

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2019
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NAME OF PROVIDER OR SUPPLIER THE MCCLAIN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7 BEE WOOD LANE SWANNANOVA, NC 28778
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 17, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Adults of all Disability Groups-Alternative Family Living.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have the treatment plan signed by the responsible party for 1 of 1 clients (#1). The findings are:</p> <p>Record review on 4/12/18 for Client #1 revealed: -Admitted on 8/29/16 with diagnoses of Moderate Intellectual Disability, Intermittent Explosive Disorder, Impulsive Disorder and Oppositional Defiance Disorder. -Treatment Plan dated 2/1/19 for Client #1 had not been signed by the agency who served as his guardian.</p> <p>Interview on 4/16/18 with the Qualified Professional revealed: -He was responsible for treatment plan goals and updates. Treatment plans were updated annually. -New goals were reviewed at annual care plan meeting which the guardian was a part of. -Getting treatment plans signed by guardians had been challenging both in submitting to the guardian and in getting a response. -Client #1's treatment plan update was on 2/1/19 but he had failed to obtain the signature. He indicated that this error was an oversight.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden);</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>(B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by:</p>	V 113		

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V 113	<p>Continued From page 3</p> <p>Based on record review and interviews the facility failed to have a signed statement of permission to seek emergency medical care for 1 of 1 clients (#1). The findings are:</p> <p>Record review on 4/12/18 for Client #1 revealed: -Admitted on 8/29/16 with diagnoses of Moderate Intellectual Disability, Intermittent Explosive Disorder, Impulsive Disorder and Oppositional Defiance Disorder. -No consent for emergency medical treatment had been signed by the guardian.</p> <p>Interview on 4/16/18 with the Qualified Professional revealed: -The QP would be responsible for obtaining the signed consent. -He was unaware that the emergency consent for medical treatment had not been signed.</p>	V 113		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident effecting 1 of 1 clients (#1). The findings are:</p> <p>Review on 4/16/19 of incident reports from 9/2018-4/2019 revealed: -On 12/10/18 " ...QP (Qualified Professional) was contacted by the AFL Provider after consumer (Client #1) had broken a lamp in the home ...became agitated, throwing a chair which broke</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>a lamp in the living room area. Provider got on the phone with police when consumer stood in the doorway refusing to move so that she could exit the room. Police arrived and spoke with consumer ..."</p> <p>-IRIS (Incident Response Improvement System) number was available to indicate that a report had been created.</p> <p>Review on 4/12/19 of incident reports in the IRIS system indicated that no IRIS report had been submitted for the incident on 12/10/18.</p> <p>Interview on 4/16/18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -He was responsible for IRIS reports. -He had entered the text for the report on 12/12/18 but did not know that the report had not gone through. -He thought that when he received a number for the report that it had been submitted. 	V 367		