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
	MHL028-013	A. BUILDING: _____ B. WING _____	R 09/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE TRAIL FACILITY	185 ROANOKE TRAIL MANTEO, NC 27954

(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, follow up and complaint survey was completed on September 16, 2021. The complaints were unsubstantiated (intake #NC00180468 and #NC00180486). 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and	V 108	RECEIVED OCT 18 2021 DHSR-MH Licensure Sect	

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V 108	Continued From page 1 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were trained in cardiopulmonary resuscitation (CPR) and First Aid affecting 1 of 3 staff audited (#3). Review on 9/16/21 of staff #3's personnel record revealed: -Hire date of 10/14/20. -American Red Cross Adult, Child and Baby CPR and First Aid Certification dated 4/27/20 "online only" -There was no evidence of a current CPR or First Aid Certification that had been conducted with an in-person instructor. Interview on 9/15/21 staff #3 stated: -She was hired in October 2020. -She had completed trainings that included CPR and First Aid, Mandt, Client Rights and Medication Administration. -Her CPR and First Aid Training had been completed at her other job. Interview on 9/16/21 the Program Director stated: -Staff #3's CPR and First Aid Certification had been completed through Staff #3's previous employer -The facility had accepted staff #3's CPR and First Aid Certification from the previous employer.	V 108	LIFE Inc. will ensure compliance with rule by accepting only certifcations completed by outside agencies that documents in person instruction verifying proficency in First Aid and CPR. All First Aid/CPR certifications completed by LIFE Inc. requiresin-person demontrations of CPR and First Aid proficiency. Staff #3 received recertifcation training of both First Aid and CPR.	9/21/21

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V 108	Continued From page 2 -Staff #3's CPR and First Aid had been completed online. -Staff #3 had not completed CPR and First Aid certification since being employed with the facility. -She was aware that CPR and First Aid Certification required the one on one instructor to be available.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop goals & strategies to meet the needs for 1 of 3 audited clients (#5). The findings are: Review on 9/15/21 of Client #5's record revealed: -29 year old female admitted 2/15/21. -Diagnoses included Moderate Intellectual disability; Anxiety Disorder-Unspecified; Bipolar Disorder-unspecified and Schizoaffective Disorder-Unspecified. -Person-Centered Profile dated 1/28/21 and revision dated 8/3/21 revealed no implementation strategies for the use of Hydroxyzine PAM 25 milligram (mg) capsule (cap) for anxiety. Review on 9/15/21 of Client #5's signed physician orders dated 4/28/21 revealed: -Hydroxyzine 25 mg cap, give 1 capsule by mouth up to four times per day as needed for anxiety. Review on 9/15/21 of Client #5's September 2021 MAR's revealed: -Hydroxyzine PAM 25 mg cap, give 1 cap every 6 hours "AS NEEDED" for "ANXIETY". -No parameters for administration of the Hydroxyzine PAM 25mg after the first dose was administered. Interview on 9/16/21 Staff #3 stated: -Client #5 had received the Hydroxyzine PAM 25mg for pacing, aggression, if she was "worked up"verbal cues and inappropriate responses if she thought someone talked about her. -Client #5 had only received the the Hydroxyzine	V 112	LIFE Inc. will ensure compliance with rule by: QP will update person centered plan to reflect any changes in treatment strategies. All updates/revision will be reviewed and signed by client/guardian. Client #5 person centered plan revised to include guidelines for administration of Hydroxyzine PAM 25mg. Revision noted in "How Best To Support..." section as well as "Crisis Plan and Intervention section.	9/20/21

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V 112	Continued From page 4 PAM after permission from the nurse. Interview on 9/16/21 the Qualified Professional (QP) stated: -Client #5 could be administered the Hydroxyzine PAM 25mg for pacing, signs of agitation "nit picking." -The Registered Nurse (RN) had to approve Client #5 receiving he Hydroxyzine prior to staff administering. Interview on 9/16/21 the Program Director stated: -The Hydroxyzine PAM 25 mg cap should have been in Client #5's treatment plan. -She would ensure Client #5's treatment plan was revised to include the Hydroxyzine PAM 25mg cap.	V 112		
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;	V 366		

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V 366	Continued From page 5 (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 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;	V 366		

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V 366	Continued From page 6 (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 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.	V 366		

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V 366	Continued From page 7 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I and II incidents. The findings are: Review on 9/15/21 of Client #5's record revealed: -29 year old female admitted 2/15/21. -Diagnoses included Moderate Intellectual disability; Anxiety Disorder-Unspecified; Bipolar Disorder-unspecified and Schizoaffective Disorder-Unspecified. Review on 9/15/21 of Facility Formal Inquiry Form dated 8/20/21 revealed: -On 8/4/21 Client # 3 told the facility nurse that Client #5 had touched her inappropriately on 7/30/21 and several days after. -Facility implemented the used of a door lock with a key that Client #5 had maintained. -Client #3 and Client #5 counseled about not going into each others bedrooms. -Staff had been told to monitor Client #3 and Client #5's interactions. -Client #3's guardian and the local department of social services had been notified of Client #3's allegation on 8/5/21. -Facility had not completed a level I report until 8/20/21. -A level II report had not been submitted to the Incident Response Improvement System (IRIS) because "it was felt the situation was handled and had initially been a consensual relationship." -IRIS report submitted on 8/20/21 after the local managed care organization told the facility to submit an IRIS report. Interview on 9/16/21 the Registered Nurse (RN)	V 366	LIFE Inc. will ensure compliance with rule by: following guidance as outlined in Consumer Rights' policy1201 (7). Upon learning of allegation QP will immediately begin preliminary investigation. Safety measures will be put into place for consumer(s). If sufficient evidence is revealed a Formal investigation/inquiry will be initiated by QP/Program Manager or Director of Contract Services. IRIS reported will be completed within 72 hours of incident.	

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V 366	Continued From page 8 stated: -Client #3 had told her on 8/4/21 that Client #5 had touched her inappropriately. -She (RN)and Client #3 had informed the Qualified Professional (QP) on 8/4/21 of Client #3's allegation. Interview on 9/16/21 the Program Director stated: -She had informed Client #3's guardian and the local department of social services of the allegation. -A safety plan had been implemented for Client #3 to include a locked door and notification of right to make a formal report with law enforcement. -She had interviewed both Client #3 and Client #4 regarding the allegation. -There had been no further incidents of inappropriate touching between Client #3 and Client #5.	V 366		
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	V 367		

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V 367	Continued From page 9 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 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	V 367		

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V 367	Continued From page 10 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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete a Level II incident report within 72 hours as required. The findings are: Review on 9/15/21 of Client #5's record revealed: -29 year old female admitted 2/15/21. -Diagnoses included Moderate Intellectual	V 367	LIFE Inc. will ensure compliance with rule by doing the following: QP, Program Manager, and/or Director of Contract Services will ensure Consumer Incidents policy 1202 (2) reporting guidelines are followed for all Level II incidents. Level II incident reports will be completed within 72 hours of the incident.	

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V 367	Continued From page 11 disability; Anxiety Disorder-Unspecified; Bipolar Disorder-unspecified and Schizoaffective Disorder-Unspecified. Review on 9/15/21 of Facility Formal Inquiry Form dated 8/20/21 revealed: -On 8/4/21 Client # 3 told the facility nurse that Client #5 had touched her inappropriately on 7/30/21 and several days after. -Facility implemented the used of a door lock with a key that Client #5 had maintained. -Client #3 and Client #5 had been counseled about not going into each others bedrooms. -Staff had been told to monitor Client #3 and Client #5's interactions. -Client #3's guardian and the local department of social services had been notified of Client #3's allegation on 8/5/21. -Facility had not submitted an Incident Response Improvement System (IRIS) report as required because "it was felt the situation was handled and had initially been a consensual relationship." -IRIS report submitted on 8/20/21 after the local managed care organization told the facility to submit an IRIS report. Interview on 9/16/21 the Registered Nurse (RN) stated: -Client #3 had told her that Client #5 had touched her inappropriately. -She (RN) had informed the Qualified Professional (QP) of Client #3's allegation. Interview on 9/16/21 the Program Director stated: -There had been no further incidents of inappropriate touching between Client #3 and Client #5. -She had informed Client #3's guardian and the local department of social services of the allegation on 8/5/21.	V 367		

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V 367	Continued From page 12 -Client #3 had maintained a key to the lock on her bedroom door -An IRIS report had been submitted on 8/20/21 after the local managed care organization told the facility to submit an IRIS report.	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. 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 09/15/21 at approximately 11:30am revealed: -Debris, dead bugs and leaves inside the the back door frame. -Inside the microwave had a burnt spot and black hole in the back on the left side. -Handicap bathroom had a stained and lifted area on the baseboard under the paper towels; bathroom ceiling light fixture was rusty. -Client #4 ceiling vent was dusty. -Client #2 had an approximately 2 inch hole in the wall behind the recliner. -Client #3's 5 drawer chest had the last 3 drawers off track and Client #3's 8 drawer chest had 2 drawers on the right side at the bottom off track.	V 736	Door frame area cleaned and debris removed. Purchased new microwave. Work order submitted for stained and lifted area on baseboard. Client #4 vent cleaned. Work order submitted to repair hole in wall in Client #2 bedroom. Purchased new bedroom furniture for bedroom of Client #3	9/16/21 10/6/21 10/6/21 10/6/21 10/7/21 10/6/21

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE TRAIL FACILITY	185 ROANOKE TRAIL MANTEO, NC 27954

(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 736	Continued From page 13 -Client #5's 10 drawer dresser had two drawer off track on the left side at the top. wall inside closet heavily covered in dark marks and te ceiling vent had dust. -Hall bathroom had rust at the bottom of the door frame. -Left side of the driveway had a wooden swing that was discolored and hung by one chain. Interview on 09/16/21 the Program Director stated she would follow up on identified items at the facility	V 736	Purchased new bedroom furniture for bedroom of Client #5. Work oder submitted for rust at the bottom of door frame. Work order submitted to remove wooden swing.	10/6/21 10/6/21 10/6/21

LIFE, Inc.
STAFF INSERVICE REPORT

Date: 9/21/21

Instructor's Printed Name: Trinette Bowser

Time Length of Break:

Instructor's Signature: Trinette G. Bowser

Inservice Begin Time: 11am

Inservice End Time: 1pm

* Topic Covered:	1. Bloodborne Pathogens	Expiration Date:	(1 yr.)
* Topic Covered:	2. Code of Conduct (in Corp Compliance and Ethics Training binder)	Expiration Date:	(1 yr.)
* Topic Covered:	3. Corp Compliance Deficit Reduction Act '05 (in Corp Compliance and Ethics Training binder)	Expiration Date:	n/a
* Topic Covered:	(4.) CPR-Adult	Expiration Date:	(2 yr.)
* Topic Covered:	5. Cultural Diversity	Expiration Date:	(1 yr.)
* Topic Covered:	6. Emergency Preparedness	Expiration Date:	(1 yr.)
* Topic Covered:	7. Fire Safety	Expiration Date:	(1 yr.)
* Topic Covered:	(8.) First Aid	Expiration Date:	(2 yr.)
* Topic Covered:	9. General Orientation - ICF	Expiration Date:	n/a
* Topic Covered:	10. General Orientation - Policy Rel	Expiration Date:	n/a
* Topic Covered:	11. General Orientation-Cont Serv	Expiration Date:	n/a
* Topic Covered:	12. HIPAA (in Corp Compliance and Ethics Training binder)	Expiration Date:	n/a
* Topic Covered:	13. MANDT	Expiration Date:	(1 yr.)
* Topic Covered:	14. Medical/TB Asessment	Expiration Date:	(1 yr.)
* Topic Covered:	15. Medical Review (annually after Medication certified)	Expiration Date:	(1 yr.)
* Topic Covered:	16. Promotion of Consumer Well-Being	Expiration Date:	(1 yr.)

EMPLOYEE'S PRINTED NAME (Please print clearly)	EMP ID #	Is this Employee a NEW HIRE?	EMPLOYEE'S SIGNATURE (Please sign legibly)	FACILITY #	ARRIVAL TIME	DEPARTURE TIME	4, 8 TOPICS	PASS/FAIL
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Mary Beth Bell	72320	no	Mary Beth Bell	272	11am	1pm	CPR - FA	P

PLEASE FAX ALL COMPLETED FORMS TO THE CORPORATE OFFICE: (919) 778-2928

Rev. 2/2018

eWork Orders

Facilities
Hole in the wall
Work Order Request - Routine

24100
24100
24100

Vakesha B. Winslow 2523337186 vwinslow@lifeincorporated.com Budget #:MHL-028-013	Roanoke Trail -General DDA	**Reported** 7 Oct 2021 **Printed** 7 Oct 2021 04:56:46pm

Priority: DDA **Estimated:** 0 **Reviewed:** No **Status:** 0-Open

Classification: Other

Procedure or Request Details

There is a hole in the wall in bd #3

eWork Orders

Facilities

Remove wooden swing from front yard.

Work Order Request - Routine

24041
24041
24041

Trinette Bowser 252-531-5353 tbowser@lifeincorporated.com Budget #:MHL-028-013	Roanoke Trail -General DDA	**Reported** 6 Oct 2021 **Printed** 6 Oct 2021 02:53:22pm

Priority: DDA **Estimated:** 0 **Reviewed:** No **Status:** 0-Open

Classification: Other

Procedure or Request Details

Swing is broken, discolored, and hanging by one chain.

eWork Orders

Facilities

Bathroom # 2 baseboards and ceiling fixture

Work Order Request - Routine

24042
24042
24042

Trinette Bowser 252-531-5353 tbowser@lifeincorporated.com Budget #:MHL-028-013	Roanoke Trail -General DDA	**Reported** 6 Oct 2021 **Printed** 6 Oct 2021 02:53:35pm

Priority: DDA **Estimated:** 0 **Reviewed:** No **Status:** 0-Open

Classification: Painting

Procedure or Request Details

Handicap bathroom has a stained and lifted area on the baseboard (area under paper towel holder). Ceiling fixture rusty.

eWork Orders

Facilities
Bathroom #1 rusty area on door frame
Work Order Request - Routine

24043
24043
24043

Trinette Bowser 252-531-5353 tbowser@lifeincorporated.com Budget #:MHL-028-013	Roanoke Trail -General DDA	**Reported** 6 Oct 2021 **Printed** 6 Oct 2021 02:55:58pm

Priority: DDA **Estimated:** 0 **Reviewed:** No **Status:** 0-Open

Classification: Painting

Procedure or Request Details

Rust at bottom of door frame

CONSUMER RIGHTS' POLICY **1201**

Effective: May 2014
Last Revision Date: May 14, 2018
Responsibility: Director of Social Work

POLICY:

It is the policy that the rights of consumers shall be understood, respected, and preserved. The rights of the consumers will be communicated initially and annually for persons served in a program longer than one (1) year. Each employee of LIFE, Inc. will be informed of consumer rights. In general, these rights shall include but shall not be limited to the right of dignity, humane care and treatment, and proper assistance and guidance. All employees of LIFE, Inc. working directly with consumers will receive initial and ongoing training to promote consumer well-being and prevent abuse, neglect, and mistreatment. It's also the policy that all alleged rights violations and crimes be investigated promptly with proper disciplinary and/or corrective measures taken as deemed appropriate.

REGULATORY REFERENCE:

LIFE, Inc. Company Policy
NC Rules Governing Categories A and B Providers
Section 1150B of the Social Security Act

Tag Numbers: W122, W123, W124, W125, W126, W127, W128, W129, W130, W131, W132, W133, W134, W135, W136, W137, W138, W139, W140, W141, W142, W143, W144, W145, W146, W147, W148, W149, W150, W151, W152, W153, W154, W155, W156, W172, W189

FORMS MANUAL REFERENCE: 1201(a), 1201(b), 1201(c)

COMMENT:

1) In recognition of the consumer's status as a developing individual, assistance, training, and treatment shall be provided the consumer relative to the exercise of rights.

2) All rights of the consumer shall devolve to the Guardian, next of kin or sponsoring agency if the consumer has been adjudicated incompetent or if it has been documented in the consumer's record the specific impairment(s) that have rendered the consumer incapable of understanding his rights.

3) Each consumer of LIFE, Inc. shall have the following rights:

a) Exercise his rights as a consumer and citizen;

b) Have the right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect, and exploitation by all LIFE, Inc. employees;

c) Be informed of the policies, rules and regulations of LIFE, Inc. at or prior to the time of admission. Be informed upon the adoption or revision of pertinent policies which are applicable;

d) Be fully informed of his rights and responsibilities, and the rules and regulations governing conduct and responsibility; any fees will be assessed and explained upon admission, failure to pay any assessed fees may result in termination of services as well as legal action;

e) Have the right to live as normally as possible while receiving care and treatment;

f) Have the right to receive care, services and treatment based on a plan written especially for the individual consumer. The plan must be implemented within the service definition requirements:

g) Participate in the planning of his total care and medical treatment; and given a copy of the treatment/habilitation plan by LIFE, Inc.;

h) Be informed of the benefits or risk involved in the services the consumer will receive prior to agreeing to participate in the program;

i) Be fully informed in writing of the services available in the facility, and of related changes, including changes in services not covered under the Title XIX Program or by the facility's basic per diem rate, (IID);

j) Be fully informed by a physician of his health or medical condition unless it is documented in his record as medically contraindicated by his physician;

k) While receiving services, the consumer has the right to be free from unnecessary or excessive medications of any kind and have the right not to have medication used as punishment for discipline or for the convenience of staff. The use of medication will only occur as ordered by a physician in accordance with sound medical advice and following consent by consumer or guardian. Any known side effects or serious risks involved with a specific medication will be shared prior to obtaining consent;

Be free from restrictive interventions involving physical or chemical restraint and use of protective devices unless informed consent is given in conjunction with an approved behavior modification program within 30 days of initiation and when authorized in writing by a licensed, practicing psychologist or physician for use during behavior modification sessions or in an emergency situation in which restrictive intervention is necessary to prevent danger or injury to self or others. Refer to 1202(a) for the use of emergency restrictions.

1. The approved use of restrictive interventions and protective devices is valid only for 6 months. Approval is based upon assessment of the consumer and documentation and justification of the restrictive intervention or protective device proposed. Initiations and continued use of restrictive interventions or protective devices must be based on precise, clear, and recent behavioral data that the intervention or device will or continues to have a positive impact and is warranted. Reasons for the intervention or protective devices must be explained to the treatment team, consumer or guardian and the LIFE, Inc. Human Rights Committee and approval obtained from all prior implementation. The Human Rights Committee must review the plan initially and every 6 months for ongoing plans. Approval, disapproval, or abstention by the Human Rights Committee will be based on a majority vote. If at any time the

treatment team, consumer or guardian, or Human Rights Committee does not approve the plan it will not be implemented or if in current use will be discontinued.

2. Upon admission to LIFE, Inc., the consumer's medical history is reviewed, and a health history assessment is completed with the consumer and/or legally responsible person. If there are foreseeable physical consequences to using a restrictive intervention, approval by physician following a medical exam will be obtained and the physician will monitor the plan which will include specific monitoring procedures. If the consumer has a physical disability or medical issue which may cause his/her sensitivity to injury, such condition is to be documented in the consumer's plan with instruction not to utilize any interventions felt by the physician to be potentially harmful. Any alternative techniques that may be used, per physician approval, will be documented in the consumer's plan and all employees in-serviced on the consumer's condition and alternative techniques.

3. LIFE, Inc. supports using the least restrictive, most appropriate, and most effective positive therapeutic treatment modalities. Use of restrictive methods will only be used when clinically or medically indicated for therapeutic treatment and after less restrictive and more positive methods have proven unsuccessful and will be used in a manner that does not inflict harm or pain. The restrictive intervention is to be discontinued immediately when a risk to the consumer's health or safety is noted or as soon as the consumer demonstrates behavioral control.

4. LIFE, Inc. employees will only use the degree of restriction necessary to repel or secure a violent and aggressive consumer with the highest degree of restriction allowed by policy being the use of state approved restrictive intervention techniques.

Restrictive intervention may be used in an emergency situation when the intervention is necessary to prevent abuse, injury (to self or others), or property damage that poses imminent risk. In an emergency situation, a certified staff may use emergency intervention for up to 3 minutes without additional approval from a QP. Emergency restrictive intervention lasting longer than 3 minutes must be authorized by a QP trained and privileged to authorize the intervention. The QP can write a continuation authorization after the initiation of the intervention. A verbal authorization can be given for up to 3 hours and then the written authorization must be in place. When an order is renewed, up to 24 hours, the order is to be signed by the designated staff. Written orders are valid only for 4 hours for adults, 2 hours for children ages 9 to 17 years of age, and 1 hour for children under 9 years of age. The original order is renewable only within these limits or to a total of 24 hours. Restrictive intervention is discontinued immediately once a consumer regains control or at the first indication of imminent danger to health or safety of the consumer.

Use of emergency restrictive intervention will become planned when the intervention is utilized more than 4 times or 40 hours in a calendar month, used in a single episode up to a total of 24 hours, and/or used to therapeutically decrease dangerous, aggressive, self-injurious, or undesirable behaviors to a level which will allow use of a less restrictive treatment procedure.

The use of restrictive intervention will be used only as a last resort and implemented only by trained staff. LIFE, Inc. supports and teaches The MANDT System. All employees

who provide direct care services to consumers shall be certified in The MANDT System Rational (R) and Technical (T) interventions. A written and physical test must be passed by the employee initially and annually in order to access competency and be certified in the use of MANDT. The LIFE, Inc. Human Rights Committee is informed of the use of any restrictive intervention and approval obtained prior to use except in emergency situations. Restrictive intervention will not be used as punishment, coercion, retaliation by staff, or for staff convenience. It should be noted that LIFE, Inc. does not use seclusion, time out isolation, or use of restrictive intervention in excess of 24 hours;

m) Be free of treatment involving electro-convulsive shock, corporal punishment, aversive conditioning, experimental drugs or procedures and non-emergency surgery unless informed, voluntary consent of the consumer or guardian is given and the use of such is clinically and medically indicated;

n) Have the right to agree to or refuse any specific treatment. The only time treatment can occur without consent is:

- in an emergency situation;
- if treatment has been ordered by the court;
- when more than one professional agrees that the specific treatment is needed in order to improve or to prevent harm; or
- if under 18 years old, the parents/legal custodian can give permission if the consumer objects;

o) The fact the consumer is receiving services or any other information about the consumer's care is CONFIDENTIAL. The information in the consumer record is available to the consumer, unless more than one professional determines that it would be harmful to the consumer;

p) In general, under state and federal law, no one can share information with another about the services provided. These same laws, however, require LIFE, Inc. to share information with others under the following conditions:

1) The next of kin may be informed, it is in the consumer's best interest; and if under 18, the parents may be informed about the consumer's care when it is in the consumer's best interest and not considered harmful;

2) With consumer permission, the next of kin, or a family member with a legitimate role in the consumer's service, or another person named by the consumer may be given other information about the consumer;

3) With any other person if the consumer gives specific permission;

4) If the consumer has or if LIFE, Inc. assigns a consumer advocate, to work on behalf of the consumer, the advocate may review the consumer record;

5) If LIFE, Inc. is ordered by a court to release the consumer record;

6) Review of the consumer record by a LIFE, Inc. attorney because of a lawsuit, a commitment proceeding, or guardianship proceeding;

7) Transfer of care to another public agency;

8) If committee and there is a need to share information about the consumer in order to manage the consumer's care;

9) If imprisoned, LIFE, Inc. may share the consumer's record with prison officials;

10) If there is an emergency, information may be shared with another professional who is treating the consumer;

11) With a physician or other professional who referred the consumer to our facility;

12) If LIFE, Inc. believes that the consumer is a danger to themselves or others, if LIFE, Inc. believes the consumer is likely to commit a crime; LIFE, Inc. may share information with law enforcement;

13) Allegations or suspicions of abuse, neglect, sexual victimization or exploitation will be reported to the proper local authorities.

q) Have access to all living areas, recreational areas and habilitative supplies and equipment of LIFE, Inc.;

r) Be paid for work performed that is not part of his Habilitation plan;

s) Goods or services will not be sold or purchased from a consumer unless approval has been obtained from the consumer or consumer's legally responsible entity (if applicable) and the President of LIFE, Inc.;

t) Be free from unreasonable or excessive compensation for damage resulting from his behavior;

u) Exercise all civil rights including disposing of property, making of purchases, entering into contracts, registering and voting, marrying and advancing;

v) Manage his personal financial affairs unless written authorization for assistance is given by the consumer and the extent of assistance is provided with Title XIX Program rules;

w) Be treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

x) Communicate and meet with persons of his choice upon mutual consent and under appropriate supervision;

y) Communicate and consult with the individual or agency having legal custody;

z) Communicate and consult with legal counsel, doctor or intellectual and developmental disabilities' specialist of his choice or his guardian's choice at his expense;

aa) Privacy for visits by his spouse if married, or to share a room with his spouse if both are consumers of the facility, however, unless married no consumers of the opposite sex will share a room unless under the age of six years. Children or adolescents and adults do not share bedrooms. The facility will not serve more consumers than legally licensed to serve;

bb) Obtain and or retain a driver's license, unless otherwise prohibited;

cc) Send and receive unopened mail, have access to writing materials, postage and assistance, and have access to a schedule of collecting and distributing mail;

dd) Live and work in an unlocked environment during working hours;

ee) Make and receive confidential phone calls at his expense;

ff) Be transferred, discharged, suspended or expelled from services, only for medical reasons, his welfare, the welfare of other consumers, or nonpayment of charges except as prohibited by the Title XIX Program or lack of authorization by area authority. Suspension of services will occur for a time period no greater than 4 weeks. At that time, if the consumer is not able to resume services, expulsion or discharge will occur. Expulsion will occur when it is determined the consumer's needs cannot be met for the foreseeable future due to medical reasons, his welfare, welfare of other consumers, or nonpayment of charges. Consumers will be free from the threat or fear of unwanted transfer, discharge, suspension, or expulsion from services. If transferred, discharged, suspended, or expelled from services, the reasons will be documented in the consumer record along with the anticipated time frame to resume services (if applicable). Documentation will include referral for alternative services including type of service and efforts made by LIFE, Inc. to help the consumer secure the service. All information regarding a necessary transfer, discharge, suspension, or expulsion will be relayed to the consumer, the consumer's legally responsible person, and persons of consumer choice via telephone or face to face conversation and followed up by written correspondence. If not satisfied with the transfer, suspension, expulsion, or discharge, the grievance policy is to be followed.

gg) Receive or refuse visitors at any reasonable time;

hh) Make scheduled trips in the community unless being held here because of judicial criminal proceedings;

ii) Be out of doors daily, have access to facility's equipment for physical exercise several times a week and participate in recreational/social activities;

jj) Have access to individual lockable storage space for his private use; and,

kk) Participate in religious worship of his choice;

ll) Wear, keep and use his clothing, personal hygiene items and personal possessions; and be free from unwarranted search and seizure;

1. LIFE, Inc. recognizes the need to reserve the right to inspect living areas in situations when personal property of other consumers is missing, a consumer is suspected of having illegal drugs, or a consumer is suspected of having a weapon;

2. LIFE, Inc. will conduct the inspection of a consumer's living area with the approval and in the presence of the consumer;

3. Suspicion of illegal drugs or weapon will constitute a warranted search and seizure. The Human Rights Committee and the family/guardian will be notified. Personal property of others, illegal drugs, or weapons will be seized. Law enforcement will be contacted to determine appropriate disposal of illegal drugs or weapons. Personal property of others will be returned to the owner(s).

4. Every search and seizure in a facility shall be documented in the consumer's chart, reviewed with the Human Rights Committee, and reported as warranted by completion of the NC IRIS and the DHHS Quarterly Provider Incident Report;

5. Documentation shall include, but not limited to:

- the scope of the search;
- the reason for the search;
- procedures followed in the search;
- description of the item seized, and
- an accounting of the disposition of seized property.

mm) Be free from the loss of any meal or a portion of a meal as a disciplinary action;

nn) Keep and spend a reasonable sum of personal money;

oo) If under 18 years old, contact and consult with parents or legal guardian;

pp) Be involved in research only if informed, voluntary consent is given;

qq) Receive written notice and rationale, if transferable with LIFE, Inc. or to another facility;

rr) Voice grievances and recommend changes in policies and services through facility staff (assigned QP) and/or through outside representatives, and to do so without restraint, interference, coercion, discrimination or reprisal; to ensure consumer self-governance, consumer involvement will occur in the LIFE, Inc. Human Rights Committee and opportunities provided for involvement in self-advocacy groups

1. LIFE, Inc. defines grievance as a complaint, misunderstanding, disagreement, conflict, dispute or circumstance regarding services or interventions offered by LIFE, Inc. which cannot be resolved through discussion between the consumer, guardian, QP I and QP II, and/or Corporate Clinicians.

2. If a consumer or individual acting on behalf of the consumer determines it is necessary to file a formal grievance, LIFE, Inc. will follow these procedures below;

- LIFE, Inc. will provide appropriate names, addresses, and telephone numbers specific to the situation;

- A written grievance will be required with information including specific details or concerns regarding the situation at hand. As warranted, a consumer will be assisted by staff and/or an individual of choice in compiling a written grievance;
- Once completed, the grievance must be forwarded to the QP who will acknowledge receipt of the grievance in writing;
- All information concerning the grievance is to be reviewed in detail with the QP and appropriate team members. A decision is to be made and the QP is to respond in writing within a time period not to exceed 5 days;
- If a grievance cannot be resolved through the aforementioned procedures or the response/decision is not acceptable, appropriate information will be submitted to the appropriate Director (Director of ICF/IDD Services or Director of Contract Services) who will review it in detail and respond in writing to the consumer or individual acting on the consumer's behalf within 10 days of initial receipt.
- In the event the response/decision made by the appropriate Director is not acceptable, the grievance will be referred to the area LIFE, Inc. Human Rights Committee. The decision of the Human Rights Committee will be final.

ss) LIFE, Inc. can only restrict rights of a consumer or utilize restrictive interventions following consent from the consumer and/or guardian and approval by the LIFE, Inc. Human Rights Committee unless it is an emergency situation in which restrictive intervention is necessary to prevent danger or injury to self or others. Refer to 1204:3 (l) #4 for emergency usage of restrictive interventions. The possible use of restrictive intervention in an emergency situation or as planned intervention is explained to the consumer and family/guardian at admission during the review of the Consumer Rights policy 1204 and Consumer Incident Policy 1205 by the QP or Director of Social Work. If the consumer and/or guardian refuses the proposed rights restriction or restrictive intervention, LIFE, Inc. will not implement the restriction or restrictive procedure. The refusal will be treated as a grievance and handled as outlined in the grievance procedures above in (rr). The QP is responsible for explaining to the consumer and/or guardian and the Human Rights Committee the reason for the restriction of the right and/or the restrictive procedures proposed. If and when such occurs, the consumer has a right to have an advocate or someone the consumer designates, informed of the restriction as soon as possible but within 24 hours of the next working day. The QP is responsible for ensuring notification when the restrictive intervention is utilized. The QP is required to notify as soon as possible, but within 24 hours, the consumer's treatment team, the governing body designee which is the LIFE, Inc. Corporate Program Specialist, the legally responsible person, and persons identified by the consumer. LIFE, Inc. must keep a written report of any restriction in the consumer's record. Refer to Restrictive Intervention Documentation in Policy 1205 #3.

tt) Upon becoming age 18 and upon request, the consumer may have any court records related to his care and treatment destroyed;

uu) LIFE, Inc. is required to develop a discharge plan for consumers and provide a copy upon request before leaving the facility;

SPECIAL NOTE: If the consumer's primary need is related to the fact that he has intellectual and developmental disabilities and is receiving residential care, there is an additional right. If LIFE, Inc. determines the need to discharge the consumer and if the consumer still requires residential care, LIFE, Inc. will provide as much assistance as possible in locating another appropriate placement. This right exists unless the consumer broke the rules he agreed to follow of if LIFE, Inc. located another appropriate placement and the consumer refused that offer;

vv) If a consumer leaves without permission, LIFE, Inc. may notify law enforcement officers to pick up the consumer and return him to the facility;

xx) The fact a consumer is receiving services does not take away from the consumer's basic civil rights. Only after being declared incompetent by a court, can these rights be limited;

yy) Assistance regarding consumer rights can be obtained from:

Disability Rights North Carolina 1-877-235-4210
The NC Mental Health Consumer's Organization, Inc. 1-877-235-4210
The NC Care line 1-800-662-7030
Division of Health Service Regulations Public Complaint Line 1-800-624-3004
These toll-free numbers are open Monday through Friday between 8:00 am and 5:00 pm

4) **Human Rights Committee Meeting**

a) A Human Rights Committee for LIFE. Inc. shall be developed in each region. Members of the committee are to include professionals of associated disciplines (i.e., Social Work, Education, Psychology, Medicine and other Allied Health Professions), family members, consumer representatives, and concerned lay persons from the community. At least one adult consumer representative will participate as a member to ensure all applicable disabilities served by LIFE, Inc. are represented. LIFE, Inc. only serves individuals with intellectual disabilities. Members for the committee will be recommended to the LIFE, Inc. area QP II and approved by the Committee via a majority vote. LIFE, Inc. employees who will attend the meetings include the QP's and other staff when deemed appropriate (i.e. psychologist). At least one member or trained consultant of the Committee that is not directly involved with the consumer will be certified in the utilization of the restrictive intervention utilized by LIFE, Inc. The Committee will be comprised of a majority of non-board members. Board members and staff members will not be allowed to vote. Confidential consumer information is only shared with the Committee or Board members following consent by the legally responsible entity. Human Rights Committee Members will sign a confidentiality agreement. At least 5 members are recommended who are not involved directly with the consumer. Training for Committee members will be provided by the QP II. The members will be provided with the LIFE, Inc. Human Rights Committee By-Laws, LIFE, Inc. Consumer Rights and Consumer Incident Policies, and copies of restrictive programs and alternatives. These will be reviewed with the members with emphasis on governmental statues and rules by the QP II.

b) By-laws shall govern the committee's operation. The purpose of the committee is to review program services, review exercise and restriction of the consumer's rights including use of restrictive interventions, review any individual cases of abuse/neglect, provide advice/guidance to the LIFE, Inc. professional staff, ensure consumer rights protections,

and review unresolved consumer grievances for final decision including all consumer rights protections outlined in NC GS 122, ASPM 30-1, and ASPM 95-2. All actual or alleged consumer rights violations are reported to the area authority within 24 hours through use of the NC IRIS. LIFE, Inc. is responsible for completion of the NC IRIS and is required to inform the Committee that such notification has been completed. The committee also has the authority to provide active intervention to ensure the consumers of LIFE, Inc. receive all benefits, services, and rights to which they are entitled to.

c) The committee must meet on at least a quarterly basis. Consumers will not be identified by name in the minutes, oral discussion, or written reports. The QP's must ensure all planned restrictive plans and use of behavior medications and use of protective interventions receive approval by the committee prior to implementation or use. In addition, the QP must ensure that all potential consumer abuse, neglect or right violations are reviewed by the committee as well as any unresolved grievances. Approval for restriction of rights, final decisions on grievances, and any other issues requiring decisions by the Committee will require a majority vote by voting members. The process will consist of presentation of the rights restriction, restrictive intervention, abuse/neglect incident, and/or consumer grievance to the Committee by the QP. Discussion by members will occur along with any questions to LIFE, Inc. or request for additional information. Once the members feel they have sufficient information, a vote will occur. Comparison of progress will be reviewed quarterly with the Human Rights Committee regarding use of restrictive interventions and rights restrictions in order to determine effectiveness and need for continuance. It is the responsibility of the area QPII to schedule meetings and inform the members of the meeting time, date, as well as location. Minutes of all Human Rights Committee Meetings will be maintained by the QP along with a copy of the by-laws, list and addresses of the members, as well as confidentiality forms signed by each member. Minutes of Human Rights Committee meetings will be provided to the Quality Assurance and Improvement Committee following each meeting. An annual report will be provided to the Area Authority as contractually required.

d) For reference, a copy of the LIFE, Inc. Human Rights Committee Bylaws are maintained in Section 9 of the QP Manual.

5) **Rights Assessment of ICF/IID Consumers**

a) Within one year of ICF/IID admission for adult consumer, the QP shall conduct a consumer rights assessment and document findings on the LIFE, Inc. Rights Assessment form. A copy of the Rights Assessment Form is available in the ICF/IID QP Manual.

b) A Rights Assessment is not required for minors under the age of 18. Upon reaching 18, the QP must complete the Rights Assessment.

c) The Rights Assessment shall be filed in the consumer's active medical record in the Legal Section. It should also be discussed at the Interdisciplinary Team Meeting and referenced in the Life Plan on an annual basis to ensure it remains accurate.

d) The Rights Assessment shall be reviewed by the QP during the annual team meeting. The review of the rights assessment by the Interdisciplinary Team should be documented in the Independent Living subsection of the Life Plan. In addition, Objectives and

Service Goals shall be established as needed in the Life Plan to promote the exercise of rights to the fullest extent possible.

6) **Promotion of Consumer Well Being and Abuse Prevention**

a) All employees of LIFE, Inc. will receive initial training for the "Promotion of Consumer Well Being and Abuse Prevention." Training will be provided annually to all employees providing direct services and care to consumers to ensure the provision of quality care and prevention of abuse, neglect and mistreatment.

b) The Promotion of Consumer Well Being and Abuse Prevention training module developed by LIFE, Inc. consists of seven key components identified by the Centers for Medicaid and Medicare Services.

c) The training module is included on (Page 218).

7) **Consumer Rights Violations:**

a) All employees are expected to immediately report any alleged or witnessed incidents of rights' violations and suspected abuse, neglect, or exploitation of persons served. Failure to report is a class 3 misdemeanor punishable by a fine. Reports of this nature should be directed to someone in a supervisory capacity role (i.e., QP, Habilitation Coordinator, Corporate Team Members) in order to ensure that immediate action is taken. Any employee making a report in good faith is immune from civil liability. LIFE, Inc. will not retaliate against an individual who lawfully reports a reasonable suspicion of a crime under Section 1150B of the Social Security Act. LIFE, Inc. will not discharge, demote, suspend, threaten, harass, or deny a promotion or employment-related benefit to an employee, or in any manner discriminate against an employee, or file a complaint or a report against a nurse or other employee with the appropriate state professional disciplinary agency because of lawful acts done by the nurse or employee. The identity of the individual who makes a report will not be disclosed without consent with exception to authorized persons of LIFE, Inc., state and/or federal agencies conducting an investigation, or when disclosure is legally compelled. For the purpose of clarity, the following descriptions/definitions should be referred to:

1) Crime:
Crime is defined by law of the applicable political subdivision where a long-term care facility is located. LIFE, Inc. will coordinate with law enforcement entities to determine what actions are considered crimes within their political subdivision.

2) Physical Abuse:
Physical abuse is any physical action that results in or could potentially result in physical injury to a consumer. Examples include but are not limited to: hitting, beating, pinching, kicking, harmful restraint, and use of a weapon or other instrument to inflict bodily harm.

3) Sexual Abuse:
Sexual abuse is any sexual behavior imposed on a juvenile or non-consenting adult. This involves a range of activities, including but not limited to: the

fondling of the genital area, oral sex, vaginal or anal penetration, exhibitionism, pornography, and suggestive behaviors or comments.

4) Emotional Abuse:
Emotional abuse is expressing attitudes or behaviors toward a consumer that creates or can create psychological damage. Examples include but are not limited to: verbal threats, demeaning comments, profanity, and harsh/loud negative tones of voice.

5) Neglect:
Neglect is defined as serious disregard for a consumer's supervision, care, or treatment. It is any action by an employee that results in harm/injury or could potentially result in harm/injury to a consumer.

- The failure of a caregiver to provide the goods or services necessary to maintain the health or safety of a consumer.
- The failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

6) Exploitation:
Exploitation is the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including caregiver or fiduciary, that uses the resources of a consumer for monetary or personal benefit, profit, or gain, or that results in depriving a consumer of rightful access to, or use of, benefits, resources, belongings, or assets.

7) Self-Neglect:
Self-Neglect is an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.

b) It is unlawful for any person in the facility to:
- assist, advise or solicit a consumer to leave the facility without authorization by the facility or legally responsible person
- transport or encourage a minor consumer or incompetent consumer of the facility into any place, structure, building, or area for the purpose of engaging or soliciting to engage in any act that would constitute a sexual offense
- hide an individual who has left the facility without authorization to engage in or offer to engage in any act with a consumer of the facility that would constitute a sexual offense.

c) All alleged incidents of rights' violations and crimes will be investigated and documented with appropriate corrective actions taken based on findings. Any employee who intentionally abuses a consumer or exploits a consumer's property is guilty of a Class 1 misdemeanor.

d) Upon receipt of reported allegations, it is the responsibility of designated staff (i.e., QP or Habilitation Coordinator) to visit the location of the alleged violation in order to initiate a preliminary investigation, ensure completion of an Accident/Incident Report {Refer to Consumer Incident Policy #1205}, and to conduct a "physical check" of the consumer as

deemed appropriate. The safety of the consumer is paramount, and all efforts are to be made to ensure the consumer is not in immediate harm or danger of possible abuse/neglect. Suspension of the accused staff may be necessary pending the outcome of the investigation. The designated staff initiating the preliminary investigation is responsible for notifying the Director of ICF/IID or Director of Contract Services of the allegation and initial results. The QP will then contact the Director of Social Work to discuss the specific information regarding the allegation/situation. It will be the responsibility of the Director of Social Work to share pertinent details of the report with appropriate Corporate Team Members.

e) If a preliminary investigation reveals sufficient information to suggest that an alleged rights' violation may have occurred, a Formal Investigation/Inquiry will be initiated by the assigned QP. The QP is responsible for notifying the local Department of Social Services, local law enforcement, the consumer's guardian/family, the Human Rights Committee, and submitting an initial NC IRIS Report online at https://iris.dhhs.state.nc.us/ which will serve as the 24 Hour Health Care Personnel Registry Report. If the incident has resulted in serious bodily injury to the consumer, a report must be made within a 2-hour time frame and all local agencies notified as indicated above. NC IRIS is a web based electronic incident reporting system required for all Level II, Level III, and deaths involving consumers of MH/DD/SAS. The local Department of Social Services and local law enforcement will determine if their involvement is warranted as they will determine what actions are considered crimes in their political subdivision.

f) The QP, Habilitation Coordinator, and/or other individuals as appointed will comprise the Investigative Team and shall have the authority to interview appropriate staff. In addition, team members will have the right to request written statements from staff using the Confidential Investigative Statement (Forms Manual 1201(a)). The team should also interview consumers in order to gather information pertinent to the investigation.

g) Failure of an employee to cooperate during an investigation may be grounds for disciplinary action, up to and including termination from LIFE, Inc.

h) Upon completion of the formal investigative process, it will be the responsibility of the QP to complete a written report utilizing the LIFE, Inc. Formal Inquiry Form in the Forms Manual (1201(b)). The QP is responsible for forwarding the completed form to the Director of Social Work who will ensure review and acknowledgement by the President of LIFE, Inc. or designee. The form will then be returned to the QP for filing with the other completed forms.

i) A copy of the final written report will be shared with the Human Rights Committee by the QP at the next scheduled meeting. In addition, verbal information will be shared with Members of this committee in efforts to obtain their input and/or recommendations regarding rights' issues involved in any particular case.

j) The responsible QP will edit and resubmit online the NC IRIS within 4 days of the initial submission with the details of the completed investigation, prevention recommendations, and action taken. This will serve as the required 5 Working Day Report for the NC Health Care Personnel Registry.

k) Based on findings during the alleged rights' violation investigation, appropriate disciplinary action will be taken, including possible termination, as specified in other policies approved and/or adapted by LIFE, Inc.

l) The Department of Social Services and/or the NC Health Care Personnel Registry may elect to conduct an outside investigation. It is expected that all LIFE, Inc. staff will fully cooperate with these agencies. Failure to do so will be grounds for disciplinary action, up to and including termination from LIFE, Inc.

CONSUMER INCIDENTS **1202**

Last Revision Date: May 21, 2018
Responsibility: Director of Social Work

POLICY:

It is the policy that all consumer accidents, injuries, use of restrictive interventions, medication errors, and deaths are reported immediately and investigated promptly with recommendations implemented to prevent future occurrences as need warrants,

REGULATORY REFERENCE:

LIFE, Inc. Company Policy
NC Rules Governing Categories A and B Providers
Section 1150B of the Social Security Act

FORMS MANUAL REFERENCE: 1202(a), 1202(b), 1202(c)

COMMENT:

1) **ACCIDENT/INJURY REPORT PROCEDURES**

All employees must be in-serviced on the use of LIFE, Inc. Accident/Injury Reports upon beginning work with the consumers. This training consists of location of the reports, how to complete the report properly, and when to complete a report. LIFE, Inc. will also provide procedures for review of the reports, ensure follow-up, and implement recommendations to promote safety and prevent future occurrences,

a) A LIFE, Inc. Accident/Injury Report is to be completed for all consumer injuries and accidents that cause or could cause an injury or harm to the consumer. Accidents involve occurrences of falls, self-injurious behavior (i.e., head banking, biting self, hitting self, etc.), aggression by another person (i.e., being hit, kicked, bit, etc.), and so forth that could cause injury. Injury may not be evident at the time the accident occurs, but a report is to be completed if the accident is severe enough that injury may be noted later (i.e, bruising, swelling, pain, etc.). Refer to Accident/Injury Report for Consumer.

b) The Qualified Professional is responsible for reviewing all Accident/Injury Reports as soon as possible and initiating follow-up. Injuries of unknown origin or allegations of abuse, neglect, or mistreatment are to be reported to the Qualified Professional (Contract Services) or the on-call staff (ICF) immediately and an investigation initiated.

c) The Qualified Professional must develop procedures to ensure their staff know where to place completed reports for review by management staff. There4 is not to be a lapse in time where it takes several days for a Qualified Professional to review the reports. During extended leaves of absence, the Qualified Professional II or the Regional Director must ensure the reports are reviewed and follow-up provided as warranted.

d) The Qualified Professional (Contract Services) and the Qualified Professional, Habilitation Coordinator, and Nurse (ICF and group home settings) must initiate follow-

up on all Accident/Injury Reports to determine the most effective way to prevent reoccurrence of the accident and/or injury. The Accident/Injury Report must be signed by the appropriate staff, follow-up and recommendations documented on the report, and the name of the responsible person indicated on the form that will ensure the implementation of the recommendations/remedial procedures.

e) The Qualified Professional (Contract Services) and the Qualified Professional and Nurse (ICF) will maintain the completed Accident/Injury Reports for their assigned consumers. The reports are to be reviewed by the LIFE, Inc. Area Accident/Injury Report Committee on at least a quarterly basis. The committee will be comprised of the regional nurse(s), Qualified Professional I's, Qualified Professional II, Habilitation Coordinators, and Program Director/designee (Contract Services).

f) The Area Accident/Injury Report Committee will review the reports, follow-up findings, recommendations/remedial procedures and make any additional recommendations. Additional recommendations are to be relayed to the assigned Qualified Professional, who is responsible for ensuring they are implemented. Minutes of the meeting are to be taken and maintained in a notebook along with the reports. This notebook is to be kept in the group home for ICF and group home settings. The QP or designee for Contract Services will maintain the other reports. The Qualified Professional II or Program Director or designee must sign on the back of the report acknowledging review by the committee and the review date.

g) Following each Area Accident/Injury Report Committee meeting, the minutes of the meeting and the original Accident/Injury Reports are to be forwarded to the Program Specialist. Copies of the reports may be made and kept in the area and/or group home until the original reports are returned by the Corporate Representative.

h) The Quality Assurance and Improvement Committee will meet monthly to review the minutes, reports, follow-up findings, and recommendations. Any additional recommendations will be relayed to the area QP.

i) During the Quality Assurance and Improvement team meeting, a corporate representative will sign the back of the report, acknowledging the review and date of review. The original reports will be returned to their area for filing. The flow chart summarizing the process is included on page 231.

2) LEVEL II AND III INCIDENT REPORTING REQUIREMENTS

In accordance with NC Rules Governing Categories A and B Providers, LIFE, Inc. employees will follow the established procedures for responding to Level I, II or III incidents. Established procedures will also be followed for the completion and online submission of NC IRIS at https://iris.dhhs.state.nc.us/. NC IRIS is a web based electronic incident reporting system required for all Level II, Level III, and deaths involving consumers of MH/DD/SAS.

a) LIFE, Inc. will respond to all incidents (Level I, II and III) by attending to the health and safety needs of the consumer, determining the cause of the incident, developing and implementing corrective measures to ensure safety and prevent similar incidents, assigning a responsible person to ensure the implementation, and maintaining

documentation that such occurred. Level I, II and III incidents are defined in the NC DHHS Incident and Death Response System Manual provided online by the NC Department of Health and Human Services.

b) All Level II and III incidents will be reported to the area authority or county program within 72 hours of the incident if the incident does not involve abuse, neglect, mistreatment, a crime, self-neglect, exploitation, or emotional abuse. Reports will be made using the NC IRIS. However, if the incident requires notification to the NC Health Care Personnel Registry, an initial NC IRIS will have to be completed and submitted within 2 hours if the incident involves serious bodily injury or within 24 hours if no serious bodily injury. Refer to LIFE, Inc. Policy 1201(#7) Consumer Rights Violations.

c) The Qualified Professional is responsible for the completion and submission of the NC IRIS. The Qualified Professional should attach a copy of the final NC IRIS to the LIFE, Inc. Accident/Injury Report. The Qualified Professional is also required to send a copy of the NC IRIS to the LIFE, Inc. Director of ICF Services for incidents involving ICF consumers and to the LIFE, Inc. Director of Contract Services for incidents involving Contract Service consumers.

d) The Qualified Professional will edit and resubmit the NC IRIS, if warranted, to explain any missing or incomplete information on the initial NC IRIS. Information previously unavailable will be provided at that time as well as notification made of any information that may be erroneous, misleading, or unreliable.

e) The Qualified Professional will submit to the area authority or county program, upon request, any information obtained regarding the incident, including hospital records, reports to other authorities, and LIFE, Inc.'s response to the incident.

f) The Qualified Professional will also document the occurrence of the accident/incident in the consumer's record. The documentation is to be made in the T-Log for ICF and in the service note for Contract Services. The documentation is to include information related to the incident, actions taken on behalf of the consumer, and consumer's condition following the incident.

3) **RESTRICTIVE INTERVENTION DETAILS REPORT AND REPORTING REQUIREMENTS**

As per NC Administrative Code, "restrictive intervention" means an intervention procedure which presents a risk of mental or physical harm to the client and, therefore, requires additional safeguards. Such interventions include emergency or planned use of seclusion, physical restraint (including the use of protective devices for the purpose or with the intent of controlling unacceptable behavior), isolation time-out, and any combination thereof. Specified therapeutic treatment methods will only be employed when clinically or medically indicated: a. Planned non-attention to specific undesirable behaviors when those behaviors are health threatening; b. contingent deprivation of any basic necessity; c. other professionally acceptable behavior modification procedures that are not prohibited by rule APSM 95-2 27E .0101.

It should be noted that LIFE, Inc. does not use seclusion or isolation time-out. LIFE, Inc. supports using the least restrictive, most appropriate, and most effective positive treatment modalities. Use of restrictive treatment methods will only be used when clinically or medically indicated for

therapeutic treatment and after less restrictive and more positive methods have proven unsuccessful and will be used in a manner that does not inflict harm or pain. The restrictive intervention is to be discontinued immediately when a risk to the consumer's health or safety is noted or as soon as the consumer demonstrates behavioral control. The possible use of restrictive intervention in an emergency situation is explained to the consumer and family/guardian at admission during the review of the Consumer Rights policy 1201(7) and Consumer Incident Policy 1202. Reasons for the intervention must be explained to the treatment team, consumer or guardian and the LIFE, Inc. Human Rights Committee and approval obtained from all prior to implementation. The Human Rights Committee must review the Plan. Approval, disapproval, or abstention by the Human Rights Committee will be based on a majority vote. If at any time the treatment team, consumer or guardian, or Human Rights Committee does not approve the plan it will not be implemented or if in current use will be stopped and the plan discontinued.

LIFE, Inc. employees will only use the degree of restriction necessary to repel or secure a violent and aggressive consumer with the highest degree of restriction allowed by policy being the use of state approved restrictive intervention techniques.

Restrictive intervention may be used in an emergency situation when the intervention is necessary to prevent abuse, injury (to self or others), or property damage that poses imminent risk. In an emergency situation, a certified staff may use emergency intervention for up to 3 minutes without additional approval from a QP. Emergency restrictive intervention lasting longer than 3 minutes must be authorized by a QP trained and privileged to authorize the intervention. The QP can write a continuation authorization after the initiation of the intervention. A verbal authorization can be given for up to 3 hours and then the written authorization must be in place. When an order is renewed, up to 24 hours, the order is to be signed by the designated staff. Written orders are valid only for 4 hours for adults, 2 hours for children ages 9 to 17 years of age, and 1 hour for children under 9 years of age. The original order is renewable only within these limits or to a total of 24 hours. Restrictive intervention is discontinued immediately once a consumer regains control or at the first indication of imminent danger to health or safety of the consumer.

The use of restrictive intervention will be used only as a last resort and implemented only by trained staff. LIFE, Inc. supports and teaches The MANDT System. All employees who provide direct care services to consumers shall be certified in The MANDT System Rational (R) and Technical (T) interventions. A written and physical test must be passed by the employee initially and annually in order to access competency and be certified in the use of MANDT. The LIFE, Inc. Human Rights Committee is informed of the use of any restrictive intervention and approval obtained prior to use except in emergency situations. Restrictive intervention will not be used as punishment, coercion, retaliation by staff, or for staff convenience. It should be noted that LIFE, Inc. does not use seclusion, time out isolation, or use of restrictive intervention in excess of 24 hours;

All uses of restrictive intervention must be documented by the employee administering the restrictive intervention. The employee administering the restrictive intervention is also responsible for checking the consumer's physical and psychological wellbeing to determine any potential consequences. The employee utilizing the restrictive intervention will be currently certified in the use of MANDT and CPR. Employees who are not certified in MANDT and CPR are not allowed to utilize restrictive interventions. Continuous monitoring and assessment will occur by an MANDT and CPR certified employee throughout the duration of the restrictive intervention and for 30 minutes following the use of the restrictive intervention. The QP will meet with the employee utilizing the intervention and the consumer as soon as possible following the use of restrictive intervention.

a) Documentation is to be on the LIFE, Inc. Restrictive Intervention Report (included in Forms Manual 1202(a)). A LIFE, Inc. Accident/Injury Report is to be completed also. The LIFE, Inc. Restrictive Intervention Report is to be attached to the Accident/Injury Report and maintained by the QP in the A/I notebook as a restrictive intervention log. A copy of the Restrictive Intervention report will also be maintained in the consumer's medical record. The form will document the consumer's name, QP's name, physical and psychological wellbeing of the consumer and any negative effects; frequency, intensity, and duration of the behavior leading to the restrictive intervention; events contributing to the onset of the behavior; less restrictive and positive intervention; events contributing to the onset of the behavior; less restrictive and positive intervention techniques utilized and their lack of effectiveness; rationale for use of the restrictive intervention; description of the restrictive intervention, date, time and duration of the restrictive intervention; debriefing description and planning with team, consumer (on their cognitive level), and legally responsible person to determine ways to reduce future occurrence of restrictive intervention use; signature of the employee who utilized the restrictive intervention and the employee who authorized the use of the intervention.

b) The employee is required to provide the completed forms to the Qualified Professional who will determine if the restrictive intervention was appropriately used and that the forms are completed correctly. The QP is responsible for the review of the use of restrictive intervention for assigned consumers.

c) The QP is to ensure the completed forms are maintained in accordance with LIFE, Inc. Policies and Procedures. The QP is also responsible for ensuring notification when the restrictive intervention is utilized. The QP is also required to notify within 24 hours the treatment team, the governing body designee which is the LIFE, Inc. Corporate Program Specialist, the legally responsible person, and persons identified by the consumer. The QP will summarize the use of the restrictive techniques used on a monthly basis for each assigned consumer and review progress with the treatment team monthly. This information is to be documented in the monthly behavior progress note for ICF consumers and in the service note for Contract Service consumers. The monthly behavior progress note, and the service note are contained in the consumer's record. The entry will include description and frequency of the debriefing with the consumer. The debriefing will be provided on the cognitive level of the consumer. On a Quarterly basis, the QP will present the summarization of the use of restrictive interventions at the Quarterly Psychiatric Clinic, the Quarterly LIFE, Inc. Human Rights Committee Meeting, and provide the summarization to the LIFE, Inc. Quality Insurance and Improvement Team for review. The LIFE, Inc. Human Rights Committee, Quarterly Psychiatric Clinic, and the Quality Insurance and Improvement Team will monitor for patterns of any unusual or unwarranted use of restrictive interventions and investigation will be initiated if such is detected. Evaluation of the Behavior Intervention Plan will occur at least every two months by the responsible person who approved the Behavior Intervention Plan. All Behavior Intervention Plans are approved by the Human Rights Committee and guardian every 6 months.

d) The only time the use of a restrictive intervention needs to be reported as a Level II or Level III incident is when the restrictive intervention is not included in an approved Behavior Intervention Plan (emergency use); the restrictive intervention is administered improperly; or if the restrictive intervention (even if used appropriately) results in death,

injury, discomfort, or complaint. Improper administration includes restrictive interventions administered without proper authorization, by staff without proper training, or for longer than the authorized time. Appropriate administration of a Restrictive Intervention included in an approved Behavior Intervention Plan is a Level I incident.

e) When a Level II or III incident occurs involving the use of restrictive intervention, a NC IRIS must be completed and submitted online. A copy of the NC IRIS is to be attached to the completed LIFE, Inc. Accident/Injury Report and the LIFE, Inc. Restrictive Intervention Report. A copy of the NC IRIS is to be sent to the Director of ICF/IDD Services for ICF consumers or to the Director of Contract Services for Contract Service consumers.

4) ADDITIONAL REQUIREMENTS FOR LEVEL III INCIDENT REPORTS

In accordance with NC Rules Governing Categories A and B Providers, LIFE, Inc. employees will ensure implementation of the additional procedures for responding to Level III incidents.

a) Upon being informed a Level III incident has occurred, the Qualified Professional will immediately secure the involved consumer's medical record by obtaining the record, make a photocopy of any related information, certify the copy's completeness, and transfer the copy to the Peer Review Team.

b) The Qualified Professional will also immediately submit an initial NC IRIS online. The Qualified Professional will notify the consumer's legal guardian, and any other authorities required by law (refer to LIFE, Inc. Consumer Rights Policy for the procedures for investigation of consumer rights violations).

c) The LIFE, Inc. Area Accident/Injury Report Committee will serve as the Peer Review Team. The Qualified Professional II will serve as chairperson for Level III incidents involving an ICF/IID consumer and the Regional Director will serve as chairperson for Level III incidents involving a Contract Services consumer.

d) The Peer Review Team will convene a meeting within 24 hours of the Level III incident. The Peer Review Team will at that time review a copy of the consumer record, gather information as needed, and issue a report concerning the incident to the Director of Social Work. The QP will edit and resubmit the NC IRIS with results of the Peer Team Review. The Director of Social Work will ensure appropriate corporate staff are informed.

5. MEDICATION ERRORS

a) Medication errors must be reported immediately by the employee who discovers the error. The employee is to report the error to the Qualified Professional and the area Nurse. The Qualified Professional, Nurse, and attending Physician will determine if the medication error meets criteria for a Level I, II, or III incident. Medication errors that meet criteria for a Level II or III incident will require the Qualified Professional to follow the requirements for completing and submitting a NC IRIS. A copy of the NC IRIS is to be attached to the LIFE, Inc. Medication Error Report.

b) The employee responsible for the medication error must complete a LIFE, Inc. Medication Error Report (refer to LIFE, Inc. Medication Error Report in Forms Manual 1202(b)). The Qualified Professional and/or area Nurse should provide the employee assistance in completing the Report correctly.

c) The area Nurse will complete the section of the form required to be completed by the Nurse. The Nurse will ensure the signatures of the physician and pharmacist are obtained for the form acknowledging they are aware of the error. The Nurse will then provide the form to the Qualified Professional for signature. The Qualified Professional will make a copy of the LIFE, Inc. Medication Error Report form to be used in informing the LIFE, Inc. Human Rights Committee members at the next scheduled Human Rights Committee meeting.

d) The original completed LIFE, Inc. Medication Error Form is to be maintained in a file in the group home for ICF/IID and DDA group home consumers.

Re: Annual, Follow Up and Complaint Survey
Roanoke Trail Facility
MHL#028-013
Intake #NC00180468

Dear Mrs. Grant,

Attached is the plan of correction for the survey completed on September 16, 2021. Please advise if you need additional information.

Sincerely,

Trinette G. Bowser, MS QPII
Program Manager

801 Second St. • Elizabeth City, North Carolina 27909
Phone: (252) 338-3622 • Fax: (252) 338-3413

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Gloria Locklear at (919) 214- 0350.

Sincerely,

Latisha Grant

Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 6, 2021

Ms. Kaye White, Director of Contracted Services
Life, Inc.
2609 Royall Avenue
Goldsboro, NC 27534

Re: Annual, Follow Up and Complaint Survey completed September 16, 2021
Roanoke Trail Facility, 185 Roanoke Trail, Manteo, NC, 27954
MHL #028-013
E-mail Address: bkwhite@lifeincorporated.com
Intake #NC00180468 and #NC00180486

Dear Ms. White:

Thank you for the cooperation and courtesy extended during the annual, follow up and complaint survey completed 9/16/21. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be ***corrected*** within 30 days from the exit of the survey, which is 10/16/21.
- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is 11/15/21.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.