

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/02/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA RESIDENTIAL SERVICES-OAKLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2103 OAKLAND AVENUE HENDERSON, NC 27537</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual, Complaint and Follow Up Survey was completed 07/02/2021. The complaint (Intake #NC00176791) was unsubstantiated. A Deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p><b>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</b></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"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(b) Category A and B providers shall explain any</p>	V 367		

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

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V 367	<p>Continued From page 1</p> <p>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. 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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by:                      Based on record review and interview, the facility failed to report all level II incidents to the LME (Local Management Entity) within 72 hours of becoming aware of an incident. The findings are:</p> <p>Review on 06/09/21 of a police report dated 04/23/21 at 10:00 AM revealed the following about Former Client (FC) #10 :                      -"On April 23, 2021 at approximately 0930 hours, I was notified of an Involuntary Commitment (IVC) patient at [hospital] who had been committed for sexually assaulting another resident of his group home...The facts of the matter to warrant the issuance of the involuntary commitment order are described on the affidavit as follows: 'Respondent has mental illness and a history of sexual assault, today he sexually assaulted a resident of the group home and verbally assaulted the staff member of the group</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>home. Respondent has been diagnosed with schizophrenia. Respondent is currently a threat to others."</p> <p>-Officer spoke with Former Qualified Professional (FQP) #1 from his group home. FQP #1 reported on April 20-21, 2021, FC #10 had asked her to perform oral sex and he had been outside smoking marijuana at a different group home managed by the agency. After he asked her on April 21, 2021 to perform oral sex, he went outside and "removed his penis from his pants" in front of another alleged victim.</p> <p>- Officer spoke with alleged victim who actually resided at a third group home managed by the agency. The alleged victim reported FC #10 approached her with his pants pulled down. She told FC #10 he did not want to get himself in trouble and at that time he pulled up his pants. She denied any physical contact or verbal statements were made by FC #10 during the encounter. Due to cognitive disabilities, FC #10 was not charged with indecent exposure.</p> <p>Review on 06/04/21 of North Carolina IRIS (Incident Response Improvement System) for the facility revealed no documentation related to occurrences of sexual behaviors by FC #10 between 04/20/21 and 04/21/21.</p> <p>During interview on 06/16/21, the Qualified Professional (QP) reported:</p> <p>-At the time of the incidents, FQP #1 was assigned to work at this home. QP #3 provided assistance as needed.</p> <p>-Prior to this interview, she was not aware an IRIS report had not been completed.</p> <p>-She did not recall specifics of the incidents.</p> <p>-She was not aware of any prior history regarding sexual behaviors that involved FC #10.</p> <p>-She would review the agency paperwork and</p>	V 367		
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V 367	<p>Continued From page 4</p> <p>provide any documentation regarding the allegation of indecent exposure by 06/17/21 (Note: No documentation was received regarding IRIS or the indecent exposure allegation against FC #10)</p> <p>During interview on 07/02/21, the Licensee reported:</p> <ul style="list-style-type: none"> <li>-She visited the group home weekly</li> <li>-At the time of the survey, she had been out of the country</li> <li>-Prior to this interview, she thought QP #3 had completed the IRIS report for the incident of indecent exposure that involved FC #10</li> </ul>	V 367		