

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-655	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2020
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NAME OF PROVIDER OR SUPPLIER GRACELAND MANOR DDA #3	STREET ADDRESS, CITY, STATE, ZIP CODE 408 PELT DRIVE FAYETTEVILLE, NC 28301
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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>A complaint survey was completed on February 10, 2020. The complaint was unsubstantiated (intake #NC00160754). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies based on assessment for 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Review on 2/07/20 of client #2's record revealed: - 45 year old female admitted 9/17/03. - Diagnoses included Schizophrenia, Mild Intellectual Disability, Deafness, and Diabetes. - Person Centered Profile completed 7/13/19 included short range goals to address personal hygiene, household chores, medication management and medical/psychiatric appointments, and school attendance, but no strategies for staff to follow.</p> <p>Review on 2/07/20 of client #3's record revealed: - 53 year old female admitted 11/11/97. - Diagnoses included Adjustment Disorder, Intermittent Explosive Disorder, Mild Intellectual Disability, and Deafness. - Person Centered Profile completed 5/27/18 included goals to address compliance with medications and medical/psychiatric appointments, school attendance, communication with staff and peers, and personal hygiene, but no strategies for staff to follow.</p> <p>During interview on 2/07/20 the Qualified Professional/Administrator/Licensee stated she thought strategies were listed in the person centered profiles. The omission of the strategies was an oversight. She understood the requirement for strategies to be developed based on assessment and implemented.</p>	V 112		

Division of Health Service Regulation

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V 364	Continued From page 2	V 364		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <ol style="list-style-type: none"> (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <ol style="list-style-type: none"> (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility 	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 3</p> <p>unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 4</p> <p>individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 5</p> <p>when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 6</p> <p>rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that clients kept the right to make and receive confidential telephone calls affecting 1 of 3 clients (#2). The findings are:</p> <p>Review on 2/07/20 of client #2's record revealed: - 45 year old female admitted 9/17/03. - Diagnoses included Schizophrenia, Mild Intellectual Disability, Deafness, and Diabetes.</p> <p>During interview on 2/7/20 client #2 stated via writing: - She did not have a cell phone. - The facility phone did not have a telecommunication device for the deaf (TDD). - She wanted to talk with her father and her social worker, but did not have the means to do so.</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 7</p> <ul style="list-style-type: none"> - If she had a cell phone, she could text people. <p>During interview on 2/07/20 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - The facility did not have a TDD. - If the deaf clients wanted to call someone they let staff know and staff would notify the QP/Administrator/Licensee and she would make the call for the client. - Client #2 wrote letters to her father. <p>During interview on 2/07/20 the Qualified Professional/Administrator/Licensee stated:</p> <ul style="list-style-type: none"> - Client #2 did not have a cell phone. - The facility did not have a TDD. - She had served the deaf clients "for years" and had never heard of TDD. - "It is what it is. I'll do what I have to do." 	V 364		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and 	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 8</p> <p>preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 9</p> <p>occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I and level II incidents including implementing incident reporting requirements by determining the cause of the incident, developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days, assigning person(s) to be responsible for implementation of the corrections and preventive measures. The findings are:</p> <p>Review on 2/07/20 of client #2's record revealed: - 45 year old female admitted 9/17/03. - Diagnoses included Schizophrenia, Mild Intellectual Disability, Deafness, and Diabetes. - "Report of Health Service to Residents" included ". . . 12-19-19 CT [computed tomography] Head & Facial Bones Left Temporal facial laceration repair 12-26-19 Suture removed no new order. . . 12-19-19 CT Scan negative for facial/skull fracture and no intracranial bleeding seen. Facial laceration repaired. Return in 5 days for suture removal. . . 12/26/19 4 sutures removed. No signs of infection . . . "</p> <p>Review on 2/07/20 of "Accident/Incident Reports" provided by the Qualified Professional (QP)/Administrator/Licensee revealed: - "Date/Time of Accident/Incident 12/17/19 6:30 pm . . . [client #2] was walking to go get on van to go to Christmas Party walked out the front door and missed a step and fell. Face hit ground broke skin, [client #2] was helped up and brought back into the house, [staff #2] and [staff #1] cleaned up scar and bandage it."</p>	V 366		

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V 366	<p>Continued From page 11</p> <ul style="list-style-type: none"> - "Date/Time of Accident/Incident 12/27/19 /12:35 pm . . . client leaned forward and rolled on the floor and forehead hit the corner of the wall, we helped client up and got her on the sofa a lump was on her forehead I [staff #2] got ice pack right away and put on lump. client still trying to sleep has not awoken totally yet." - No documentation of determination of the causes of the incidents, corrective measures, or persons responsible for implementation of the corrections and preventive measures. <p>Review on 2/07/20 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II incident reports submitted by the facility December 1, 2019 - February 6, 2020.</p> <p>During interview on 2/7/20 client #2 stated via writing:</p> <ul style="list-style-type: none"> - She fell "at school" on 1/31/20 and went to the hospital via ambulance. - She spent the night at the hospital and went home the next day. <p>During interview on 2/07/20 the QP/Administrator/Licensee stated:</p> <ul style="list-style-type: none"> - Client #2 fell on 12/19/19, the date (12/17/19) on the level I incident report was incorrect. - Client #2 fell going out of the facility to the van to go to the Christmas party; despite her injury, client #2 insisted on going to the party. - Client #2 received sutures at the immediate care department of a local hospital after attending the Christmas party on 12/19/19. - Client #2 fell at the facility on 12/27/19, a level I incident report was completed. - Client #2 fell at school on 1/31/20; she did not complete an incident report since the fall did not occur at the facility. 	V 366		

Division of Health Service Regulation

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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 367	Continued From page 12	V 367		
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 report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (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 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-655	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2020
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V 367	<p>Continued From page 13</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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> <ol style="list-style-type: none"> (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 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-655	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2020
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V 367	<p>Continued From page 14</p> <p>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 review and interview the facility failed to complete a level II incident report. The findings are:</p> <p>Review on 2/07/20 of client #2's record revealed: - 45 year old female admitted 9/17/03. - Diagnoses included Schizophrenia, Mild Intellectual Disability, Deafness, and Diabetes. - "Report of Health Service to Residents" included ". . . 12-19-19 CT [computed tomography] Head & Facial Bones Left Temporal facial laceration repair 12-26-19 Suture removed no new order. . . 12-19-19 CT Scan negative for facial/skull fracture and no intracranial bleeding seen. Facial laceration repaired. Return in 5 days for suture removal. . . . 12/26/19 4 sutures removed. No signs of infection . . . "</p> <p>Review on 2/07/20 of "Accident/Incident Reports" provided by the Qualified Professional (QP)/Administrator/Licensee revealed: - "Date/Time of Accident/Incident 12/17/19 6:30 pm . . . [client #2] was walking to go get on van to go to Christmas Party walked out the front door and missed a step and fell. Face hit ground broke skin, [client #2] was helped up and brought back into the house, [staff #2] and [staff #1] cleaned up scar and bandage it."</p> <p>Review on 2/07/20 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II incident reports submitted by the facility</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 15</p> <p>December 1, 2019 - February 6, 2020.</p> <p>During interview on 2/7/20 client #2 stated via writing:</p> <ul style="list-style-type: none"> - She fell "at school" on 1/31/20 and went to the hospital via ambulance. - She spent the night at the hospital and went home the next day. <p>During interview on 2/07/20 the QP/Administrator/Licensee stated:</p> <ul style="list-style-type: none"> - Client #2 fell on 12/19/19, the date on the level I incident report was incorrect. - Client #2 received sutures at the immediate care department of a local hospital following the fall on 12/19/19. - A level II incident report was submitted. - Client #2 fell again on 12/27/19, a level I incident report was completed. - Client #2 fell at school on 1/31/20; she did not complete an incident report since the fall did not occur at the facility. - She would obtain a copy of the incident/accident report from the school and fax it to the surveyor. <p>No incident/accident report for client #2's fall on 1/31/20 was received from the QP/Administrator/Licensee.</p>	V 367		