

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 10/31/2019
NAME OF PROVIDER OR SUPPLIER  SOMEONE DOES CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 801 WEST WALNUT STREET TARBORO, NC 27886		
(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 105	Continued From page 1  (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;  This Rule is not met as evidenced by: Based on record review and interview the facility failed to follow their admission policy. The findings are:	V 105			

Division of Health Service Regulation  
STATE FORM

6889

3MWE11

If continuation sheet 2 of 6

*[Signature]* Boris Looorn

12/3/2019

**RECEIVED**

By DHRS-Mental Health Licensure at 7:44 am, Dec 04, 2019

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  SOMEONE DOES CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886		
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V 105	Continued From page 2  Review on 10/23/19 of the facility's perform assessment policy revealed: "...assessment will be done by administrator and Qualified Professional (QP)...Initial assessment within 72 hours, completed and signed...  Review on 10/23/19 of client #1's record revealed: - admitted 3/3/19 - diagnoses of Development Delay; Intermittent Explosive Disorder & Anxiety Disorder - no documentation of an initial assessment  During interview on 10/23/19 the Licensee reported: - The QP was responsible for the completion of the initial assessment - The QP had completed a partial of the initial assessment	V 105		
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	V 367		

SS

12/3/2019

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NAME OF PROVIDER OR SUPPLIER  <b>SOMEONE DOES CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 WEST WALNUT STREET TARBORO, NC 27886</b>
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V 367	<p>Continued From page 3</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		

NS 12/3/2019

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V 367	<p>Continued From page 4</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).</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> <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 review and interview the facility failed to ensure Level II incident reports were submitted to the Managed Care Organization/Local Management Organization (MCO/LME) within 72 hours. The findings are:</p> <p>During interview on 10/23/19 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- the police were contacted on 2 different occasions for client #1</li> <li>- he had temper tantrums and the police had to</li> </ul>	V 367			

*JS* 12/3/2019

601 West Walnut St

Tarboro, NC

V105

**Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).**

To correct the deficient area of practice, Someone Does Care has revised its admission process and policy that will highlight risks, challenges, strength, needs, concerns, and goals. This will be documented on an admissions form that will be signed and reviewed by the QP, director, and others present during the admissions process along with the completion of admissions packet and development of an initial PCP. The information gathered will be used to assess whether or not Someone Does care can provide services to address the individual's needs. The client and other identified stake holder will be notified within 24 hours of the admission assessment/meeting as to whether or not the agency will accept the client not based on the individuals risks and needs. An assessment will be completed, in its entirety, within 72 hours.

**Indicate what measures will be put in place to prevent the problem from occurring again.**

To prevent this problem from happening again, Someone Does Care will provide and complete prepared admissions packets that will include an Admission Screening Form, Declaration of Resident's Rights, and a Consent To Release/Exchange Information, where the client and any identified stakeholders or guardian's will review and sign during the admission screen process. The changes in the admissions policy will be shared with staff.

**Indicate who will monitor the situation to ensure it will not occur again.**

Charles Martin, BS, QP

Renea Williams, BS QP

Doris Sessoms, Director

**Indicate how often the monitoring will take place.**

This process will take place during each admission screening and documentation of the screening will be available.

Monitoring to ensure all documentation of the admission screening will take place monthly from the time of admission.

*Doris Sessoms 12/3/2019*

**V 367 27G .0604 Incident Reporting Requirements**

Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

To correct the deficient area of practice, the agency QP and CEO will review the agency's current policy and procedure, and implement the necessary changes to the policy and procedure manual, if needed, to ensure the following take place correctly and by DHSR regulations:

1. Ensure all incidents that may take place are recorded, documented, and reported within the required timeframes, and with DHSR guidelines.
2. Ensure coordination will be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation

**Indicate what measures will be put in place to prevent the problem from occurring again.**

1. A chart indicating the different levels and correct responses to the incident will be posted at each residential sight. All staff will participate in an in-house incident report training. All staff members are to report all identified incidents to QP, and document all incidents immediately. QP will follow the required reporting method per incident and incident level, and report and document the incident within the required timeframes.
2. Upon notification, any disturbances, issues, behavioral issues, incidents, changes, and disruptions that pertain to the clients and the clients' treatment will be communication with the facility operator/CEO, and QP. This communication will be documented in the QP's monthly progress note per client.

**Indicate who will monitor the situation to ensure it will not occur again.**

Charles Martin, BS, QP

Renea Williams, BS QP

Doris Sessoms, Director

**Indicate how often the monitoring will take place.**

This monitoring will take place monthly

*NS. 12/3/2019*

Someone Does Care

Fax Transmittal Cover Sheet

All Information Attached Is Personal And Confidential

Date: 12/3/19

To: Rhonda Smith

Fax Number: 919-715-8078

From: Dary Johnson

Number Of Pages Including Cover Sheet