

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL060-802</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>06/27/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WATER MILL HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6801 WATER MILL COURT<br/>CHARLOTTE, NC 28215</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 6-27-19. The complaint was unsubstantiated (#NC00152967). Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p>  | V 000         |   |                    |
| V 318              | <p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL<br/>The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to report allegations of abuse within 24 hours. The findings are:</p> <p>Review on 6-26-19 of Internal investigation (undated and unsigned) revealed:<br/>-"On Monday 6-17-19 around 6:00 PM Residential Coordinator (RC) was contacted and informed by residential staff the [local child protective services] is at the group home regarding a complaint against residential</p> | V 318         |   |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 318              | Continued From page 1<br><br>staff...complaints had been made against residential staff concerning abuse towards [client #1] and inappropriate staff behaviors."<br><br>Interview on 6-26-19 with the Residential Coordinator revealed:<br>-They did an internal investigation to address the allegations.<br>-They did fail to notify HCPR (Health care personnel registry) about the allegations of abuse.  | V 318         |   |                    |
| V 367              | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and | V 367         |   |                    |

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| V 367              | <p>Continued From page 2</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 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> | V 367         |   |                    |

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| V 367              | <p>Continued From page 3</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> <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:<br/>Based on record review and interview the facility failed to report Level II incidents to the local management entity within 72 hours after learning of the events. The findings are:</p> <p>Review on 6-26-19 of Internal investigation (undated and unsigned) revealed:<br/>- "On Monday 6-17-19 around 6:00 PM Residential Coordinator (RC) was contacted and informed by residential staff the [local child protective services] is at the group home regarding a complaint against residential staff...complaints had been made against residential staff concerning abuse towards [client #1] and inappropriate staff behaviors."</p> <p>Review on 6-26-19 of the Incident Response Improvement System (IRIS) revealed:<br/>- No documentation of allegations of abuse submitted.</p> | V 367         |   |                    |

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| V 367              | Continued From page 4<br><br>Interview on 6-27-19 with the Residential Coordinator revealed:<br>-They did complete an internal investigation, but had not submitted an IRIS report to notify the local management entity.  | V 367         |   |                    |
| V 736              | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews the facility failed to be maintained in a clean, attractive manner. The findings are:<br><br>Observation on 6-25-19 at approximately 10:00 am revealed:<br>-Smoke detector in clients room beeping.<br>-Beeping device in the living room.<br>-Kitchen boards under the sink warped and peeling.<br>-Large hole (approximately 6 x 6 inches) in closet wall off client #1.<br>-Large hole (approximately 3 x 6 inches) in the right wall of client #1's bedroom.<br>-Walls are dirty throughout the house.<br>-Broken doorknob in client #3's bedroom.<br>-Hole in the wall from the doorknob.<br>-Outside shingles on the bottom of the hose are rotting. | V 736         |   |                    |

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| V 736              | <p>Continued From page 5</p> <p>Interview on 6-27-19 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-The beeping was probably caused by a malfunction and they would get the company out to investigate the problem.</li> <li>-They would address the other issues as soon as possible.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 736         |   |                    |