STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-276	A. BUILDING: _____ B. WING _____	04/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANGLEWOOD ARBOR	207 WEST 29TH STREET LUMBERTON, NC 28358

(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 A complaint survey was completed on April 14, 2020. The complaint was unsubstantiated (Intake # NC00161222). A deficiencies were cited. This facility is licensed for the following services categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers and 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	V 367		

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V 367	Continued From page 1	V 367		

or responding.
(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:
(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

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V 367	Continued From page 2 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 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 reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 04/08/20 the North Carolina Incident Response Improvement System website revealed no level 2 incident report for Former Client (FC) #1 dated 02/11/20. Record review on 04/08/20 FC #1's record revealed: - 38 year old male. - Admission date of 02/09/20. - Diagnoses of Schizoaffective Disorder, Bipolar Type and Post Traumatic Stress Disorder, Unspecified. - Discharged date of 02/11/20.	V 367		

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V 367	Continued From page 3 Review on 04/08/20 of a facility level 1 incident report for FC #1 revealed: - Date of incident 02/11/20. - Date: 02/11/20 "Description: PWS (Person we serve) woke up this morning on unit requesting to leave. PWS was reminded of the admission for application and informed that he would need to request discharge and then be seen by the provider (physician). As the morning went on PWS continued to go back and forth to the nursing station requesting to speak to the provider and was continually informed that the provider would see him within 24 hours of the request. PWS's [Registered Nurse], [administrative assist] and [Qualified Professional(QP)] QP all attempted to walk to pws to calm him down and redirect him. PWS began to pace the halls. Provider had been made aware the PWS had requested to leave. [Physician name] spoke with the Director and informed the writer that she would see the PWS around 2pm. Director informed PWS that he would be seen around 2pm. PWS became verbally aggressive towards all staff members. Staff attempted to calm him down and did remind him that if he became physically aggressive that the police would be called to escort him off the premises. PWS began walking down the hall and kicked the door to the EXIT on A hall, ran out the door, and ran off the premises down the highway. Director contacted [Vice President (VP)]/VP, maintenance to immediately repair the door, and made medical director..." Interview on 04/14/20 the facility Director stated - She understood the need to have a level 2 incident report when a client action required a report to law enforcement. - She would follow up with a plan of correction in	V 367		

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V 367	Continued From page 4 incident reporting.	V 367		