

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/17/2021
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NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/BRIDFORD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 BRIDFORD PARKWAY, APT C GREENSBORO, NC 27407
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 11/17/21. The complaint was unsubstantiated (intake # NC00182486). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement</p>	V 105		

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Basette Janice MSW/QP

12/3/21
 N1ZLT1

TITLE: *Qualified Professional*
 MSW/QP
 (X6) DATE

If continuation sheet 1 of 8

STATE FORM

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Tag 105

What measures will be put in place to correct deficient area of practice?

Clinical professional will ensure that a discharge summary is completed although a consumer is moving to a sister facility. Inservice will be completed by the Director

What measures will be put in place to prevent the problem from occurring again?

Clinical staff will follow the policy and procedure in regards to discharge

Who will monitor the situation to ensure it will not occur again?

Director will monitor the Qp/ and or clinical staff

How often will monitoring take place?

Monitoring will occur monthly

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V 105	<p>Continued From page 2</p> <p>failed to adhere to its written policies regarding admission and discharge affecting 1 of 2 clients (#1). The findings are:</p> <p>Review on 11/2/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/3/21 - Diagnoses: Autism Spectrum Disorder (D/O), Level I (High Functioning Autism); Attention Deficit Hyperactivity D/O, Combined; Oppositional Defiant D/O; Unspecified Depressive D/O; Intellectual Developmental Disability, Mild; Unspecified Trauma and Stress-Related D/O and Conduct D/O - No evidence of discharge summary related to client #1's move to a sister facility on 9/9/21 - No evidence of a revised/updated admission assessment upon client #1's return from the sister facility to his current placement on 9/17/21 <p>Interview on 11/2/21 with client #1 revealed:</p> <ul style="list-style-type: none"> - He was placed at a sister facility on 9/9/21 - He could not recall the exact date of his return to his current placement. <p>Interview on 11/2/21 with the Director revealed:</p> <ul style="list-style-type: none"> - Client #1 was placed at a sister facility on 9/9/21 once it was determined staff at client #1's former placement were to be transferred to a new facility and new staffing hired to replace them - Once new staff was hired, client #1 returned to his current placement on 9/17/21 - Neither he or the facility's Qualified Professional (QP) completed discharge or admission paperwork on behalf of client #1 regarding the changes in his placement. <p>Interview on 11/2/21 with the QP revealed:</p> <ul style="list-style-type: none"> - She had not completed discharge or admission paperwork on behalf of client #1 related to the changes in his placement in 	V 105		
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Tag 367

What measures will be put in place to correct deficient area of practice?

Clinical professional will complete an incident report and submit it to the IRIS portal

What measures will be put in place to prevent the problem from occurring again?

Clinical professional will ensure that they follow up with all parties involved when an incident occurs with any individual receiving services.

Who will monitor the situation to ensure it will not occur again?

Director will monitor the Qp/ and or clinical staff

How often will monitoring take place?

Monitoring will occur monthly

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V 367	<p>Continued From page 7</p> <ul style="list-style-type: none"> - He and FS #2 had picked up client #1 from school on 9/8/21 after he was suspended for the day because of his behavior - While sitting in the front seat of the vehicle, client #1 tried to "jerk" the car's steering wheel as FS #2 drove the vehicle - Because of client #1's actions, FS #2 pulled the vehicle over and client #1 "jumped out of the car." - He and FS #2 followed client #1 and he called the police to report client #1 as being on the run - He met with law enforcement officer(s) and remained on the scene until client #1 was located by the Director and ultimately returned to the facility. <p>Interview on 11/17/21 with Qualified Professional revealed:</p> <ul style="list-style-type: none"> - An in house incident report was completed on 9/8/21 by FS (#1 and #2); however, no incident report had been submitted to IRIS. 	V 367		

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V 367	<p>Continued From page 5</p> <p>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; (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 interview, the facility failed to ensure all level II incidents were reported within 72 hours of the incident to the Local Management Entity (LME) responsible for the catchment area where services were provided.</p>	V 367		
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Quality Care III



FACSIMILE TRANSMITTAL

To: <i>Delora Branton</i>	Fax #: <i>919-715-8078</i>
From: Quality Care III	Fax #: 336-370-6457
Pages:	Date:
Re: <i>Plan of Correction (Quality Care III)</i>	

RECEIVED
By cvhicks at 8:56 am, Dec 06, 2021

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