

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2021
NAME OF PROVIDER OR SUPPLIER FOX AVENUE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 304 GREGORY STREET STATESVILLE, NC 28625		
(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 9-22-21. The complaints were unsubstantiated (intake #NC00181047 and #NC00181133). 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	V 367		

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

TITLE

(X6) DATE

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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	<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 interviews, the staff failed to submit reports to the North Carolina Incident Response Improvement System (IRIS) within the required 72-hour time frame. The findings are:</p> <p>Interview on 9-21-21 with Qualified Professional (QP) revealed: -Law Enforcement was called to the facility due to client #1 exhibiting aggressive behaviors towards staff and residents, threw a fire extinguisher, and punched out a window in the kitchen. -Client #1 was transported by Law Enforcement and admitted to the local hospital on 9-18-21 and had not returned to the facility by the exit of the survey on 9-22-21.</p> <p>A request of incident reports for the past 6 months was made with the QP on 9-21-21.</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>Review on 9-21-21 and 9-22-21 of IRIS reports for the months of March 2021 through September 2021 revealed:</p> <ul style="list-style-type: none"> -The facility was made aware of a level 2 incident on 3-16-21 but failed to submit an IRIS report until 3-22-21. -The facility was made aware of a level 2 incident on 6-8-21 but failed to submit an IRIS report until 6-15-21. -The level 2 incident on 9-18-21 had not been submitted by the exit date of 9-22-21. <p>A request of incident reports for the past 6 months was made with the Administrator on 9-22-21.</p> <p>Review on 9-22-21 of facility internal incident reports provided by the QP revealed:</p> <ul style="list-style-type: none"> -The facility was made aware of a level 2 incident on 9-18-21. <p>Additional interview on 9-22-21 with the QP revealed:</p> <ul style="list-style-type: none"> -The internal incident report was the only documentation available for review regarding the incident on 9-18-21. The report had not been submitted into IRIS as client #1 had not been discharged from the hospital. <p>Interview on 9-22-21 with the Administrator revealed:</p> <ul style="list-style-type: none"> -The incident from 9-18-21 should have been entered into IRIS. -She stated that she was aware of the timelines and the facility would do a better job to submit reports timely. 	V 367		

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V 736	Continued From page 4	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, attractive, and orderly manner. The findings are:</p> <p>Observation on 9-21-21 at approximately 9:45 am revealed: -The door entering the home from the garage had plexiglass over the window portion of the door on both sides. -The upper right windowpane was broken with the shards of glass still in the pane. -The plexiglass on the outside of the door was broken on the lower left side. The break was about one foot long and the plexiglass was able to be lifted.</p> <p>Interview on 9-21-21 with Staff #1 revealed: -The broken piece of plexiglass on the door was able to be lifted several inches away from the door. -The broken windowpane happened back in July and the plexiglass was put over the window.</p> <p>Interview on 9-22-21 with the Administrator revealed:</p>	V 736		

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V 736	Continued From page 5 -She was aware that client #1 had broken the window in the door. -She did not acknowledge that she was aware that the plexiglass over the door had been broken but stated she would have maintenance look at it today for repairs. -She acknowledged that the broken glass in the window should be removed and the broken plexiglass should be repaired.	V 736		