

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRIAD HEALTHCARE SERVICES 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 SCOTT STREET BURLINGTON, NC 27215</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on June 13, 2019. Deficiencies were cited. The complaints were unsubstantiated. (Complaint ID #NC00152169 &amp; #NC00152031)</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:                      (A) composition and activities of a quality assurance and quality improvement committee;                      (B) written quality assurance and quality improvement plan;                      (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;                      (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;                      (E) strategies for improving client care;                      (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;                      (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;                      (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>interviews, the facility management failed to develop and implement a written policy for assurance of confidentiality of client information affecting 1 of 3 audited (#1) clients and failed to assure adoption of standards that assured operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Review on 6/12/19 of documents related to the allegation of lack of supervision which resulted in alleged injury for Client #1 revealed the following:</p> <ul style="list-style-type: none"> <li>- Photocopies of eight separate undated photographs identified as Client #1's torso, abdomen, neck, arms and back.</li> <li>- No identifiable bruises or injuries could be ascertained from the photocopies.</li> </ul> <p>A request on 6/12/19 for the Licensee to provide additional information for clarification of the photocopies resulted in the following:</p> <ul style="list-style-type: none"> <li>- Colored copies on the Licensee's cell phone of Client #1's body where injuries were alleged to have occurred.</li> <li>- Date of 5/23/19 when cell phone pictures were sent as an attachment by text message to the cell phone of Client #1's legal guardian in the Department of Social Services.</li> <li>- A cell phone video dated 5/23/19 of Client #1's "confession" related to the allegation that staff failed to supervise him while he was physically assaulted by other clients in the facility.</li> </ul> <p>Observation on 6/13/19 at 1:00 PM of the cell phone photos and videos revealed:</p> <ul style="list-style-type: none"> <li>- No identifiable bruising or injuries could be ascertained from photos.</li> </ul> <p>During interview on 6/13/19, Client #1 said:</p> <ul style="list-style-type: none"> <li>- The photos were of his body and were taken by</li> </ul>	V 105		

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V 105	<p>Continued From page 3</p> <p>the Licensee with a cell phone.</p> <ul style="list-style-type: none"> <li>- He was never asked to sign or grant permission for the facility to take photographs, video or audio tapes of him.</li> <li>- He was not injured and he thought it was okay for the Licensee to take the pictures as proof that he had not been assaulted and injured by any client or staff in the facility.</li> <li>- He said his mother was trying to get him moved from the facility and/or get the facility closed down.</li> </ul> <p>Review on 6/10/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/3/18</li> <li>- Diagnoses of Intellectual Disability - Mild; Attention Deficit Hyperactivity Disorder; Conduct Disorder</li> <li>- No documentation/authorization was found granting the facility permission to take photographs, video or audio tapes that disclosed the client's identity.</li> </ul> <p>During interview on 6/13/19, the Licensee confirmed:</p> <ul style="list-style-type: none"> <li>- The facility did not have documentation/authorization from Client #1 and/or his legally responsible guardian that granted the facility permission to take photographs, video or audio tapes of him.</li> <li>- The facility does not have a policy on privacy and confidentiality which covers the securing, use, sharing of and/or protection for personally identifiable information of this type for clients.</li> <li>- He "thought" about the need for the permission to take and share Client #1's photos. He shared digital documents at the guardian's request. He said he further understands to implement policy and procedure that assures the facility maintains laws related to sharing of client's confidential information (Health Insurance</li> </ul>	V 105		

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V 105	Continued From page 4 Portability and Accountability Act/HIPAA)	V 105		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure an assessment was completed for clients (#2 &amp; #3) prior to the delivery of services which included the required information. The findings are:</p> <p>Review on 6/10/19 of Client #2's record revealed: - Admission date of 8/1/18 - Diagnoses of Intellectual Disability - Mild; Disruptive Mood Dysregulation Disorder; Seizure Disorder - An assessment dated 3/28/18 was found in the record. However, the assessment was not dated and was signed by the client, not the guardian and/or legally authorized person. - Assessment documented the client did not have a seizure disorder and was not consistent with the diagnoses and subsequent orders on 5/22/19 for medications to treat seizures provided by medical personnel nor with information in the client's psychiatric report and most recent FL-2.</p> <p>Review on 6/10/19 of Client #3's record revealed: - Admission date of 10/5/18 - Diagnoses of Intellectual Functioning Disorder; Schizoaffective Disorder; Obesity; Seizure Disorder - No assessment was found in the record signed by the client and the guardian and/or legally authorized person.</p> <p>During interview on 6/10/19, Staff #1 reported: - No clients in the facility had any medical needs which required additional attention, supervision or support from staff. - Client #2 did not have a seizure disorder.</p> <p>Review on 6/13/19 of Emergency Medical Services (EMS) and local police response from</p>	V 111		

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V 111	<p>Continued From page 6</p> <p>August 2018 to June 2019 revealed the following support was provided when/after Client #2 experienced seizures:</p> <ol style="list-style-type: none"> <li>1) 9/1/18 - Client fell during a seizure and hit his head on the floor. EMS transferred client to hospital.</li> <li>2) 11/7/18 - Staff called EMS due to client experiencing "seizure or convulsion."</li> <li>3) 11/23/18 - Staff called EMS due to client experiencing "seizure or convulsion."</li> <li>4) 1/7/19 - Staff called EMS when client was experiencing a seizure. Staff informed EMS "Pt (patient) doesn't have a history of seizures."</li> <li>5) 2/1/19 - Staff called EMS when client was "jerking and twitching." Staff were unable to inform EMS how many seizure episodes client had experienced. Staff ended call "abruptly" and informed EMS "She already knows what to do" -The staff said "It's fine."</li> <li>6) 3/16/19 - Hospital staff requested assistance from police in locating the facility's staff or management when they were unable to reach facility staff to pick up Client #2 when they attempted to discharge him after he was admitted following treatment for a seizure episode.</li> <li>7) 5/19/19 - Staff called EMS when Client #2 had a seizure and "was in and out" of consciousness. Police assistance was also requested to transport client to hospital as he was outside of facility "in active seizure" and "walking off from residence."</li> </ol> <p>Review on 6/10/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 10/5/18</li> <li>- Diagnoses of Intellectual Functioning Disorder; Schizo affective Disorder; Obesity; Seizure Disorder</li> <li>- An incomplete assessment dated 3/28/18. The assessment was not dated and was signed by the client, not the guardian and/or legally authorized</li> </ul>	V 111		

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V 111	Continued From page 7  person.  During interview on 6/13/19, the Licensee confirmed: - Client #2's does have a seizure disorder. All staff received orientation regarding client needs. - He has requested the client's physician provide additional support to prevent Client #2 from receiving a head injury during a seizure. However, he has not provided the client's physician with documentation of the client's seizure occurrences/frequency. - Client #2 and #3's assessments were not complete. Assessments had not been signed by legally responsible persons. - However, the client's guardians were aware of the client's presenting problems, admitting diagnoses, needs and strengths and relevant social, family and medical history as documented by the facility for use in development of their treatment plans.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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;	V 112		

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V 112	<p>Continued From page 8</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure 1) a current treatment plan was completed for 1 of 3 audited clients (#1) on an annual basis and 2) failed to document written consent or agreement by the client and/or responsible party for 3 of 3 audited clients (#1, #2 &amp; #3.) The findings are:</p> <p>Review on 6/10/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/3/18</li> <li>- Diagnoses of Intellectual Disability - Mild; Attention Deficit Hyperactivity Disorder; Conduct Disorder</li> <li>- Client has a legal guardian.</li> <li>- Treatment plan did not contain all the required signatures to reflect the involvement and agreement of with plan by the client's legal guardian and thus, was incomplete.</li> </ul> <p>Review on 6/10/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/1/18</li> <li>- Diagnoses of Intellectual Disability - Mild; Disruptive Mood Dysregulation Disorder; Seizure</li> </ul>	V 112		

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V 112	<p>Continued From page 9</p> <p>Disorder</p> <ul style="list-style-type: none"> <li>- The treatment plan was dated 3/3/18 and had not been updated, therefore it was not current.</li> <li>- Additionally, the plan did not contain all the required signatures to reflect the involvement and agreement with the plan by the client's legal guardian and thus, was incomplete.</li> </ul> <p>Review on 6/10/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 10/5/18</li> <li>- Diagnoses of Intellectual Functioning Disorder; Schizoaffective Disorder; Obesity; Seizure Disorder</li> <li>- Treatment plan did not contain all the required signatures to reflect the involvement and agreement with the plan by the client's legal guardian and thus, was incomplete.</li> </ul> <p>During interview on 6/13/19, the Licensee confirmed:</p> <ul style="list-style-type: none"> <li>- Client #2's treatment plan was not current.</li> <li>- Client #1 &amp; #3's treatment plans were developed in partnership with both the client and legally responsible person.</li> <li>- However, plan signatures did not document involvement and agreement of with plan by the legally responsible person.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p>	V 113		

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V 113	<p>Continued From page 10</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 11</p> <p>Based on record reviews and interviews, the facility management failed to assure 3 of 3 client records (#1; #2 &amp; #3) contained the required information. The findings are:</p> <p>Review on 6/10/19 of Client #1's record revealed: - Admission date of 8/3/18 - Diagnoses of Intellectual Disability - Mild; Attention Deficit Hyperactivity Disorder; Conduct Disorder - Record did not contain all the required documents as identified and was thus incomplete.</p> <p>Review on 6/10/19 of Client #2's record revealed: - Admission date of 8/1/18 - Diagnoses of Intellectual Disability - Mild; Disruptive Mood Dysregulation Disorder; Seizure Disorder - Record did not contain all the required documents as identified and was thus incomplete.</p> <p>Review on 6/10/19 of Client #3's record revealed: - Admission date of 10/5/18 - Diagnoses of Intellectual Functioning Disorder; Schizoaffective Disorder; Obesity; Seizure Disorder - Record did not contain all the required documents as identified and was thus incomplete.</p> <p>During interview on 6/13/19, the Licensee confirmed Client #2's client records did not contain all required documents and documents signed by legally responsible persons.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		

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V 118	Continued From page 12	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>interviews, the facility management failed to assure a) physician's orders were available for all medications being administered affecting 1 of 3 clients (#2) and b) medications administered were recorded immediately after administration to keep the MAR current affecting 3 of 3 audited clients (#1; #2 &amp; #3.) The findings are:</p> <p>Review on 6/10/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/3/18</li> <li>- Diagnoses of Intellectual Disability - Mild; Attention Deficit Hyperactivity Disorder; Conduct Disorder</li> <li>- No MARs for Jan 2019 - May 2019 were available in the client's record nor in the facility.</li> </ul> <p>Observation on 6/11/19 at 11:30 AM of Client #1's medications-on-hand revealed the following medications dispensed as dated:</p> <ol style="list-style-type: none"> <li>1) Lexapro 10mg, 6/5/19</li> <li>2) Clonazepam 1mg, 5/24/19</li> <li>3) Depakote ER 500mg, 5/17/19</li> <li>4) Zyprexa 10mg, 6/10/19</li> <li>5) Concerta ER 36mg, 5/22/19</li> <li>6) Clonidine HCL 0.1mg, 5/24/19</li> </ol> <p>Upon request, on 6/11/19 the Licensee provided Client #1's MARs for review. Review revealed:</p> <ul style="list-style-type: none"> <li>- MARs for Jan 2019 - May 2019 documented the medications, as dated, were administered to the client as ordered by the physician 1) 10/10/18 - Lexapro 10mg, One in the morning; 2) 3/21/19: Clonazepam 1mg, 1/2 tablet (0.5mg) two times a day; 3) 3/1/19: Depakote ER 500mg, One tablet, two times each day; 4) 3/1/19: Zyprexa 10mg, One tablet two times a day; 5) 4/5/19: Concerta ER 36mg, One tablet two times each day; 6) 3/1/19: Clonidine HCL 0.1mg, One tablet three times each day.</li> <li>- However, all entries documenting the</li> </ul>	V 118		

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V 118	<p>Continued From page 14</p> <p>administration of medication was completed by the Licensee regardless of time of administration.</p> <p>Review on 6/10/19 of Client #2's record revealed: - Admission date of 8/1/18 - Diagnoses of Intellectual Disability - Mild; Disruptive Mood Dysregulation Disorder; Seizure Disorder - No MARs for Jan 2019 - May 2019 were available in the client's record nor in the facility.</p> <p>Observation on 6/11/19 at 11:40 AM of Client #2's medications-on-hand revealed the following medications dispensed as dated: 1) Depakote, 125mg, 5/22/19 2) Guanfacine 2mg, 5/30/19 3) Seroquel 100mg, 5/24/19 4) Prozac 1mg, 5/24/19 5) Keppra (Levetiracetam) 500mg, 5/23/19 6) Lamotrigine (Lamictal) 25mg, 5/22/19 7) Lamotrigine (Lamictal) 200mg, 5/22/19 8) Prozac (Fluoxetine) 20mg, 5/29/19</p> <p>Upon request, on 6/11/19 the Licensee provided Client #2's MARs for review. Review revealed: - MARs for Jan 2019 - May 2019 documented the medications, as dated, were administered to the client as ordered by the physician: 1) 5/22/19: Depakote, 125mg, One tablet twice daily; 2) 1/3/19: Guanfacine 2mg, One tablet two times a day; 3) 1/3/19: Seroquel 100mg, One tablet two times a day. 4) 1/3/19: Prozac 1mg, Two tablets at bedtime; 5) 5/22/19: Keppra (Levetiracetam) 500mg, One tablet two times a day; 6) 5/22/19: Lamotrigine (Lamictal) 25mg, One tablet two times a day with 200mg tablet to equal 225mg each day; 7) 5/22/19: Lamotrigine (Lamictal) 200mg, One tablet two times a day with 25mg tablet to equal 225mg each day; 8) 1/5/18: Vitamin D3 2000 Intl U -1 capsule, once time.</p>	V 118		

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V 118	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- However, all entries documenting the administration of medication was completed by the Licensee regardless of time of administration.</li> </ul> <p>Review on 6/11/19 of Client #2's record also revealed documentation on the May 2019 and June 2019 MARs the client was being administered the following medication:</p> <ul style="list-style-type: none"> <li>- Prozac (Fluoxetine) 20mg, one pulvule (capsule) once each day.</li> <li>- However, no physician's order was found for the client to be administered Prozac (Fluoxetine) 20mg.</li> </ul> <p>Upon request, on 6/11/19 the Licensee provided Client #2's MARs for review. Review revealed:</p> <ul style="list-style-type: none"> <li>- MARs for Jan 2019 - May 2019 provided by the Licensee documented all medications were administered as ordered.</li> <li>- However, all entries documenting the administration of medication was completed by the Licensee regardless of time of administration.</li> </ul> <p>Review on 6/10/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 10/5/18</li> <li>- Diagnoses of Intellectual Functioning Disorder; Schizoaffective Disorder; Obesity; Seizure Disorder</li> <li>- No MARs for Jan 2019 - May 2019 were available in the client's record nor in the facility.</li> </ul> <p>Observation on 6/11/19 at 11:55 AM of Client #3's medications-on-hand revealed the following medications dispensed as dated:</p> <ol style="list-style-type: none"> <li>1. Benzotropine Mes (Cogentin) 1mg, 5/24/19</li> <li>2) Seroquel 50mg, 5/24/19</li> <li>3) Lorazepam 2mg, 5/24/19</li> </ol> <p>Upon request, on 6/11/19 the Licensee provided Client #3's MARs for review. Review revealed:</p>	V 118		

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V 118	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- MARs for Jan 2019 - May 2019 documented the medications, as dated, were administered to the client as ordered by the physician: 1) 1/21/19 - Benztropine Mes (Cogentin) 1mg, One tablet two times each day; 2) 1/21/19 - Seroquel 50mg, One tablet at bedtime; 3) 1/21/19 - Lorazepam 2mg, One tablet daily as needed. 4) 1/21/19 - Haloperidol 100mg/ml injection, 200mg injection once each month administered by client's physician.</li> <li>- However, all entries documenting the administration of medication was completed by the Licensee regardless of time of administration.</li> </ul> <p>During interview on 6/10/19 staff said:</p> <ul style="list-style-type: none"> <li>- No client in the facility is authorized to self administer medications.</li> <li>- Staff have responsibility for administering all medications ordered by the physician to be administered to any client in the morning before the client departs for their day activity and in the evening when the client returns to the facility.</li> <li>- Staff do not complete any documentation related to administration of client medications.</li> <li>- Documentation of administration of client medications is maintained by the Licensee and usually completed in the morning when he comes to the facility.</li> </ul> <p>During interview on 6/13/19, the Licensee said:</p> <ul style="list-style-type: none"> <li>- He keeps and maintains the client's MARs.</li> <li>- He goes to the daytime location to administer medication for any client who is prescribed a medication that must be administered prior to the client's return to the facility.</li> <li>- He implemented this procedure because he previously "had trouble" with staff management and documentation of medication.</li> <li>- He confirmed administration of all drugs administered to each client was not kept current</li> </ul>	V 118		

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V 118	Continued From page 17  because administration was not recorded immediately after the medication was administered to the client.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.  This Rule is not met as evidenced by: Based on record reviews and interview, the facility management failed to obtain a drug regimen at least every six months from a pharmacist or physician for each client receiving psychotropic drugs. The findings are:  Review on 6/10/19 of Client #1's record revealed: - Admission date of 8/3/18 - Diagnoses of Intellectual Disability - Mild; Attention Deficit Hyperactivity Disorder; Conduct Disorder	V 121		

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V 121	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>- Orders as dated for the following psychotropic drugs: 1) 10/10/18 - Lexapro 10mg, One in the morning; 2) 3/21/19 - Clonazepam 1mg, 1/2 tablet (0.5mg) two times a day; 3) 3/1/19 - Depakote ER 500mg, One tablet, two times each day; 4) 3/1/19 - Zyprexa 10mg, One tablet two times a day; 5) 4/5/19 - Concerta ER 36mg, One tablet two times each day; 6) 3/1/19 - Clonidine HCL 0.1mg, One tablet three times each day.</li> <li>- No drug regimen review was found.</li> </ul> <p>Review on 6/10/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/1/18</li> <li>- Diagnoses of Intellectual Disability - Mild; Disruptive Mood Dysregulation Disorder; Seizure Disorder</li> <li>- Orders as dated for the following psychotropic drugs: 1) 5/22/19 - Depakote, 125mg, One tablet twice daily; 2) 1/3/19 - Guanfacine 2mg, One tablet two times a day; 3) 1/3/19 - Seroquel 100mg, One tablet two times a day.</li> </ul> <p>Additional review on 6/11/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Staff documented on the May 2019 and June 2019 MARs the client was being administered Prosac (Fluoxetine) 20mg, one pulvule (capsule) once each day although no physician's order was found for the client to be administered the medication Prosac (Fluoxetine) 20mg.</li> </ul> <p>Review on 6/10/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 10/5/18</li> <li>- Diagnoses of Intellectual Functioning Disorder; Schizoaffective Disorder; Obesity; Seizure Disorder</li> <li>- Orders as dated for the following psychotropic drugs: 1) 1/21/19 - Bzotropine Mes (Cogentin) 1mg, One tablet two times each day; 2) 1/21/19 - Seroquel 50mg, One tablet at bedtime; 3) 1/21/19</li> </ul>	V 121		

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V 121	Continued From page 19  - Lorazepam 2mg, One tablet daily as needed. 4) 1/21/19 - Haloperidol 100mg/ml injection, 200mg injection once each month administered by client's physician.  During interview on 6/13/19, the Licensee: - Confirmed a drug regimen from a pharmacist or physician had not been completed for the above clients. - Said he had scheduled a review to take place prior to the end of the month.	V 121		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to complete a check of the Health Care Personnel Registry (HCPR) prior to hiring 2 of 2 staff (#1 & #2.) The findings are:  Review on 6/10/19 of Staff #1's personnel file revealed: - Hire date of 3/26/19 - HCPR check dated 6/3/19	V 131		

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V 131	Continued From page 20  Review on 6/10/19 of Staff #2's personnel file revealed: - Hire date of 2/1/19 - HCPR check dated 6/10/19  During interview on 6/13/19, the Licensee confirmed the HCPR check for Staff #1 and Staff #2 was not completed prior to their employment.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this	V 133		

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V 133	Continued From page 21  section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection	V 133		

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V 133	<p>Continued From page 22</p> <p>(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an</li> </ol>	V 133		

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V 133	Continued From page 23  individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40,	V 133		

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V 133	<p>Continued From page 24</p> <p>Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to conduct a State and</p>	V 133		

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V 133	Continued From page 25  national criminal history record check within five business days of making the conditional offer of employment for 1 of 2 staff (#2.) The findings are:  Review on 6/10/19 of Staff #2's personnel file revealed: - Hire date of 2/1/19 - Documentation a criminal history record check was requested on 4/1/19.  During interview on 6/13/19, the Licensee confirmed the criminal history record check for Staff #2 was not completed within the required time frame.	V 133		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving	V 364		

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V 364	<p>Continued From page 26</p> <p>treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p>	V 364		

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V 364	<p>Continued From page 27</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p>	V 364		

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V 364	<p>Continued From page 28</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <ol style="list-style-type: none"> <li>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</li> <li>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</li> <li>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</li> <li>(4) Receive special education and vocational training in accordance with federal and State law;</li> <li>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</li> <li>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</li> <li>(7) Participate in religious worship;</li> <li>(8) Have access to individual storage space for the safekeeping of personal belongings;</li> <li>(9) Have access to and spend a reasonable sum of his own money; and</li> <li>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</li> </ol>	V 364		

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V 364	<p>Continued From page 29</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the qualified professional failed to document a rights restriction for 1 of 3 audited clients (#1) as</p>	V 364		

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V 364	<p>Continued From page 30</p> <p>required. The findings are:</p> <p>Review on 6/10/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/3/18</li> <li>- Diagnoses of Intellectual Disability - Mild; Attention Deficit Hyperactivity Disorder; Conduct Disorder</li> <li>- The treatment plan did not contain documentation of any limitation or restrictions to the client's rights (as defined by the rule) based on his treatment or habilitation needs.</li> </ul> <p>Interview on 6/10/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He is restricted from making calls to his mother.</li> <li>- His social worker directed the facility staff not to allow phone or on-site visits by his mother.</li> <li>- His mother says "racist stuff" about staff and other clients in the facility and tries to "set him up."</li> <li>- He would like to return home to his family, however his feelings about his mother are unclear.</li> <li>- He has not been allowed to call or visit his mother for more than a month, however he was unclear of the exact time frame.</li> </ul> <p>Interview on 6/11/19 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 is restricted from making and receive telephone calls or receiving visits at the facility from his mother.</li> <li>- The client's legally responsible guardian requested the initial restriction due to the mother's interference in the client's treatment.</li> <li>- He confirmed the guardian was aware of the continued restriction.</li> <li>- However, he did not document each instance of the renewal of the restriction of the client's rights to phone calls and visits from his mother or the reason for the restriction in writing in the client's</li> </ul>	V 364		

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V 364	Continued From page 31  record as required by rule. - He further did not document the notification of the designated individual and/or/legally responsible person in the client's record.	V 364		
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 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:	V 367		

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V 367	<p>Continued From page 32</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 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p>	V 367		

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V 367	<p>Continued From page 33</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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 interviews, the facility management failed to report all level II incidents as required within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 6/13/19 of a report from local police documenting response to calls of requests for service in for a one year period from August 2018 to June 2019 revealed the following:</p> <ol style="list-style-type: none"> <li>1) 8/26/18 - Client called requesting help to press charges against another client in the facility who had stolen his cell phone.</li> <li>2) 9/1/18 - Emergency Medical Services (EMS) - support requested when client fell during a seizure and hit his head on the floor. Client was transferred to hospital.</li> <li>3) 9/25/18 - Staff called due to client's aggressive and threatening behavior towards other residents. Client was transported to local medical center.</li> <li>4) 3/9/19 - Police responded to request for support in response to one client threatening physical violence against another client.</li> <li>5) 3/16/19 - Hospital staff requested assistance in locating the facility's staff or management when they were unable to reach facility staff to pick up Client #2 when they attempted to discharge him after he was admitted following treatment for a</li> </ol>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRIAD HEALTHCARE SERVICES 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 SCOTT STREET BURLINGTON, NC 27215</b>
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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 367	<p>Continued From page 34</p> <p>seizure episode.</p> <p>6) 5/19/19 - Client #2 was outside of facility and "walking off from residence" while "in active seizure." EMS identified by client "was in and out" of consciousness. Police assistance was requested to transport client to hospital.</p> <p>During interview on 6/13/19, the Licensee confirmed:</p> <ul style="list-style-type: none"> <li>- Level II incident reports were not completed on the above incidents as required.</li> <li>- He was uncertain what should be documented as a Level I incident and/or reported on the required form as a Level II incident.</li> <li>- He said he would review State rule and his policy regarding proper reporting of incidents.</li> </ul>	V 367		