

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>QUALITY CARE III, LLC/BRIDFORD PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1410 BRIDFORD PARKWAY, APT C GREENSBORO, NC 27407</b>
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V 000	<p><b>INITIAL COMMENTS</b></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><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></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		

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

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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 105		

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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"> <li>- An admission date of 3/3/21</li> <li>- 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</li> <li>- No evidence of discharge summary related to client #1's move to a sister facility on 9/9/21</li> <li>- 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</li> </ul> <p>Interview on 11/2/21 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He was placed at a sister facility on 9/9/21</li> <li>- He could not recall the exact date of his return to his current placement.</li> </ul> <p>Interview on 11/2/21 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- 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</li> <li>- Once new staff was hired, client #1 returned to his current placement on 9/17/21</li> <li>- 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.</li> </ul> <p>Interview on 11/2/21 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- She had not completed discharge or admission paperwork on behalf of client #1 related to the changes in his placement in</li> </ul>	V 105		

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V 105	<p>Continued From page 3</p> <p>September 2021</p> <ul style="list-style-type: none"> <li>- She did not complete the paperwork as client #1's move to the sister facility was only temporary.</li> </ul> <p>Review on 11/17/21 of the facility's criteria for admission to their facilities revealed:</p> <ul style="list-style-type: none"> <li>- "...The admission assessment is completed by the Clinical Professional prior to the delivery of services. An assessment of the following will occur: 1. Presenting Problem(s); 2. Needs and strengths; 3. Admitting diagnoses with an established diagnosis in 30 days; 4. a pertinent social, family, and medical history; 5. Evaluations or assessments, as appropriate; 6. Personal safety assessment 7. Crisis prevention plan..."</li> </ul> <p>Review on 11/17/21 of the facility's criteria for discharge revealed:</p> <ul style="list-style-type: none"> <li>- "...Clinical professional should complete a discharge summary, within 10 business days of discharge..."</li> </ul>	V 105		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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</p>	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).</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <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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V 367	<p>Continued From page 6</p> <p>The findings are:</p> <p>Review on 11/2/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 3/3/21</li> <li>- 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</li> </ul> <p>Review on 11/4/21 of an incident report completed by Former Staff #1 and #2 (FS #1 and #2) and dated 9/8/21 revealed:</p> <ul style="list-style-type: none"> <li>- FS #1 and #2 had picked up client #1 from school and transporting him back to the facility after he had been suspended from school for the day</li> <li>- While in the vehicle, client #1 became "verbally aggressive" and "made an action to jerk the steering wheel."</li> <li>- FS #2 pulled the car over and client #1 "jumped out of the car and began walking away."</li> <li>- "Staff (#1) followed [client #1] until he was not visible while on the phone with the police giving them the location to come to. Staff parked and waited for police to arrive. Once arrived they began to search for [client #1]..."</li> </ul> <p>Review on 11/4/21 of the North Carolina Department of Health and Human Services Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- No evidence of an incident report regarding client #1 leaving the supervision of staff (FS #1 and #2) and law enforcement being called the morning of 9/8/21</li> </ul> <p>Interview on 11/7/21 with FS #1 revealed:</p>	V 367		

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V 367	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- Because of client #1's actions, FS #2 pulled the vehicle over and client #1 "jumped out of the car."</li> <li>- He and FS #2 followed client #1 and he called the police to report client #1 as being on the run</li> <li>- 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.</li> </ul> <p>Interview on 11/17/21 with Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	V 367		