

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2020
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NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 9, 2020. The complaint was unsubstantiated (intake #NC00170041). Deficiency 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 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(b) Category A and B providers shall explain any</p>	V 367		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 367	<p>Continued From page 1</p> <p>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:</p> <p>(1) the provider has reason to believe that 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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 10/8/20 of the Facility's Incident Report Form on Former Client #1 dated 8/5/20 revealed: -[FC#1] got upset at dinner because [FC#1] wanted mac and cheese nut there wasn't enough for [FC#1]. There was only enough for the client who had the mac and cheese made for her the prior day due to it having been her birthday. [FC#1] and the client got into an argument because [FC#1] felt the other client washed her hands too long in the bathroom. [FC#1] was frustrated from arguing and said [FC#1] was going for a walk. [FS#2]</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>reminded [FC#1] she couldn't leave the property alone and attempted to redirect [FC#1] to calm down by suggesting by ways to calm down in the house. [FC#1]...rush from the property to go on a walk. [FC#1] walked to the stop sign and turned back to come home. Halfway home a black car pulled up beside [FC#1] and [FC#1] got in ignoring [FS#2] calls and warnings. [FS#1] guardian and local police were notified. [FS#2] was told by [FC#1's] stepmother that [FC#1] was at the [County Police Department]. The group home [Director] picked [FC#1] up and brought [FC#1] home. [FC#1] slept under [FS#1's] supervision."</p> <p>Review on 10/7/20 of FC #1's record revealed: -Admission date of 6/9/20. -Diagnoses of Oppositional Defiant Disorder, Attention-hyperactivity Disorder, Combined Type, Adjustment Disorder with Disturbance of Conduct, Disruptive Mood Dysregulation Disorder, Conduct Disorder, Childhood-Onset, Attention Deficit Disorder, Unspecified Type, PTSD, Autistic Disorder, Cyclothymic Disorder, Bipolar Disorder, Current Episode Mixed, Unspecified and Moderate Intellectual Disability. -Incident date: 8/5/20.</p> <p>Interview on 10/8/20 with Qualified Professional revealed: -She reported completing the Level II incident report and saved the document. -The system provided her a reference number. -She completed the report the same day of the incident on 8/5/20. -She was unable to print out the report. -She was not sure if HCPR or Local Management Entity received the report. -This was her first time using the system and</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>completing the report.</p> <p>-Confirmed she had difficulties using the system and received supervision from her supervisor.</p> <p>Interview on 10/9/20 with the Director revealed:</p> <p>-The level I incident report was completed by staff.</p> <p>-She confirmed the QP from the management agency was responsible for completing level II incident report.</p> <p>-She would have training on completing the IRIS report to ensure it was successfully submitted.</p> <p>-The QP was to make sure the appropriate agencies received the report.</p>	V 367		