

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2021
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NAME OF PROVIDER OR SUPPLIER ROTHOFF & MILLER FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10301 ELVEN LANE CHARLOTTE, NC 28269
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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>An annual survey was competed on 5-14-21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living For All Disability Groups in a Private Residence.</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 missing or incomplete information. The provider</p>	V 367		

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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).</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 the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(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>-----</p> <p>This Rule is not met as evidenced by: Based on record review and observation the facility failed to ensure all level II incidents were reported the Local Mangagment Entity within 72 hours after becoming aware of the incident. The findings are:</p> <p>Review on 5-14-21 of facility incident reports revealed: -Incident dated 3-17-21 revealed:"Staff redirected consumer (Client #1) for watching inappropriate web site on his tablet. Consumer became upset eloping to near by home locking himself onto porch ignoring all staff prompts to get back on track. Staff observed police attempting to de escalate consumer and get [Client #1] off the porch. Consumer ignored all police prompts while screaming 'Help' spitting and started causing destruction of property. Staff notice police entering back of home coming around and taking [Client #1] in custody.</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>Consumer put up a fight with police. Staff transported consumer to behavioral health for his safety. Consumer receives treatment."</p> <p>Review on 5-13-21 of the IRIS (Incident Response Improvement System) revealed: -No entries for facility from February 1, 2021-May 13, 2021.</p> <p>Interview on 5-14-21 with the Qualified Professional revealed: -There is a person that handles entering reports into the IRIS system but she "dropped the ball." -They would make sure future reports were entered.</p>	V 367		

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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 5-14-21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living For All Disability Groups in a Private Residence.</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 missing or incomplete information. The provider</p>	V 367	<p>It is Unique Caring Network's Policy and Procedure that the Care Provider will report all incident/accident reports to their perspective Qualified Professional within 24hrs of the incident/accident occurring.</p> <p>Once the Qualified Professional receives the incident/accident report, they will communicate the report to their immediate supervisor to determine the level of the incident/accident, make sure all necessary parties are contacted (Guardian, Case Manager, LME etc), and proceed further with report if necessary.</p> <p>If the incident/accident report is determined to be a Level II or III, the report be entered into IRIS within 72hrs of the incident/accident by the Qualified Professional of the consumer. The Supervisor of the Qualified Professional will sign off on the incident/accident report within the same time period and will submit the report.</p>	

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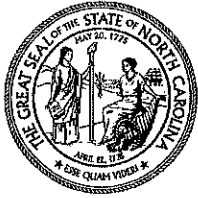
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 19, 2021

Mr. Troy Hazel
The Unique Caring Network, Inc.
7128 B Albemarle Road
Charlotte, NC 28227

Re: Annual Survey Completed 5-14-21
Rothoff & Miller Family Home, 10301 Elven Lane, Charlotte 28269
MHL: 013-196
E-mail Address: Thazel@uniquecaringnetwork.com

Dear Mr. Hazel:

Thank you for the cooperation and courtesy extended during the annual survey completed 5-14-21.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 7-14-21.

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.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

May 19, 2021
Rothoff & Miller Family Home
Mr. Troy Hazel

- 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.

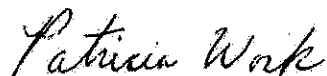
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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 Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

qmemail@cardinalinnovations.org
QM@partnersbhm.org
Pam Pridgen, Administrative Assistant