STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-122	A. BUILDING: _____ B. WING _____	08/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANCES GROUP HOME	712 WEST FISHER STREET SALISBURY, NC 28144

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V 000	INITIAL COMMENTS A complaint survey was completed on August 4, 2020. The complaint was unsubstantiated (Intake #NC167736). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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). Facilities must have evidence that all alleged acts are investigated and must make every effort	V 132		

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V 132	Continued From page 1 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all allegations against healthcare personnel and failed to complete an investigation into each allegation. Review on 8/3/20 - 8/4/20 of Client #1's record revealed: -Admitted 5/22/20; -Diagnosed with Conduct Disorder and ADHD; -14 years old. Attempted review on 8/3/20 - 8/4/20 of the facility's reporting to the Department regarding the allegation of abuse made by Client #1 against Staff #1 was unsuccessful as no reporting occurred. Attempted review on 8/3/20 - 8/4/20 of the facility's investigation into the allegation of abuse made by Client #1 against Staff #1 was unsuccessful as there was no internal investigation completed.	V 132		

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V 132	Continued From page 2 Interview on 8/3/20 with Client #1 revealed: -Was abused by Staff #1 when Staff #1 pushed, hit, and threw Client #1; -Nobody cared that Staff #1 abused him. Interview on 8/3/20 with Staff #1 revealed: -Denied ever pushing, hitting, or throwing any client. Interview on 8/3/20 with the DSS Investigator revealed: -Client #1 made allegations of abuse against Staff #1; -Client #1 had a history of making false allegations of abuse and had serious behavioral outbursts. Interview on 8/3/20 and 8/4/20 with the Director/Licensee revealed: -No evidence of Client #1 being abused by Staff #1; -There was no report completed regarding the allegation of abuse made by Client #1 against Staff #1; -There was no internal investigation completed regarding the allegation of abuse made by Client #1 against Staff #1; -Will ensure all allegations of abuse are reported and investigated in the future.	V 132		
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	V 367		

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V 367	Continued From page 3	V 367		

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
(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

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V 367	Continued From page 4 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; (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.	V 367		

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V 367	Continued From page 5 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all level III incidents to the LME (Local Management Entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. Review on 8/3/20 - 8/4/20 of Client #1's record revealed: -Admitted 5/22/20; -Diagnosed with Conduct Disorder and ADHD; -14 years old. Attempted review on 8/3/20 - 8/4/20 of the facility's Level III incident report regarding the allegation of abuse made by Client #1 against Staff #1 was unsuccessful as no incident report was completed. Interview on 8/3/20 with Client #1 revealed: -Was abused by Staff #1 when Staff #1 pushed, hit, and threw Client #1; -Nobody cared that Staff #1 abused him. Interview on 8/3/20 with Staff #1 revealed: -Denied ever pushing, hitting, or throwing any client. Interview on 8/3/20 with the DSS Investigator revealed: -Client #1 made allegations of abuse against Staff #1; -Client #1 had a history of making false allegations of abuse and had serious behavioral outbursts. Interview on 8/3/20 and 8/4/20 with the	V 367		

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V 367	Continued From page 6 Director/Licensee revealed: -No evidence of Client #1 being abused by Staff #1; -There was no incident report completed regarding the allegation of abuse made by Client #1 against Staff #1; -Will ensure all allegations of abuse are reported to the LME using North Carolina Incident Response Improvement System (NC IRIS) in the future.	V 367		