

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2019
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NAME OF PROVIDER OR SUPPLIER FLYING START CREATIVE EXPRESSIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1204 STERNLY WAY HIGH POINT, NC 27260
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 8/21/19. The complaints were unsubstantiated (intake #NC00154254 and #NC00154351). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort</p>	V 132		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 132	<p>Continued From page 1</p> <p>to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry (HCPR) of all allegations of abuse against health care personnel, conduct an internal investigation, and protect resident from harm while the investigation was in progress, affecting 2 of 2 clients (Client #1 and #2). The findings are:</p> <p>Review of facility records on 08/2/19 revealed no documentation that HCPR was notified of allegations of abuse.</p> <p>Review of the Incident Response Improvement System (IRIS) on 8/6/19 revealed no documentation of allegations being reported.</p> <p>Telephone call with Health Care Personnel Registry staff on 8/8/19 revealed no notification had been made by the facility.</p> <p>Interview on 8/2/19 with the Alternative Family</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>Living (AFL) Provider/Licensee revealed: - She learned that allegations had been made when Department of Social Services worker came to the home on 7/26/19. They also came out "yesterday" (8/1/19).</p> <p>Further Interview on 8/14/19 with the AFL Provider/Licensee revealed: - A social worker from Social Services came out on Friday July 26th, 2019. "She didn't give me any details." She wanted to talk to Client #1. She went to the Day Program to see him. "I notified [Qualified Professional (QP) #2] that DSS came out due to a complaint being made. DSS told her that someone would contact her. - No internal investigation was completed. - Client #1 was still in the home.</p> <p>Interview on 8/16/19 of QP #1 revealed: - He was the QP over the home until 8/1/19. - He had no knowledge of DSS coming out to investigate or any knowledge that allegations or a complaint was made - He only found out about allegations being made after he was notified about surveyor coming to the home - He was not notified by AFL Provider/Licensee that DSS had come out to the home to investigate - Protocol would be to notify the QP and/or management company of any allegations and that staff person wouldn't be allowed to be able to work with the individual until investigation was complete. - IRIS report and HCPR notification was not completed regarding allegations because he didn't know</p> <p>Interview on 8/16/19 of QP #2 revealed: - He just recently started as QP of the home - Aug 2nd was the first time he heard anything</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>about a complaint of allegations</p> <ul style="list-style-type: none"> - He did not know anything about DSS coming out prior to surveyor. "She (AFL Provider/Licensee) let me know after surveyor came on 8/2/19." - He did not know if an IRIS report and HCPR notification had been completed <p>Interview on 8/16/19 with DSS Social Worker revealed:</p> <ul style="list-style-type: none"> - All she could disclose to surveyor is that the complaint was investigated and has been closed as unsubstantiated and the AFL provider was told why they were there to investigate <p>Interview on 8/20/19 with the DSS Program Manager revealed:</p> <ul style="list-style-type: none"> - The provider was made aware of the allegations that were made 	V 132		
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>	V 367		

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V 367	<p>Continued From page 4</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>.0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report Level III incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/2/19 of the facility's incident reports revealed no documentation of level III incidents involving allegations of abuse</p> <p>Review of the Incident Response Improvement</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>System (IRIS) on 8/2/19, 8/6/19, 8/8/19 and 8/21/19 revealed no documentation of allegations being reported.</p> <p>Interview on 8/2/19 with the Alternative Family Living (AFL) Provider/Licensee revealed: - She learned that allegations had been made when Department of Social Services worker came to the home on 7/26/19. They also came out "yesterday" (8/1/19).</p> <p>Further Interview on 8/14/19 with the AFL Provider/Licensee revealed: - A social worker from Social Services came out on Friday July 26th, 2019. "She didn't give me any details." She wanted to talk to Client #1. She went to the Day Program to see him. "I notified [Qualified Professional (QP) #2] that DSS came out due to a complaint being made. DSS told her that someone would contact her. - No internal investigation was completed. - Client #1 was still in the home.</p> <p>Interview on 8/16/19 of QP #1 revealed: - He was the QP over the home until 8/1/19. - He had no knowledge of DSS coming out to investigate or any knowledge that allegations or a complaint was made - He only found out about allegations being made after he was notified about surveyor coming to the home - He was not notified by AFL Provider/Licensee that DSS had come out to the home to investigate - Protocol would be to notify the QP and/or management company of any allegations and that staff person wouldn't be allowed to be able to work with the individual until investigation was complete. - IRIS report and HCPR notification was not completed regarding allegations because he</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>didn't know</p> <p>Interview on 8/16/19 of QP #2 revealed:</p> <ul style="list-style-type: none"> - He just recently started as QP of the home - Aug 2nd was the first time he heard anything about a complaint of allegations - He did not know anything about DSS coming out prior to surveyor. "She (AFL Provider/Licensee) let me know after surveyor came on 8/2/19." - He did not know if an IRIS report had been completed <p>Interview on 8/16/19 with DSS Social Worker revealed:</p> <ul style="list-style-type: none"> - All she could disclose to surveyor is that the complaint was investigated and has been closed as unsubstantiated and the AFL provider was told why they were there to investigate <p>Interview on 8/20/19 with the DSS Program Manager revealed:</p> <ul style="list-style-type: none"> - The provider was made aware of the allegations that were made 	V 367		