STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 09/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(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 follow up survey was completed on September 17, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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 missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	Continued From page 1	V 367		

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 the definition of a level II or level III incident;
(3) searches of a client or his living area;

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V 367	Continued From page 2 (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) as required. The findings are: Review on 09/16/21 of the North Carolina Incident Response Improvement System (IRIS) website from 05/21 thru present revealed no level II incident reports had been submitted to the LME by the facility. Review on 09/16/21 of client #4's record revealed: - 44 year old male. - Admission date of 10/09/19. - Diagnoses of Bipolar Mixed, Mild Neurocognitive Disorder, Traumatic Brian Injury, Antisocial Personality Disorder Seizure Disorder and Alcohol ad Opioid Use Disorder. Review on 09/16/21 of a facility incident report for	V 367		

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V 367	Continued From page 3 client #4 revealed: - Date of incident: 07/12/21. - Time of incident: 9:10am. - Description of the incident: Client #4 was riding on the facility van with client #2 and staff #3. While traveling down the road, client #4 took off his seat belt and opened the van door. Staff #3 contacted Owner #1. Law Enforcement was contacted and processed with client #4. Law Enforcement directed Owner #1 to proceed with involuntary commitment (IVC) for client #4. IVC was completed and Law Enforcement transported client #4 to a local hospital for assessment and was discharged back to the facility. - "Who was notified of the incident? Owners, police, social worker [and] QP (Qualified Professional)." - No documentation the incident report was reported as a level II to the LME as required due to Law Enforcement involvement. Interview on 09/16/21 and 09/17/21 Owner #1 stated: - The incident on 07/12/21 with client #4 was discussed as a possible level II report. - She understood a client's aggressive act which requires Law Enforcement involvement constitutes a level II incident report in IRIS.	V 367		
V 736	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.	V 736		

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V 736	Continued From page 4 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 09/16/21 at approximately 11:50am revealed: - A piece of linoleum was torn on the floor next to the kitchen table. - Client #1's bedroom had a layer of dust and debris on the window sill. - The hallway bathroom had areas of black and dark substances near the ceiling. The substance was in various areas above the shower and near the vent on the ceiling. Client #2 and client #3's bedroom revealed the blinds were dusty. - Client #4's bedroom had a chair overturned with a spring sticking out of the bottom. The window frame was broken. The window sill and the blinds were dusty. The ceiling fan had a thick layer of dust on the blades and cobwebs. The ceiling fan had one of four light bulbs that worked. Interview on 09/16/21 Owner #2 stated: - The substance in the bathroom was dust and not mold or mildew. - The dust appeared to be coming from the attic. Interview on 09/16/21 Owner #1 stated she would follow up on identified items at the facility	V 736		