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PRINTED: 03/02/2021
FORM APPROVED

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
	MHL026-964	A. BUILDING: _____ B. WING _____	R 02/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLLEGE LAKES	5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on February 22, 2021. The complaint was unsubstantiated (Intake #NC00174050). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	DHSR - Mental Health MAR 15 2021 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE QP (X6) DATE 3/11/2021

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to implement strategies based on assessment for one of three audited clients (#3). The findings are: Review on 02/05/21 and 02/09/21 of client #3's record revealed: - 28 year old male. - Admission date of July 2006. - Diagnoses of Autism and Intellectual Developmental Disability. Review on 02/17/21 of client #3's Individual Support Plan dated 05/01/20 revealed: - "Behavioral health support needs:..."[Client #3] requires extensive support to prevent self-injury, [Client #3] will hit or bite himself repeatedly..." - "What is not working? The frequency and severity of [Client #3]'s tantrums are not working, [Client #3] requires extensive support to prevent emotional outburst, property destruction, self-injury, and assaults to others..." - What you can do to help me prepare ahead?...One on one staffing works best for supporting [Client #3] during awake hours..." Review on 02/17/21 of an "Update to Individual Support Plan" for client #3 revealed: - Meeting date: 11/03/20. - Implementation date: 12/01/20. - "What is happening in my life right now? [Client #3] engages in maladaptive behaviors that put himself and others at risk. He engages in property destruction and aggression towards himself and	V 112		

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V 112	Continued From page 2 others. [Client #3] requires constant 1:1 supervision to redirect him. [Client #3] can be very confrontational toward his housemates, staff, and people in the community. What needs to change? [Client #3] has had previously approved Residential Supports enhanced rate so that he can have the necessary 1:1 staffing support by trained staff. He has had this support in place since before 7/1/2020 and continues to need this support. [Client #3]'s SIS (Support Intensity Scale) indicates that he has Exceptional Behavioral Support Needs with a total score in this area of an 11. He needs Extensive Support needs to help manage or prevent: assaults or injuries to others, property destruction, self-injury, tantrums or emotional outbursts, and to help maintain mental health treatments. The SIS indicates he needs some support to prevent wandering. [Client #3] requires enhanced staffing support to follow his formal Behavior Intervention Plan and provide support to him throughout the day and help prevent or manage maladaptive behaviors. With this enhanced staffing support [Client #3] continues to be at risk of needing crisis services, hospitalization, or higher level of care. [Client #3] needs to continue receiving enhanced programing and staffing support to help him work towards reducing the frequency and severity of maladaptive behaviors and increase his use of healthy coping skills. Since [Client #3] has had the enhanced programing since prior to 7/1/2020 he has not needed any hospitalization level of care support. Team feels that to lose enhanced programing would result in hospitalization and cause a regression in his skill progress. [Client #3] doesn't not respond well to new people, environments, changes in his routine, etc. Team is discussing the possibility of exploring NC Start (North Carolina Systemic, Therapeutic,	V 112		

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V 112	Continued From page 3 Assessment, Resources and Treatment) as an additional resource. Team is weighing concerns of him going to an unknown environment and supports which could be destabilizing vs. the possibility of NC Start identifying helpful tools not yet explored." - "Long-range Goal 3: [Client #3] is aware of and avoids health and safety hazards...Where am I now: As stated in the SIS, [Client #3] requires full support to avoid health and safety hazards[Client #3] must become aware of health and safety hazards in order to avoid possible harmful situations." - "Long-range Goal 6: [Client #3] and his team has the support of a formal behavior intervention plan...Where am I now: The frequency and severity of [Client #3]'s tantrums are not working, [Client #3] requires extensive support to prevent emotional outburst, property destruction, self-injury, and assaults to others. [Client #3] also requires supervision to prevent wandering." Review on 02/18/21 of a North Carolina Incident Response Improvement System (IRIS) report for client #3 revealed: - Date of incident: 01/25/21. - Time of incident: Unknown. - Alleged Physical Abuse. - "Describe the cause of this incident, (the details of what led to this incident). Supervisor (Qualified Professional (QP))was notified of bruises on individual leg. Supervisor contacted staff who worked and began an internal investigation. Agency spoke with staff, contacted individuals guardian and care coordinator. Agency also contacted the health care registry (Health Care Personnel Registry (HCPR)) and dss (Department of Social Services)." - "Describe how this type of incident may have been prevented or may be prevented in the future	V 112		

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V 112	Continued From page 4 as well as any corrective measures that have been or will be put in place as a result of the incident. Staff receive training in the agency's online [education module] courses on Abuse, neglect & exploitation. Staff also sign a policy on abuse, neglect [and] exploitation. There has been staff meetings on how to correctly and safely handle individuals when they become upset and/or aggressive. Staff are also required to have training in NCI (Non-Violent Crisis Intervention)." Review on 2/09/21 of a picture of client #3's lower extremities revealed: - Black discoloration, consistent with bruising, identified on the outside of the upper right thigh of client #3 which extended approximately 2-4 inches above the right knee. - Discoloration on upper portion of thigh, approximately 3-4 inches in diameter and additional discoloration extended approximately 2-3 inches in length under the softball sized mark. - Black discoloration, approximately 1 centimeter (cm) in diameter, was observed on the right knee. - Purple discoloration, consistent with bruising, appeared approximately 1 inch below the right knee and extended approximately 3-4 inches in length down the back of the right calf. - Light discoloration, approximately 1 cm in length, was visible 10-12 inches below posterior knee. - Black discoloration was observed approximately 1 inch below the knee and extended approximately 3-4 inches in length down the left shin. - A dark colored mark approximately 2 cm in diameter was observed on the inside of the left knee. - Dark discoloration was visible on left inner thigh approximately 1-2 inches above the knee. - Discoloration above the knee appeared to be	V 112		

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V 112	Continued From page 5 approximately 2-3 cm in length and 2-3 cm. in height. - With the exception of 4-6 inches on the back right and left calves, both right and left leg were purple in color from bottom of calf to mid-thigh. Review on 2/09/21 of client #3's after visit summary from community based medical facility on 1/29/21 revealed: - "Contusion of lower leg, unspecified laterality, initial encounter." Review on 02/18/21 of the facility's schedule for January 2021 revealed: - Staff #3 worked alone with the 4 clients on 01/23/21 and 01/24/21 from 8pm to 8am. - Staff #4 worked alone with the 4 clients on 01/23/21 and 01/24/21 from 8am to 8pm. - A total of 22 (12 hour) shifts were covered by one staff at the facility. Review on 2/09/21 of staff #1's written statement dated 1/28/21 revealed: - He relieved staff #3 at 8am on 1/25/21. - He was notified by staff #3 of observed bruising to client #3 while working the weekend shift. - While preparing client #3 for a shower, he observed "major bruises" on client #3's legs and buttocks. - He notified his management following the observation of bruises. Review on 2/09/21 of staff #3's written statement dated 1/28/21 revealed: - He observed "several bruises" to both legs, both arms, and buttocks of client #3. - He observed scratches on client #3's nose and chest. - Observation of bruising was identified on 1/23/21 at 8pm.	V 112		

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V 112	Continued From page 6 - Observations were reported to staff #1. Review on 2/09/21 of staff #4's written statement dated 1/28/21 revealed: - There was no bruising identified during his shift which started at 8am Sunday morning (1/24/21). Observation on 2/05/21 at approximately 10:00am - 10:30am revealed: - Staff #1 was observed working alone upon arrival to facility. - Clients #1-3 were identified as present at facility upon entrance into the facility. - Qualified Professional (QP) arrived to facility at approximately 10:30am. An attempted interview with client #3 on 2/05/21 proved unsuccessful due to limited verbal ability and diminished communication skills. Interview on 2/05/21 staff #1 stated: - He had worked at the facility for approximately 5 months. - He was not aware of any incidents over the last 3 months. - He had not witnessed any abuse or neglect. - He was unaware of any internal investigations that had been completed and had not participated or given statements for any investigations. - He was unaware of any incidents that might have occurred around the weekend of 1/23/21 - 1/24/21. Interviews on 2/08/21 staff #3 stated: - He had worked at the facility for approximately 5 months. - He worked the overnight shift for the facility. - He had been trained on client specific behaviors and had not used any restrictive interventions. - Client #3 was responsive to verbal redirection.	V 112		

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V 112	Continued From page 7 - With regards to incidents with client #3, he observed scratches on client #3's neck and bruises on his arm. - Observation of scratches and bruises had been identified approximately 2 weeks earlier. - Scratches and bruises were identified at the beginning of his shift during a "walk-through." - He noted that it was "unusual to see scratches on his neck and bruises on his arm" which prompted him to notify his supervisor. - He reported his findings to the QP. - There were no injuries or concerns shared on the shift exchange when he relieved staff #4. Follow-up interview on 2/17/21 staff #3 stated: - He had been working alone during the weekend of the incident with client #3. - He routinely worked 8pm - 8am shifts by himself on the weekends. - He had not witnessed any bruising on client #3 during his weekend shift on 1/22/21 and 1/23/21. - He was unaware of any injuries to client #3 until he returned to work 1/25/21 and was notified by management. - He never reported any injuries or concerns to anyone. Interview on 2/15/21 staff #4 stated: - He had worked at the facility for approximately 2 years. - He had worked the overnight shift until approximately December 2020. - He had been moved to 1st shift in December 2020. - Monday through Friday he worked with client #2. - Client #1 and Client #2 both had 1:1 supports Monday through Friday. - There was only 1 staff routinely scheduled per weekend shift, 2nd shift, and 3rd shift. - Client #3 responded to verbal redirection and he	V 112		

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V 112	Continued From page 8 had not used any restrictive interventions. - With regards to incident with client #3, he became aware of the incident on 1/25/21 and was removed from the schedule following an investigation. - He completed a body check at the beginning of every shift and identified no "markings or bruises" during his shifts on 1/23/21 and 1/24/21. - He had not witnessed or had any incidents of abuse or neglect reported to him. Interview on 02/17/21 client #3's Care Navigator from his home Local Management Entity/Managed Care Organization (LME/MCO) stated: - She had provided services for client #3 for approximately 2 years. - Client #3 received the highest level of care possible which required special authorization for payment. - She typically communicated with client #3's mother. - A Service Consultant reviewed documentation from the facility regarding client #3's care. - The ISP had indicated client #3 needed 1:1 services and it was up to the facility to determine the hours of coverage. - The Treatment Team was supposed to meet 02/18/21 to formulate a new ISP. Interview on 02/18/21 client #3's Service Consultant from his home LME/MCO stated: - He communicated with the QP about client #3's services. - Due to the pandemic he had not visited the facility since March 2020. - Client #3 was to receive enhanced services and therefore needed 1:1 staff while client #3 was awake. - Client #3 did not require overnight 1:1	V 112		

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V 112	Continued From page 9 supervision. - Client #3's 1:1 supervision was 7 days per week. - If one staff was with client #3 and 2 other clients the facility would be out of ratio. - Client #3 should have a dedicated staff during his awake hours. - He was concerned client #3 did not have a 1:1 staff during awake hours and would follow up. Interviews on 02/05/21 and 02/15/21 QP stated: - She was notified of bruising on client #3's leg by staff #1. - She identified the bruise as "larger than normal" and "intense" in appearance. - The communication log used to document incidents and observations made during body checks was not completed on the weekend of the incident. - The two staff who had worked prior to notification of the incident were suspended and an internal investigation completed. - Local law enforcement, Health Care Personnel Registry, and the Division of Social Services were notified of the incident. - Client #3 was not under 1:1 supervision, but staff #1 monitored him during day hours Monday through Friday. - Staff #1 was being trained for a House Manager role. - The facility had provided additional trauma focused training for the staff. Review on 2/22/21 of a "Plan of Protection" signed by the QP and dated 2/22/21 revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? QP has made contact with MCO to retrieve a copy of the updated ISP plan with 12/01/2020 implementation date. Agency will continue to	V 112		

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V 112	Continued From page 10 provide individual with the staffing needed." - "Describe your plans to make sure the above happens. QP will make sure to request a copy if not received by the start date to ensure compliance with the plan." Client #3 had diagnoses to include Intellectual Developmental Disability and Autism. A total of four clients reside at the facility with various developmental diagnoses to include Autism. Client #3 is non-verbal and requires assistance with all of his Activities of Daily Living. According to his Individual Support Plan client #6 presents self-injury behavior, property destruction and assaults on others. Additionally, client #3's Individual Support Plan requires 1:1 supervision to ensure his safety while awake, which the facility did not implement. Per staff report on 1/23/21 and 1/24/21 client #3 did not present any remarkable behaviors which could have led to contusions on his body. Staff #1 notified administrative staff on 01/25/21 of "major" bruises on client #3's legs. In addition to 1/23/21 and 1/24/21, a review of the facility schedule for January 2021 revealed a total of 22 shifts covered by one staff. Client #3 was diagnosed with contusions to both lower legs on 01/29/21 at the emergency room. No staff were able to state how the injury occurred in the 24 hour supervised living facility. This is a Type A1 rule violation for serious harm and must be corrected within 23 days. An administrative penalty of $2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 112		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	Continued From page 11 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,	V 367		

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V 367	Continued From page 12 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; (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)	V 367		

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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 367	Continued From page 13 through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. See Tag V112 for specifics. Review on 02/05/21 of the North Carolina Incident Response Improvement System (IRIS) website revealed no Level II incident had been submitted for the report of suspected abuse against client #3 on 01/25/21. Interview on 02/11/21 IRIS support staff stated: - IRIS report for client #3 dated 01/25/21 was identified as "in progress" and had not been sucessfuly submitted. Interview on 02/19/21 the Qualified Professional stated: - She had submitted an IRIS report for client #3's incident dated 01/25/21. - She was not sure why the IRIS report had failed to properly submit.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-964	A. BUILDING: _____ B. WING _____	R 02/22/2021

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COLLEGE LAKES	5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311

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V 736	Continued From page 14 (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 interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/05/21 between 10:30am-11:00am revealed: - Client #1's bedroom had a rusted and dented floor vent with black stains of an unknown origin on the vent. There were numerous light-colored stains on the carpet and the left side of the bi-fold closet door was missing. - Client #2's bedroom door had multiple cracked areas. - Client #3's bedroom had one whole wall approximately 3 foot by 12 foot section of sheetrock missing exposing the insulation. The walls had multiple holes and broken areas of sheetrock - Client #4's bedroom had a rusted and dented floor vent. There were numerous light-colored stains on the carpet and the right-side closet door had a basketball sized indent in the right-hand corner. The right-side closet door also displayed a crack extending from the right-hand corner to above the door handle. - Bathroom #1 had a rusted and dented floor vent next to the bathroom door. There was a softball sized hole in the drywall, approximately 6-12" to the right of the shower. A second L-shaped hole extending approximately 24 " in height and 12-18"	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 15 in width was observed over the light switch. - The dining room area had a soccer ball and softball sized white unpainted patched area on the wall. - The living room wall had a baseball sized hole in the sheetrock. - The ceiling between the living room and dining room had plaster pulled away from the surface. - The hallway had an approximately 12 inch by 12 inch white unpainted patched area on the wall. The louver door for the closet was off the rails.. Interview on 0205/21 staff #1 stated the sheetrock in client #3's room had been cut for repair. Interview on 2/19/21 the Qualified Professional stated household repairs were ongoing due to the destructive nature of the clients residing at the home. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

Findings	Corrective Measures	Preventive Measures	Responsible Party/ How often	Time Frame
10A NCAC 27G . 0205 ASSESSMENT AND TREATMENT/ HABILITATION OR SERVICE PLAN	Management has retained a copy of individuals treatment plan from MCO.	Agency will follow the plan as stated	Management Yearly or as the plan changes	23 Days
10A NCAC 27G . 0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	Management will revisit the IRIS system	Incident report was completed within the 72 hour time frame. Management will make sure the small box is checked and thumbs up is received after submitting incident report	Management Whenever an IRIS report is completed	60 Days
10A NCAC 27G . 0303 LOCATION AND EXTERIOR REQUIREMENTS	The previous protocol for property damage will continue to be used.	Support Specialist will contact admin staff at office who will contact maintenance. There is a two week turn around for property damage being completed or at least started on being completed	Admin Staff Support Specialist As often as property damage is reported	30 Days