STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-104	A. BUILDING: _____ B. WING _____	C 12/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY'S CARE #7	1998 HARRIS HENRIETTA ROAD MOORESBORO, NC 28114

(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 A complaint survey was completed on 12/13/19. The complaint was unsubstantiated (Intake #NC00157950). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.	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	V 367		

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V 367	Continued From page 1	V 367		

shall submit an updated report to all required 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;

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V 367	Continued From page 2 (3) searches of a client or his living area; (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 review and interview, the facility failed to submit all level II incidents, to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 12/12/19 of Client #2's record revealed: -admission date 5/23/19. -diagnoses of Schizophrenia, Caparas Syndrome, Post-Traumatic Stress Disorder, Depression, Mild, Unspecified Neurocognitive Disorder, Hepatitis C, BiPolar Disorder, Attention-Deficit Hyperactivity Disorder, Generalized Anxiety, and Substance Abuse. Review on 12/13/19 of a facility incident report dated 11/5/19 revealed: -Client #2 was upset over not being able to go home and said she was leaving. -Staff followed her out and continued to try to get her to not leave. -Contacted office who sent staff to look for her.	V 367		

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V 367	Continued From page 3 -Contacted guardian. Review on 12/13/19 of a psychiatrist follow-up note dated 11/18/19 revealed: -Client #2 recently eloped from the facility and was gone one night. -she drug tested positive for marijuana and said she only smoked three puffs. -she said she just went riding around with somebody she knew. Interview on 12/12/19 with Client #2 revealed: -she walked away from the facility "the other day." -she was ready to get out of the facility (and would not discuss the incident any further). A confidential interview on 12/13/19 revealed: -sometime last month (early November) Client #2 was seen by the side of the road. -a car came by and she was seen getting into it. Interview on 12/12/19 with Staff #1 revealed: -she was on shift when Client #2 walked out of the facility on 11/5/19. -it was between 5:00 and 6:00 p.m. as they had just eaten dinner and she and the other clients were in the living room. -Client #2 went to use the phone. -Client #2 then got upset and hung up the phone and walked out the front door. -she asked Client #2 to come back and the client ignored her. -she walked inside to get the facility phone then walked back outside and the client was out of sight. -she called the House Manager and notified her. -she left her shift at 9:00 a.m. the following morning and the client had not returned to the facility.	V 367		

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V 367	Continued From page 4 Interview on 12/12/19 with the House Manager revealed: -Staff #1 called and said Client #2 left the facility and refused to come back. -she called the Director, and looked for the client. -after about 30 minutes of looking for the client, she called the police to notify them she was missing. -this was the first time Client #2 had ever eloped. Review of the North Carolina Incident Response Improvement System (IRIS) reports revealed there was no IRIS report for Client #2's elopement on 11/5/19. Interview on 12/12/19 with the Qualified Professional/Director of Operations revealed: -he was aware the incident with Client #2 was a level II and should have been recorded in IRIS.	V 367		