PRINTED: 05/18/2021 **FORM APPROVED** Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL013-196 05/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10301 ELVEN LANE **ROTHOFF & MILLER FAMILY HOME** CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000l **INITIAL COMMENTS** V 000 An annual survey was competed on 5-14-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living For All Disability Groups in a Private Residence. V 367 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; status of the effort to determine the (5)

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(6)

or responding.

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

other individuals or authorities notified

(b) Category A and B providers shall explain any missing or incomplete information. The provider

cause of the incident; and

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(X6) DATE

PRINTED: 05/18/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL013-196 05/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10301 ELVEN LANE **ROTHOFF & MILLER FAMILY HOME** CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 367 V 367 Continued From page 1 shall submit an updated report to all required report recipients by the end of the next business day whenever: the provider has reason to believe that (1) information provided in the report may be erroneous, misleading or otherwise unreliable; or 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: hospital records including confidential (1) information; reports by other authorities; and (2) the provider's response to the incident. (3)(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

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(1)

(2)

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:

definition of a level II or level III incident;

the definition of a level II or level III incident:

medication errors that do not meet the

restrictive interventions that do not meet

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL013-196	B. WING		05/14/2021	
NAME OF B	ROVIDER OR SUPPLIER	STPEET AND	RESS, CITY, STA	TE ZIP CODE	_	***************************************
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ROTHOFI	8 MILLER FAMILY HOM	Ε	EN LANE FE, NC 28269			
	CUBBNADV ČT.					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	Continued From page	2	V 367			
V 301	(3) searches of (4) seizures of the possession of a c (5) the total nur incidents that occurre (6) a statement been no reportable in incidents have occurr meet any of the criteri	a client or his living area; client property or property in lient; mber of level II and level III d; and indicating that there have cidents whenever no ed during the quarter that ia as set forth in Paragraphs e and Subparagraphs (1)	V 301			
	facility failed to ensure reported the Local Mahours after becoming findings are: Review on 5-14-21 of revealed: -Incident dated 3-redirected consumer (inappropriate web site became upset eloping himself onto porch ign get back on track. Statempting to de escal [Client #1] off the porcepolice prompts while services.	ew and observation the e all level II incidents were angagment Entity within 72 aware of the incident. The facility incident reports -17-21 revealed: "Staff (Client #1) for watching on his tablet. Consumer to near by home locking noring all staff prompts to off observed police late consumer and get ch. Consumer ignored all screaming 'Help' spitting and action of property. Staff back of home coming				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL013-196	B. WING		05	05/14/2021			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ROTHOFF & MILLER FAMILY HOME 10301 ELVEN LANE CHARLOTTE, NC 28269									
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
V 367	Review on 5-13-21 of Response Improveme -No entries for fa 2021-May 13, 2021. Interview on 5-14-21 Professional revealed -There is a perso reports into the IRIS s ball."	ght with police. Staff r to behavioral health for his reives treatment." The IRIS (Incident ent System) revealed: cility from February 1,	V 367						

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL013-196 05/14/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10301 ELVEN LANE **ROTHOFF & MILLER FAMILY HOME** CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 Vood INITIAL COMMENTS An annual survey was competed on 5-14-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living For All Disability Groups in a Private Residence. 27G .0604 Incident Reporting Requirements V 367 10A NCAC 27G .0604 INCIDENT It is Unique Caring Network's Policy REPORTING REQUIREMENTS FOR and Procedure that the Care Provider CATEGORY A AND B PROVIDERS will report all incident/accident reports (a) Category A and B providers shall report all to their perspective Qualified level II incidents, except deaths, that occur during Professional within 24hrs of the the provision of billable services or while the consumer is on the providers premises or level III incident/accident occurring. incidents and level II deaths involving the clients to whom the provider rendered any service within Once the Qualified Professional 90 days prior to the incident to the LME receives the incident/accident report. responsible for the catchment area where services are provided within 72 hours of they will communicate the report to becoming aware of the incident. The report shall their immediate supervisor to determine be submitted on a form provided by the the level of the incident/accident, make Secretary. The report may be submitted via mail, sure all necessary parties are contacted in person, facsimile or encrypted electronic (Guardian, Case Manager, LME etc), means. The report shall include the following information: and proceed further with report if reporting provider contact and (1)necessary. Identification information; client identification information; (2) If the incident/accident report is (3)type of incident: determined to be a Level II or III, the (4) description of incident; (5) status of the effort to determine the report be entered into IRIS within 72hrs cause of the incident; and of the incident/accident by the Qualified other individuals or authorities notified Professional of the consumer. The or responding. Supervisor of the Qualified Professional (b) Category A and B providers shall explain any will sign off on the incident/accident missing or incomplete information. The provider report within the same time period and will submit the report.

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL013-196	B. WING		05/14/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
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RUTHUFF	8 MILLER FAMILY HOM		TTE, NC 28269			!	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETE DATE	
V 367	Continued From page	e 1	V 367				
	shall submit an updated report to all required						
		ne end of the next business					
	day whenever:						
	-	r has reason to believe that					
	information provided	in the report may be					
		g or otherwise unreliable; or					
		r obtains information					
		ent 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;	ordo morading bornido nasi					
	•	ther authorities; and					
		'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						
		opmental Disabilities and					
		vices within 72 hours of					
	becoming aware of the						
	providers shall send a						
		client death to the Division of					
		ation within 72 hours of e incident. In cases of					
·		ven days of use of seclusion					
		der shall report the death					
		red by 10A NCAC 26C					
	.0300 and 10A NCAC						
	(e) Category A and B		1				
	report quarterly to the	LME responsible for the		·			
		e services are provided.					
		bmitted on a form provided					
		electronic means and shall	ļ				
	include summary info		Ì				
	` '	errors that do not meet the					
	definition of a level II o	•					
	· ·	terventions that do not meet					
	the definition of a leve	el II or level III incident;					

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PRINTED: 05/18/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ B. WING. MHL013-196 05/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10301 ELVEN LANE **ROTHOFF & MILLER FAMILY HOME** CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 367 Continued From page 2 V 367 (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; the total number of level II and level III (5) incidents that occurred: and a statement indicating that there have (6) 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. 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: 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

Division of Health Service Regulation

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.

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PRINTED: 05/18/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL013-196 05/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10301 ELVEN LANE **ROTHOFF & MILLER FAMILY HOME** CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 6/1/21V 367 Continued From page 3 V 367 Consumer put up a fight with police. Staff transported consumer to behavioral health for his safety. Consumer receives treatment." Review on 5-13-21 of the IRIS (Incident Response Improvement System) revealed: -No entries for facility from February 1, 2021-May 13, 2021. 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.

Division of Health Service Regulation



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: <u>Thazel@uniquecaringnetwork.com</u>

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

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 <u>original</u> 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

Patien Work

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc:

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