

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
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NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 16, 2019. 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 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p>	V 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 109	<p>Continued From page 1</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to ensure 1 of 1 Qualified Professional (Licensee/Qualified Professional (L/QP)) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 8/14/19 of a job description for the L/QP revealed: - "Duties and Responsibilities: 1. Administrative:... h. Audits Home and Administrative Charts to ensure completeness, accuracy and compliance... 3. Clinical... d. Design and implement progress note documentation if requested by area mental health program... g. Review and maintain accurate and complete administrative chart records on each client. h. Review progress notes prior to billing. i. Ensure all paperwork is submitted in a timely manner. j. Participate in implementation and monitoring of quality assurance and improvement programs..."</p> <p>1. Cross Reference: 10A NCAC 27G .0205</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>Assessment/Treatment/Habilitation Plan (V112). Based on record review and interview, the facility failed to ensure 2 of 2 current clients (#2 and #3)'s treatment plans were updated annually.</p> <p>2. Cross Reference: 10A NCAC 27G .0206 Client Records (V113). Based on observation, record reviews and interviews, the governing body failed to ensure 2 of 2 current clients (#2, #3) and 1 of 1 former client (FC #1)'s records had all required documentation.</p> <p>3. Cross Reference: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) Based on record review and interview, the governing body failed to ensure fire and disaster drills were conducted a least quarterly per shift.</p> <p>4. Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118). Based on observation, record review and interview, the facility failed to ensure administered medications were recorded immediately after administration</p> <p>5. Cross Reference: G.S.122C-80 Criminal History Record Check (V133). Based on record review and interview, the governing body failed to ensure a statewide criminal check was completed for 1 of 3 staff (#1).</p> <p>6. Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements (V367). Based on record reviews and interview, the facility failed to ensure qualifying Level II Incidents were reported to the Incident Report Improvement System within 72 hours of becoming aware of the incident.</p> <p>During an interview on 8/16/19, the L/QP reported:</p>	V 109		

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V 109	<p>Continued From page 3</p> <ul style="list-style-type: none"> - she was responsible for the overall running of the facility and all of the areas cited were her responsibility. - she acknowledged she had not kept up with a lot of the paperwork required of her - she would work to fix these areas immediately. <p>Review on 8/16/19 of a Plan of Protection written and submitted by the L/QP on 8/16/19 revealed:</p> <p>What will you immediately do to correct the above violations in order to protect clients from further risk or additional harm? "Another Qualified Professional will be temporarily brought in to assist in bringing all listed above back into compliance."</p> <p>Describe your plans to make the above happen. "QP will make sure all documentation is done and completed in timely manner & on time. Secondary QP will oversee work til it's back in compliance."</p> <p>The L/QP also worked regularly as 1 of 2 direct care staff and failed to demonstrate the knowledge, skills and abilities required by the population served. The L/QP acknowledged she was responsible for and failed to complete the development and implementation of the treatment plans, the documentation of services provided, the writing of progress and outcome notes and the documentation on the Medication Administration Records immediately after she administered medications. She usually signed the MARs right after she gave the medications but admitted sometimes it got busy and she would wait until both clients left for the day program before signing for the medications. She had been trained to initial the MAR immediately</p>	V 109		

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V 109	Continued From page 4 after giving the medications. She also confirmed she failed to ensure fire and disaster drills were conducted and Level II incident reports were written and submitted. She acknowledged being cited for not doing a statewide criminal background check last year for one staff and admitted she still had not completed the check for that same staff. She was also responsible for and failed to ensure client records were complete and accurate. She stated that after being told by a previous state worker that her paperwork was redundant, she stopped doing it. The L/QP stated she was confused about the requirements for fire and disaster drills and when to submit reports to the Incident Response Improvement System. This collective lack of knowledge and lack of demonstration of skills was detrimental to health, safety and welfare of the clients. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 109		
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;	V 112		

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V 112	<p>Continued From page 5</p> <p>(2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the Licensee/Qualified Professional (L/QP) failed to ensure 2 of 2 current clients (#2 and #3)'s treatment plans were updated annually. The findings are:</p> <p>a. Review on 8/13/19 of client #2's record revealed: - admission date 12/1/16 - diagnoses including Bipolar Disorder, Mild Intellectual and Developmental Disorder (IDD) and Impulse Control Disorder - a treatment plan dated 1/30/18 which expired in January 30, 2019.</p> <p>b. Review on 8/13/19 of client #3's record revealed: - admission date 3/1/12 - diagnoses including Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, Downs Syndrome, Pseudo-Seizures,</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>Gastro Esophageal Reflux Disease, Hypothyroidism and Vitamin D Deficiency - a treatment plan dated 5/1/18 which expired 5/1/19</p> <p>During an interview on 8/13/19, staff #1 reported he mainly worked the overnight and got clients up in the morning to help them get ready to go to their day program. He assisted them with their personal care needs, made sure they had breakfast and administered medications if needed. He knew clients diagnoses and needs (ex: diabetic diets) but had not done any documentation of the services he provided.</p> <p>During an interview on 8/13/19, the L/QP reported: - she worked from the time the clients returned from the day program until staff #1 came in for the overnight shift. - she was responsible for running all the goals for the clients and for the treatment plan updates and the quarterly notes about outcomes. - she had not updated the treatment plans and had not done any notes because a previous state worker told her the notes were too repetitive - she acknowledged she needed to catch up on the paperwork and to make sure she and other staff documented the services they were providing.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 112		

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V 113	Continued From page 7	V 113		
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> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information</p>	V 113		

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V 113	<p>Continued From page 8</p> <p>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: Based on observation, record reviews and interviews, the governing body failed to ensure 2 of 2 current clients (#2, #3) and 1 of 1 former client (FC #1)'s records had all required documentation. The findings are:</p> <p>a. Review on 8/13/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date 12/1/16 - diagnoses including Bipolar Disorder, Mild Intellectual and Developmental Disorder (IDD) and Impulse Control Disorder - a treatment plan dated 1/30/18 which expired in January, 2019 - no notes documenting client's progress towards goals for the past year - no grid sheets or other notes documenting services provided to the clients for the past year - the August, 2019 Medication Administration Record (MAR) unsigned for 8/13/19 in the morning <p>b. Review on 8/13/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date 3/1/12 - diagnoses including Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, Downs Syndrome, Pseudo-Seizures, Gastro Esophageal Reflux Disease, Hypothyroidism and Vitamin D Deficiency - a treatment plan dated 5/1/18 which expired 	V 113		

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V 113	<p>Continued From page 9</p> <p>5/1/19</p> <ul style="list-style-type: none"> - no notes documenting client's progress towards goals for the past year - no grid sheets or other notes documenting services provided to the clients for the past year - the August, 2019 Medication Administration Record (MAR) unsigned for 8/13/19 in the morning <p>c. Review on 8/13/19 of Former Client #1 (FC#1)'s record revealed:</p> <ul style="list-style-type: none"> - admission date 8/1/10 - no discharge date documented - diagnoses including Schizophrenia, Insomnia and Allergic Rhinitis and a history of Kleptomania - a treatment plan dated 10/1/18 with goals addressing; following his medication regimen, decreasing illegal and anti-social behavior and notifying the L/QP prior to leaving the day program with family members - no notes documenting client's progress towards goals for the past year - no grid sheets or other notes documenting services provided to the clients for the past year - no discharge summary <p>During an interview on 8/14/19, the L/QP reported:</p> <ul style="list-style-type: none"> - it was her responsibility to ensure all required paperwork was in the client records - acknowledged she had not done any outcome notes or grid documentation since the previous survey because she was told her paperwork was too repetitive - she gave out morning and evening medications and tried to make she signed the MARs immediately but acknowledged she sometimes waited until an hour or so later when it was less busy. 	V 113		

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V 113	Continued From page 10 This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the Licensee/Qualified Professional (L/QP) failed to ensure fire and disaster drills were conducted a least quarterly per shift. The findings are: During an interview on 8/13/19, the L/QP reported the facility operated two shifts; a second and third shift on week days due to clients being in day	V 114		

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V 114	<p>Continued From page 11</p> <p>programs during the day. On weekends, two shifts operated.</p> <p>Review on 8/13/19 of the fire and disaster drills revealed:</p> <ul style="list-style-type: none"> - the fire drill forms listed the option to have drills on the 1st, 2nd or 3rd shifts. There were no times listed for what hours constituted each shift. The drills below were check-marked for which shift they were conducted - fire drills were conducted: <ul style="list-style-type: none"> - 1st quarter - on all three shifts - 2nd quarter - 1st shift - 3rd quarter - 3rd shift - 4th quarter (2018) - 1st and 3rd shift - disaster drills were conducted: <ul style="list-style-type: none"> - 1st quarter - 1st and 2nd shift - 2nd quarter - none - 3rd quarter - none - 4th quarter (2018) - 1st shift <p>During interviews on 8/13/19 both client # 2 and #3 reported fire and disaster drills were conducted but could not identify specific times. Both stated they knew to go outside for fire drills and away from windows and doors for storms.</p> <p>During continued interview on 8/13/19, the L/QP reported she was somewhat confused about the requirement in this area. She would clarify the time parameters for each shift and update her policies. She would also ensure she would conduct one on each shift each quarter</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be</p>	V 114		

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V 114	Continued From page 12 corrected within 45 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the 1 of 3 staff (Licensee/Qualified Professional (L/QP)) failed to initial the MARs immediately after administration. The findings are:</p> <p>Observation on 8/13/19 at 8:45am revealed 1 staff person (#1) and 1 client (#3) present in the home.</p> <p>During an interview on 8/13/19, staff #1 reported a second client (#2) had already left for his day program and client #3 was just about to leave. He stated medications had already been given to the clients.</p> <p>a. Review on 8/13/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date 12/1/16 - diagnoses including Bipolar Disorder, Mild Intellectual and Developmental Disorder (IDD) and Impulse Control Disorder - the August, 2019 MAR with the following medications listed as being ordered for the morning: <ul style="list-style-type: none"> - Seroquel 25mg - 2 tablets (tab) - Colace 100mg - 1 tab - Omeprazole 40mg - 1 before breakfast - Metformin - 750mg - 1 tab - Linzess 290mg - 1 tab - no initials on the August, 2019 MAR for the morning medications on 8/13/19 <p>b. Review on 8/13/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date 3/1/12 - diagnoses including Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, Downs Syndrome, Pseudo-Seizures, 	V 118		

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V 118	<p>Continued From page 14</p> <p>Gastro Esophageal Reflux Disease, Hypothyroidism and Vitamin D Deficiency the August, 2019 MAR with the following medications as being ordered for the morning</p> <ul style="list-style-type: none"> - Lamotrigine 25mg - 2 tabs - Amitize 24 meq - 1 tab - Levitracetam 750mg 1 tab - Omeprazole 40mg - 1 tab - Seroquel 100mg 1 tab - Citalopram 20mg - 1 tab <p>- no initials on the August, 2019 MAR for the morning medications on 8/13/19</p> <p>During an interview on 8/14/19, the L/QP reported:</p> <ul style="list-style-type: none"> - she came over early in the morning to give out medications because client #2 had to leave very early to go to the day program. She usually signed the MARs right after she gave the medications but admitted sometimes it got busy and she would wait until both clients left for the day program. She had been trained to initial the MAR immediately after giving the medications. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 118		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,</p>	V 133		

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V 133	Continued From page 15 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 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	V 133		

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V 133	<p>Continued From page 16</p> <p>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 (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"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be 	V 133		
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V 133	<p>Continued From page 17</p> <p>filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <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> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(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.</p> <p>(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,</p>	V 133		

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V 133	<p>Continued From page 18</p> <p>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, 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</p>	V 133		

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V 133	<p>Continued From page 19</p> <p>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 review and interview, the Licensee/Qualified Professional (L/QP) failed to ensure a statewide criminal background check was completed for 1 of 3 staff (#1). The findings are:</p> <p>Review on 8/13/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - no clear hire date - a county criminal check - no evidence of a statewide criminal check <p>During an interview on 8/13/19, the L/QP reported:</p> <ul style="list-style-type: none"> - she knew she had been cited for this last year - she didn't understand why a statewide check was necessary but would do one immediately 	V 133		

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V 133	Continued From page 20 The deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 133		
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	V 367		

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V 367	<p>Continued From page 21</p> <p>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> <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>	V 367		

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V 367	<p>Continued From page 22</p> <p>(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> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the Licensee/Qualified Professional (L/QP) failed to ensure qualifying Level II Incidents were reported to the Incident Report Improvement System (IRIS) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/14/19 of Level I incident reports revealed:</p> <ul style="list-style-type: none"> - an incident on 2/7/19 with FC#1 swinging and hitting client #2. The L/QP stepped between the 2 and was knocked to the ground by FC #1. FC#1 was then apologetic. - an incident on 5/13/19 involving 2 clients (#2 and Former Client #1 (FC#1)) in a verbal altercation with threats of physical violence towards each other and a threat to kill a local transportation driver. This client was seen and admitted to the local crisis and assessment center. During a search at the center it was discovered the client had a knife in his sock. This client has since been discharged from this facility. - an incident on 7/6/19 with FC#1 attempting assault and police being called. Client was 	V 367		

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V 367	<p>Continued From page 23</p> <p>hospitalized and then discharged from the facility.</p> <p>Review on 8/13/19 revealed no Level II incidents submitted for these occurrences.</p> <p>During an interview on 8/14/19, the L/QP reported she was not sure what needed to be sent to the IRIS agency so she just did them as Level 1 reports</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 367		