

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhi084047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
---	--

(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 11-10-20. The complaint was unsubstantiated (intake #NC00169702). A deficiency was 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	<p>Elite Care Services, Inc. continues to strive to provide safe and quality care to the individuals served. The management team has reviewed the comments provided in this report and has developed the following improvements:</p> <ol style="list-style-type: none"> 1. Inservice provided to staff on the agency's Safety Protocol for Client #1 on 11-5-20. 2. The agency will increase staffing for group home to address behaviors and decrease calls to 911 as needed. 3. QPs will monitor homes weekly to ensure that incidents have been documented and reported properly. 4. Quality Management has implemented supervision plan for the QPs for the next 60 days to ensure incident reporting is in IRIS and to ensure incident reporting protocol is followed. On a monthly basis. 11-24-20 and 12-22-20. <p>The QP will be responsible for reporting to Quality Management weekly all incidents to ensure proper reporting and staff interventions with members.</p>	

Division of Health Service Regulation

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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider</p>	V 367	
-------	--	-------	--

Division of Health Service Regulation

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

Joann McRae,
MSW

TITLE Quality Assurance

(X6) DATE 12/7/20

STATE FORM

8809

G30B11

If continuation sheet 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhi084047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009	
(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

Division of Health Service Regulation

V 367	<p>Continued From page 1</p> <p>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). (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 the definition of a level II or level III incident;</p>	V 367		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl084047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
---	--

(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
--------------------	--	---------------	---	--------------------

Division of Health Service Regulation

V 367	<p>Continued From page 2</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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 interviews, the facility failed to ensure all level II incidents or level III incidents were reported to the Local Management Entity catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 11-3-20 of Client 1#'s record revealed: -Admission date 5-4-18; -Diagnoses: Moderate Intellectual Disability, Epilepsy, Sleep Disorder, Intermittent Explosive Disorder, Schizoaffective Disorder, Bipolar Disorder, Type 2 Diabetes, Chronic Leg Pain, Hypertension, History of Traumatic Brain Disorder, Hyperlipidemia, Hyperthyroidism; - Treatment plan dated 2-1-20 revealed goals to address increasing progress in personal hygiene, activities of daily living, and identifying medications;</p>	V 367		
-------	---	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl084047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
---	--

(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
--------------------	--	---------------	---	--------------------

Division of Health Service Regulation

V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Crisis plan dated 2-1-20 revealed supports required to manage behaviors stemming from confusion, psychosis, agitation towards others, and elopement; -Behavior support plan dated 5-15-20 with 4 hours of structured unsupervised time while at church with goals to address aggression and elopement, including interventions and prevention strategies; -Psychiatry notes include quarterly follow up with notable reduction in aggression and outbursts on Zyprexa; -Safety Plan Protocol dated 11-2-20 revealed immediate eye contact at all times due to elopement in the community and at home. <p>Review on 11-3-20 of the Incident Reporting Information System (IRIS) from 1-1-20 to 10-31-20 revealed:</p> <ul style="list-style-type: none"> -no level II incident reports regarding calls to 911 from the facility. <p>Review on 11-3-20 of the facility's incident reports from 8-1-20 to 11-2-20 revealed:</p> <ul style="list-style-type: none"> -incident reports dated 9-2-20 and 9-15-20 regarding Client #1's behavior; -no incident reports regarding Client #2. <p>Review on 11-4-20 of the 911 Emergency Dispatch Communication Log revealed:</p> <ul style="list-style-type: none"> -79 calls to 911 from the facility requested Fire, Medic, or Police from 1-1-20 to 11-3-20; -48 calls to 911 from the facility requesting Police assistance. <p>Interview on 11-2-20 with local police department revealed:</p> <p>group home had 2 clients, 1 staff member; if client left, then the staff have to call the police because they only had 1 staff on duty;</p>	V 367	
-------	---	-------	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhi084047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
---	--

(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
--------------------	--	---------------	---	--------------------

Division of Health Service Regulation

V 367	<p>Continued From page 4</p> <ul style="list-style-type: none"> -staff have been told to call the police if they have a problem with Client #1; -could receive as many as "4 to 5 911 calls in a day, typically 1-2 calls from the facility within a given week;" -had made suggestions for securing facility, adding alarms to the doors, increasing staff, or moving Client #1 to a facility that could manage his behaviors; -answered a call for the group home last week; - from January to present, dispatch confirmed police visits to the home - 68 police, 3 medical. <p>Interview on 11-2-20 with Client #1 revealed:</p> <ul style="list-style-type: none"> -used to live independently in an apartment; -wants to live by himself; -"do real good by myself;" -"they do me good;" -police are called to the group home; -would not talk about why the police visited the group home; -felt safe at the facility. <p>Attempted interview on 11-2-20 with Client #2 was unsuccessful as Client #2 was non-verbal.</p> <p>Interview on 11-2-20 with Staff #1 revealed: -call the police to the group home if clients exhibit behaviors that are unsafe or when a client elopes and staff can't follow the client safety in the vehicle;</p> <ul style="list-style-type: none"> -"try to de-escalate, intervene, report it, write it on the behavior log, call supervisor or Qualified Professional (QP), or call 911 if needed." <p>Interview on 11-2-20 with Staff #4 revealed: - staff can't leave the facility if Client #1 elopes and Client #2 won't go with the staff to follow Client #1;</p> <ul style="list-style-type: none"> -the facility placed "calls to police too frequently..." 	V 367		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhi084047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
---	--

(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
--------------------	--	---------------	---	--------------------

Division of Health Service Regulation

<p>V 367</p>	<p>Continued From page 5</p> <p>too often, sometimes staff call for nothing;" - enhanced staffing for Client #1 to address the elopement behaviors.</p> <p>Interview on 11-4-20 with QP#1 revealed: -"only typed one level II (incident report) since I've been here;" -Client #1 had a Treatment Plan, Behavior Plan, Crisis Plan, and Safety Plan to address behaviors; -"since I have been here, I have not seen an incident report where [Client #1] called 911;" - Client #1 does have a goal for calling 911.</p> <p>Interview on 11-4-20 with QP#2 revealed: -was not aware that only 2 level II incident reports had been completed on Client #1 for 2020; -was not aware that level II incident reports needed to be completed for any police contact; - would start completing level II and level III incident reports for all police involvement.</p> <p>Interview on 11-9-20 with the Director revealed: -in-serviced staff on Safety Protocol for Client #1 on 11-5-20; -increased staffing for group home to address behaviors and decrease calls to 911; -Quality Management implemented supervision for the QPs for the next 60 days to ensure incident reporting and to ensure incident reporting protocol is followed.</p>	<p>V 367</p>		
--------------	--	--------------	--	--



723 Aquadale Rd.
Albemarle, NC 28001
Phone: 704-982-4068
Fax: 704-982-4679
www.eliteservicesofstanly.com

December 8, 2020

Kim Goff
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Complaint Survey 11-10-20
Lincoln Street Group Home 206 Lincoln Street Badin, NC 28001 MHL #084 – 047

Dear Ms. Goff,

Please find the attached document in response to the survey completed at Lincoln Street Group Home on 11-10-2020. The plan of correction is outlined to ensure that Elite maintains compliance with deficiencies cited during the survey.

Please feel free to contact us if you have any further questions.

Best Regards,
Joann McRae (BB)
Joann McRae, MSW, QA
Elite Care Services, Inc.
723 Aquadale Rd.
Albemarle, NC 28001
704 982 4068

Cc: Christopher Bennett, CEO

Elite Care Services, Inc.
723 Aquadale Rd.
Albemarle, NC 28001
704-982-4068 Phone
704-982-4679 Fax



Fax

To: Kim Goff From: Elite Care Services, Inc. -

Fax: 919-715-8078 Pages: Including cover Sheet - 9

Phone: _____ Date: 12/9/20

Re: _____ CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

Thank You
Barbara Bradford

• **Comments:** The following documents may contain confidential information. The documents are only intended for the receiver listed above. Any other misuse violates Federal, State, and County Laws. Elite Care Services, Inc. practices and abides by all Federal HIPAA guidelines. Should you receive this fax transmission in error please contact the sender immediately at the above provider number.