STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-249	A. BUILDING: ______ B. WING ______	08/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A CARING HEART INDEPENDENCE CENTER-G	808 BERKLEY BOULEVARD, SUITE A1 GOLDSBORO, NC 27534

(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 and complaint survey was completed on August 30, 2021. The complaint was unsubstantiated (intake #NC00180450). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.	V 000		
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 (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any	V 367		

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V 367	Continued From page 1 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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet	V 367		

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V 367	Continued From page 2	V 367		

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 record reviews and interview, the facility failed to report a critical incident to the home and host Local Management Entity (LME) within 72 hours as required. The findings are:

Review on 08/27/21 of client #19's record revealed:
- 22 year old male.
- Admission date of 10/01/20.
- Diagnoses of Autism, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Psychotic Disorder.

Review on 08/30/21 of client #19's Individual Support Plan dated 11/01/20 revealed:
- No planned usage of physical restraints.

Review on 08/30/21 of a North Carolina Incident Response Improvement System (IRIS) report for

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V 367	Continued From page 3 client #19 revealed: - Date of Incident: 7/30/21. - Time of Incident: 12:30pm - Date IRIS report submitted to the LME: 08/24/21. - Provider Comments: 07/30/21 - "The staff (#2) took the consumer to the store, and the consumer got upset because he couldn't get an item he wanted to purchase. When they left the store and got in the car, staff tried to explain to the consumer why he couldn't purchase the item. The consumer then began kicking the staff's window of his car. Staff asked the consumer to stop, but he wouldn't. They were driving down the street at this point. Staff had to pull over in the passing lane and put the client in a physical restraint to get him to stop. Before putting in, a restraint staff tried to talk to the consumer, but it deescalate the situation." 08/30/21 "According to staff, he took [Client #19] to [Local Store] to look around and pay for his game. [Client #19] thought he could get the game, and he became upset when he found out he could not get the game. When they got in the car, The staff then explained why he couldn't get the game. [Client #19] then became upset and started hitting the door. The staff stated that he asked him to stop repeatedly. He then said he attempted to hold his arms while driving. Staff noted that [Client #19] began to hit him while driving, and the car started swerving, so he stopped the car in the middle section, wrapped both of his arms around his upper body (Floor Seated Stability Hold), which didn't work cause he starts to kick my passenger window. He asked him to stop repeatedly again. [Client #19] continued to kick the window, and it began to crack. The staff then stated that he held him down on my lap while holding his legs (Leg Wrap) and preventing him from cutting or breaking my window."	V 367		

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V 367	Continued From page 4 - "Describe the cause of this incident, (the details of what led to this incident). The client became upset because he didn't have enough money to buy something he wanted. When staff tried to assist him with understanding the difference in the price of the item verse how much he had, the client kicked his window." - "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. To prevent an incident like this from happening again the staff should wait until the client deescalated to address the issues. The staff involved in the incident has to have Safe Care training again." Interview on 08/30/21 the Program Director stated: - She was aware the IRIS report for client #19's physical restraint on 07/30/21 was submitted late. - She would retrain the Qualified Professional on the reporting requirements for level II incident reports.	V 367		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being;	V 521		

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V 521	Continued From page 5 (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting one of three audited clients (#19). The findings are: See Tag V367 for specifics. Review on 08/30/21 of facility records revealed: - No documentation of all the required information	V 521		

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V 521	Continued From page 6 for the restrictive intervention implemented on client #19 for 07/30/21. - No documentation for the length of the hold. - No documentation for the debriefing with the client. Interview on 08/27/21 staff #2 stated: - He recalled the 07/30/21 incident with client #19. - He was driving client #19. - Client #19 went into a behavior and began to kick the windows of the car. - He had to place client #19 in a physical hold to calm him down. - The hold was approximately 2 minutes. Interview on 08/30/21 the Program Director stated: - She was aware of the required documentation when a restrictive intervention is implemented. - She would retrain the QP on the documentation for restrictive interventions.	V 521		