

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOME SWEET HOME #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>914 DIXIE STREET BURLINGTON, NC 27217</b>		
(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 October 9, 2020. The complaint was unsubstantiated (intake #NC00170041). Deficiency cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000		
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	V 367	<i>DHSR - Mental Health</i> <i>NOV 6 2020</i> <i>Lic. &amp; Cert. 5600C</i>  <i>V 367 The Clinical Director and/or Agency Director will Inservice QP's on complete Incident Reporting Procedures (Levels I., II., and III.). These trainings will ensure Incidents contain all required data and submitted within the established reporting timeframes. Further, these trainings will ensure QP notifies all vested parties deemed (Guardian, MCO, et al), as appropriate. Moreover, the QP's shall secure each Incident Report reference number as provided by IRIS, and print an immediate copy upon completion for record keeping. For oversight and prevention, QP's shall report all Incidents to the Clinical Director and/or the Agency Director. This will further ensure compliance to Incident reporting protocols.</i>	<i>10/20/20</i>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

*Director*

(X6) DATE

*10/20/2020*

STATE FORM

6899

UG7X11

If continuation sheet 1 of 5

Division of Health Service Regulation

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V 367	Continued From page 1  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 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	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 but 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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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

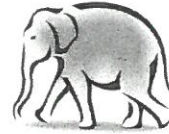
**HOME SWEET HOME #1**

**914 DIXIE STREET  
BURLINGTON, NC 27217**

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



# MULTI-THERAPEUTIC SERVICES, INC



## INSERVICE TRAINING

### DHSR - Mental Health

Date: 10-19-2020

NOV 6 2020

Outline of Training: **Lic. & Cert. Section**

*The Clinical Director and/or Agency Director shall Inservice QP's on Incident Reporting.*

#### *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:*

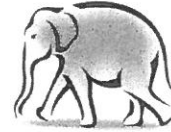
- (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or*
- (2) the provider obtains information required on the incident form that was previously unavailable.*

*(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*

# MULTI-THERAPEUTIC SERVICES, INC



## INSERVICE TRAINING

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.

Staff Signature

*Brenda R. Harris* <sup>RISQS</sup>  
Brenda R. Harris, QP

*[Signature]*  
Trainer's Signature

10-19-2020  
Date



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 13, 2020

Ms. Garnetta McAdams, Director  
Tammy C. Hatley, Director  
Melody House  
P.O. Box 11343  
Durham, NC 27703

DHSR - Mental Health

NOV 6 2020

Lic. & Cert. Section

Re: Complaint Survey Completed October 9, 2020  
Home Sweet Home #1, 914 Dixie Street, Burlington, NC 27217  
MHL # 001-267  
E-mail Address: [garnettamcadams@gmail.com](mailto:garnettamcadams@gmail.com)  
Intake #NC00170041

Dear Ms. McAdams:

Thank you for the cooperation and courtesy extended during the complaint survey completed October 9, 2020. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 8, 2020.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



October 13, 2020  
Ms. Garnetta McAdams, Director  
Home Sweet Home #1

- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow-up visit will be conducted to verify all violations have been corrected. If we can be of further assistance please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Frances E. Hicks, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org  
Pam Pridgen, Administrative Assistant