STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-105	A. BUILDING: _____ B. WING _____	01/14/2022

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AMAT GROUP HOMES, LLC #3	7616 US HIGHWAY 421 SOUTH ERWIN, NC 28339

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V 000	INITIAL COMMENTS A conplaint surevey was completed on 1/14/22. Complaint Intakes (NC #00182073, #00183716, 00184301, 00184026) were substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness The survey sample consisted of two current clients and one former client.	V 000		
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 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure strategies were implemented for three of three audited clients (#1, #4 and Former Client FC #5) and of one of three (#4) audited clients had an expired treatment plan. The findings are:

Review on 1/5/22 of client #1's record revealed:
-Admission date of 9/28/21
-Diagnoses of Schizophrenia Continuous, Major Neurocognitive Disorder secondary to Traumatic Brain Injury (TBI)
-Treatment Plan dated 10/28/21

Review on 1/5/22 of client #4's record revealed:
-Admission date of 8/3/20
-Diagnosis of Schizophrenia
-Treatment Plan dated 8/17/20

Review on 1/5/22 of FC #5's record revealed:
-Admission on 7/5/21
-Diagnoses of Schizophrenia, Impulse Control and Conduct Disorder
-Treatment Plan dated 12/16/21
-Discharge to the hospital on 12/8/21

Record reviews were completed after the Licensee/Qualified Professional (QP) brought them to the home from her office.

During interview on 1/5/22 Staff #6 stated:

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V 112	Continued From page 2 -Had been working in the home almost two years -Only records he had in the home was their Medication Administration Record (MAR) -Aware the clients had records, but they are not kept in the home. -Had seen the treatment plans in the past, but they are not kept in the home. -The Licensee/QP had trained him on the client's goals but did not have access to them daily. -Not sure what their goals are as he did not have access to them. -The Licensee/QP only brought the client records over to the home when the surveyors are present and need to see them. During interview on 1/5/22 the Licensee/QP stated: -Client records are kept at her office. -The client's treatment plans were present in the home for staff.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment;	V 113		

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V 113	Continued From page 3 (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited client's (#1, #4 and Former Client #5) records were present in the facility. The findings are: Review on 1/5/22 of client #1's record revealed: -Admission date of 9/28/21 -Diagnoses of Schizophrenia Continuous, Major	V 113		

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V 113	Continued From page 4 Neurocognitive Disorder secondary to Traumatic Brain Injury (TBI) Review on 1/5/22 of client #4's record revealed: -Admission date of 8/3/20 -Diagnosis of Schizophrenia Review on 1/5/22 of FC #5's record revealed: -Admission on 7/5/21 -Diagnoses of Schizophrenia, Impulse Control and Conduct Disorder Record reviews were completed after the Licensee/Qualified Professional (QP) brought them to the home from her office. During interview on 1/5/22 Staff #6 stated: -Had been working in the home almost two years -Only records he had in the home was their Medication Administration Record (MAR) -Aware the clients had records, but they are not kept in the home. -Did not have emergency contact information for the clients. -If there was an emergency, he would contact the Licensee/QP because she had all of their information. -The Licensee/QP only brought the client records over to the home when the surveyors are present and need to see them. During interview on 1/5/22 the Licensee/QP stated: -Client records are kept at her office. -The client's have some records present in the home.	V 113		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection	V 132		

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V 132	Continued From page 5 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 6	V 132		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) for two of two staff (#6 & #7). The findings are:

Review on 1/5/22 of staff #6's record revealed:
-Date of Hire 6/25/20

Review on 1/5/22 of staff #7's record revealed:
-Date of Hire 3/26/20

Review on 1/5/22 of Incident Response Improvement System (IRIS) dated 12/8/21 regarding Former Client (FC) #5 revealed:
-"[FC #5] refused to follow the rules of the facility, will refused to take medication unless QP intervene, Hit the staff, make annoying comments to other residents in the facility."

During interview on 1/11/22 FC #5's legal guardian stated:
-FC #5 told her after he went to the hospital around 12/8/21 that a staff member from the facility had pushed him onto the bed.
-He could not provide her with a name of the staff he alleged pushed him.
-Informed the Licensee/QP of the allegations.

During interview on 1/7/22 the Licensee/QP stated:
-FC #5 went to the hospital in December 2020 for

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V 132	Continued From page 7 behaviors. -Was informed by FC #5's legal guardian of the allegations of abuse. -Completed an incident report and internal investigation. -Found the allegations of abuse unsubstantiated. -Did not report the allegations to the HCPR because she did not know which staff the allegations were against. -Spoke with all the clients and her staff during the investigation. -Did finally find out the allegations were against staff #7. -Since the allegations were not true, did not think she needed to complete the HCPR.	V 132		
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 means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information;	V 367		

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V 367	Continued From page 8 (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 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	V 367		

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V 367	Continued From page 9 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 review and interview the facility failed to report Level III incidents within 72 hours of becoming aware of the incident affecting one of three audited clients (Former Client #3)). The findings are: Review on 1/5/22 of Incident Response Improvement System (IRIS) Level II incident report dated 12/8/21 regarding Former Client (FC) #5 revealed: -"[FC #5] refused to follow the rules of the facility, will refused to take medication unless QP	V 367		

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V 367	Continued From page 10 intervene, Hit the staff, make annoying comments to other residents in the facility." During interview on 1/11/22 FC #5's legal guardian stated: -FC #5 told her after he went to the hospital around 12/8/21 that a staff member from the facility had pushed him onto the bed. -He could not provide her with a name of the staff he alleged pushed him. -Informed the Licensee/QP of the allegations. During interview on 1/7/22 the Licensee/QP stated: -FC #5 went to the hospital in December 2020 for behaviors. -Was informed by FC #5's legal guardian of the allegations of abuse. -Completed an incident report and internal investigation. -Thought she put all information in the IRIS report -Found the allegations of abuse unsubstantiated. -Did not report the allegations to the HCPR because she did not know which staff the allegations were against. -Spoke with all the clients and her staff during the investigation. -Did finally find out the allegations were against staff #7. -Since the allegations were not true, did not think she needed to complete the HCPR. -Will complete new IRIS report with the correct information.	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	V 736		

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V 736	Continued From page 11 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 interview and observation the facility failed to ensure it was maintained in a clean, safe and attractive manner. The findings are: Observation on 1/5/22 at 1:15 PM of the home revealed: -Broken closet door in FC #5's bedroom -Broken kitchen chair, leaning due to broken leg of the chair. During interview on 1/5/22 Staff #6 stated: -FC #5 had broken the chair and closet back in December when he ad a behavior before he went to the hospital. -No one sits in the chair that's broken. During interview on 1/5/22 the Licensee/Qualified Professional (QP) stated: -FC #5 had broken some things in the house when he had a behavior -Took out the broken chair (as she pointed to the one outside by the tree) -Was not aware there was another broken chair in the home.	V 736		