

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY OUTREACH YOUTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>177 CARDINAL AVENUE LUMBERTON, NC 28360</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 19, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 07/14/21 and 07/16/21 of facility records from January 2021 thru June 2021 revealed: - No disaster drills documented for the 1st quarter</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>of 2021 (January 2021 thru March 2021).</p> <ul style="list-style-type: none"> <li>- A disaster drill documented for 06/15/21 on 2nd shift. No other documented disaster drills for the 2nd quarter of 2021.</li> </ul> <p>Interview on 07/14/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- The facility had 3 shifts 7 days a week.</li> <li>- 1st shift 7am to 3pm.</li> <li>- 2nd shift 3pm to 11pm.</li> <li>- 3rd shift 11pm to 7am.</li> </ul> <p>Interview on 07/14/21 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- Disaster drills had been completed but had not been documented.</li> <li>- He was aware disaster drills had to be completed quarterly and repeated on each shift.</li> <li>- He would ensure drills would be documented.</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <ul style="list-style-type: none"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#1, #5 and #7). The findings are:</p> <p>Finding #1: Review on 07/14/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 13 year old male.</li> <li>- Admission date of 11/06/20.</li> <li>- Diagnoses of Unspecified Trauma and Stress Disorder, Conduct Disorder-Childhood Onset, Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder (ADHD) Combined Type.</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- No current physician orders for client #1's medications.</li> </ul> <p>Review on 07/14/21 of client #1's June 2021 and July 2021 MARs revealed the following medications transcribed for a daily regimen:</p> <ul style="list-style-type: none"> <li>- Lamotrigine (treats Bipolar Disorder) 100 milligrams (mg) - once daily.</li> <li>- Straterra (treats ADHD) 60mg - once daily.</li> <li>- The above medications were dated daily.</li> <li>- No staff name or initials to indicate the person administering the medications.</li> </ul> <p>Interview on 07/14/21 client #1 stated:</p> <ul style="list-style-type: none"> <li>- He did not have a good memory.</li> <li>- He did recall taking his medications daily.</li> </ul> <p>Finding #2: Review on 07/14/21 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 06/12/21.</li> <li>- Diagnoses of DMDD, Major Depressive Disorder and ADHD.</li> </ul> <p>Review on 07/14/21 of client #5's signed physician orders dated 06/12/21 revealed:</p> <ul style="list-style-type: none"> <li>- Concerta (treats ADHD) 36mg - once daily.</li> <li>- Guanfacine ER (treats blood pressure) 2mg - take once daily.</li> <li>- Geodon (treats Bipolar) - 40mg in am and 60mg at night.</li> <li>- Ferrous Sulfate (iron) 325mg - twice daily.</li> </ul> <p>Review on 07/14/21 of client #5's June 2021 and July 2021 MARs revealed:</p> <ul style="list-style-type: none"> <li>- The above medications were transcribed on the MARs and dated daily.</li> <li>- No staff name or initials to indicate the person administering the medications.</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>Interview on 07/14/21 client #5 stated: - He had resided at the facility for approximately one month. - He received his medications daily.</p> <p>Finding #3: Review on 07/14/21 of client #7's record revealed: - 17 year old male. - Admission date of 07/13/21. - Diagnoses of Bipolar Disorder, Oppositional Defiant Disorder, DMDD, Conduct Disorder, ADHD, Adjustment Disorder, Post Traumatic Stress Disorder and Unspecified Trauma and Stress Related Disorder.</p> <p>Review on 07/14/21 of client #7's signed physician orders revealed: 07/06/21 - Vitamin D3 (treats vitamin deficiency) 5,000 units - daily.</p> <p>7/5/21 - Guanfacine 3mg - once daily. - Depakote (treats seizures) 250mg - one in morning, two at lunch and one at night.</p> <p>Review on 07/14/21 of client #7's July 2021 MAR revealed: - The above medications were transcribed. - No staff name or initials to indicate the person administering the medications.</p> <p>Interview on 07/14/21 client #7 stated: - He was admitted on 07/13/21. - He had received his medication while at the facility.</p> <p>Interview on 07/14/21 the Qualified Professional</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>stated:</p> <ul style="list-style-type: none"> <li>- He had been trained in medication administration.</li> <li>- Medications were administered daily.</li> <li>- He understood the MAR need to be current with the person's name administering the medication.</li> <li>- He understood the requirement for the MAR information.</li> </ul> <p>Interview on 07/14/21 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- Clients see a primary medical provider for medication refills.</li> <li>- He would attempt to obtain client #1's medication orders.</li> <li>- He had training in medication administration.</li> <li>- He was aware the MARs required specific information to be current.</li> <li>- He would follow up on the MARs.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that</p>	V 121		

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V 121	<p>Continued From page 6</p> <p>the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews for one of three audited clients (#1) who received psychotropic drugs. The findings are:</p> <p>Review on 07/14/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 13 year old male.</li> <li>- Admission date of 11/06/20.</li> <li>- Diagnoses of Unspecified Trauma and Stress Disorder, Conduct Disorder-Childhood Onset, Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder (ADHD) Combined Type.</li> <li>- No 6 month drug regimen review performed by the pharmacist or physician.</li> </ul> <p>Review on 07/14/21 of client #1's daily drug regiment revealed:</p> <ul style="list-style-type: none"> <li>- Lamotrigine (treats Bipolar Disorder) 100 milligrams (mg) - once daily.</li> <li>- Straterra (treats ADHD) 60mg - once daily.</li> </ul> <p>Interview on 07/14/21 and 07/19/21 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- The facility obtained medications from a local pharmacy.</li> <li>- Client see a local medical provider for medication refills.</li> </ul>	V 121		

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V 121	Continued From page 7  - He would attempt to obtain medical record information from the medical provider for client #1. - He understood clients needed a six month drug review if they received psychotropic medications.	V 121		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of	V 133		



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V 133	<p>Continued From page 8</p> <p>Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal</li> </ol>	V 133		

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V 133	Continued From page 10  history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina	V 133		

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V 133	<p>Continued From page 11</p> <p>Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request state criminal back ground checks within five business days of employment for one of four audited staff (#1). The findings are:</p>	V 133		
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V 133	Continued From page 12  Review on 07/14/21 of staff #1's personnel record revealed: - Date of hire 01/03/21. - Job title: Paraprofessional. - A state criminal background check was ordered on 01/29/21.  Interview on 07/14/21 the Chief Executive Officer stated: - He was aware criminal background checks were required to be requested within five business days of employment. - He indicated criminal background checks would be completed as required.	V 133		
V 227	27G .3401 Res. Sub. Abuse - Scope  10A NCAC 27G .3401 SCOPE (a) A residential treatment or rehabilitation facility for alcohol or other drug abuse disorders is a 24-hour residential service which provides active treatment and a structured living environment for individuals with substance abuse disorders in a group setting. (b) Individuals must have been detoxified prior to entering the facility. (c) Services include individual, group and family counseling and education.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to meet licensure scope by admitting three of three audited clients (#1, #5 and #7) without a diagnosis of a substance abuse disorder. The findings are:	V 227		

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V 227	<p>Continued From page 13</p> <p>Review on 07/14/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 13 year old male.</li> <li>- Admission date of 11/06/20.</li> <li>- Diagnoses of Unspecified Trauma and Stress Disorder, Conduct Disorder-Childhood Onset, Disruptive Mood Dysregulation Disorder (DMDD) and Attention Deficit Hyperactivity Disorder (ADHD) Combined Type.</li> <li>- No diagnoses or specific active treatment for substance abuse disorders.</li> </ul> <p>Review on 07/14/21 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 06/12/21.</li> <li>- Diagnoses of DMDD, Major Depressive Disorder and ADHD.</li> <li>- No diagnoses or specific active treatment for substance abuse disorders.</li> </ul> <p>Review on 07/14/21 of client #7's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 07/13/21.</li> <li>- Diagnoses of Bipolar Disorder, Oppositional Defiant Disorder, DMDD, Conduct Disorder, ADHD, Adjustment Disorder, Post Traumatic Stress Disorder and Unspecified Trauma and Stress Related Disorder.</li> <li>- No diagnoses or specific active treatment for substance abuse disorders.</li> </ul> <p>Interview on 07/14/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- The clients in the facility do not currently require substance abuse treatment.</li> <li>- A therapist provided counseling twice a week at the facility.</li> </ul>	V 227		

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V 227	Continued From page 14  - He was aware the facility license was for treatment of substance abuse disorders.  Interview on 07/14/21 the Chief Executive Officer stated: - The Local Management Entity was paying for the treatment of the clients at the facility. - The clients currently being served were level 3 clients. - He had multiple conversations with state agencies about the policies and procedures at the facility. - He understood the facility license required clients to have treatment of substance abuse disorders. - The therapist comes to the facility twice a week. - The facility did not currently have clients with diagnoses or specific active treatment with substance abuse disorders.	V 227		
V 228	27G .3402 Res. Sub. Abuse - Staff  10A NCAC 27G .3402 STAFF (a) Each facility shall have full-time staff as follows: (1) One full-time certified alcoholism, drug abuse or substance abuse counselor for a facility having up to 30 occupied beds, and for every 30 occupied bed increment or portion thereafter. (2) One full-time qualified alcoholism, drug abuse or substance abuse professional as defined in Paragraphs (14), (17) and (19) of 10A NCAC 27G .0104 for facilities having 11 or more occupied beds, and for every additional occupied 10-bed increment or portion thereafter. (3) The remaining full-time staff members required by Subparagraph (a)(1) of this Rule may be either qualified alcoholism, drug abuse, or substance abuse counselors.	V 228		

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V 228	<p>Continued From page 15</p> <p>(b) A minimum of one staff member shall be present in the facility when clients are present in the facility.</p> <p>(c) In facilities that serve minors, a minimum of one staff member for each five or fewer minor clients shall be on duty during waking hours when minor clients are present.</p> <p>(d) Any qualified alcoholism, drug abuse or substance abuse professional who is not certified shall become certified by the North Carolina Substance Abuse Professional Certification Board within 26 months from the date of employment, or from the date an unqualified person meets the requirements to be qualified, whichever is later.</p> <p>(e) Each direct care staff member shall receive annual continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, and family therapy through in-service training, academic course work, or training approved by the North Carolina Substance Abuse Professional Certification Board.</p> <p>(f) Each direct care staff member in a facility that serves minors shall receive training in youth development and therapeutic techniques in working with youth.</p> <p>(g) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to alcoholism and drug addiction.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure a minimum</p>	V 228		



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V 228	<p>Continued From page 16</p> <p>of two staff members were on duty during waking hours when six minor clients were present. The findings are:</p> <p>Review on 07/14/21 of the client list provided by the Qualified Professional (QP) revealed 7 clients currently resided at the facility.</p> <p>Observation on 07/14/21 at approximately 9:30am revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 and client #3 thru #7 were present at the facility.</li> <li>- The QP was the only staff at the facility.</li> <li>- The Chief Executive Officer (CEO) arrived at approximately 10:45am.</li> </ul> <p>Interview on 07/14/21 the QP stated:</p> <ul style="list-style-type: none"> <li>- He was the only staff currently at the facility.</li> <li>- He was aware there needed to be two staff with six or more minor clients at the facility.</li> <li>- Another staff had taken client #2 to work.</li> <li>- Staff was on the way back to the facility to ensure the required staff to client ratio.</li> <li>- There was usually two or three staff at the facility at all times.</li> </ul> <p>Interview on 07/14/21 the CEO stated:</p> <ul style="list-style-type: none"> <li>- He understood there needed to be two staff with six or more minor clients at the facility.</li> <li>- There was normally three staff at the facility during the day.</li> </ul>	V 228		
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</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>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 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>	V 367		
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V 367	<p>Continued From page 18</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> <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>	V 367		

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V 367	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report a critical incident to the home and host Local Management Entity (LME) as required. The findings are:</p> <p>Review on 07/14/21 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level II incident report for the elopement and law enforcement involvement for Former Client (FC) #8 on 04/19/21.</p> <p>Review on 07/15/21 of a facility incident report for FC #8 revealed: - Date of incident: 04/19/21. - Time of incident: 10:15pm. - Risk Management "Left premises walking."</p> <p>Interview on 07/14/21 the Qualified Professional stated: - The facility had one law enforcement involvement episode for FC #8. - FC #8 had walked off and the police were called to assist.</p> <p>Interview on 07/14/21 the Chief Executive Officer stated: - The police had been called to the facility for FC #8's behavior. - He had not completed an IRIS report. - He was aware a level II IRIS report was required when law enforcement was involved during a consumer act.</p>	V 367		

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V 736 V 736	Continued From page 20 27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 07/14/21 at approximately 10:30am revealed: - The laundry room ceiling had water stains. - The first bathroom on the client hallway had a broken floor tile. - Client #7's bedroom window had an air conditioner unit which prevented egress. - Client #2 and #5's bedroom had an air conditioner unit in the window preventing egress. The ceiling fan had a light bulb that did not work. - The living room area had a bed frame leaning against a table.  Interview on 07/14/21 the Chief Executive Officer stated: - He would have the air conditioner units removed from the client bedroom windows. - He was aware the clients needed an egress for safety. - He would follow up on any identified issues.	V 736 V 736		