STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-090	A. BUILDING: _____ B. WING _____	C 04/02/2020

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V 000	INITIAL COMMENTS A complaint survey was completed on April 2, 2020. The complaint was unsubstantiated (Intake #NC00162094). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 1	V 110		

This Rule is not met as evidenced by:
Based on interview and record review, 1 of 1 former residence counselors (Former Staff #2) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:

Review on 4/1/2020 of Former Staff #2's record revealed:
-Hired 12/27/2019;
-Last day worked 3/6/2020;
-Employed as Direct Care Staff;
-Received training on incident reporting on 1/17/2020.

Review on 4/1/2020 of a Former Staff #2's written statement dated 3/2/2020 revealed:
-Learned of the bruises to Former Client #3 on 2/17/2020;
-" ...was not here over weekend so staff assumed that level one was done ..."

Review on 4/1/2020 of the facility's Incident Reports revealed:
-No incident report completed on Former Client #3's bruising.

Interview on 3/27/2020 with the Qualified Professional revealed:
-Upon investigation, it was determined that Former Staff #2 assumed there was an incident report already completed on Former Client #3's existing bruises.

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V 110	Continued From page 2 Interview on 3/30/2020 with Former Staff #2 revealed: -Former Client #3 showed him some minor bruising but was not able to report when, where, or how the bruising occurred; -Former Staff #2 reported the bruising to the supervisor and the supervisor and Former Staff #2 completed an incident report as quickly as possible. (This documentation was not available for review by the Division of Health Service Regulation.)	V 110		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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 preventive measures; (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 (7) maintaining documentation regarding	V 366		

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V 366	Continued From page 3	V 366		

Subparagraphs (a)(1) through (a)(6) of this Rule.
(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.
(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:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(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:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(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

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V 366	Continued From page 4 located and to the LME where the client resides, if different; and (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to document Level I incidents according to	V 366		

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V 366	Continued From page 5 the facility's policy. The findings are: Review on 4/1/2020 of the facility's undated policy for Incident Reporting revealed: -" ...Report should be turned in to the main office within 24 hours ...no matter how small of an injury that has occurred you must always report it ...Some reasons for the incident reports is to be accountable for the individual supported, track and analyze events or trends ..." Review on 4/1/2020 of the facility's Incident Reports revealed: -No incident report completed on Former Client #3's bruising. Review on 4/1/2020 of a Former Staff #2's written statement dated 3/2/2020 revealed: -Learned of the bruises to Former Client #3 on 2/17/2020; -" ...was not here over weekend so staff assumed that level one was done ..." Interview on 3/27/2020 with the Qualified Professional revealed: -Upon investigation, it was determined that Former Staff #2 assumed there was an incident report already completed on Former Client #3's existing bruises. Interview on 3/30/2020 with Former Staff #2 revealed: -Former Client #3 showed him some minor bruising but was not able to report when, where, or how the bruising occurred; -Former Staff #2 reported the bruising to the supervisor and the supervisor and Former Staff #2 completed an incident report as quickly as possible. (This documentation was not available for review by the Division of Health Service	V 366		

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V 366	Continued From page 6 Regulation.)	V 366		