

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-813	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
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NAME OF PROVIDER OR SUPPLIER RAINBOW OF SUNSHINE 1	STREET ADDRESS, CITY, STATE, ZIP CODE 4661 PENNYPSTONE DRIVE FAYETTEVILLE, NC 28306
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 5, 2021. The complaint was unsubstantiated (intake #NC00181626). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 318	<p>13O .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report to the Health Care Personnel Registry (HCPR) an allegation of abuse against health care personnel within 24 hours of the health care facility becoming aware of the allegation. The findings are:</p> <p>Review on 11/3/21 of a North Carolina Incident</p>	V 318		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 318	<p>Continued From page 1</p> <p>Response Improvement System report for client #2 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 09/15/21. - Time of incident: 7:20am. - Date facility learned of incident: 09/15/21. - Date IRIS report submitted to HCPR for initial notification: 09/17/21. - Client #2 made an allegation of physical abuse against staff #4. - Provider Comments: "Staff (#4) asked Mr. [Client #2] to wait until his turn to take his morning shower, Mr. [Client #2] got upset and began verbalizing his displeasure and telling the staff member that he would "f**k" him up. As staff walked in front of Mr. [Client #2], Mr. [Client #2] ran up to the staff member and begin punching the staff member in the face from behind the staff member. Staff was unable to move forward; because, he was facing the living room wall, so he turned around, toward Mr. [Client #2], and attempted to block Mr. [Client #2]'s punches using EBPI (Evidence Based Protective Interventions) techniques. Because, Mr. [Client #2] was very close to the staff member and the staff member was unable to step back, Mr. [Client #2]'s face was accidentally struck by staff's elbow as he attempted to place Mr. [Client #2] in a therapeutic hold. Once in a therapeutic hold, staff asked Mr. [Client #2] to calm down and after about 1 to 2 minutes, Mr. [Client #2] appeared to have calmed down so staff released him. Staff checked Mr. [Client #2] for injury and noted a small red spot on top of his lip (Mr. [Client #2]'s face was not swollen nor was it bleeding). Mr. [Client #2] went into his room and began self injuring himself by picking at his nose and mouth. Mr. [Client #2] came out of his room several times to continue fussing at the staff member but returned to his room for long periods of time. When the day shift (staff #2) came in, Mr. [Client 	V 318		

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V 318	<p>Continued From page 2</p> <p>#2] came out of his room and accused the evening staff member of attacking and injuring him."</p> <p>Interview on 11/03/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He had submitted an allegation of abuse from client #2 against staff #4. - He had submitted the IRIS report and notified HCPR of the allegation. - He had completed and submitted an internal investigation with 5 days of notification of the HCPR. - He understood all allegations against staff should be reported to the HCPR within 24 hours of becoming aware of the allegation. <p>Interview on 11/5/21 the Licensee stated she understood any allegation of abuse must be reported within 24 hours of becoming aware of the abuse.</p>	V 318		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 366		

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V 366	<p>Continued From page 3</p> <p>specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(D) issue a final written report signed by the 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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to document their response to level I incidents. The findings are:</p> <p>Review on 11/03/21 of facility records revealed no Level I incident report for the Evidence Based Protective Intervention (EBPI)Therapeutic hold used on client #2 dated 09/15/21.</p> <p>Review on 11/03/21 of client #2's record revealed: - 46 year old male. - Admission date of 12/06/16. - Diagnoses of Schizoaffective Disorder, Moderate Intellectual Developmental Disability, Anxiety, Panic Disorder, Depression, Suicidal Ideations and Seizures.</p> <p>Review on 11/05/21 of client #2's "Behavioral Intervention Plan" dated 01/19/21 revealed: - A planned strategy to utilize EBPI as needed for client #2's behavior.</p> <p>Review on 11/03/21 of a North Carolina Incident Response Improvement System (IRIS) report for client #2 revealed: - Date of incident: 09/15/21. - Time of incident: 7:20am. - Date facility learned of incident: 09/15/21. - Date IRIS report submitted to HCPR for initial notification: 09/17/21. - Client #2 made an allegation of physical abuse against staff #4.</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>- Provider Comments: "Staff (#4) asked Mr. [Client #2] to wait until his turn to take his morning shower, Mr. [Client #2] got upset and began verbalizing his displeasure and telling the staff member that he would "f**k" him up. As staff walked in front of Mr. [Client #2], Mr. [Client #2] ran up to the staff member and begin punching the staff member in the face from behind the staff member. Staff was unable to move forward; because, he was facing the living room wall, so he turned around, toward Mr. [Client #2], and attempted to block Mr. [Client #2]'s punches using EBPI (Evidence Based Protective Interventions) techniques. Because, Mr. [Client #2] was very close to the staff member and the staff member was unable to step back, Mr. [Client #2]'s face was accidentally struck by staff's elbow as he attempted to place Mr. [Client #2] in a therapeutic hold. Once in a therapeutic hold, staff asked Mr. [Client #2] to calm down and after about 1 to 2 minutes, Mr. [Client #2] appeared to have calmed down so staff released him. Staff checked Mr. [Client #2] for injury and noted a small red spot on top of his lip (Mr. [Client #2]'s face was not swollen nor was it bleeding). Mr. [Client #2] went into his room and began self injuring himself by picking at his nose and mouth. Mr. [Client #2] came out of his room several times to continue fussing at the staff member but returned to his room for long periods of time. When the day shift (staff #2) came in, Mr. [Client #2] came out of his room and accused the evening staff member of attacking and injuring him."</p> <p>Interview on 11/05/21 the Licensee stated she understood a Level I incident report was required for a restrictive intervention used on client #2.</p>	V 366		
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V 521	Continued From page 7	V 521		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(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;</p> <p>(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;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(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;</p> <p>(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</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further</p>	V 521		

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V 521	<p>Continued From page 8</p> <p>authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, 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 (#3). The findings are:</p> <p>Review on 11/03/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 46 year old male. - Admission date of 12/06/16. - Diagnoses of Schizoaffective Disorder, Moderate Intellectual Developmental Disability, Anxiety, Panic Disorder, Depression, Suicidal Ideations and Seizures. <p>Review on 11/03/21 of facility records for client #2 revealed no restrictive intervention detail report for the therapeutic hold utilized on 09/15/21.</p> <p>Review on 11/03/21 of a North Carolina Incident Response Improvement System (IRIS) report for client #2 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 09/15/21. - Time of incident: 7:20am. - Date facility learned of incident: 09/15/21. - Date IRIS report submitted to HCPR for initial notification: 09/17/21. - Client #2 made an allegation of physical abuse against staff #4. - Provider Comments: "Staff (#4) asked Mr. [Client #2] to wait until his turn to take his morning shower, Mr. [Client #2] got upset and began verbalizing his displeasure and telling the staff member that he would "f**k" him up. As staff walked in front of Mr. [Client #2], Mr. [Client #2] ran up to the staff member and begin punching 	V 521		

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V 521	<p>Continued From page 9</p> <p>the staff member in the face from behind the staff member. Staff was unable to move forward; because, he was facing the living room wall, so he turned around, toward Mr. [Client #2], and attempted to block Mr. [Client #2]'s punches using EBPI (Evidence Based Protective Interventions) techniques. Because, Mr. [Client #2] was very close to the staff member and the staff member was unable to step back, Mr. [Client #2]'s face was accidentally struck by staff's elbow as he attempted to place Mr. [Client #2] in a therapeutic hold. Once in a therapeutic hold, staff asked Mr. [Client #2] to calm down and after about 1 to 2 minutes, Mr. [Client #2] appeared to have calmed down so staff released him. Staff checked Mr. [Client #2] for injury and noted a small red spot on top of his lip (Mr. [Client #2]'s face was not swollen nor was it bleeding). Mr. [Client #2] went into his room and began self injuring himself by picking at his nose and mouth. Mr. [Client #2] came out of his room several times to continue fussing at the staff member but returned to his room for long periods of time. When the day shift (staff #2) came in, Mr. [Client #2] came out of his room and accused the evening staff member of attacking and injuring him."</p> <p>- None of the required documentation when a restrictive intervention is utilized in the facility.</p> <p>Interview on 11/05/21 the Licensee stated she understood the facility had to document specific information whenever a restrictive intervention is utilized on a client.</p>	V 521		
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