

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/27/2021
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NAME OF PROVIDER OR SUPPLIER A MOTHER'S LOVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1227 WESTMORLAND DRIVE BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on May 27, 2021. The complaint (intake #NC00176347) was substantiated. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment for Children or Adolescents</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		<p>8w 6/17/2021</p>

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

Edna Ward BAQP

TITLE

(X6) DATE 6/17/21

mailed 8/16/21

STATE FORM

6899

AEDC11

If continuation sheet 1 of 19

DHSR - Mental Health

AUG 20 2021

Lic. & Cert. Section

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to (a) complete an admission assessment for one of three audited clients (#1); and (b) include and implement strategies to address clients ability to earn money affecting two of three audited clients (#1 and #2). The findings are:</p> <p>(a)Review on 5/25/21 of Client #1's record revealed: -Age 13. -Admission date of 11/20/20. -Diagnoses of Unspecified Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Anxiety Disorder. -There was no assessment completed by the facility in client's record.</p> <p>Interview on 5/27/21 with the Director/Qualified Professional #3 revealed: -She was responsible for completing client's initial assessment. -She confirmed there was no facility assessment in client #1's record.</p> <p>(b)Review on 5/25/21 of Client #1's record revealed: -Age 13. -Admission date of 11/20/20. -Diagnoses of Unspecified Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Anxiety Disorder.</p>	V 112	<p>27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN has been corrected and updated to meet the needs of consumers addressing their Independent Living Skills and the ability to earn monies. Prior consent and written approval will be obtained from guardian. All consumer upon admission will have an assessment within 3 days of admission to the program.</p> <p>QP and Program Coordinator will assure Person Centered Plans are revised and updated every 30 days to assure consents to service needs of consumers. QP will met and complete the Interpretive summary within 3 days of admission for all consumers</p>	6/17/21

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V 112	<p>Continued From page 2</p> <p>-Treatment Plan completed 1/5/21 included the following goals:</p> <ul style="list-style-type: none"> -I want to stay focused, "I want to be able to focus more to make better decisions for myself. -I want to improve my overall mood - over the next 90 days client will demonstrate progress with increasing her overall mood and how she feels about herself and others by learning to use coping skills. -I want to work on my attitude and not go off on people when they make me mad. Client will learn to engage in age appropriate responses when she does not get her way or is told no. Client will learn and utilize "I" statements and other positive communication skills to verbalize and process all emotions as need. <p>Review on 5/25/21 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Age 16. -Admission date of 10/24/18. -Diagnoses of Oppositional Defiant Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation. - Treatment Plan completed 10/18/20 included the following goals: -Client will use social and coping skills that assist with resolving conflicts with peer relations -Client will follow directives in the home, school and community settings. <p>Interview on 5/25/21 with Client #1 revealed: -</p> <ul style="list-style-type: none"> -She denied going to the Program Coordinator's home. -Staff took them out to eat, to the park and drove around. -Denied going to clean staff home. -She told her therapist she went to the Program Coordinator's home to clean. -She told the therapist the Program Coordinator paid her \$15.00. 	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She said it didn't happen. She stated, "I have a weird imagination." - "I just pretend things happen when they did not."-She stated, "I now know it would get people in trouble." -She mentioned she imagine her barbie doll broke her leg. -She talked to her doll. -She could not describe what the Program Coordinator's home looked like. - "I don't know, it was just an imagination." <p>Interview on 5/25/21 with Client #2 revealed: -</p> <ul style="list-style-type: none"> - She confirmed she went to the Program Coordinator's home to help clean. - "It was like volunteer work to get her out the house and bond with staff." - "I like to clean." -She helped pick up a couple of things in the house. -She swept the floor. -The program coordinator was also helping and cleaning with her. -The program coordinator would reward her with something to eat, cash and clothes. -The program coordinator would get us things we needed. -She went to the program coordinator's home a couple of times. -She did not go to the house for a couple of months. -She told her guardian and said the guardian did not have a problem with it. <p>Interview on 5/26/21 with Client #1's Guardian revealed:</p> <ul style="list-style-type: none"> -She became client #1's social worker and guardian in February 2020. -Client #1's therapist informed her that she went to the program coordinator's home. 	V 112		

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She was not aware of the incident prior to client #1 going to staff's house. -She had a conversation with the Director/Qualified Professional #4 on April 13, 2021. -The conversation with the Director/QP #4 occurred after the incident. -The group home tried to find creative ways to allow client #1 to earn an allowance. -The incident occurred once and some months ago. -She did not know the exact date of the incident. -She thought it was unethical practices. -She was informed it was not happening anymore. <p>Interview on 5/26/21 with Client #2's Guardian revealed: -She became client #2's guardian over one year. -The judge approved home study for client #2 to go the Director/QP #4's home for a weekend. -It was being arranged the Director/QP #4 would be client #2's guardian. -Client #2 would go over on the weekends and understand that it would be a different role. -That owner would be a parental figure. -She was not aware client #2 was going to the program coordinator's home to do chores. -This would have to go through the judge. -She was not aware client #2 went to the program coordinator home to earn money. -She knew client #2 had been wanting to earn money. -No one asked her about it or told her about it. - As an incentive the group home would compensate the clients for going over and beyond. -If the group home had presented idea to her she would have included it in the home study.</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Interview on 5/25/21 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> -She worked 1st shift from 7:00 a.m. - 3 p.m. - -She admitted to taking client #1 and client #2 to her home on different occasions. -She reported she wanted to give clients the ability to earn money. -Client #1 cleaned her home 1 time and client #2 about 3 times. -Client's would sprinkle carpet fresh on the carpet and vacuum, swept the kitchen floor, dust and took out recycle garbage. - "It was nothing more that client #1 and client #2 did. -She provided opportunity to let clients earn cash. - -The clients were at her home about 1 ½ or 2 hours when they were there. -She paid client #1 and client #2 \$15.00 and provided lunch. -She reported client #1 and client #2 agreed. - -Confirmed she did not get approval from the guardians. -Client #1's guardian learn of the situation from her therapist. -Clients wanted some way to make money. - -The allowance the facility gave clients was from \$5 and up to \$15.00 but based on behaviors. -Clients had to "level up" to get more money. - -The facility allowance was based on completion of chores, schoolwork, positive interaction and no lying and stealing. -This was during Covid and clients wanted to get out the house. -She stopped months ago and when client #1 guardian thought it was a problem. <p>Interview on 5/26/21 with the Director/Qualified Professional #3 revealed:</p> <ul style="list-style-type: none"> -They tried to get a little creative for clients to earn extra money. 	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> -During Covid they couldn't get jobs. -It was one or two weekends the program coordinator took client #1 and client #2 to the home. -Client #1's guardian learned about the situation through her therapist. -Client #1 was excited to get out the house and earn a few dollars. -Client #2 was given permission to go outside the home a lot more. -She did not think the guardians were aware beforehand. -She explained the situation to client #1's guardian. -Client #1 went one time. -They just decided it was not a good idea. -They discussed it during the staff meetings. - They brought it up at the next staff meeting once they received the call from client #1's guardian. - She met with the program coordinator individually afterwards. -They also had a staff meeting that following Thursday. -She confirmed she knew the program coordinator took client #1 and client #2 to her home. -She thought it would not be okay if client #1 and client #2 was not paid. -The facility facilitated other activities for clients to earn money and now did not know what was acceptable. <p>Interview on 5/26/21 with the Director/QP #4 revealed:</p> <ul style="list-style-type: none"> -Clients wanted to do things during Covid. -They tried to get creative with the clients. -They took clients on trips before Covid. -She learned about client#1 going to the program coordinator's home when she received an email from the guardian. 	V 112		

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V 112	Continued From page 7 -Client #1 told her therapist she went to the program coordinator's home to help prepare for an event. -The program coordinator paid client #1. -She did not think it was a big deal. -She stopped it once she communicated with the client #1's guardian. -Client #1 went to the program coordinator's home one time. -She was not aware of that client #2 went to the program coordinator's home. -She knew client #2 was with the program coordinator during outings. -She tried to give clients time with staff on a one-on-one basis. -Client #2 was approved to go to day events. - The moment she found out about the incident with client #1 she stopped it. -She met with the program coordinator individually. -She addressed the incident during the staff meeting the following Thursday after receiving the email.	V 112			
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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.	V 132			

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V 132	<p>Continued From page 8</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort 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 review and interview, the facility failed to assure an allegation of exploitation was reported to the Health Care Personal Registry (HCPR). The findings are:</p>	V 132		

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V 132	<p>Continued From page 9</p> <p>Review on 5/25/21 of Client #1's record revealed: -Age 13. -Admission date of 11/20/20. -Diagnoses of Unspecified Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Anxiety Disorder.</p> <p>Review on 5/25/21 of Client #2's record revealed: -Age 16. -Admission date of 10/24/18. -Diagnoses of Oppositional Defiant Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation.</p> <p>Review on 5/25/21 of the Complaint dated 4/3/21 revealed: - "[Client #1] reported that the [Program Coordinator] took [Client #1] and another [Client #2] to their home and paid [Client #1] and [Client #2] \$15.00 to clean. [Client #1] and [Client #2] reported [Client #1] and [Client #2] volunteered to clean." - "The [Director/Qualified Professional] was notified and reported that [Client #1] and [Client #2] could work and volunteer to earn money when supervised by the [Director/Qualified Professional] and [Program Coordinator]. The chores were minimal and not strenuous." -The facility did not report the allegation to HCPR.</p> <p>Interview on 5/27/21 with the Director/Qualified Professional #3 revealed: -She was responsible for notifying HCPR. -She did not understand the problem with client's earning funds. -She reported the goal was to improve clients independent living skills and self-esteem. -The facility facilitated other activities for clients to earn money and now did not know what was</p>	V 132	<p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY will receive a report on allegations of exploitations from the facility when any allegations is made on a staff member for exploitation on any consumer.</p> <p>Director and QP will assure the allegations and of exploitation are investigated and reported to the HCPR as required.</p>	6/17/21

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V 132	Continued From page 10 acceptable. -She confirmed the allegation was not reported to HCPR.	V 132		
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 Justice under G.S. 114-19.10 to conduct a criminal history record check required by this	V 133		

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V 133	Continued From page 11 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 records obtained from a State agency. (c) Action. - If an applicant's criminal history	V 133		

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V 133	<p>Continued From page 12</p> <p>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"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <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"> (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. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. 	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2021	
NAME OF PROVIDER OR SUPPLIER A MOTHER'S LOVE		STREET ADDRESS, CITY, STATE, ZIP CODE 1227 WESTMORLAND DRIVE BURLINGTON, NC 27215		
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V 133	Continued From page 13 (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 Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related	V 133		

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V 133	<p>Continued From page 14</p> <p>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. (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 review and interview, the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for the Program Coordinator. The findings are:</p> <p>Review on 5/27/21 of Program Coordinator's</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2021	
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V 133	Continued From page 15 personnel record revealed: - Hire date: 8/3/20. - There criminal record check was order 8/20/20. Interview on 5/27/21 with the Director/Qualified Professional #3 revealed: -She completed background checks for all new employees. -She confirmed the Program Coordinator's criminal record check was ordered after hired date. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133	G.S. 122C-80 Criminal History Record Check Criminal History Background checks are to be conducted prior to hiring (within 5 days of making an conditional offer of employment. This processed is to ensure the safety of consumers. QP will carry out the responsibility of criminal background checks on all new hires as required.	6/17/2021
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 16</p> <p>(4) description of incident; (5) status of the effort to determine the cause of the incident; and (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 (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; (2) reports by other authorities; and (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). (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	<p>27G .0604 Incident Reporting Requirements</p> <p>The QP of the facility will ensure a Level II incident report is completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. This is to provide full disclosure for the safety of members.</p>	6/17/2021

Division of Health Service Regulation

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V 367	<p>Continued From page 17</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 review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 5/25/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Age 13. -Admission date of 11/20/20. -Diagnoses of Unspecified Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Anxiety Disorder. 	V 367		

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V 367	<p>Continued From page 18</p> <p>Review on 5/25/21 of Client #2's record revealed: -Age 16. -Admission date of 10/24/18. -Diagnoses of Oppositional Defiant Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation.</p> <p>Review on 5/25/21 of the Complaint dated 4/13/21 revealed: - "[Client #1] reported that the [Program Coordinator] took [Client #1] and another [Client #2] to their home and paid [Client #1] and [Client #2] \$15.00 to clean. [Client #1] and [Client #2] reported [Client #1] and [Client #2] volunteered to clean." - "The [Director/Qualified Professional] was notified and reported that [Client #1] and [Client #2] could work and volunteer to earn money when supervised by the [Director/Qualified Professional] and [Program Coordinator]. The chores were minimal and not strenuous." -The facility did not complete an incident report.</p> <p>Interview on 5/27/21 with the Director/Qualified Professional #3 revealed: -She was responsible for completing incident reports. -She did not understand the problem with client's earning funds. -She reported the goal was to improve clients independent living skills and self-esteem. -The facility facilitated other activities for clients to earn money and now did not know what was acceptable. -She confirmed an incident report was not completed.</p>	V 367		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 3, 2021

Ms. Edith Ward, Director
New Possibilities Home for Children, LLC
813 Trail One
Burlington, NC 27215

Re: Annual, Follow-up and Complaint Survey completed May 27, 2021
A Mother's Love, 1227 Westmoreland Drive, Burlington, NC 27215
MHL #001-259
E-mail Address: newpossibilitieshfc@gmail.com
Intake #NC00176347

Dear Ms. Edith Ward:

Thank you for the cooperation and courtesy extended during the annual, follow-up and complaint survey completed May 27, 2021. The complaint was substantiated.

As a result of the follow-up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies was cited during the survey.

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

- Re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is June 26, 2021.

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

June 3, 2021
A Mother's Love
Ms. Edith Ward, Director

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is July 26, 2021.

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.
- 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 original 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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Frances E. Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org
Pam Pridgen, Administrative Assistant