STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NEW YORK HOMES RESIDENTIAL CARE CENTER #4	644 OLIVETTE ROAD ASHEVILLE, NC 28804

(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	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 4/29/21. The complaints were unsubstantiated (Intake #NC00176022 and NC00176043). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	V 000	DHSR - Mental Health JUL 30 2021 Lic. & Cert. Section	
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers	V 366	Reviewed Incident Report Policy with New York Homes Staff. Did a refresher incident Report training with New York Homes Staff.	

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V 366	Continued From page 1 shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the	V 366		

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V 366	Continued From page 2 owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to respond to Level II incidents by investigating to determine the facts and causes of the incident, and make recommendations for minimizing the occurrence	V 366		

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V 366	Continued From page 3 of future incidents, and failing to notify the Local Management Entity (LME), Qualified Professional (QP), and Legal Guardian for 1 of 3 clients (Clients #1 and #2) The findings are: Review on 4/22/21 of Client #1's record revealed: Date of Admission:10/29/17 Age: 20 Diagnoses: Autism, Severe Intellectual Developmental Disabilities (IDD), Expressive Language Delay, Hyperglycemia unspecified; Behavior Concerns: aggression, elopement, property destruction, tantrums, and vomiting. Review on 4/22/21 of Client #2's record revealed: Date of Admission: 2/1/21 Age: 19 Diagnoses: Autism, Severe Intellectual Developmental Disabilities (IDD), Seizure Disorder, Irritable Bowel Syndrome (IBS), Epididymis, PICA, Migraine Headaches, and Spontaneous Ecchymoses; Behavior Concerns: aggression, property destruction, and self-harm. Review on 4/22/21 of level I facility incident reports from January 2021 to April 26, 2021 revealed: -An event date of 3/13/21 and a report date of 4/1/21 concerning Client #1. -On 3/13/21 Client #1 went on a visit with his parents and they noticed Client #1 had a bruise on his ear, asked what happened, and contacted AFL provider; -AFL provider was not sure what happened; -AFL provider advised that staff reported that during the night Client #1 had gone to the bathroom for water and Client #2 was in there. -Client #1 and #2 "got in a scuffle and before staff could get to them, [Client #1] got pushed into the	V 366		

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V 366	Continued From page 4 wall;" -incident report was initiated and completed by AFL provider who wasn't present for the incident and a lack of details surrounding the incident were noted; -QP reviewed 3/13/21 incident on 4/6/21; -The QP was notified of the incident by the Care Coordinator on 4/1/21; -There was no documentation of a follow up plan or actions taken to prevent similar incidents from occurring in the AFL. -There was no incident report for Client #2 who was the aggressor causing injury to Client #1. Review on 4/21/21 at 10:30 a.m. and 4/22/21 at 11:45 a.m. of a photograph on the AFL's cell phone revealed: -Photograph was of left side of Client #1's face and ear; -There was purplish bruising on Client #1's ear in the middle part, under the curved part of outer ear; -There was faint bruising on Client #1's cheek that was yellow; -Photograph was taken by Client'#1's Guardian and sent to AFL provider on 3/13/21 at 12:47pm. Observation of the facility on 4/21/21 at 11:15 a.m. revealed: -Home was clean and free of any immediate safety hazards; -Client #1 and Client #2 had bedrooms directly across from each other with a bathroom in the middle; -A second living room area was across from the bathroom that Client #1 and Client #2 used; -Client #1's bedroom had a visible indentation in the wall from the incident that occurred between Client #1 and Client #2.	V 366		

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V 366	Continued From page 5 Interview on 4/21/21 and 4/27/21 with Staff #1 revealed: -He typically did incident reports when he was directly involved; -"about 3 to 4 weeks ago" he heard Clients #1 and #2 in the bathroom around 3:00 a.m; -he was on the couch across from bathroom; -he tried to verbally re-direct the clients at first and this didn't work; -Client #2 got angry and tried to bite Client #1 and they crashed into the wall of Client #1's bedroom; -He didn't observe any injuries with either client at time of incident; -He got Client's #1 and #2 separated and calmed down; -The following morning, he noticed slight discoloration on Client #1's ear while helping him with personal hygiene . -"[Client #1] wasn't in pain and didn't flinch when he tried to touch it." -"I didn't document anything ...let [AFL provider] know." Interview on 4/22/21 with Client #1's Guardian revealed: -Client #1 liked living at AFL and had been there four years; -His overall experience with AFL was positive; -AFL provider communicated regularly if there were any issues with Client #1; -He noticed about a month ago bruising on Client #1 and contacted AFL provider because no one had told him about the bruise; -AFL provider agreed to follow up with staff to get more information about what happened; -He wasn't notified of an incident between Client #1 and Client #2 that resulted in bruising on Client #1. Interview on 4/23/21 with the Care Coordinator	V 366		

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V 366	Continued From page 6 revealed: -During a call with the AFL on 3/16/21, she was notified of the incident by the AFL provider between Client #1 and Client #2; -She requested an incident report be completed; -No injuries were reported about the incident during the call on 3/16/21; -she had a virtual visit with Client #1 on 3/29/21 and did not observe any bruising on Client #1; -She spoke with Client #1's Guardian on 4/1/21 and he reported a black eye on Client #1 from weeks ago; -she contacted the QP via email on 4/1/21 for the incident report to find out what happened; -LME was not notified timely of incident that occurred on or before 3/13/21 between Client #1 and Client #2. Interview on 4/21/21 and 4/28/21 with AFL provider revealed: -"[Client #1] didn't have a black eye, he had a bruise on his ear;" -She wasn't present during incident, "[Staff #1] was there;" -She got a call from Client #1's Guardian on 3/13/21 asking what happened and she contacted Staff #1; -She reported that the incident happened at 3am in the bathroom with Client #1 and Client #2; -"both clients were in the bathroom trying to drink out of the sink and got in to it ..." -Client #1 and #2 went in to Client #1's room and Client #1 hit the wall and hit his ear; -She reported that there was "a big hole in the wall in [Client #1's] bedroom from the incident;" -She reported that the QP told her to complete an incident report, but she forgot to do this. -She reported that both Client #1 and Client #2 can be "highly aggressive and have behavior plans."	V 366		

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V 366	Continued From page 7 -She reported that staff typically discussed behaviors after an incident and preceding event; -She reported Staff #1 should have started the incident report because he was present; -She had not made any documented changes to prevent similar incidents from occurring. Interview on 4/26/21 with the QP revealed: -She got notice of the incident between Client #1 and Client #2 when she received an email from the Care Coordinator on 4/1/21.	V 366		
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; (5) status of the effort to determine the cause of the incident; and	V 367	QP will monitor all incident reports recieved Daily. QP will review with AFL incident reports weekly to ensure all Level II or higher reports have IRIS reports completed.	

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V 367	Continued From page 8 (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) 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: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider'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 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 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:	V 367	weekly reviews will be done for 3 months or until QP feels reports are consistantly completed on time.	

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V 367	Continued From page 9 (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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 4/22/21 of Client #1's record revealed: Date of Admission:10/29/17 Age: 20 Diagnoses: Autism, Severe Intellectual Developmental Disabilities (IDD), Expressive Language Delay, Hyperglycemia unspecified; Behavior Concerns: aggression, elopement, property destruction, tantrums, and vomiting.	V 367		

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V 367	Continued From page 10 Review on 4/22/21 of Client #2's record revealed: Date of Admission: 2/1/21 Age: 19 Diagnoses: Autism, Severe Intellectual Developmental Disabilities (IDD), Seizure Disorder, Irritable Bowel Syndrome (IBS), Epididymis, PICA, Migraine Headaches, and Spontaneous Ecchymoses; Behavior Concerns: aggression, property destruction, and self-harm. Review on 4/22/21 and 4/28/21 of the North Carolina Incident Response Improvement System revealed: -there was no documentation of any Level II incidents happening at the facility from January 2021 through the survey date April 29, 2021. Review on 4/22/21 of level I facility incident reports from January 2021 to April 26, 2021 revealed: -An event date of 3/13/21 and a report date of 4/1/21 concerning Client #1. -On 3/13/21 Client #1 went on a visit with his parents and they noticed Client #1 had a bruise on his ear, asked what happened, and contacted AFL provider; -AFL provider was not sure what happened; -AFL provider advised that staff reported that during the night Client #1 had gone to the bathroom for water and Client #2 was in there. -Client #1 and #2 "got in a scuffle and before staff could get to them, [Client #1] got pushed into the wall;" -incident report was completed by AFL provider who wasn't present for the incident and a lack of details surrounding the incident were noted; -Qualified Professional (QP) reviewed 3/13/21 incident on 4/6/21; -The QP was notified of the incident by the Care	V 367		

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V 367	Continued From page 11 Coordinator on 4/1/21; -There was no level II incident report for Client #1 and Client #2 - who was the aggressor causing injury to Client #1. Review on 4/21/21 at 10:30 a.m. and 4/22/21 at 11:45 a.m. of a photograph on the AFL's cell phone revealed: -Photograph was of left side of Client #1's face and ear; -There was purplish bruising on Client #1's ear in the middle part, under the curved part of outer ear; -There was faint bruising on Client #1's cheek that was yellow; -Photograph was taken by Client'#1's Guardian and sent to AFL provider on 3/13/21 at 12:47 p.m. Interview on 4/21/21 and 4/27/21 with Staff #1 revealed: -He typically did incident reports when he was directly involved; -"about 3 to 4 weeks ago" he heard [Clients #1 and #2] in the bathroom around 3:00 a.m; -he was on the couch across from bathroom; -he tried to verbally re-direct the clients at first and this didn't work; -Client #2 got angry and tried to bite Client #1 and they crashed into the wall of Client #1's bedroom; -He didn't observe any injuries with either client at time of incident; -He got Client's #1 and #2 separated and calmed down; -The following morning, he noticed slight discoloration on Client #1's ear while helping him with personal hygiene . -"[Client #1] wasn't in pain and didn't flinch when he tried to touch it." -"I didn't document anything ...let [AFL provider] know."	V 367		

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V 367	Continued From page 12 Interview on 4/23/21 with the Care Coordinator revealed: -During a call with the AFL on 3/16/21, she was notified of the incident by the AFL provider between Client #1 and Client #2; -She requested an incident report be completed; -No injuries were reported about the incident during the call on 3/16/21; -she had a virtual visit with Client #1 on 3/29/21 and did not observe any bruising on Client #1; -She spoke with Client #1's Guardian on 4/1/21 and he reported a black eye on Client #1 from weeks ago; -she contacted the QP via email on 4/1/21 for the incident report to find out what happened; -LME was not notified timely of incident that occurred on or before 3/13/21 between Client #1 and Client #2. Interview on 4/21/21 and 4/28/21 with AFL provider revealed: -"[Client #1] didn't have a black eye, he had a bruise on his ear;" -She wasn't present during incident, "[Staff #1] was there;" -She got a call from Client #1's Guardian on 3/13/21 asking what happened and she contacted Staff #1; -She reported that the incident happened at 3am in the bathroom with Client #1 and Client #2; -"both clients were in the bathroom trying to drink out of the sink and got in to it ..." -Client #1 and #2 went in to Client #1's room and Client #1 hit the wall and hit his ear; -She reported that there was "a big hole in the wall in [Client #1's] bedroom from the incident;" -She reported that the QP told her to complete an incident report, but she forgot to do this. -She reported Staff #1 should have started the	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-405	A. BUILDING: _____ B. WING _____	04/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW YORK HOMES RESIDENTIAL CARE CENTER #4	644 OLIVETTE ROAD ASHEVILLE, NC 28804

(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 367	Continued From page 13 incident report because he was present. Interview on 4/26/21 with the QP revealed: -She got notice of the incident between Client #1 and Client #2 when she received an email from the Care Coordinator on 4/1/21; -She then contacted the AFL provider to discuss and reminded her of the importance of doing an incident report timely; -She reported that the AFL provider stated she forgot to do an incident report and when she received it, "it was based on what [Staff #1] had told her;" -"Usually they are pretty good about doing incident reports ...this one just fell through the cracks."	V 367		

NC DEPARTMENT OF
HEALTH AND HUMAN SERVIC

RE: Exit NY Homes #4 - 4/29/21

crystal.hale@reachforindependence.com

RE: Exit NY Homes #4 - 4/29/21

Received:	Jul 14, 2021 2:10 PM
Expires:	Sep 12, 2021 2:10 PM
From:	sally.thayer@dhhs.nc.gov
To:	crystal.hale@reachforindependence.com
Cc:	
Subject:	RE: Exit NY Homes #4 - 4/29/21

Attachments: image001.jpg , 011-405_2567L_4-29-21.pdf , 011-405_2567_4-29-21.pdf , 011-405_2567b_4-29-21.pdf

Hi Crystal,

I'm not sure what happened. You should have received it around 5/3 or 5/4. Here are copies of what was sent.

Let me know you got this.

Thanks,

Sally

From: crystal.hale reachforindependence.com <crystal.hale@reachforindependence.com>
Sent: Wednesday, July 14, 2021 2:00 PM
To: Thayer, Sally K <Sally.Thayer@dhhs.nc.gov>
Subject: [External] RE: Exit NY Homes #4 - 4/29/21

Hello Sally hope you are doing well. I never received anything after you finished up you investigation for a plan of correction. I wanted to make sure I did not miss it.

Crystal Hale BSW/QP

Reach For Independence

Qualified Professional

Office: 828-654-0907 Ex1101 Mobile: 828-329-5918

11 Hoopers Creek Road

Fletcher, NC 28732

Email: Crystal.hale@reachforindependence.com

From: Thayer, Sally K <Sally.Thayer@dhhs.nc.gov>
Sent: Thursday, April 29, 2021 1:03 PM
To: crystal.hale reachforindependence.com <crystal.hale@reachforindependence.com>
Cc: Nelson, Anne S <anne.nelson@dhhs.nc.gov>
Subject: Exit NY Homes #4 - 4/29/21

Sally Thayer, MSW

Facility Complaince Consultant I

Division of Health Service Regulation

NC Department of Health and Human Services

Mental Health Licensure & Certification Section

2718 Mail Service Center

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Cell: 828-767-2984

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Policies and Procedures – Incident Reporting

Policy: NC-DHHS has definition an "incident" as any happening that is not consistent with the normal routine or care of a consumer that has or may lead to adverse effects upon that consumer, staff, another individual or property.

Purpose: To ensure that consumers, families and staff understand which consumer incidents require reporting as well as the corresponding documentation required

Procedures:

1. Definitions of Incidents

Incidents are events that occur to consumer while under the care of agency staff that are inconsistent with the routine operation of a service or care of that consumer and are likely to lead to adverse effects. The following list is not exclusive (refer to the attached NC-MH/DD/SAS *Guidelines for Incident and Death Response System*).

- consumer death
- restrictive intervention
- consumer injury
- abuse
- medication error
- violation of the rights of a consumer
- automobile accidents involving consumers
- unavailable back-up staff

Note that <u>any</u> injuries requiring treatment by a licensed health professional must be reported on the NC-IRIS system. All Level II incidents must be immediately reported to the Qualified Professional (QP). Staff should submit the incident report form within 24 hours.

General First Aid is a Level I Incident

When staff provide general first aid, including bruises, bandages, and scrapes, it is considered a Level I incident and is documented on the incident form. Level I incidents do not need to be personally reported to the QP.

Restraints are a Level II Incident

Direct care staff is trained prior to delivering care to consumers on the interventions and redirections necessary to meet the unique needs of each consumer and to ensure his or her health and safety. In addition, staff are trained to assist the consumer in acquiring and demonstrating coping and engagement skills that are alternatives to injurious behavior to self or others. Any behavior concerns or necessary interventions/redirections are reflected on the Consumer Specific Competencies. The person's support team may indicate the need for a behavior plan, and staff will be trained in its use.

The agency will not serve consumers whose Individualized Support Plan (ISP) includes the use of restraints unless the Consumer Rights Committee has approved. If the consumer has behaviors that cannot be addressed by the agency, a referral to another provider agency will be made.

Search and/or Seizure are a Level II Incident

An ALF setting is designed to be "family-like" and, like every family, there are both rights and responsibilities for every person who live there. Consumers served by the agency have the right to privacy and any search and/or seizure activity is considered a violation of their individual rights. If, however, the health and welfare of the consumer, provider and/or other individuals in the home are at risk, a search of the consumer's person or space may be initiated.

2. Purpose for Reporting Incidents

In addition to requirements from the State and LMEs/MCOs, the agency will analyze the incident reports for trends or patterns as well as identify any opportunity to make changes for consumers or across the agency. This is a responsibility of the "home agency's" Consumer Rights Committee.

3. Record of Incidents

Incidents are not referenced in the consumer's record or filed in the record, but are retained in a separate location.

4. Reporting Requirements

Level 1: The agency follows the reporting requirements of the NC-IRIS web-based incident reporting system. All incidents at a Level I will be documented by staff on the internal reporting form.

Level II: All incidents at a Level II or above must be immediately be reported to the QP, who will document all incidents via the on-line IRIS system writing within 72 hours.

Level III: Level III includes any incident that results in

- a death, sexual assault or permanent physical or psychological impairment to a consumer,
- a substantial risk of death, or permanent physical or psychological impairment to a consumer, (3) a death, sexual assault or permanent physical or psychological impairment caused by a consumer,
- a substantial risk of death or permanent physical or psychological impairment caused by a consumer or
- a threat caused by a consumer to a person's safety.

5. References

NC-MH/DD/SAS *Guidelines for Incident and Death Response System*