

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2019
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NAME OF PROVIDER OR SUPPLIER ELITE CARE SERVICES AT MIDDLE RD	STREET ADDRESS, CITY, STATE, ZIP CODE 711 MIDDLE ROAD FAYETTEVILLE, NC 28302
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on July 16, 2019. The complaint was substantiated (Intake #NC00152158). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, one of three paraprofessional staff (House Manager (HM)) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are:</p> <p>See Tag V290 for specifics.</p> <p>Review on 06/19/19 of Former Client (FC) #5's record revealed:</p> <ul style="list-style-type: none"> - 32 year old male. - Admission date of 02/28/17. - Diagnoses of Schizophrenia-Undifferentiated and Cocaine Dependence. - Discharge date 05/18/19. <p>Review on 07/16/19 of the HM's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Application effective 12/17/15. - Date of hire: 4/29/16. - Job title: Residential Technician. <p>Review on 06/19/19 of FC #5's Person-Centered Plan (PCP) dated 03/01/19 revealed:</p> <ul style="list-style-type: none"> - What's Not Working...[FC #5] has paranoid and delusional thoughts, including but not limited to, thoughts that others are picking on him, and plotting to harm him..." - No documented time FC #5 could be unsupervised in the community. 	V 110		

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V 110	<p>Continued From page 2</p> <p>Review on 06/19/19 of a facility incident report for FC #5 and completed by the HM revealed:</p> <ul style="list-style-type: none"> - Date of Incident: 05/07/19. - Time of Incident: 12:30pm. - Describe Incident: "While out in the community, [FC #5] stated that he wanted to go into the tobacco store while the other consumers were in [local restaurant]. After a few minutes had gone by, staff went inside the store and [FC #5] was no where to be found." - Incident Prevention and Corrective Measures: "Staff will monitor consumer more closely when out and about in the community." <p>Review on 06/19/19 of a North Carolina Incident Response Improvement System report completed by the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Date of Incident: 05/07/19. - Time of Incident: 12:30pm. - Provider Comments: "[FC #5] had just finished receiving his shot and talking to his physician about why he left and had been gone the past few days. [FC #5] asked to stop by the Tobacco store and once there, [FC #5] left out the door on the opposite side of the building unnoticed. This is one of multiple identical incidents where [FC #5] will leave the facility and be in the community participating in drugs." - "Describe the cause of this incident, (the details of what led to this incident). Staff (HM) took consumer to the tobacco store after his appointment and the consumer left out of the store unannounced for no apparent reason." - "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. Staff will monitor consumer more closely while out and about in the community and inside stores." 	V 110		

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V 110	<p>Continued From page 3</p> <p>Review on 06/19/19 of facility record incident reports revealed: - From March 2019 thru April 28, 2019 - 8 documented elopements for FC #5.</p> <p>Interview on 06/19/19 the HM stated: - He had worked many years at the group home. - FC #5 was discharged from the facility on 05/18/19. - He was FC #5's 1:1 staff at times. - FC #5 had unsupervised time in the community in February 2019 but was discontinued due to his walk offs from the facility.</p> <p>Interview on 07/16/19 the QP stated: - FC #5 was discharged from the facility because of his constant elopements. - The HM should have monitored FC #5 more closely on 05/07/19. - The HM was aware to supervise FC #5.</p>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 06/19/19 of the facility fire and disaster drill forms revealed the following shifts:</p> <ul style="list-style-type: none"> - 1st shift/Weekday, 8am-7:30pm. - 2nd shift/Weekday, 5:30pm-1:30am. - 3rd shift/Weekday, 1:30am-9:30am. - 1st shift/Weekend, 9am-3pm. - 2nd shift/Weekend, 3pm-9pm. - 3rd shift/Weekend, 9pm-9am. <p>Review on 06/19/19 and 07/16/19 of facility records revealed:</p> <ul style="list-style-type: none"> - No documented fire or disaster drills for February 2019 or March 2019. - No fire drill documented on 1st shift/weekend, 9am-3pm from 04/19 thru 06/19. <p>Interview on 06/19/19 and 07/16/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He was unable to locate the February 2019 and March 2019. - He was aware fire and disaster drills should be completed quarterly and repeated on each shift. <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 114		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other</p>	V 290		

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V 290	<p>Continued From page 6</p> <p>drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision affecting one of three audited clients (#4). The findings are:</p> <p>Review on 07/16/19 of client #4's record revealed: - 29 year old male. - Admission date of 09/11/17. - Diagnoses of Schizophrenia, Mild Intellectual Developmental Disability, Major Depressive Disorder and Social Anxiety Disorder.</p> <p>Review on 07/16/19 of client #4's Person-Center Profile (PCP) dated 09/28/18 revealed: - Goal: Enhance Social and Communication Skills. - No documented unsupervised time for client #4 to be in the community.</p> <p>Observation on 07/16/19 at approximately 12:10pm revealed: - Client #4 was outside of the agency office in the facility van. - The facility van was on a city street. The van side sliding door was open and client #4 was sitting in the second set of seats. - The House Manager was inside of the agency office unable to observe client #5.</p>	V 290		

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V 290	Continued From page 7 - No staff were supervising client #5 while in the van. Interview on 07/16/19 client #4 stated: - He was doing well at the facility and had no concerns. - Client #4 refused a formal interview. Interview on 07/16/19 the Qualified Professional stated: - Client #4 did not have unsupervised time in his treatment plan. - The staff should provide supervision to client #4 while out in the community.	V 290		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and	V 366		

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V 366	<p>Continued From page 8</p> <p>164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>Based on record reviews and interview the facility failed to document their response to level I incidents. The findings are:</p> <p>Review on 06/19/19 of facility level I incident reports revealed: 05/15/19 at 8:00pm - "Describe the incident...Consumer (FC #5) walked away from the group home facility grounds without permission or authorization at 8pm." - No documentation of how this incident may be prevented in the future.</p> <p>04/28/19 at 2:45pm - "Describe the incident...Consumer (FC #5) walked away from facility and facility grounds without permission or authorization at 2:45pm." - No documentation of how this incident may be prevented in the future.</p> <p>04/08/19 at 4:40pm - "Describe the incident...The consumer (FC #5) left the facility and facility ground without permission. The consumer walked off at 4:40pm and ignored call from staff to return. The consumer returned to the facility at 9:30pm." - No documentation of how this incident may be prevented in the future.</p> <p>Interview on 07/16/19 the Qualified Professional stated: - He was aware the level I incident reports need to be completed with incident prevention documentation. - He would ensure the level I incident reports were completed as required.</p>	V 366		

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V 367	Continued From page 11	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <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> <ol style="list-style-type: none"> (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 	V 367		

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V 367	<p>Continued From page 12</p> <p>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> <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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2019
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NAME OF PROVIDER OR SUPPLIER ELITE CARE SERVICES AT MIDDLE RD	STREET ADDRESS, CITY, STATE, ZIP CODE 711 MIDDLE ROAD FAYETTEVILLE, NC 28302
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V 367	<p>Continued From page 13</p> <p>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 interview, the facility failed to report a critical incident to the home Local Management Entity (LME) as required. The findings are:</p> <p>Review on 06/19/19 of the North Carolina Incident Response Improvement System (IRIS) from March 2019 thru 06/19/19 revealed: - 05/15/19 - Former Client (FC) #5 walked off from the staff while out in the community. - 05/07/19 - FC #5 eloped from the facility.</p> <p>Review on 06/19/19 of facility level I incident reports for FC #5 from March 2019 thru 06/19/19 revealed: 04/29/19 at 2:08am - FC #5 returned to the group home at 2:08am after being gone for two days. FC #5 demanded cigarettes and opened up the closet with a pair of scissors even after staff #2's objections. - "Describe the cause of the incident...Consumer (FC #5) broke into the closet where the cigarettes are held and had taken a few without permission." - No Level II report was generated for FC #5's destructive behavior and elopement greater than 3 hours.</p> <p>04/08/19 at 4:40pm - "Describe the incident...The consumer (FC #5) left the facility and facility ground without permission. The consumer walked off at 4:40pm and ignored call from staff to return. The</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2019
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V 367	<p>Continued From page 14</p> <p>consumer returned to the facility at 9:30pm." - No Level II report was generated for FC #5's elopement greater than 3 hours.</p> <p>03/01/19 at 6:00pm - "Describe the incident...The consumer (FC #5) signed out on unsupervised time at 4:40pm. The consumer was scheduled to be back at the group home facility by 6:00pm. the consumer had not returned by 8:00pm when staff ([Staff #4]) left for the day." - No Level II report was generated for FC #5's elopement greater than 3 hours.</p> <p>Interview on 07/16/19 the Qualified Professional stated: - He was aware a level II IRIS report should be completed for elopements greater than 3 hours. - He would ensure the IRIS reports were completed as required.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility in a clean, attractive</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2019
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V 736	<p>Continued From page 15</p> <p>and orderly manner. The findings are:</p> <p>Observation on 07/16/19 at approximately 9:40am revealed:</p> <ul style="list-style-type: none"> - The back steps of the facility had vines growing thru the slats. - The kitchen revealed the bottom portion of the dishwasher was missing. A louver door for the laundry area was missing. - Client #1's bedroom revealed no light globe for the ceiling fixture. Bits of debris were scattered on the carpet and a dresser was broken. - The hallway bathroom blind had a missing slat. - Client #2's bedroom revealed white spots on the carpet. The walls had black scuff marks. - The hallway air return vent was dusty and appeared rusty. - The 2nd client bathroom had one of six light bulbs which did not work. - Client #3's bedroom revealed black scuff marks on the walls and bits of debris on the carpet. - Client #4's bedroom revealed the ceiling smoke detector was pulled away from the ceiling.. The bedroom carpet revealed bits of debris on the floor. - The hallway revealed an approximately 1 inch by 2 inch hole in the wall and debris scattered on the floor. <p>Interview on 07/16/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He would follow up with identified items for repair. - He had no additional questions regarding items identified for repair. <p>[This deficiency a re-cited deficiency and must be corrected within 30 days.]</p>	V 736		