STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL014-027	A. BUILDING: _____ B. WING _____	12/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATEWAY OPPORTUNITIES	2419 NORWOOD STREET LENOIR, NC 28645

(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 complaint survey was completed on 12/20/19. The complaint was unsubstantiated (Intake #NC00158713). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs and 10A NCAC 27G .5400 Day Activity.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that HCPR (Health Care Personnel Registry) was notified within 24 hours of becoming aware of an allegation of abuse. The findings are: Review on 12/17/19 and 12/18/19 of the record for Client #6 revealed: -Admitted on 9/17/15 with diagnoses of Severe Intellectual Developmental Disability, Impulse Control Disorder, Autism, Attention Deficit	V 318		

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V 318	Continued From page 1 Hyperactivity Disorder and Gastroesophageal Reflux Disorder Review on 12/17/19 and 12/18/19 of the facility internal investigation reports revealed: -Staff #2 accused another staff member of pushing Client #6. -A level 3 incident report was not completed which would include the HCPR notification. Interview on 12/19/19 with the Services Director revealed: -The allegation was immediately addressed and was not considered abusive. -The facility completed an investigation which was unsubstantiated. -Since the incident was addressed immediately after the allegation a level 3 incident was not reported which would include the HCPR reporting. - She should have completed the level 3 incident because it was an allegation and she was aware of the reporting requirements.	V 318		
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	V 367		

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V 367	Continued From page 2	V 367		

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 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

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V 367	Continued From page 3 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; (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 ensure Level III incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident for 1 of 6 audited clients (#6). The findings are: Review on 12/17/19 and 12/18/19 of the record for Client #6 revealed:	V 367		

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V 367	Continued From page 4 -Admitted on 9/17/15 with diagnoses of Severe Intellectual Developmental Disability, Impulse Control Disorder, Autism, Attention Deficit Hyperactivity Disorder and Gastroesophageal Reflux Disorder. Review on 12/17/19 and 12/18/19 of the facility internal investigation reports revealed: -Staff #2 accused another staff member of pushing Client #6. - "NOTE: Due to the number of direct witnesses to the incident, the allegation of physical abuse was not seen as a reliable accounting of the incident, therefore a Level 3 IRIS [Incident Response Improvement System] Report was not submitted. However, due to the level of disturbance involved with the incident, it was reviewed." Interview on 12/19/19 with the Services Director revealed: -She immediately sat down with staff and conducted interviews regarding the alleged incident. -Written statements were also obtained from all staff. -After the interviews were conducted, she did not feel it was an appropriate allegation. -A level 3 incident report was not completed.	V 367		