Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-403	A. BUILDING: ______ B. WING ______	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHCRAFT HOME	**1351 ASHCRAFT LANE CHARLOTTE, NC 28209**

(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 survey was completed on 10-7-21. 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 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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 specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (c) In addition to the requirements set forth in	V 366	RECEIVED NOV 12 2021 DHSR-MH Licensure Sect SCANNED NOV 12 2021 MHL & C Section	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathie B MacLaine MSW, Quality Management Director
TITLE
(X6) DATE: 10/20/21

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V 366	Continued From page 1 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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (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; (B) gather other information needed; (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 (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	V 366		

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V 366	Continued From page 2 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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement a policy governing their response to Level I incidents as required. The findings are: Review on 10-6-21 of Client #3's record revealed: -admitted 12-1-19; -diagnoses of Mild Intellectual Disability,	V 366		

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V 366	Continued From page 3	V 366		

Generalized Anxiety Disorder, Schizoaffective Disorder, Bipolar Type.

Review on 10-7-21 of Client #4's record revealed:
-admitted 8-20-20;
-diagnoses of Intellectual Disabilities, Autism Spectrum Disorder, Myoclonic Dystrophy, Heart issues, Crohn's Disease, Sleep Apnea, Paget's Disease, Cardio Myopathy, Atrial Fibrillation, Chronic Systolic Heart Failure;
-at risk for falls and cuts;
-poor decision making skills when left alone.

Review on 10-7-21 of the 9 Incident Reports completed from August 26, 2021 through October 1, 2021 revealed:
-incident reports which had been entered into the electronic incident reporting system dated 8-26-21, 8-27-21, and 8-31-21 for Client #3 were missing information for the following sections: the intervention attempted/effectiveness of intervention, precipitants, antecedents, and the plan for further action and safety planning;
-incident reports which had been entered into the electronic incident reporting system dated 9-9-21, 9-15-21, 9-19-21, 9-27-21, and 10-1-21 for Client #4 were missing information for the following sections: the intervention attempted/effectiveness of intervention, precipitants, antecedents, and the plan for further action and safety planning

Review on 10-7-21 of the agency's Incident Reporting Policy revealed:
"Staff Response for all incidents should include:
*attend to the health and safety needs of the individual involved in the incident;
*determine the cause of the incident;
*develop and implement corrective measures not to exceed 45 days;
*develop and implement corrective measures to

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V 366	Continued From page 4 prevent similar incidents from occurring not to exceed 45 days; *assigning person(s) to be responsible for implementation of the corrections and preventing measures; *adhering to confidential requirement." Interview on 10-7-21 with the House Manager revealed: -the agency switched over from paper incident reports to an electronic incident reporting system in August 2021; -did not know why staff were leaving blank sections on the incident reports; -there had been no action taken for staff intervention, precipitants, antecedents, or planning for further action or safety planning for the incident reports which had been entered into the new electronic computer system for all incident reports since August 2021; -had reached out to the Qualified Professional and the Quality Management Director to arrange for a re-training on documenting of Incident Reports; -was trying to arrange for the Incident Report Training to be next week, 10-13-21 at 6pm.	V 366	Incident training was provided for staff by the Quality Management Director on October 13. QM will complete a focused review of the next 10 level 1 incidents entered into our electronic health record to determine if the training effectively addressed the missing elements. Additional training will be provided as needed.	