STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411092	A. BUILDING: _____ B. WING _____	C 05/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYALTY CARE	2205 FOREST EDGE DRIVE GREENSBORO, NC 27406

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V 000	INITIAL COMMENTS A complaint survey was completed on 5/19/20. Complaints (intakes #NC00164457, #NC00164653 and #NC00164747) were unsubstantiated and complaint (intake #NC00164720) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .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). This Rule is not met as evidenced by: Based on interviews and record reviews 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 1 of 1 audited staff (the Chief Executive Officer (CEO)). The findings are: Review on 4/30/20 of the Incident Reporting Improvement System (IRIS) revealed that no	V 318		

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V 318	Continued From page 1 incident report had been submitted for the allegation of abuse by the CEO. Review on 5/12/20 of the IRIS revealed: -An incident report had been submitted by the Qualified Professional (QP) on 5/4/20; -"Date of Incident: 4/29/20;" -"Date Provider Learned of the Incident: 4/29/20;" -"Level of Incident: Level 3;" -A note was added on 5/6/20..."False Allegations - Two weeks ago [a former clients family member] stated that she was going to at least make some allegations against the facility that was not true...after hearing this information staff restart to care coordinator and stated that [the family member] was going to report for threaten to report false allegations;" -A note was added on 5/12/20..."Physical Abuse - [A former clients family member] stated that it was abuse for one of the clients that walk around in the house in his pamper and we stated to the lady due to HIPAA (Health Insurance Portability and Accountability Act) laws and regulations we cannot discuss the other young man in the home to you he is none of your concern;" -"Choose the Type of Allegation Being Made: Resident Abuse;" -"Injury of Unknown Source: Alleged that client was punch in the noise;" -"Accused Staff: [QP];" -Investigation Results section was blank. Interviews on 4/30/20, 5/5/20 and 5/12/20 with a representative from the IRIS revealed: -A Level II incident report had been submitted on 5/4/20; -The incident report indicated that there had been false allegations made against the CEO but there were no details provided regarding the type of allegation;	V 318		

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V 318	Continued From page 2 -The facility was going to be contacted and notified that the incident report needed to be corrected and completed; -The HCPR had not been notified of the allegation against the CEO since the incident report had not been completed. Interview on 4/29/20 with the QP revealed: -He had not been made aware of the allegation of abuse of client #1 by the CEO; -He was aware that he was required to report the information to the IRIS within 24 hours so that the HCPR was notified. Additional interview on 4/29/20 with the QP revealed: -He was made aware on 4/25/20 by the CEO that there had been false allegations made but he didn't follow up with the allegations at that time; -He had been concerned that another client had suddenly decided he was leaving the facility and not returning when the CEO had informed him of the allegations. Follow up interview on 5/19/20 with the QP revealed: -He had attempted to submit information into the IRIS within 24 hours, but the system kept freezing up; -He had notified a representative of the Local Management Entity/Managed Care Organization (LME/MCO) and she had informed him to submit the information when he was able to. Attempt on 5/19/20 to interview the representative of the LME/MCO was not successful as the representative failed to return the phone call.	V 318		

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V 521	Continued From page 3	V 521		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further	V 521		

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V 521	Continued From page 4 authorized, the use of the intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document the minimum requirements for restrictive interventions in the client record affecting 1 of 2 clients (client #1). The finds are: Review on 5/5/20 of client #1's record revealed: -An admission date of 2/1/20; -Diagnoses of Autistic Disorder, Hypercholesterolemia, Profound Intellectual Developmental Disability, Depression and attempts of self-harm; -No documentation of restrictive interventions since admission. Interview on 4/28/20 with the Chief Operating Officer (CEO) revealed: -"Sometimes I've got to restrain him (client #1);" -He thought the last restrictive intervention used had been on 4/20/20, a couple of days prior to client #1 falling in the shower. Review on 4/30/20 of the Incident Reporting Improvement System (IRIS) revealed: -1 incident report had been submitted regarding client #1 since the date of admission (2/1/20); -The date of the incident was 2/2/20 and the use of restrictive interventions was not documented. Follow up interview on 4/30/20 with the CEO revealed: -He had restrained client #1 3- 4 times since his admission date of 2/1/20; -The last time he had restrained client #1 was on 3/17/20; -He had completed an incident report in IRIS	V 521		

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V 521	Continued From page 5 each time he had used restrictive interventions; -He was not aware that none of the incident reports he had completed regarding the use of restrictive interventions were in the IRIS. -He had never seen the last screen that included a thumbs up which indicated the incident report had been completed; -The only documentation regarding the use of restrictive interventions was in the incident report submitted to the IRIS. Interview on 5/19/20 with the Qualified Professional revealed: -It was the responsibility of the CEO to enter incident reports into the IRIS; -He was not aware that information such as a description of the intervention, date, time and duration of its use was required to be documented in the client record; -He intended to make sure that this was completed in the future.	V 521		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:	V 542		

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V 542	Continued From page 6 (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep adequate financial records to assure that funds were managed in the manner required for 1 of 1 former client (FC) (FC #3). The findings are: Review on 5/5/20 of FC #3's record revealed: -An admission date of 1/13/20; -A discharge date of 4/25/20; -Diagnoses of Autism Disorder, Borderline Intellectual Developmental Disability, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Dysthymic Disorder and Oppositional Defiant Disorder.	V 542		

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V 542	Continued From page 7	V 542		

Interview on 5/13/20 with FC #3 revealed:
-"He (the CEO) gave me $100 every month because he liked to be nice;"
-"Whenever they (Social Security Administration (SSA)) gave me my lump sum, I trusted [the Chief Executive Officer (CEO)] with it;"
-When he left the facility on 4/25/20, the CEO refused to give him the $1100 that he thought was the balance in his account.

Review on 5/8/20 of financial records for FC #3 revealed:
-A typed receipt signed and dated 4/25/20 by the CEO and FC #3 that verified FC #3 was provided $1200 when he left the facility which was the balance in his client account;
-No additional documentation.

Requests for additional financial records for FC #3 were made on 5/13/20 and 5/14/20 with no response from the CEO or Qualified Professional (QP).

Interview on 5/13/20 with FC #3's Care Coordinator revealed:
-She was aware that FC #3 had received a lump sum of money from the SSA and had asked the CEO to keep it for him;
-She had discussed FC #3's account with the CEO after the client was discharged on 4/25/20 and was assured that all money had been given to the client before he was discharged from the facility.

Interview on 5/19/20 with the QP revealed:
-The CEO had informed him that he had some old receipts regarding FC #3's account and he wasn't sure why those weren't provided;
-Since the allegation regarding FC #3's funds had been made, the facility had hired a mental health

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V 542	Continued From page 8 attorney; -The mental health attorney had advised the facility to begin using a receipt book when they were dealing with client funds; -He planned to make sure that the receipt book was being utilized.	V 542		