Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL039-039	A. BUILDING: ______ B. WING ______	R 09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANTAGE CARE COMMUNITY SERVICES	**5079 OLD OXFORD HIGHWAY 75 OXFORD, NC 27565**

(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	INITIAL COMMENTS An annual and follow-up survey was completed 9/12/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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	V 367		

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V 367	Continued From page 1 report recipients by the end of the next business day whenever: (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 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (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;	V 367		

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V 367	Continued From page 2 (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. This Rule is not met as evidenced by: Based on record review and interviews, 1 of 3 audited staff (Qualified Professional) failed to assure a level II incident involving a client was reported to the local management entity (LME) within 72 hours. The findings are: During an interview on 9/9/19, the Qualified Professional (QP) reported law enforcement officers were called in August 2019 to assist staff when client #1 left the facility without permission. Review on 9/9/19 of the Incident Reporting Improvement System (IRIS) revealed no reports involving client #1 were in the system over a three month period from July through September 2019. Review of the IRIS system on 9/12/19 of the IRIS system revealed no reports involving client #1 were in the system over a three month period from July through September 2019. During an interview on 9/12/19, the QP reported she entered information into the IRIS system regarding client #1's incident in August 2019 and received a report identifier. The QP reported	V 367		

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V 367	Continued From page 3 when she received the report identifier, she believed the report had been successfully accepted by the system. Review on 9/12/19 of a print out of the report the QP attempted to enter into the IRIS system revealed no submit date was listed. During an interview on 9/12/19, LME personnel reported the facility had contacted her and she would look into the cause of the report not appearing in the IRIS system.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews, the governing body failed to assure the facility was maintained in a safe, clean and attractive manner. The findings are: Observation on 9/11/19 between 7:30 AM - 7:55 AM revealed: - cracked areas in the linoleum in the kitchen - a rug on the steps leading down to the day room was folded over and posed a trip/ fall hazard - the back of the love seat in the day room had a tear approximately 18 inches long - a missing handle on the faucet in the i/2	V 736		

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V 736	Continued From page 4 bathroom off the dining area - in client #1 and client #6's room, areas of the dry wall had been patched but not painted and the adjoining bathroom shower had a dark brown substance on the walls and ceiling - in client #3 and client #5's room, a drawer in one of the dressers was broken and the adjoining bathroom tub was stained and the commode lid was cracked - in client #2 and client #4's room the smoke detector was beeping and the tub in the adjoining bathroom was stained During an interview on 9/11/19, staff #6 reported the dark areas in client #1 and client #6's bathroom shower was "just dirt". Staff #6 further reported the dresser drawer in client #3 and client #5's room had been broken for a day or two.	V 736		