

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-123 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/21/2020 |
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| NAME OF PROVIDER OR SUPPLIER INFINITE BEGINNINGS II | STREET ADDRESS, CITY, STATE, ZIP CODE 526 E MAIN STREET LINCOLNTON, NC 28092 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 21, 2020. The complaint was unsubstantiated (Intake #NC00150942). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.</p> | V 000 | | |
| V 132 | <p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort</p> | V 132 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 132 | <p>Continued From page 1</p> <p>to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report the results of their internal investigation of abuse by a staff member to the Health Care Personnel registry within five working days of the initial notification to the Department. The findings are:</p> <p>Review on 4/3/20 of the incident reports in IRIS (Incident Reporting Improvement System) revealed that no Level III incident report had been submitted for the allegations of exploitation of Client #1.</p> <p>Interview on 4/15/20 with a representative with Health Care Personnel Registry revealed: -She confirmed that the Health Care Personnel Registry section had not received a report of exploitation allegations perpetrated by the Former Director and Staff #1 a client in the identified facility. No faxed information had been received by the facility.</p> <p>Interviews on 4/7/20 and 4/21/20 with the Chief</p> | V 132 | | |

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| V 132 | Continued From page 2 Executive Officer revealed: -She had received a call from the mother of Client #1 who voiced concerns about the actions of the former Program Director and a staff member. She made specific allegations of possible exploitation which were immediately addressed. -An internal investigation was completed that included meetings with Client #1 and his parents, interviews with staff, statements from other clients, collateral contacts with other agencies, review of documentation from different agencies, contact with the Representative Payee, completion of IRIS reports and contacts with the LME-MCO and the local Department of Social Services. -She was not aware of the rule within the general statute to report the findings of their internal investigation within 5 days of completion of the investigation. -She had not reported back the findings of her investigation. | V 132 | | |
| V 318 | 130 .0102 HCPR - 24 Hour Reporting 10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). | V 318 | | |

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| V 318 | <p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation against 2 of 2 audited staff (Former Director, Staff #1). The findings are:</p> <p>Review on 4/3/20 of the incident reports in IRIS (Incident Reporting Improvement System) revealed that no Level III incident report had been submitted for the allegations of exploitation of Client #1.</p> <p>Interview on 4/13/20 with a representative with IRIS revealed: -The Level III incident report had been created in the system but not fully submitted. -She confirmed that the incident was categorized as a Level III report against staff for exploitation. -The Health Care Personnel Registry section had been started but not completed and there was no way to verify if that information was sent to that section.</p> <p>Interview on 4/15/20 with a representative with Health Care Personnel Registry revealed: -She confirmed that the Health Care Personnel Registry section had not received a report of exploitation allegations perpetrated by the Former Director and Staff #1 against Client #1 in the identified facility.</p> <p>Interviews on 4/13/20 and 4/21/20 with the Chief Executive Officer revealed: -It was her understanding that when the IRIS report was submitted then HCPR would be notified.</p> | V 318 | | |

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| V 318 | Continued From page 4 -She was not aware that the IRIS report had not been fully submitted. She was unaware that Health Care Personnel Registry had not received notification. -She believed their incident reporting system was sound and indicated that every effort was made to be thorough in their practices. | V 318 | | |
| 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 | <p>Continued From page 5</p> <p>shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</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> | V 367 | | |

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| V 367 | <p>Continued From page 6</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II or Level III incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident effecting 1 of 2 audited clients (#1). The findings are:</p> <p>Review on 4/3/20 of the incident reports in IRIS (Incident Reporting Improvement System) revealed that no Level III incident report had been submitted for allegations of exploitation of Client #1.</p> <p>Record review on 4/6/20 for Client #1 revealed: -Re-admitted on 8/23/19 with diagnoses of Bi Polar Disorder, Obsessive Compulsive Disorder and Adjustment Disorder. Original admission to the program was 10/1/16.</p> <p>Interview on 4/13/20 with a representative with IRIS revealed: -The Level III incident report had been created in</p> | V 367 | | |

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| V 367 | <p>Continued From page 7</p> <p>the system but not fully submitted.</p> <p>-She confirmed that the incident was categorized as a Level III report against staff for exploitation.</p> <p>Interviews on 4/13/20 and 4/21/20 with the Chief Executive Officer revealed:</p> <p>-The IRIS report had been submitted when the allegation was made.</p> <p>-It was her understanding that when the IRIS report was submitted then HCPR would be notified.</p> <p>-She was not aware that the report had not been fully submitted.</p> <p>-She believed their incident reporting system was sound and indicated that every effort was made to be thorough in their practices. She believed that what occurred in this incidence was human error or a technical problem with IRIS.</p> | V 367 | | |