STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl046-015	A. BUILDING: _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT HEALTH SERVICES - ROANOKE CHOW/	144-C COMMUNITY COLLEGE ROAD AHOSKIE, NC 27910

(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 follow up survey was completed on 1/30/20. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G.5000 Facility Based Crisis Service for Individuals of All Disability Groups.	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 ensure Level II incidents were reported to the Incident Response and Improvement System (IRIS) or the Local Management Entity (LME) within 72 hours of becoming aware of the incident for 2 of 2 audited former clients (FC#1 and FC#2). The findings are: Review on 1/29/20 of the record for FC#1 revealed: -Admitted on 12/04/19. -Diagnosis of Substance Abuse Disorder. Review on 1/29/20 of the facility incident reports revealed: -Incident report completed by staff 12/04/19. -FC#1 reported thoughts of self harm by hanging. -"Personal items removed from room that could be used to harm self. " -FC#1 reported history of self harm to staff . -Emergency Medical Services (EMS) were called. -FC #1 taken to Hospital by EMS. Review on 1/29/20 of the record for FC#2	V 367		

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V 367	Continued From page 3 revealed: -Admitted on 11/15/19. -Diagnosis of Substance Abuse Disorder. Review on 1/29/20 of the facility's prevention and preparation policy revealed: -A client being anxious/agitated in distress and reporting pain is considered a level II incident. Review on 1/29/20 of the facility incident reports revealed: -Incident report completed by staff 11/15/19. -FC#2 complained of chest pain and exhibited increased respirations. -EMS was called and client was taken to hospital. Interview on 1/30/20 with the Program Supervisor revealed: -Had not submitted any Level II incident reports to IRIS or LME -Incidents considered Level 1 since no one was harmed "was a threat was not followed through." -Procedures in place to prevent self harm. -EMS was called and client was taken to the hospital. -Client returned back to the program after being discharged. -Family Nurse Practioner makes the decision on when EMS is called. -Facility has Preventon and Preparation procedures in place address "crisis intervention response."	V 367		