs at the facility. - 03/12/19 - the Licensee notified a Department of Health and Human Services representative of the bed bug issue at the facility. - The Licensee contacted a local pest control agency to treat the facility. Review on 04/16/19 of a facility invoice from a local pest company dated 03/12/19 revealed: - The facility had paid for bed bug treatment at the facility. - No additional documentation the facility had been re-inspected by the pest management company to determine current evidence of bed bugs. Review on 04/17/19 of facility receipts for items purchased revealed: 03/13/19 - Mattress covers purchased for the facility. 03/14/19 - Pillow cases purchased for the facility. Interview on 04/18/19 staff #1 and #2 stated: - They had seen bed bugs at the facility in the past. - A pest management company had treated the facility.	V 738	V738 27G .0303(d) Pest Control Review on 04/17/19 of a facility "Formal Grievance/Complaint Form" dated 03/06/19 and 03/12/19 revealed: - 03/06/19 - staff reported observing bed bugs at the facility. - 03/12/19 - the Licensee notified a Department of Health and Human Services representative of the bed bug issue at the facility. - The Licensee contacted a local pest control agency to treat the facility. Review on 04/16/19 of a facility invoice from a local pest company dated 03/12/19 revealed: - The facility had paid for bed bug treatment at the facility. The Licensee purchased 03/13/19 - Mattress covers for the facility and 03/14/19- Pillow cases were purchased for the facility. Documentation has been received noting facility has been re-inspected by the pest management company 3/22/19 The report indicates the facility was inspected and found no new evidence of bedbugs. He will check again in April,19. Documentation has been received noting facility has been re-inspected 3 times by the pest management company 4/22/19 The report indicates the facility was inspected and found no new evidence of bedbugs.	

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V 738	Continued From page 9 Interview on 04/18/19 the Licensee stated: - She had been made aware of bed bugs at the facility. - She had authorized the purchase of mattress covers and new pillow cases. - She had contracted with a local pest management company. - The pest control agency had been to the facility several times. - She did not have documentation the pest company had re-inspected the facility for bed bugs. - She would follow up with the pest management agency for a follow up inspection to determine evidence of bed bugs.	V 738		

Judy Locklear