STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-080	A. BUILDING: _____ B. WING _____	R 10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING GUEST HOME #7	207 WEST 11TH STREET WASHINGTON, NC 27889

(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 on October 2, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.	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	V 367		

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;

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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 reviews and interviews the facility failed to complete a critical incident to the Local Management Entity (LME) as required. The findings are: Review on 10/1/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no incident reports submitted for the facility July 1 - September 30, 2019. Review on 10/01/19 of client #1's record revealed: - 42 year old female admitted 4/11/14. - Diagnoses included Obsessive-Compulsive Disorder and Major Depressive Disorder, recurrent moderate with anxious distress. During interview on 10/1/19 client #1 stated a former staff person had taken money from her to pay her pharmacy bill, but never paid the bill. "She took the money not just from me but from others as well. I gave her $48 cash to pay my pharmacy bill and we found out she didn't pay the bill." The Licensee paid the pharmacy bill and the staff was fired.	V 367		

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V 367	Continued From page 3 Review on 10/1/19 of client #2's record revealed: - 56 year old female admitted 2/11/19. - Diagnoses included Schizophrenia, Borderline Personality Disorder, Anxiety, Depression, Obsessive-Compulsive Disorder, and Hoarding Disorder. During interview on 10/1/19 client #2 stated a former staff took money from her to pay her pharmacy bill, but did not pay the bill. The Licensee paid the pharmacy bill and the staff was fired. Review on 10/1/19 of client #3's record revealed: - 60 year old female admitted 3/6/18. - Diagnoses included Mood Disorder, not otherwise specified, Panic Disorder, Intermittent Explosive Disorder, Intellectual/Developmental Disability, mild and Major Depressive Disorder, recurrent. Client #3 was on a home visit during the survey and was not available for interview. Review on 10/1/19 of "Internal Investigation Report" dated 9/7/19 - 9/11/19 revealed: - On 9/7/19 Former Staff #3 (FS#3) left clients unsupervised for approximately 45 minutes; the clients suffered no harm while unsupervised. - FS#3 was "terminated" from employment 9/7/19. - 2 of the 5 clients did not have unsupervised time documented in their Person Centered Plans. - On 9/10/19 the Licensee learned FS#3 took money from clients to pay July pharmacy bills. - The pharmacy verified the bills for July were not paid. - FS#3 took $48 from client #1, $20.00 from client #2, and withdrew $46.00 from client #6's personal	V 367		

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V 367	Continued From page 4 account without client #6's consent. - FS#3 also took $16.00 from client #4, and $20.00 from client #5. - FS#3 took a total of $150 from clients 8/6/19 and 8/8/19 as documented on "Resident Ledger" forms. - After she was fired FS#3 took withdrew $300 from the facility's bank account using the facility debit card. - The incidents were reported to the local Police Department on 9/7/19 and to the local Department of Social Services on 9/11/19. - "Initial Allegation Report" was submitted to the North Carolina Health Care Personnel Registry on 9/13/19 for "Resident Neglect, Fraud Against Facility, Misappropriation of Facility Property, and Misappropriation of Resident Property." During interview on 10/1/19 the Qualified Professional stated he and the Social Worker met with the clients to discuss the incident with them. The Licensee paid the July pharmacy bills for the clients. FS#3 was terminated immediately on 9/7/19. Felony charges were filed against FS#3. He did an internal investigation and reported the incident to the Health Care Personnel Registry, but did not complete or submit an incident report. He expected the Health Care Personnel Registry to complete an investigation. He understood the requirement to report critical incidents to the LME.	V 367		