

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-781</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OUR HOME-AUNT ZOLA'S</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>408 ANDREW STREET GREENSBORO, NC 27406</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and limited follow up survey for the Type A1 rule violation was completed on 10/11/2019. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). The complaint was unsubstantiated (intake #NC155691). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p><b>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</b></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</p>	V 367		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 367	<p>Continued From page 1</p> <p>means. The report shall include the following information:</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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Reviews on 6/18/2019 and 6/21/2019 of client #2's record revealed: - Admission date: 5/28/2019 - Diagnoses: Conduct Disorder; Problems with</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>primary support group; Problems related to the social environment; Educational problems; Economic Problems; Problems related to interactions with the legal system; and Other psychological and environmental problems;</p> <p>- Age: 16;</p> <p>- A "Clinical Assessment" dated 5/22/2019 that revealed a history of physical aggression, property destruction, elopement, legal system involvement including probation violation, multiple out of home placements, and refusal to follow rules.</p> <p>Review on 10/9/20189 of former client (FC) #5's record revealed:</p> <p>- Admission date: 6/21/2019;</p> <p>- Discharge date: 7/19/2019;</p> <p>- Diagnoses: Post Traumatic Stress Disorder; Attention Deficit-Hyperactivity Disorder, combined type; and Mild Intellectual Disabilities;</p> <p>- Age: 15</p> <p>- An assessment dated 4/10/219 that noted a history of physical aggression, oppositional behaviors, defiance, impulsivity, negative peer involvement, involvement with the legal system, and elopement.</p> <p>Review on 10/7/2019 of local Police reports and the local 911 Communications call logs dated 5/28/2019 to 10/2/2019 revealed:</p> <p>- There were a total of 4 police incident reports and 37 calls to 911 Communications related to the facility and/or facility clients;</p> <p>- Calls included run away/absent without leave (AWOL)/missing persons, burglary of residence, theft of a staff's phone, and a non-urgent welfare check.</p> <p>Reviews on 10/10/2019 and 10/11/2019 of the facility's incident reports revealed:</p>	V 367		

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V 367	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- Some of the level I AWOL incident reports did not have times listed that specified when clients left and/or returned to the facility;</li> <li>- 14 of the Police-involved and 911 Communications calls requiring level II incident reports were not entered into the Incident Response Improvement System (IRIS);</li> <li>- Of the Police and 911 calls that were not entered into IRIS for level II and III incidents, 13 were related to missing persons/AWOL reports, 1 was a burglary of residence call, 1 was theft of a staff's phone by FC #5, and 1 was a non-urgent welfare call;</li> <li>- Level I incident reports were completed, but level II reports were required for AWOL incidents on July 4 (FC #5), 12 (FC #5), 13 (FC #5), 14 (FC #5), 15 (FC #5) &amp; 20 (client #2);</li> <li>- A level I incident report was completed, but level II report was required for the theft of a staff's phone on July 11 (FC #5)</li> <li>- There were no incident reports for AWOL incidents on June 21 (FC #6), July 19 (one each for client #2 &amp; FC #5), and October 2 (client #2);</li> <li>- There was no incident report for a "burglary of residence" call on June 24;</li> <li>- There was only one level I incident report completed on July 15, but two separate 911 Communications calls regarding AWOL's on that date;</li> <li>- There was no incident report related to the "welfare check" call on July 22.</li> </ul> <p>Interview on 10/9/2019 with staff # 1 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #1 had been out of work frequently since July of 2019, and did not know the number of times the Police had been to the facility;</li> <li>- Staff #1 was aware of approximately 3 AWOL incidents at the facility;</li> <li>- The direct care staff on shift were supposed to complete incident reports when incidents</li> </ul>	V 367		

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V 367	<p>Continued From page 5</p> <p>occurred;</p> <ul style="list-style-type: none"> <li>- The completed reports were then taken to the office for management staff to review;</li> <li>- The Qualified Professional (QP) entered level II or III incidents into IRIS.</li> </ul> <p>Interview on 10/9/2019 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- The Police had only been to the facility twice during staff #2's shift;</li> <li>- The Police were usually called when a client went AWOL;</li> <li>- Clients did not usually go AWOL on his shift;</li> <li>- Both facility staff working at the time incidents occurred were supposed to complete incident reports;</li> <li>- Incident reports were then taken to the Owner /Administrator's (A/O) office for review;</li> <li>- Submission of level II and III incidents was probably completed at the office.</li> </ul> <p>Interview on 10/11/2019 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> <li>- Most of the 911 calls made from the facility had been non-emergency calls;</li> <li>- Level II incident reports were only completed if clients were AWOL for more than 3 hours;</li> <li>- The AP could only recall two times that the Police had to be called to the facility;</li> <li>- If the Police intervened, a level II incident report was completed that included the Police report number;</li> <li>- If the Police only came out and talked to the clients without creating a Police event report, the facility would not complete a level II incident report;</li> <li>- Incident reports were supposed to be completed by whichever facility staff made the call to 911/Police;</li> <li>- The incident report forms completed by direct care staff went to the AP and QP for review;</li> </ul>	V 367		

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V 367	<p>Continued From page 6</p> <p>Interview on 9/19/2019 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- There had not been a need for level II incident reports to be entered into IRIS since FC #5 and another former client had left the facility in July 2019;</li> <li>- There had not been any Police calls to the facility;</li> <li>- There had not been any incidents of client #2 running away.</li> </ul> <p>Further interview with the QP was not possible due to the QP having been ill and unable to work.</p> <p>Interviews from 9/19/2019 to 10/11/2019 with the A/O revealed:</p> <ul style="list-style-type: none"> <li>- The A/O was not aware that the Police had been called to the facility;</li> <li>- There was no need for Police intervention at the facility;</li> <li>- Facility staff were supposed to call 911 to let them know when clients who were AWOL returned to the facility;</li> <li>- Facility staff should have noted the time that clients left and returned from AWOL incidents;</li> <li>- The facility staff who completed the incident report for July 11 may have written the wrong date on the incident report;</li> <li>- Facility staff were supposed to complete incident reports the same day that incidents occurred;</li> <li>- The AP would sometimes complete the reports for staff;</li> <li>- The QP usually completed IRIS reports;</li> <li>- Facility staff had received training on incident reporting requirements.</li> </ul>	V 367		