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
	MHL064-057	A. BUILDING: ______ B. WING ______	R 09/10/2020

NAME OF PROVIDER OR SUPPLIER: SOUTH ROCKY MOUNT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 3192 GYPSY TRAIL, ROCKY MOUNT, NC 27803

(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 limited follow up survey for the Type B rule violation was completed on September 10, 2020. This was a limited follow up survey only for rule area (10A NCAC 27G .5603 Operations (V291). The rule area: 10A NCAC 27G .5603 (V291) was reviewed & brought back into compliance. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marsha Wheeler

TITLE: Executive Director

(X6) DATE: 9/17/2020

STATE FORM 6899 RVWU11 If continuation sheet 1 of 8

RECEIVED
By DHSR Mental Health Licensure & Certification at 3:49 pm, Sep 17, 2020

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STREET ADDRESS, CITY, STATE, ZIP CODE: 3192 GYPSY TRAIL, ROCKY MOUNT, NC 27803

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105	V105 This deficiency will be corrected by the following actions: Program Manager will in-service QPs to ensure that all admission assessment will be completed prior to or the day of admission regardless of a new admit, emergency placement, or transfer from within the company. Admission Assessment and Profile form is the appropriate assessment. All other assessment should be completed within 30 days of admission such as Community Living Assessment, Human Development Assessment, Leisure/Recreational Assessment and Individual Assessment. Peer Review should be conducted at least 1 chart monthly to ensure that assessments are accurate and appropriate. Peer review will identify any missing assessments that needs to be address. QP will correct any issues that was identified. Senior QP or PM or ED will follow up to ensure that all assessment were corrected and/or completed.	10/1/2020

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH ROCKY MOUNT HOME	3132 GYPSY TRAIL ROCKY MOUNT, NC 27803

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to follow their admission policy. The findings are:

Review on 9/10/20 of a fax dated 9/10/20 of the facility's admission policy revealed:...The QP (Qualified Professional) is responsible for accurately completing the consumer information form...a physical evaluation shall occur within 24 hours of admission. Other specialty assessments deemed necessary within 30 days...

Review on 9/3/20 of FC#3's treatment plan revealed:
- start date 4/1/20
- diagnosis Psychotic Disorder & Mild Intellectual Developmental Disorder
- he will curse, slam doors, call others derogatory names
- has a history of incarceration and supervised probation
- several episodes have lead to him eloping

During interview on 9/3/20 the QP reported:
- FC#4 left in March 2020 & FC#3 came after him
- FC#3 was discharged August 2020 for disruptive behavior
- he (QP) been with the agency since September 2019
- however, he was recently assigned to this facility 2 weeks ago
- he did not think an assessment was completed

During interview on 9/10/20 the Executive

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V 105	Continued From page 3 Director reported: - the QP was responsible for completing the assessments - the QP responsible for completing the assessment for FC#3 no longer worked at the agency	V 105		
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	V 367		

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V 367	Continued From page 4 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; (3) searches of a client or his living area;	V 367	V367 *This deficiency will be corrected by the following actions:* Incidents from 7/19/2020 and 8/1/2020 will be entered into the IRIS system. Program Manager will in-service QPs on entering Incident into IRIS within 72 hours to include all 911 or police call made by consumer or staff. Senior QP or Program Manager will monitor all incidents during monthly Safety Committee Meeting to ensure all critical reports are entered into the IRIS system.	10/1/2020

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V 367	Continued From page 5 (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 review and interview the facility failed to ensure level II incident reports were submitted to the Managed Care Organization/Local Management Entity (MCO/LME) within 72 hours. The findings are: Review on 9/3/20 of the Incident Response Improvement System (IRIS) revealed: - no level II incident reports Review on 9/3/20 of the facility's incident report book revealed: - "7/19/20...[FC#3] accused [client #2] of stealing his CD player...[FC#3] picked up the phone and called the police...the police came & the CD player was found..." - "8/1/20...[former QP] informed me former client [FC#3] was released from the hospital at 1:20am & no calls were made to pick him up... staff drove to the hospital at 9:10am & he was not there...staff drove around...after 40 minutes the	V 367		

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V 367	Continued From page 6 [former QP] told staff to return home the police was coming...the police took the report...I took the other guys to get lunch...I noticed [FC#3] walking...I called the [former QP] at 12:40p & called the police officer..the police officer came & spoke to [FC#3] to make sure he was in good health.." During interview on 9/3/20 the current QP reported: - he's been with the agency since September 2019 - he was recently assigned to this facility 2 weeks ago - the QP's entered the information in IRIS & the Senior QP reviewed IRIS & submitted it During interview on 9/3/20 the Senior QP reported: - she reviewed the incident reports, signed them & submitted them into the IRIS system - she doesn't think the former QP submitted the 2 IRIS reports (7/19/20 & 8/1/20) to her	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility	V 736		

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V 736	Continued From page 7 failed to maintain the facility's grounds in a clean, safe attractive manner. The findings are: Observation on 9/3/20 at 1:12pm revealed: - the grass approximately 4 - 5 inches high During interview on 9/3/20 the Qualified Professional reported: - the gentlemen that normally cut the grass had not come by - its been about a month since he last came - he normally came every 2 weeks - he called while the surveyor was at the office - the gentlemen will come by tomorrow and cut the grass	V 736	V736 *This deficiency will be corrected by the following actions:* QP will ensure that the home grass is cut weekly and document on a Standard Supplemental Checklist for Site Review. Senior QP or PM will review to ensure that grass is cut or if we need to contact vendor. Program Manager will conduct a site review monthly to ensure that the environment remains safe.	10/1/2020

3032 Zebulon Road
Rocky Mount, NC 27804
Phone (252)-446-1965
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www.rescare.com

Fax

To: Rhonda Smith		From: Gwendolyn Barnes	
Fax: 919 715 8078		Pages: 9 w/ cover	
Phone:		Date	
Re:		cc:	

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

gsbarnes@rescare.com
252-446-1965 ext 202

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