

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/02/2020
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NAME OF PROVIDER OR SUPPLIER THE STAMEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 162 GREENWOOD DRIVE MARION, NC 28752
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 2, 2020. The complaint was substantiated (#NC00161136). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.</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 review and interviews the facility failed to develop a treatment plan which included specific strategies and interventions to address client treatment needs for 1 of 3 clients (#1). The findings are:</p> <p>Record review on 3/31/20 for Client #1 revealed: -Admitted on 2/7/17 with diagnoses of Attention Deficit Disorder, Bi Polar Disorder, Mild Intellectual Disability, Depression, obesity, Prader Willi Syndrome, Oppositional Defiance Disorder, menometrorrhagia, asthma, and Autism. -History of behaviors included verbal aggression, use of profanity, physical aggression, attention seeking behaviors, self-aggrandizing and manipulation. Historical information also indicated that Client #1 was prone to make advances toward men.</p> <p>Review on 3/30/20 of the incident report dated 11/12/19 that involved Client #1 revealed: -" ...[Client #1] told our 13 year old daughter that she could borrow her apple earbuds. When they went in [Client #1's] room [Client #1] said she wanted to play truth or dare and touched our daughters butt. Our daughter told her it made her feel uncomfortable and did not want to play. Our daughter tried to leave and [Client #1] pulled her down on the bed and was grabbing her crotch and breasts. Our daughter managed to escape ..."</p> <p>Review on 3/31/20 of the treatment plan dated 1/1/20 for Client #1 revealed: -One goal indicated " ...[Client #1] will have appropriate conversations and appropriate</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>pictures on personal phone ..." Strategies included " ...prompt [Client #1] to have appropriate conversations and pictures when using the phone ...educate [Client #1] on the importance of having appropriate conversations and pictures ...praise [Client #1] when she is having appropriate conversations and pictures ..."</p> <p>-One goal indicated " ...[Client #1] will engage in positive appropriate relationships with others ..."</p> <p>Strategies included " ...monitor [Client #1's] interactions with others and inform her when she is being inappropriate ...educate [Client #1] on appropriate relationships ..."</p> <p>-No goals or strategies added to address the October 2019 incident. The treatment plan did not address added supervision, monitoring or distance strategies put in place to protect the minor in the home or around interaction with other clients in the home.</p> <p>-There were no goals or strategies added to the plan to address appropriate touching and appropriate boundaries.</p> <p>-There was no goal or strategies to address any behaviors that result from sexual exploration expressed by Client #1.</p> <p>Interview on 3/31/20 with the guardian for Client #1 revealed:</p> <p>-Client #1 liked to explore sexual things and would send sexual pictures by phone. There had been one incident of a sexual nature that involved another child that occurred when she was in middle school.</p> <p>-There had been no discussion with the AFL providers about specifics in Client #1's past. The only discussion with the providers was that she was "high maintenance".</p> <p>-She had been notified about the incident. The service to her phone had been removed for a period of time. Higher precautions were in place</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>around interactions between Client #1 and the minor in the home. Closer supervision was put in place. Client #1 was not allowed to be in a room with any other person.</p> <p>-She was very pleased with the care that Client #1 received.</p> <p>Interview on 3/31/20 with the AFL provider revealed:</p> <p>-There had always been rules in place forbidding clients from being in each other's rooms and in the bedrooms of family members and around her daughter being in client bedrooms.</p> <p>-She was aware that Client #1 had engaged in inappropriate behavior on her cell phone and on line before. She did not know of any other sexual history.</p> <p>-Following the incident increased supervision and monitoring was implemented.</p> <p>-A 3-foot rule was put in place whenever Client #1 was around her daughter. There was absolutely no physical contact between her daughter and Client #1.</p> <p>-Client #1 saw a behavior specialist who recommended behavioral strategies to address behaviors.</p> <p>-Her cell phone use was monitored and if a problem was indicated she would address it.</p> <p>Interviews on 3/30/20 and 4/1/20 with the Qualified Professional revealed:</p> <p>-She confirmed that rules were in place at the AFL about clients being in their own bedrooms and common areas only.</p> <p>-Following the incident closer supervision and monitoring was implemented but there were no revisions to the treatment plan. Goals and interventions were in place for cell phone use, but no additional goals were added to address Client #1's sexual exploration, appropriate touches or</p>	V 112		

Division of Health Service Regulation

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V 112	Continued From page 4 appropriate boundaries.	V 112		
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 	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 5</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> <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</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>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 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. The findings are:</p> <p>Review on 3/30/20 of the incident report dated 11/12/19 that involved Client #1 revealed: -Incident occurred on 10/26/19. The documentation was completed as a level 1 incident. -" ...[Client #1] told our 13 year old daughter that she could borrow her apple earbuds. When they went in [Client #1's] room [Client #1] said she wanted to play truth or dare and touched our daughters butt. Our daughter told her it made her feel uncomfortable and did not want to play. Our daughter tried to leave and [Client #1] pulled her down on the bed and was grabbing her crotch and breasts. Our daughter managed to escape ..."</p> <p>Review on 3/26/20 of incident reports in IRIS (Incident Reporting Improvement System) revealed no level II report had been completed for the incident that occurred on 10/26/19.</p> <p>Interview on 4/1/20 with the Qualified Professional revealed:</p>	V 367		

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V 367	Continued From page 7 -The incident should have been reported as a level II incident. -The AFL provider was responsible for completion of level 2 incident reports in their internal system which should have subsequently gone to her for review and completion of the IRIS report. The AFL provider did a level I report.	V 367		