

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
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NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT FOLKSTONE RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1166 FOLKSTONE RIDGE LANE WINSTON SALEM, NC 27127
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on June 17, 2021. The complaint (Intake #NC00177973) was unsubstantiated. Deficiencies were 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		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort</p>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 132	<p>Continued From page 1</p> <p>to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry (HCPR) of an allegation of abuse against health care personnel affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 6/15/21 of facility records revealed no documentation that HCPR was notified of allegations of abuse.</p> <p>Review on 6/15/21 of client #1's record revealed: -An admission date of 11/1/14 -Diagnoses of Mild Intellectual Disability, Schizoaffective Disorder, Unspecified, Intermittent Explosive Disorder, Diabetes Mellitus, Unspecified Asthmas, Uncomplicated, Nicotine Dependence and a History of Alcohol Abuse.</p> <p>Review on 6/17/21 of the facility's level I Incident Reporting Form, completed by the Licensee</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>#1/Registered Nurse revealed: -The form was dated 5/30/21 -"Persons involved [client #1], [staff #1] and [client #3]. The daughter or granddaughter was accusing staff of abusing [client #1] verbally ..."</p> <p>Review on 6/17/21 of an email from the QP to the Legal Guardian of client #1 revealed: -The email was dated 5/30/21 at 1:59pm -"[Client #1] has made several complaints to her daughter that staff are hurting her, and they treat her horribly at the house ..."</p> <p>Interview on 6/16/21 with client #1's family member revealed: -Client #1 had stated a staff member had hit her. -Wanted to express her concern with what was occurring at the facility -Had never seen any marks or bruises on client #1 -Was concerned for client #1's safety and the allegation of client #1 being mistreated by a staff member had raised a reg flag of concern with her family members</p> <p>Interview on 6/16/21 with staff #2 revealed: -She was not taken off the schedule when client #1 alleged she had hit her.</p> <p>Interview on 6/17/21 with the Associate Professional (AP) revealed: -When asked if staff #1 was taken off the schedule, he stated "I don't do any of the scheduling. That would be done by [the QP]."</p> <p>Interview on 6/17/21 with the QP revealed: -The Licensee handles all the stimulus monies for the clients, and she would be able to pull client #1's bank records -All of the clients went to a neighboring state for a</p>	V 132		

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V 132	Continued From page 3 vacation in April 2021 -Recalled being told about staff hitting client #1 -[Client #1] did not give a staff name. [The L#1/RN] knew the policy of taking the accused staff off the schedule when there was an allegation of abuse or neglect -Did not think staff #1 had been taken off the schedule per the Agency's policy. -Stated the L#1/RN knew the policy of submitting a Level III allegation against a staff member into the IRIS system. -"I do not know if she entered the information in to IRIS or not. I did not because I was not handling the complaint ..."	V 132		
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;	V 367		

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V 367	<p>Continued From page 4</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 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.</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 6/15/21 of the Incident Response Improvement System (IRIS) for the facility revealed no reports submitted regarding an allegation of staff #1 abusing client #1</p> <p>Interview on 6/17/21 with the Associate Professional (AP) revealed:</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>-When asked about the allegation of staff #2 abusing client #1, the AP stated "it is my recollection [client #1] never said she was hit or mistreated..."</p> <p>Interview on 6/17/21 with the QP revealed: -Recalled being told about staff hitting client #1 -"[Client #1] did not give a staff name. I know [the Licensee #1/Registered Nurse (L#1/RN)] looked into the allegation and did an internal investigation. Since the complaint went to [the L#1/RN] she would be the one responsible for completing the Level III incident report. The allegation did not come to me directly. I learned about it later ..." -Thought maybe since client #1 did not make any statements about being mistreated, that an incident report may have not been completed since the internal investigation did not reveal any abuse. -Stated the L#1/RN knew the policy of submitting a Level III allegation against a staff member into the IRIS system. -"I do not know if she entered the information in to IRIS or not. I did not because I was not handling the complaint."</p>	V 367		