

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2019
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3509 ALLENDALE DRIVE RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>An complaint and follow-up survey was completed 10/04/19. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600 A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) 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>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews one of three audited staff (Licensee/Administrator) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/2/19 of documentation regarding client #1's "Accident/Incident Reports" level 1 revealed: - 7/29/19- "client walked away from the home and police were called." - 6/20/19- "client knocking on neighbors doors asking for cigarettes police returned her to the home."</p> <p>During interview on 9/30/19 the legal guardian reported: - group home was made aware of elopement issues. - called licensee/administrator and qualified professional, licensee/administrator would not answer her phone. - police were being called to the group home on a regular basis. - called licensee/administrator to ask the location of client #1. - licensee/administrator reported she was in the hospital and cursed at her. -client #1 had a charge of assault on Emergency Management Services (EMS) worker while living in the group home. - licensee/administrator knew about the court date for the assault charge and did not inform</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>guardian or take client #1 to court.</p> <ul style="list-style-type: none"> - if Licensee/Administrator would have told her about the court date she would have taken client #1 to court. -client #1 was picked up on an outstanding warrant for missing court date and placed in jail. - this could have been prevented if there were more communication. - she was not given a notice to discharge. <p>During interview on 10/1/19, the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - she received the calls from direct care staff involving client #1's elopement. - she completed level 1 incident reports. - she did not inform the Qualified Professional (QP) of the incidents of client #1's elopement. - she was not aware of a warrant for arrest. - she was not aware of a court date. - client was taken to the hospital and not to jail. - she faxed a notice to discharge to guardian. - discharge notice dated "6/29/19" - discharge date "8/2/19" <p>A. During interview on 10/3/19 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - was not aware of client eloping prior to 6/21/19. - had not received any information to complete incident reports prior to 6/21/19. -Staff #1 or the Licensee/Administrator should have contacted her when client #1 had eloped. - "I can't do anything that I don't know about." - elopement had not been addressed in the treatment plan. - documentation should be completed when clients elope and when police are called. - not aware of a policy of checking criminal record for clients. - was not sure if client #1 returned to the home after her hospital stay on 6/21/19. 	V 110		

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V 110	Continued From page 3 - client was given a discharge notice while in the hospital by the licensee/administrator. B. During interview on 10/3/19 the Qualified Professional (QP) reported: - thought client was currently living in the home. - not aware of client discharged from facility. - not aware client admitted to sister facility. - Licensee/Administrator has record. - confirmed Licensee/Administrator was unable to provide record.	V 110		
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; (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.	V 112		

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement treatment plan strategies to address behaviors for one of three audited clients (#1). The findings are:</p> <p>Review on 9/30/19 of client #1's record revealed: - admitted: 12/18/18 - diagnoses: Acute psychosis and Schizoaffective disorder</p> <p>Review on 9/30/19 of client #1's treatment plan dated 01/18/19 revealed the following goals: - "improve involvement in treatment by learning to manage symptoms in a positive manner...." - "maintain psychiatric/medical stability," - "improve independent skills, infrequent engagement in independent living activities....." - no goals or strategies to address elopement.</p> <p>Interview on 10/2/19 with local law enforcement regarding calls to the home for client #1 reported: - 2/16/19 client walked out. - 4/17/19 client left group home walking. - 5/14/19 client left group home. - 6/21/19 client missing. - 7/26/19 client missing.</p> <p>During interview on 9/30/19 client #2 reported: - client #1 would leave the house without permission. - staff would call licensee/administrator. - staff would call the police to report client #1 running away.</p>	V 112		

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> - police would bring client #1 back to the home at night. - police came to the house about 4 or 5 times. - staff would try to stop client #1 from leaving. - client #1 would curse out staff. - client #1 left the home a lot, don't remember how many times. <p>During interview on 9/30/19 client #3 reported:</p> <ul style="list-style-type: none"> - police came to the house a lot. - police haven't been to the home since client #1 has been discharged. - client #1 would walk to Retail store without permission. - staff would try to stop client #1. - client #1 would curse out staff. - staff would call the police reporting client #1 walking out. - client #1 would bring items back to the house. - example motor oil and tissue to sell. <p>During interview on 9/30/19 legal guardian reported:</p> <ul style="list-style-type: none"> - group home was made aware of elopement issues. - called Licensee/Administrator and qualified professional (QP), neither would not answer the phone. - police were being called to the group home on a regular basis. -client #1 had a charge of assault on Emergency Management Services (EMS) worker while living in the group home. - called Licensee/Administrator to ask location of client #1. - Licensee/Administrator reported she was in the hospital and cursed at her. - Licensee/Administrator knew about the court date and did not inform guardian or take client #1 to court. 	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> - if Licensee/Administrator would have told her about the court date she would have taken client #1 to court. -client #1 was picked up on an outstanding warrant for missing court date and placed in jail. - this could have been prevented if there were more communication. - she was not given a notice to discharge. <p>During interview on 9/30/19 Staff #1 reported:</p> <ul style="list-style-type: none"> - client #1 would leave the home at different times of the day and night. - she would call the police to report a missing person once she left. - she was not aware of client #1's court date or missing a court appearance. - she would attempt to stop client #1 from leaving by verbal redirection. - was not aware of strategies to address elopement. -No on had given her any strategies to use to deter client #1's elopement. <p>During an interview on 10/1/19, the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - she received the calls from direct care staff involving client #1's elopement. - she completed level 1 incident reports. - she did not inform the QP of the incident of missing client. - she informed staff to call and report elopements to licensee/administartor. - she completed the level 1 incident reports. - she did not inform QP about elopements of client #1. - she faxed a notice to discharge to guardian. - she was not aware of a warrant for arrest. - she was not aware of a court date. - client was taken to the hospital and not to jail. - she faxed a notice to discharge to guardian. 	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> - discharge notice dated "6/29/19" - discharge date "8/2/19" <p>During interview on 10/3/19 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - was not aware of client eloping prior to 6/21/19. - had not received any information to complete incident reports prior to 6/21/19. -Staff #1 or the Licensee/Administrator should have contacted her when client #1 had eloped. -"I can't do anything that I don't know about." - elopement had not been addressed in the treatment plan. - documentation should be completed when clients elope and when police are called. - not aware of a policy of checking criminal record for clients. - was not sure if client #1 returned to the home after her hospital stay on 6/21/19. - client was given a discharge notice while in the hospital by the licensee/administrator. 	V 112		
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> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <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</p>	V 113		

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V 113	<p>Continued From page 8</p> <p>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 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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure client records were maintained for one of three audited clients (#2). The findings are:</p> <p> </p> <p>Review on 10/1/19 of client #2's record revealed no treatment plan, no assessments, no admission paperwork, no discharge summary or consents.</p>	V 113		

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V 113	<p>Continued From page 9</p> <p>During interview on 10/3/19 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - thought client #2 was currently living in the home. - not aware of client #2's discharged from facility. - not aware client admitted to sister facility. - Licensee/Administrator has record. - confirmed Licensee/Administrator was unable to provide record. <p>During interview on 10/3/19 the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - she had client record and would provide record for review. - client stayed for one week at the home and was moved to sister facility. <p>As of 10/4/19 no information regarding client #2's record was received.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 113		
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, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(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</p>	V 133		

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V 133	Continued From page 10 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 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	V 133		

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V 133	<p>Continued From page 11</p> <p>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 filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the</p>	V 133		

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V 133	<p>Continued From page 12</p> <p>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, 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,</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3509 ALLENDALE DRIVE RALEIGH, NC 27604
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V 133	<p>Continued From page 13</p> <p>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 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>	V 133		

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V 133	<p>Continued From page 14</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 facility failed to ensure the criminal record check was completed for one of three audited staff (#1). The findings are:</p> <p>Review on 10/2/19 of Staff #1's personnel record revealed: - hire date 1/2017 - direct care staff, two weeks on two weeks off. - there was no evidence the criminal record check was completed.</p> <p>During interview on 10/3/19 with Qualified Professional reported: - she was unaware that staff #1 did not have a criminal background check. - confirmed there was no evidence of staff #1's criminal background check in the personnel record.</p> <p>During interview on 10/3/19 with licensee/administrator reported: - the criminal check was completed. - will bring or fax a copy.</p>	V 133		

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V 367	Continued From page 15	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT 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 	V 367		

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V 367	<p>Continued From page 16</p> <p>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> <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</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>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 review and interviews, the facility failed to ensure level II incidents involving one of three audited clients (#1) were completed. The findings are:</p> <p>Review on 10/2/19 of the Incident Reporting Improvement System (IRIS) revealed one report involving client #1 was in the system. 6/21/19 incident of client walking away from the home.</p> <p>During interview with local law enforcement on 10/2/19 regarding calls received regarding client #1's elopement reported:</p> <ul style="list-style-type: none"> - "2/16/19 client walked out. - 4/17/19 client left group home walking. - 5/14/19 client left group home. - 6/21/19 client missing. - 7/26/19 client missing." <p>Review on 10/2/19 of documentation regarding client #1 "Accident/Incident Reports" level 1 revealed:</p> <ul style="list-style-type: none"> - "7/29/19- client walked away from the home and police were called. - 6/20/19- client knocking on neighbors doors asking for cigarettes police returned her to the home." <p>During an interview on 10/1/19, the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - she received the calls from direct care staff involving client #1's elopement. - she completed level 1 incident reports for those 	V 367		

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V 367	<p>Continued From page 18</p> <p>elopements. - she did not inform the QP of incidents of client #1's elopement.</p> <p>During interview on 10/3/19, the Qualified Professional (QP) reported reported: - she was not made aware of any incidents other than the 6/21/19 incident that she entered into the IRIS. -The Licensee/Administrator was to contact her regarding incidents so she could address them and complete the incident reports. -This has been an ongoing problem where staff #1 or the Licensee/administrator is not informing her of things going on in the home.</p>	V 367		