

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2020
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NAME OF PROVIDER OR SUPPLIER HOPEWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 3, 2020. The complaint was substantiated (Intake #NC00164636). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 to protect residents from harm while the</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>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 reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 5/7/20 of facility records revealed no documentation the HCPR was notified of an allegation of physical abuse.</p> <p>Review on 5/8/20 of client #2's record revealed: -29 year old male admitted 10/2/15. -Diagnoses included Bi-polar disorder; Intermittent Explosive Disorder; Autism; ADHD, Anxiety; Borderline Intellectual Functioning; Allergic Rhinitis; Periodontal Disease and Constipation.</p> <p>Review on 5/28/20 of a facility physiciain visit form revealed Client #2 was seen on 9/24/19 for a physical.</p> <p>Review on 5/26/20 of Facility Communication Log completed by Chief Clinical Officer revealed: - During phone call on 2/21/20 Client #2's</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>guardian informed her of Client #2's allegation that he had been kicked in the ribs and had his face and head squeezed ...they would get him if he told...</p> <p>-During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger.</p> <p>Interview on 5/26/20 the Chief Clinical Officer stated:</p> <p>-Client #2's guardian discussed accusations from Client #2 that he had been being kicked in his ribs and having his face and head squeezed with her on 2/21/20.</p> <p>-Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20.</p> <p>-Client #2 was sent to the physician on two different occasions to rule in or rule out the allegation.</p> <p>-Client #2's guardian had referenced a historic event and not a current event.</p> <p>-There was no report made to the HCPR.</p> <p>Interview on 6/2/20 the Director of Operations stated:</p> <p>-Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and head squeezed.</p> <p>-He was asked by Client #2's guardian not to follow up with the staff about Client #2's accusation.</p> <p>-An investigation was not done due to the request of Client #2's guardian.</p> <p>-He understood that a report to the HCPR is required for all allegations of abuse.</p> <p>-He would ensure all future allegations of physical abuse was reported as required.</p>	V 132		

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V 366	Continued From page 3	V 366		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a written policy governing their response to Level II incidents as required. The findings are:</p> <p>Review on 5/8/20 of client #2's record revealed: -29 year old male admitted 10/2/15. -Diagnoses included Bi-polar disorder; Intermittent Explosive Disorder; Autism; ADHD, Anxiety; Borderline Intellectual Functioning; Allergic Rhinitis; Periodontal Disease and Constipation.</p> <p>Review on 5/7/20 of the North Carolina Incident Response Improvement System (IRIS) revealed</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>no report of an allegation of abuse.</p> <p>Review on 5/28/20 of a facility physicain visit form revealed Client #2 was seen on 9/24/19 for a physical.</p> <p>Interview on 4/30/20 the Guardian stated: -Client #2 told her he had been kicked in the ribs. -Client #2 told her he had been beaten with a toilet plunger. -She spoke with the Chief Clinical Officer (CCO) who said she (CCO) didn't think it happened and Client #2 was confused.</p> <p>Interview on 5/26/20 the Chief Clinical Officer stated: -Client #2's guardian discussed allegations from Client #2 that he had been being kicked in his ribs and having his face and head squeezed with her on 2/21/20. -Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20. -Client #2 was sent to the physician on 9/24/19 to rule in or rule out the allegation. -Client #2's guardian had referenced a historic event and not a current event.</p> <p>Review on 5/29/20 of facility records revealed no documentation the facility documented their response of Client #2's allegation of physical abuse after being reported to the CCO and the Director of Operations.</p> <p>Interview on 6/2/20 the Director of Operations Stated: -A level II report was not completed due to the Client #2's guardian request. -He would ensure a level II report was completed</p>	V 366		

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V 366	Continued From page 7 for all allegations of abuse in the future.	V 366		
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 information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

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V 367	<p>Continued From page 8</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 9</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 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.</p> <p>Review on 05/7/20 of the North Carolina Incident Response Improvement System (IRIS) website from February 2020 through May 2020 revealed no Level II incident reports submitted for Client #2.</p> <p>Review on 5/8/20 of client #2's record revealed: -29 year old male admitted 10/2/15. -Diagnoses included Bi-polar disorder; Intermittent Explosive Disorder; Autism; ADHD, Anxiety; Borderline Intellectual Functioning; Allergic Rhinitis; Periodontal Disease and Constipation.</p> <p>Review on 5/28/20 of a facility physicain visit form revealed Client #2 was seen on 9/24/19 for a physical.</p> <p>Review on 5/26/20 of Facility Communication Log completed by Chief Clinical Officer revealed: - During phone call on 2/21/20 Client #2's guardian informed her of Client #2's allegation</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>that he had been kicked in the ribs and had his face and head squeezed ...they would get him if he told...</p> <p>-During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger.</p> <p>Interview on 5/26/20 the Chief Clinical Officer stated:</p> <p>-Client #2's guardian discussed allegations from Client #2 that he had been being kicked in his ribs and having his face and head squeezed with her on 2/21/20.</p> <p>-Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20.</p> <p>-Client #2 was sent to the physician on two different occasions to rule in or rule out the allegation.</p> <p>-Client #2's guardian had referenced a historic event and not a current event.</p> <p>-There was no report made to the HCPR.</p> <p>Interview on 6/2/20 the Director of Operations stated:</p> <p>-Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and head squeezed.</p> <p>-He was asked by Client #2's guardian not to follow up with the staff about Client #2's accusation.</p> <p>-An investigation was not done due to the request of Client #2's guardian.</p> <p>-He understood that a report to the LME is required for all allegations of abuse.</p> <p>-He would ensure all future allegations of physical abuse was reported as required.</p>	V 367		

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V 500	Continued From page 11	V 500		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an</p>	V 500		

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V 500	<p>Continued From page 12</p> <p>involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all instances of alleged or suspected abuse to the County Department of Social Services. The findings are:</p> <p>Review on 05/7/20 of the North Carolina Incident Response Improvement System (IRIS) website from February 2020 through May 2020 revealed no Level II incident reports submitted for Client #2.</p> <p>Review on 5/8/20 of client #2's record revealed: -29 year old male admitted 10/2/15. -Diagnoses included Bi-polar disorder; Intermittent Explosive Disorder; Autism; ADHD,</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2020
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NAME OF PROVIDER OR SUPPLIER HOPEWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580
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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
V 500	<p>Continued From page 13</p> <p>Anxiety; Borderline Intellectual Functioning; Allergic Rhinitis; Periodontal Disease and Constipation.</p> <p>Review on 5/28/20 of a facility physiciain visit form revealed Client #2 was seen on 9/24/19 for a physical.</p> <p>Review on 5/26/20 of Facility Communication Log completed by Chief Clinical Officer revealed: - During phone call on 2/21/20 Client #2's guardian informed her of Client #2's allegation that he had been kicked in the ribs and had his face and head squeezed ...they would get him if he told... -During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger.</p> <p>Interview on 6/2/20 Client #2 stated: -"He had been beaten up by some staff." -"He does not know when it happened." -During interview Client was unable to give specific dates, times and names regarding the allegation.</p> <p>Interview on 5/26/20 the Chief Clinical Officer stated: -Client #2's guardian discussed allegations from Client #2 that he had been being kicked in his ribs and having his face and head squeezed with her on 2/21/20. -Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20. -Client #2 was sent to the physician on two different occasions to rule in or rule out the allegation. -Client #2's guardian had referenced a historic event and not a current event.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2020
NAME OF PROVIDER OR SUPPLIER HOPEWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580		
(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 500	Continued From page 14 -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and head squeezed. -He was asked by Client #2's guardian not to follow up with the staff about Client #2's accusation. -An investigation was not done due to the request of Client #2's guardian. -He understood that a report to the local department of social services is required for all allegations of abuse. -He would ensure all future allegations of physical abuse was reported as required.	V 500		