PRINTED: 04/24/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-245	A. BUILDING: _____ B. WING _____	04/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDLEY COLLEGE VI	5040 NEW CENTRE DRIVE, SUITE F WILMINGTON, NC 28403

(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 22, 2020. The complaint was substantiated (intake #NC00158482). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.	V 000	On May5, 2020 the Clinical Director of the coastal region completed a retraining of all the clinical team on the procedures and requirements for incident reporting. This was a power point training and all clinical team members signed off on the retraining to ensure all incidents are completed in a timely manner, based on the incident reporting requirements laid out in 27G. 0604.	
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	The clinical director will monitor this when she meets with her team weekly to ensure all incidents were reported in a timely manner.	

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V 367	Continued From page 1 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 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;	V 367		

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V 367	Continued From page 2 (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 04/03/20 of the North Carolina Incident Response Improvement System (IRIS) website from October 2019 through present revealed no Level II incident reports submitted. Review on 4/11/20 of client 1's record revealed: - 20-year old male. - Admission date of 11/15/18. - Diagnoses of Autism, Intellectual Developmental Disorder (mild), and Anxiety Disorder. Review on 04/11/20 of a General Event Report (GER) completed by Day Program Director revealed: - Date of Incident: 10/08/19. - Client #1 had exhibited agitation over phone use	V 367		

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V 367	Continued From page 3 in the days leading up to the incident. On the day of the incident client #1 "expressed some frustration" with staff #1 while on an outing to a local park. Client #1 physically assaulted staff #1 with strikes to the head and face area. Client #1 was restrained "until he calmed down." - A team meeting was planned for collaboration on how to best serve client #1 moving forward. - Staff #1 was to be scheduled for re-training and coaching on restrictive interventions. Interview on 04/03/20 the Day Program Director stated: - Client #1 was involved in an incident requiring the implementation of a restrictive intervention. - A GER had been completed documenting the incident in question. Interview on 4/21/20 the Clinical Director stated: - She would make sure an IRIS report was completed for any future incidents involving the use of restrictive interventions.	V 367		