

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/27/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III | STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609 |
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| (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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed May 27, 2020. The complaint was substantiated (Intake #NC00162220). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> | V 000 | | |
| V 110 | <p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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.</p> | V 110 | | |

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

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| V 110 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, one of three paraprofessional staff (#2) failed to demonstrate skills, knowledge and abilities required by the population served. The findings are:</p> <p>During interview on 04/17/20, the Facility's Qualified Professional (FQP) reported the following personnel information for staff #2 -She obtained all information from his personnel record maintained at the corporate office -Hired: Prior to 2013 -Title: Direct Care Staff</p> <p>Review on 04/07/20 of Former Client (FC) #11's identification page faxed on 04/06/20 by the facility's support staff revealed: -Admitted: 08/03/18 -Diagnoses: Severe Intellectual Developmental Disability, Disruptive Mood Dysregulation Disorder, Hypertension and Diabetes</p> <p>Review on 04/13/20 of FC #11's 03/17/20 visit with the Ophthalmologist (physician who specialized in vision and eye disease) revealed: -Chief Complaint: "Assault occurred over the weekend with pencil by peer...achey pain & red eye, denies change or loss of vision" -Impression: "Trauma on left eye-appears to have had injury sharp object into nasal quadrant</p> | V 110 | | |

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| V 110 | <p>Continued From page 2</p> <p>of left eye. Conjunctiva (the mucous membrane that covers the front of the eye and lines the inside of the eyelids) with penetration possibly to Tenon's capsule (thin facial sheath that surrounds the eyeball, separating it from the orbital fat) no perforation through sclera (since pupil is round with normal activity)...Likely to occurred within 48 hours based on injury." -Plan: Maxitrol (used to treat inflammation of the eye and treat as well as prevent bacterial infections) two drops four times a day for one week</p> <p>During interviews between 04/02/20 and 04/20/20, clients and staff reported the following about the timeline of when the 03/15/20 physical altercation between FC #11 and FC #12 occurred: -FC #11- unable to provide detailed information of when the incident occurred -FC #12- nighttime -Client #3- not sure but thought it occurred at breakfast -Client #1- breakfast -Staff #2- night time</p> <p>During interviews on 04/06/20 and 04/14/20, staff #2 reported the following: -He had worked at the facility for over 10 years "off and on." He came back consistently for the past 3 years -His work hours began Friday 3PM-Monday 9AM -He was not sure of the time of day the incident occurred. He was assured FC #11 and FC #12 had a physical altercation on a Sunday around March 15, 2020. -As the incident occurred, he was in the living room located beside the kitchen. He did hear the clients yelling; they were fighting and he could</p> | V 110 | | |

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| V 110 | <p>Continued From page 3</p> <p>hear loud voices. The better witnesses were clients #1, #3 and #4.</p> <p>-Client #3 provided him the details of what happened. FC #11 had finished his meal and began to wash his plate. FC #12 told FC #11 he did not wash the plate "good." FC #12 threw something -a dish rag at FC #11. He was not sure where the dish rag landed on the body of FC #11. FC #11 hit FC #12 with his fist. By the time staff #2 entered the kitchen, the incident was over. FC #11 reported he was okay.</p> <p>-He interacted with FC #11 because he received night time medications administered by staff. Nothing different was noted on his face or eyes nor did FC #11 complain of pain, discomfort.</p> <p>During interview on 04/13/20, client #3 reported the following:</p> <p>-He observed the physical altercation between FC #11 and FC #12.</p> <p>-No sharp objects were used. He observed FC #11 hit FC #12 and then FC #12 hit FC #11 in the upper body near the face. He was not sure if FC #11 was hit in the eye but he did not notice bruising or swelling nor did FC #11 complain of pain.</p> <p>-FC #11 went downstairs to his room afterwards. He did not see FC #11 the rest of the day. He did not attend the same day program as FC #11.</p> <p>During interview on 04/14/20, staff #2 reported the following:</p> <p>-The following morning (Monday 03/16/20), FC #11 was administered medications, ate breakfast and prepared for the day program. FC #11 responded he was okay, when asked by staff #2. FC #11 left the group home for the day program.</p> <p>-Around mid morning, the FQP contacted him</p> | V 110 | | |

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| V 110 | <p>Continued From page 4</p> <p>about FC #11 reported he sustained a red eye during an altercation with FC #12 the weekend of 03/15/20. He informed the FQP, he was not aware of the injury or the redness to the eye.</p> <p>During interview on 04/20/20, the Day Program's Outreach Coordinator reported the following:</p> <ul style="list-style-type: none"> -Around 11 AM, a Psychosocial Rehabilitation (PSR) staff informed her of concerns regarding an incident at the group home, in which FC #11 sustained an injury to his eye, his eye was red. Initially, it was some confusion to whether the perpetrator was a staff or client because, she was not familiar with the name of the perpetrator. The FQP later confirmed the perpetrator was a client. -Initially, the day program staff did not notice FC #11's red eye. "(FC #11) talks with his head down so we didn't catch it...He didn't complain of pain" or lay his head down out of discomfort. -FC #11 did report pain to other parts of the body. He reported he has been kicked by FC #12. He said he was kicked in either the knee or the leg. She did not recall which leg or knee he complained was in pain -FC #11 and his house mate (client #1) informed the PSR of the incidents. -FC #11 is verbal but not descriptive in providing information due to his limited cognitive ability. -FC #11 and client #1 reported FC #12 got mad at him "during the nighttime...So I would say dinner. [FC #11] was stabbed in the eye with a fork and kicked several times by [FC#12]." <p>During interviews between 04/01/20 and 04/17/20, the FQP reported the following:</p> <ul style="list-style-type: none"> -Staff #2 called her late the night of 03/15/20. Staff #2 reported it was a verbal altercation between FC #11 and FC #12. "I don't think he was aware of the full scope of what happened. I | V 110 | | |

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| V 110 | <p>Continued From page 5</p> <p>didn't know of the physical aspect until the next day when the day program" called.</p> <p>-Over the course of a few days, she conducted an investigation. The investigation included interviews with FC #12, FC #12's guardian, client #3 and staff #2. None reported a sharp object being used.</p> <p>During interview on 04/20/20, the Patient Coordinator at the Ophthalmologist's office reported the following:</p> <p>-She spoke directly with the Medical Assistant for the Ophthalmologist's. The Medical Assistant reported it was hard to determine how long between the trauma and the length of time for redness in the eye to occur or be observed. Some "redness can within seconds, minutes or hours, however, if it occurred at minimum the night before, the redness would be seen the next morning."</p> | V 110 | | |
| 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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least</p> | V 112 | | |

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| V 112 | <p>Continued From page 6</p> <p>annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to implement strategies outlined in the treatment plans of one of two former clients (FC #11). The findings are:</p> <p>Review on 04/07/20 of Former Client (FC) #11's identification page faxed by the Facility's Qualified Professional (FQP) revealed: -Admitted: 08/03/18 -Diagnoses:Severe Intellectual Developmental Disability, Disruptive Mood Dysregulation Disorder, Hypertension and Diabetes</p> <p>During interview on 04/09/20, the agency's support staff reported the following goal and strategies outlined in FC #11's record: -Treatment plan dated 09/04/19 goals included client to change clothes daily. -Strategies outlined for his goal included: Ask for assistance, change clothes daily and seek assistance, group Home..variety of interventions, structure face to face interventions, collaborate</p> | V 112 | | |

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| V 112 | <p>Continued From page 7</p> <p>services with others on treatment plan support to increase and remind to shower daily and change clothes.</p> <p>-Assessment dated 08/03/18 indicated history of wearing clothes 3-4 days consecutively.</p> <p>During interview on 04/01/20, staff #1 reported the following about FC #11 regarding hygiene and showering:</p> <p>-He was "lazy" about showering. He clarified "lazy means he would slip by and if you told him he would" shower.</p> <p>-His clothes were kept in the closet and maintained neatly by his guardian and ACTT (Assertive Community Treatment Team)</p> <p>-The day program expressed concerns about the wearing of same clothes. He would wear the same t-shirt or clothes. Once it became a problem, staff #1 threw the T-shirt away.</p> <p>-A meeting was held with the day program, but he was not aware of what was said specifically about the outcome.</p> <p>-All clients at the home bathe independently.</p> <p>During interview on 04/02/20, staff #2 reported the following about FC #11 regarding hygiene and showering:</p> <p>-Staff #2 worked at the group home on the weekends Friday 3PM-Monday 9AM</p> <p>-The other clients told him client did not change his clothes. The other clients reported FC #11 always wore the same clothes, for days</p> <p>-Only observed client wear clothes two days consecutively</p> <p>-Client did have an odor..."it was his clothes, not a body odor"</p> <p>-The group home had not informed him of strategies</p> <p>-FC #11 would not give any problems when asked to change clothes or bathe.</p> | V 112 | | |

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| V 112 | <p>Continued From page 8</p> <p>During interview on 04/14/20, the Program Manager at the Day Program reported:</p> <ul style="list-style-type: none"> -Within the past 12 months, she had met with the group home management three times regarding FC #11 wearing the same clothes daily to the program. -She sent an email to the FQP on 02/12/20 to address reported concerns FC #11 still was not changing clothes and bathing. He seemed to have a cold and used his jacket as well as clothing to wipe his nose. She wanted the FQP to see that group home staff assisted FC #11 with bathing, washing clothes and using deodorant daily. -"We would know it was the same attire and was not washed because the stains from previous day where there" -The FQP would respond with information regarding how FC #11's clothes were set up at the house (closet and the guardian purchased clothes, etc). - "If you worked with [FC #11], then you know he would not be so up on his hygiene. He's not able to function at the level to worry about showering or his clothes neatly in place." -FC #11 continued to have issues with bathing and hygiene until 03/16/20, his last day at the day program <p>During interviews between 04/01/20 and 04/20/20, the FQP reported the following about FC #11 and his hygiene/showering:</p> <ul style="list-style-type: none"> -Client "had a lot of issues. Everyone's level of functioning is different. His mindset was that it was not important." -Day Program staff had reported concerns directly to her. -He just preferred to wear certain clothes . "I would talk to staff about it. On several occasions, | V 112 | | |

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| V 112 | Continued From page 9 we would have clothes sorted and laid out." -Previous staff said the dirty and clean clothes were combined. We tried to put the dirty clothes outside his door. We wanted personal care services, but guardian didn't sign the paperwork. -Two weeks before the 03/16/20 incident, the guardian put up all his clothes in his closet. -"On one or two occasion that he wore the same clothes, he ran out the door before staff could see him to catch the transportation for the day program." -"It was not that [FC#11] he was not washing, it was he wore the same clothes. He liked to wear the same clothes each day. Part of that it was the shoes, they had an odor and he didn't want to get rid of them." | V 112 | | |
| V 291 | 27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the | V 291 | | |

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| V 291 | <p>Continued From page 10</p> <p>legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility operator failed to coordinate services with other qualified professionals responsible for treatment/habilitation of one of three audited clients (#5). The findings are:</p> <p>Review on 04/07/20 of client #5's identified page faxed by the facility on 04/06/20 revealed: -Admitted: 03/23/20 -Diagnoses: Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder, Anxiety, Gastroesophageal Reflux Disease (GERD), Schizoaffective, Insomnia, Cocaine Use, Asthma and Gait -Mental Health Treatment team information listed contact information for an ACTT (Assertive Community Treatment Team)</p> <p>Review on 05/11/20 of client #5's discharge summary from a local hospital revealed: -Admitted: 09/01/19 -Discharged: 03/23/20 -Admission Diagnosis: left leg pain, fall initial encounter -Discharge Diagnoses: Principal problem: fall</p> | V 291 | | |

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| V 291 | <p>Continued From page 11</p> <p>frequently...Active Problems included lower extremity weakness</p> <p>-At time of discharge, Home Health, Nursing, Physical Therapy, Occupational Therapy services and equipment (walker) were in place</p> <p>Review on 05/20/20 of level 1 incident reports of client #5's falls submitted by the Licensee revealed:</p> <p>-On 03/25/20, Facility's Qualified Professional (FQP) was notified by staff, client #5 fell as he attempted to turn television located in the living room area. FQP met with client #5 to assess his physical conditions as well as limited inabilities in his mobility.</p> <p>-No other documentation of any other falls</p> <p>During interview on 04/17/20, with the Registered Nurse from client #5's ACTT reported:</p> <p>-During her visits April 1, 9, 13, 2020 no one (staff or client #5) mentioned any occurrences of falls.</p> <p>-She visited the home on 04/16/20 and asked specifically about falls. Client #5 verified he had fallen at the group home as recent as the week prior to this visit.</p> <p>-She did not observe any abrasions or bruising during her visits.</p> <p>Review and interview on 04/17/20 of photo submitted by the FQP of client #5's face revealed markings in three areas on the right side of his face-(1) abrasions noted between his cheek bone and beard line (2) two red thin small lines near his eye</p> <p>(3) small line along his jaw line in his beard. The FQP indicated she took the photo after a fall in which client #5 sustained a few abrasions. She completed an internal incident report and submitted it to the Corporate Office's Qualified</p> | V 291 | | |

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| V 291 | <p>Continued From page 12</p> <p>Professional.</p> <p>During interview on 04/13/20, staff #3 reported the following about client #5:</p> <ul style="list-style-type: none"> -When he started, client had already been admitted. -Initially, his job assignment was to provide one on one overnight services from 10PM-6AM due to falls. -Client had not fallen since he worked at the group home. Client's fall occurred the day before he was hired. -Client's face was bruised up. Staff #1 applied ice packs to the area. -Client's mom "wanted us to describe the bruises to her to determine if he needed medical care. She made the decision not to go to the hospital I think." <p>During interview on 04/15/20, client #5's guardian reported the following about client #5:</p> <ul style="list-style-type: none"> -He was in a car wreck in 2015 and sustained a TBI. -He lived by himself for two years, started falling and then remained in hospital for 7 months due to falls/instability. Upon his discharge from hospital, he was taken to the group home. -He had been at the group home a few weeks. He had fallen twice at the group home. -The first fall- his Physical Therapist (PT) was there and he was outside on front or back porch and fell. They didn't seek medical treatment at that time because PT was there and looked at him. -Second fall- it was toward the end of the same week as fall with PT. He was getting ready to sit in living room on sofa. Lost balance and hit his face. His jaw was bruised, head hurt for three days and then he had headaches. It was a hard hit to the head. His jaw remained sore for "maybe | V 291 | | |

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| V 291 | <p>Continued From page 13</p> <p>4 days." He was given ice pack, Tylenol by Staff #1. The FQP went over the next night. "I came over on the third day. He was sore and could not eat. He said he had trouble chewing," Group Home was trying to see if he needed medical treatment. Group Home did a communication board for him to write to communicate. Group Home decided not to go to the doctor. She was not aware if a telehealth appointment was completed regarding the fall.</p> <p>During interview on 04/17/20, staff #1 reported,</p> <ul style="list-style-type: none"> -He worked during the week at the facility. His shift included overnight duties -He was not aware of any falls for client #5 -He never applied ice or provided first aid for client #5 <p>During interview on 04/15/20, client #5's Previous Community Support Team Leader reported the following about client #5:</p> <ul style="list-style-type: none"> -He worked with client via ACTT services -Prior to his admission to the group home, client was in the hospital in another county located 30 minutes from Raleigh. Client was admitted because he kept falling and was unstable. -While in the other county, he served as client's Team Leader March 23-April 1, 2020. -Between March 23-April 1, 2020 Telehealth meetings were held with the group home. This Team Leader was not involved with the those meetings but his former Community Support Team QP conducted the meetings. Per the Community Support agency's documentation, no notation regarding falls. -On April 1st, client #5 transitioned to another team located in the county in which the group home was located. -Per that team's notes, no falls or concerns | V 291 | | |

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| V 291 | <p>Continued From page 14</p> <p>had been noted April 1-15, 2020.</p> <p>-Per the ACTT notes, he was seen by the agency's nurse April 1, 9, 14 and his peer support worker on April 8 & 13, no documentation of any falls or injuries, concerns of not eating or soreness</p> <p>-During this interview, he texted the current Community Support Team Leader. She had not been in contact with the group home nor was she aware of any falls regarding client #5.</p> <p>"If he were to fall, it would be helpful to let us know, especially since he was hospitalized due to falls."</p> <p>During interview on 04/17/20, the FQP reported the following about client #5:</p> <p>-Her only interaction with ACTT members were the Registered Nurse, Physical Therapist and a Peer Support Staff.</p> <p>-Prior to this interview, she was not aware of the Previous Community Support Team Leader or Current Community Support Team Leader.</p> <p>-She spoke with client #5's primary care physician regarding the falls during his telehealth appointments</p> <p>During interview on 04/20/20, the medical records department at client #5's primary care physician's office reported the following:</p> <p>-Client #5 was a new patient at their agency</p> <p>-Prior to 04/02/20, no communication had been noted regarding client #5</p> <p>-He had a telehealth appointment on 04/02/20. Notes from that meeting reflect a mention of history of falls and TBI diagnoses but nothing specific. The notes from that visit referenced discussion regarding GERD.</p> <p>-As client #5 had a history of TBI, information regarding falls would have been helpful to make medical decisions. The physician could monitor</p> | V 291 | | |

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| V 291 | <p>Continued From page 15</p> <p>severity of the fall, determine if he needed to be seen and provide guidance or support if needed.</p> <p>Review on 05/19/20 of the facility's Plan of Protection (POP) dated 05/19/20 submitted by the Licensee revealed the following:</p> <p>"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?</p> <p>-[Agency name] will immediately report to [name of agency] ACTT, Guardians, Family Members any incidents (falls, medical, mental health, etc. regarding/affecting the Consumer's health and safety in the group home.</p> <p>-[Agency name] will complete incident reports on the appropriate level as required by DHSR and submit as required.</p> <p>Describe your plans to make sure the above happens.</p> <p>-The POP will be monitored by the QP who reports directly to the Executive Director. "</p> <p>Client #5 had diagnoses inclusive of TBI. Prior to his 03/23/20 admission to this facility, client #5 remained hospitalized for 7 months due to falls/instability. Client #5 had fallen twice at the group home. Client #5 received ACTT services inclusive of nursing services that visited the group home at least weekly. The ACTT and client #5's Primary Care Physician were not aware of the falls. The lack of service coordination with client #5's physician's and his treatment team regarding these falls is detrimental to client #5's health, safety and welfare. This impacted other agencies' ability to provide input regarding safeguards for falls, develop and implement strategies to meet his need. This constitutes a Type B rule violation. If the violation is not corrected within 45 days, an</p> | V 291 | | |

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| V 291 | Continued From page 16 administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day. | V 291 | | |
| 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 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 | V 367 | | |

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| V 367 | <p>Continued From page 17</p> <p>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> <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</p> | V 367 | | |

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| V 367 | <p>Continued From page 18</p> <p>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 assure all level II incidents reports were submitted to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review between 04/01/20-04/17/20 of the facility's records revealed no incident reports.</p> <p>Review on 04/20 of the North Carolina Incident Reporting Improvement System (IRIS) yielded no incidents submitted for the agency between 03/01/20-04/17/20.</p> <p>Review on 04/13/20 of FC#11's 03/17/20 visit with the Ophthalmologist (eye specialist) revealed: -Chief Complaint: Assault occurred over the weekend with pencil by peer, positive for achey pain & red eye, denies change or loss of vision -Impression: "Trauma on left eye-appears to have had injury sharp object into nasal quadrant of left eye. Conjunctiva (the mucous membrane that covers the front of the eye and lines the inside of the eyelids) with penetration possibly to Tetanus capsule but no perforation (small hole) through sclera (the white outer layer of the</p> | V 367 | | |

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| V 367 | <p>Continued From page 19</p> <p>eyeball. At the front of the eye it is continuous with the cornea) since pupil is round with normal activity...Likely to occurred within 48 hours based on injury."</p> <p>During interview on 04/01/20, the Facility's Qualified Professional (FQP) reported the following:</p> <ul style="list-style-type: none"> -On 03/16/20, she received a call from FC (Former Client) #11's day program. -FC #11 reported to the day program that over the weekend, he was in a physical altercation with FC #12. As a result of the physical altercation in which FC #12 stabbed FC #11 in the eye. FC #11's eye was red and swollen. -From the day program, FC #11's guardian took him to his primary care physician. -Within a few days after 03/16/20, she conducted an investigation which included interviews with FC #12, FC #12's parents, client #2 and staff #2. <p>During interview on 04/15/20, the Quality Assurance Analyst at the LME reported the following:</p> <ul style="list-style-type: none"> -Per guidelines, anything that required more than basic first aid, an incident report should be generated. -If an incident/injury occurred, the client was taken to the doctor and the outcome was more than a diagnosis, a level II incident report should have been generated. -If medical treatment such as a prescription was received, the incident would be a level II per guidelines. -Regardless to who took the client to the physician, the group home would be required to submit an incident report. The client sustained an injury at the expense of someone while in the care of the group home. | V 367 | | |

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| V 367 | <p>Continued From page 20</p> <ul style="list-style-type: none"> -LME records do not reflect an incident report either by client name or facility name or variations of the facility name. -Some providers submit incident reports using different than their licensed or contract names. -If the provider submitted name of client in error/typo, then that would impact whether we can see the incident in IRIS. <p>During interview on 04/16/20, the FQP reported the following regarding incident reports:</p> <ul style="list-style-type: none"> -She completed an incident report and submitted it to the Corporate Office's Qualified Professional. -The Corporate Office's Qualified Professional submitted information into IRIS -She was not aware if the internal report and her incident report from 03/15/20's altercation was submitted to IRIS <p>During interview on 05/19/20, the Corporate Office's Qualified Professional reported the following:</p> <ul style="list-style-type: none"> -An incident report was not generated for the red area for FC #11's redness to the eye. -She initiated an internal investigation but never concluded it because FC #11's guardian was uncooperative -As of this date, she remained unsure if the redness to the eye was medical based on allergies or some other condition. -She was not able to correlated the events of the altercation from 03/15/20 to the discovery of the red eye made by the day program on 03/16/20. -FC #11's guardian took him to the physician. Prior to this interview, she was not aware of the outcome from the physician's visit. -She was aware of FC #11's allegation of | V 367 | | |

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| V 367 | Continued From page 21 physical harm by FC #12 on 03/15/20. During interview on 05/19/20, the Licensee reported she: -Was not aware an incident report had not been completed and submitted to IRIS. -Would need to discuss the specifics with both Qualified Professionals regarding rationale for not submitting an incident report. | V 367 | | |
| V 742 | 27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure privacy was provided for one of two Former Clients (FC #11) during bathing. The findings are: Review on 04/07/20 of Former Client (FC) #11's identification page faxed by the Facility's Qualified Professional (FQP) revealed: -Admitted: 08/03/18 -Diagnoses: Severe Intellectual Developmental Disability, Disruptive Mood Dysregulation Disorder, Hypertension and Diabetes During interview on 04/09/20, the agency's support staff reported the following goal and strategies outlined in FC #11's record: -Treatment plan dated 09/04/19 goals of | V 742 | | |

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| V 742 | <p>Continued From page 22</p> <p>strategies outlined for his goal included: Ask for assistance, change clothes daily and seek assistance. The group home had a variety of interventions such as structure face to face interventions, collaborate services with others on treatment plan support to increase and remind to shower daily and change clothes.</p> <p>-Assessment dated 08/03/18 indicated history of wearing clothes 3-4 days consecutively.</p> <p>During interview on 04/13/20, client #3 reported the following: -In late 2019, he was asked by staff #2 to make sure FC #11 took a shower. -He went into the bathroom with FC #11, made sure he got in the shower, adjusted the water and "told him to wash correctly. I didn't have to help (FC #11). I only did it once."</p> <p>During interview on 04/02/20, staff #2 reported the following about FC #11 he: -Was not aware another client assisted or was in the bathroom as FC #11 showered -Had never asked a client to assisted FC #11 with bathing or bath time</p> <p>During interview on 04/14/20, the Program Manager at the Day Program reported: -Everyday one of the psychosocial rehabilitation (PSR) staff was assigned to monitor clients as their transportation arrived and departed from the day program. -In 2020, a PSR staff saw FC #11's house mate (identified later as client #3 by the FQP) on the transportation system. The PSR staff had previously worked with client #3 in a different capacity. -The PSR staff asked client #3 "if everything okay at the home with [FC #11].(Client #3) responded that [FC #11] doesn't wash property</p> | V 742 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/27/2020 |
|--------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|

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| NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III | STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609 |
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| (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 |
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| V 742 | <p>Continued From page 23</p> <p>and the staff at the house has him supervising [FC #11] in the shower. It was that he had to watch [FC #11] shower not wash him."</p> <p>-She called the FQP to make her aware. The FQP responded client #3 was credible and she would investigate the matter.</p> <p>During interviews between 04/01/20 and 04/20/20, the FQP reported:</p> <p>-She was not aware of anytime a staff asked a client to watch a peer during bathing or showering or even asked to assist.</p> <p>-Assisting with bathing would have been a staff responsibility and privacy would not have been afforded to the client being observed in the shower.</p> <p>During interview on 05/19/20, the Licensee reported:</p> <p>-Not aware of any situation in which a staff would have requested a client to monitor or assist another client in any way during bathing.</p> <p>-Concern would be of privacy for the client bathing.</p> | V 742 | | |