

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/24/2019
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on September 24, 2019. The complaints were substantiated (intake #NC00153981 and #NC00155119). 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 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure medications were stored in a securely locked cabinet. The findings are:</p>	V 120		

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

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V 120	<p>Continued From page 1</p> <p>Observation of the facility on 9/17/19 at approximately 10:00 am revealed:</p> <ul style="list-style-type: none"> - Staff #1 was outside of the facility. - Upon entering the facility, surveyors observed client #4 and his guardian representative inside the facility at the dining room table. - The office door was open. - Inside the office, surveyors observed a bottle of liquid Haldol with no pharmacy label on top of the unlocked medicine - cabinet. - The medicine cabinet contained pharmacy packaged medications. <p>During interview on 9/17/19 staff #1 stated there were always two staff on duty at the facility. One of the two staff might be working 1:1 with a client in the community.</p> <p>During interview on 9/24/19 the Qualified Professional stated she was unaware the medication had been left unsecured in the facility office.</p>	V 120		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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; 	V 366		

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V 366	<p>Continued From page 2</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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 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</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to document their response to a level II incident. The findings are:</p> <p>Refer to tag v367 for details.</p> <p>Review on 9/17/19 of facility records revealed no incident reports documented for client #1 or former client #7 from July 1, 2019 - September 16, 2019.</p> <p>During interviews on 9/12/19 and 9/24/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The only incident she was aware of occurred during the last survey at the facility, between 6/25/19 and 6/26/19. - There was no incident in July. - There had been no law enforcement nor EMS (emergency medical service) responses to the facility. - The facility's security system included cameras that she could access using her smart phone. - No incident report was submitted because no one from the facility called the police the last time they responded to the facility. 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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 unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>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 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>	V 367		
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V 367	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to complete a Level II incident report. The findings are:</p> <p>Review on 9/16/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II incident reports were submitted by the facility 7/1/19 - 9/16/19.</p> <p>Review on 9/4/19 of an "Incident/Investigation Report" dated 7/25/19 from the local Sheriff's Department revealed:</p> <ul style="list-style-type: none"> - Sheriff's Deputies responded to a call from the facility regarding the larceny of a cell phone and a "simple assault." - Former client #7 was identified as the victim, client #1 was identified in the report as the "Suspect", staff #1 and the Qualified Professional were identified in the report as "Others Involved." - "[Sheriff Deputy] told [Sheriff Deputy] that the staff on site had shown him a video of the victim having been assaulted two weeks ago. . . The video depicted the victim sitting what appeared to be approximately 20 feet from the suspect, [client #1]. It appeared to be the two were having a conversation, when [client #1] stood and went over to [former client #7] and got in his face. The confrontation continued into [former client #7] getting hit by [client #1] and [former client #7] pushing him away while attempting to disengage, followed by [client #1] running back up to [former client #7] punching him a second time. . . " - The Sheriff Deputies contacted former client #7's guardian to discuss the incident; "[former client #7's guardian] appeared to have had no 	V 367		

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V 367	<p>Continued From page 8</p> <p>knowledge of the assault."</p> <ul style="list-style-type: none"> - The Sheriff Deputies contacted the Qualified Professional who explained that she was aware of the incident in the video which occurred "3-4 weeks ago" and had been reported to the guardian; it "very well could be that incident where [former client #7] was the aggressor." - The Sheriff Deputies explained to the Qualified Professional "the video did not show [former client #7] approaching the suspect but that the suspect approached [former client #7] in an aggressive fashion with [former client #7] not ever standing up until [client #1] was in his face." - The Qualified Professional advised the Sheriff Deputies "it must be another incident." <p>Review on 9/12/19 of client #1' record revealed:</p> <ul style="list-style-type: none"> - 26 year old male admitted 4/24/14. - Diagnoses included Schizophrenia, paranoid type, Schizoaffective Disorder, bipolar type, cannabis abuse, Intellectual/Developmental Disability, mild, and Antisocial Personality Disorder. - Admission Assessment dated 4/24/14 included history of aggressive and assaultive behaviors, defiance, stealing, attention seeking behaviors and the need for medication supervision to ensure compliance and supervision and structure at all times. <p>During interview on 9/17/19 client #1 stated:</p> <ul style="list-style-type: none"> - Everyone at the facility got along. - He and former client #7 "had words" but never got into a physical altercation, "I never hit him and he never hit me." - He could not recall seeing law enforcement or Emergency Medical Services at the facility; if they were at the facility, he "was probably asleep." <p>Review on 9/4/19 of documentation from the local</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Sheriff's office dated 8/20/19 revealed Sheriff Deputies responded to the facility at 6:40 pm due to client #4 calling to request to be evaluated at the hospital.</p> <p>During interviews on 9/17/19 and 9/23/19 staff #1 stated:</p> <ul style="list-style-type: none"> - He was not aware of a physical altercation involving former client #7 in July. - He "might have" been at the facility once when Deputies were present. - He did not show the Deputies a video, his "relief came" and he left. - He worked 7 days a week; there were always 2 staff at the facility. - "There was no video in July." - "There was no incident in July." <p>During interviews on 9/12/19 and 9/24/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The only incident she was aware of occurred during the last survey at the facility, between 6/25/19 and 6/26/19. - The video the Sheriff's Deputies described in their report was of an incident that occurred in June. - Security video from July was no longer available for viewing. - There was no incident in July. - There had been no law enforcement nor EMS (emergency medical service) responses to the facility. - The facility's security system included cameras that she could access using her smart phone. - No incident report was submitted because no one from the facility called the police the last time they responded to the facility. 	V 367		

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V 736 V 736	Continued From page 10 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 facility was not maintained in a safe, clean, attractive, orderly manner, free from offensive odors. The findings are: Observation of the facility at approximately 2:00 pm on 9/12/19 revealed: - The floors throughout the facility with a pronounced slope. - Broken and cracked ceramic floor tiles throughout the facility. - Walls throughout the facility were scuffed. - A hole, approximately 2 inches and consistent with damage from a door handle, in the wall in the front foyer. - A broken metal threshold with a rough edge at the door to the hallway. - A brown spot on the ceiling in the living area at the back door. - Chipped and missing laminate from edge of kitchen counter top, extending length of the counter edge in dining room area. - Dead insect hanging from spider web on back of dining room chair. - Fecal matter, approximately 2 inches in diameter, located along the back of toilet rim and extending approximately 10 inches under the	V 736 V 736		

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V 736	<p>Continued From page 11</p> <ul style="list-style-type: none"> - right side of toilet seat in staff bathroom. - A slight pungent odor in client #1 and 2's bedroom. - Spider webs identified in the upper right and left corners of client #1 and & 2's bedroom. - A broken glass pane in the front bedroom window (client #1 and #2's bedroom). - Heavy black, mildewy staining to the shower curtain in client #3's bathroom. - Damage to the wall at the base of client #3's toilet. - The tank lid on client #3's toilet was too small. - Spider webs with dead insects observed in upper corner of client #3's bathroom. - A strong odor of soiled clothing in client #3's bedroom closet. - Wires from a smoke detector hanging from the ceiling in client #5's bedroom. - Frayed throw rugs in client #5's bedroom presented a tripping hazard. - Spider webs with dead insects at the light fixture in client #5's bedroom. - Spider webs with insects observed in upper left corner of client #4 and #6's bedroom. - A pungent odor in client #4 and #6's bedroom; a strong moldy odor in the bedroom closet. - The switch plate on the light switch in client #4 and #6's bedroom closet was missing. - - During interview on 9/12/19 the Qualified Professional stated: <ul style="list-style-type: none"> - The condition of the facility was "vastly improved" since the last survey. - The floor tiles were laid with concrete and were too heavy for the floor joists, causing the floor to slope. - She was going to have a contractor remove the tile floor, repair the damage, and replace the tiles with a different type of flooring. - It was difficult to find toilet tank covers to fit; the 	V 736		

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V 736	<p>Continued From page 12</p> <p>one in client #3's bathroom "served the purpose." - An alarm contractor was coming to the facility 9/13/19 to install a new smoke alarm system. - She would have the maintenance man replace the broken window pane. - The odor in client #3's bedroom closet was from his dirty laundry. He wet and soiled his clothing and put it in his clothes hamper.</p> <p>This deficiency has been cited 7 times since the original cite on 3/23/15 and must be corrected within 30 days.</p>	V 736		