

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/31/2019
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NAME OF PROVIDER OR SUPPLIER RORIE'S SAFE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 DUCHESS COURT WINSTON SALEM, NC 27107
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 12/31/2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>	V 000		
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</p>	V 367		

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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>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 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>	V 367		

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V 367	<p>Continued From page 2</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 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 reviews and interviews, the facility failed to report incidents within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/31/2019 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 9/19/2019 - Diagnoses: Attention Deficit-Hyperactivity Disorder; Autism Spectrum Disorder; and Profound Intellectual Disability; - Age: 14 - Documentation of treatment at a local hospital emergency department (ED) on 10/30/2019 for "disorganized behavior", on 11/11/2019 for "psychiatric evaluation" and on 11/18/2019 for "aggressive behavior"; - No documentation of specific behavioral concerns requiring ED care. <p>Review on 12/31/2019 of the facility's incident reports revealed:</p> <ul style="list-style-type: none"> - No incident reports for the ED visits on 10/30/2019, 11/11/2019 or 11/18/2019. <p>Interview attempt on 12/31/2019 with client #1</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> - Client #1 was non-verbal and unable to answer questions regarding his treatment at the facility. <p>Interview on 12/31/2009 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> - She had not been aware that she needed to complete incident reports for the times that client #1 required emergency psychiatric care at the local hospital ED; - She would complete documentation for the missing incident reports. <p>Interview on 12/31/2019 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Client #1's behavioral concerns requiring emergency psychiatric care were possibly due to changes in his medications during the time period he was transitioning from a prior hospitalization to his placement at the facility; - The AFL Provider had not completed incident reports for client #1's hospital ED visits on 10/30/2019, 11/11/2019 or 11/18/2019. <p>Interview on 12/31/200 with the Operations Manager (OM) revealed:</p> <ul style="list-style-type: none"> - The AFL Provider said that she did not realize that she had needed to complete incident reports for the dates that client #1 received ED care; - All Licensee staff received incident reporting training; - The Licensee would ensure that the AFL Provider received additional training regarding incident reporting requirements. 	V 367		