

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 12/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEST MARION SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>145 LUKIN STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 12/28/21. The complaint was substantiated (intake #NC 00182248). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of an audit of 2 current clients and 1 former client.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p><b>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</b></p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 Qualified Professionals (QP) (Director of Operations/QP #1) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to Tag (V367) for Director of Operations (DOO)/QP #1 for QP#1 decisions regarding incidents.</p> <p>Review on 12/6/21 of former client (FC) #3's record revealed: -admitted on 7/01/21 -discharged on 7/24/21 to an unlicensed facility owned by the licensee -Diagnoses of Impulse Control Disorder (d/o), Psychotic d/o, Pedophilia, Moderate Intellectual Developmental Disability, History of Pseudo Seizures, history of Heart Surgery. -Behavioral Support Plan most recently updated on 5/17/21 documented: -extensive history of psychiatric admissions and no outpatient treatment, had heart and stomach surgery several years ago</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>-history of legal problems due to improper interactions with children -needed assistance with most independent living skills and his issues with aggressive behavior -target behaviors were physical and verbal aggression, property destruction, elopement, self-injurious behavior, improper use of telephone, eating things that may cause harm, and stealing -3 of 14 prevention strategies identified on the Behavioral Support Plan were FC #3 "will better adaptive to change if familiar people are involved in transitioning with the change and interaction is consistent"; FC #3 "should have 1:1 supervision when out in the community and visual supervision at all time at his resident and day program" and "to prevent [FC #3] from exhibiting aggressive behaviors, staff not tell [FC #3] "No" unless it's to save him from perceived harm in an emergency situation."</p> <p>Review on 12/6/21 of FC #3's Person Centered Profile (PCP) completed on 6/30/21 with an effective date 7/1/21 revealed: -"How best to Support ...It is important to [FC #3] that he feels valued, and that his independence is respected .....[FC #3] has a history of attempting to eat inedible items and will need to be observed for this" -"What's Working/What's not Working: [FC #3] is adjusting to his new placement with NCOGH, LLC. [FC #3] has some aggression issues, and trouble regulating his emotions." -"Long range outcome: [FC #3] will continue to have stable placement with NCOGH, LLC. -"Where am I now in process of achieving this outcome: [FC #3] is currently adjusting to his new residential placement with the assistance of [licensee] staff" -Goals: ... " .....[FC #3] will be safe out in the</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>community. He will listen to and remain with staff, look both ways before crossing road, and maintain appropriate distance between himself and other members of community ....How (Support/Intervention) Staff should keep a close eye on [FC #3] to ensure he is interacting with community members appropriately and is being mindful of his environment. Staff should provide client with verbal prompts as needed."</p> <p>" ...[FC #3] will have (0) incidents of physical aggression towards his peers and staff ...[FC #3] will interact with his staff and peers without becoming verbally aggressive (yelling, making rude or inappropriate comments). How (Support/ Intervention) Staff should speak calmly to [FC #3] and redirect him to a preferred activity when he becomes upset. Staff should be mindful of changes in [FC #3's] mood throughout the day so they may intervene before [FC #3] reaches the point of aggression."</p> <p>-Crisis prevention and intervention plan: "Trigger: The word 'No' may trigger crisis and should be avoided. Lack of structure or not having access to stuffed animals may also trigger a crisis. When in crisis, [FC #3] may become verbally or physically aggressive (hitting, grabbing, kicking, pushing), he may also attempt to damage property. [FC #3] may also attempt to run away from staff or to self home via biting. Staff should avoid telling client "no" directly, they should offer him redirection and reinforce positive behaviors instead. Strategies for crisis response and stabilization: Call those listed below"</p> <p>Review on 12/21/21 of Rate Request document submitted on 7/22/21 by the Owner/Paraprofessional (PP) # 3 via email to the Local Management Entity/Manager Care Organization (LME/MCO) Care Manager (CM) revealed:</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>-Requested increased rate to hire additional staff members to support FC #3 with a start date of 8/1/21</p> <p>-Reason for requesting additional staff for FC #3 were FC #3 "always requires 2 awake staff members ...always requires eyes on during day service hours ...is high risk for self-harm, harm to others, property destruction, and running ...has an extensive history of self-harm, harm to others, property destruction, and running ...will break windows, hit walls, throw objects, pull fire alarms, abuse 911 system, and hitting staff ...has a history of making false allegations against staff ...has a history of running at any time ...requires help all ADL's (Activities of Daily Living) ..."</p> <p>-Four staff members were requested to be utilized daily for FC #3. "Two staff always provided to member daily Monday-Friday. Two awake staff always provided for residential services Monday-Friday. Weekend staff will be two staff members for 12-hour shifts ....Provider must recruit and train for specific staff to meet the needs of [FC #3]."</p> <p>-FC #3 "has Behavioral Support Plan (BSP)..BSP should be scheduled immediately"</p> <p>-"Best practices or interventions are being used to maintain the care of this person needs to justify the rate: Two awake staff always for all services."</p> <p>Review on 12/7/21 and 12/13/21 of FC #3's electronic health record provided by the Director of Operations/Qualified Professional #1 (DOO/QP #1) and QP #2 revealed:</p> <p>-on 7/24/21 FC #3 "woke up from nap in OK mood ...had breakfast followed by meds (medication) ...took a nap ...woke up in bad mood ...started throwing things, cussing at staff ...given PRN (as needed), while I was on phone with [DOO/QP #1] ...[FC #3] called 911 ...2 officers arrived about 5 minutes later ...[FC #3] continued</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>to cuss at LE (law enforcement) ... called female officer a b***h and told her to shoot him, as officers were about to leave, he slammed the door on the female officers foot and staff we then restrained him and he tried to bite male officer. We got him on his bed and started to calm down. After that, support staff arrived and took him off to another home."</p> <p>Interview on 12/20/21 with the DOO/QP#1 revealed: -she did not evaluate FC #3 on 7/24/21 when he told police to shoot him -FC #3 would "make comments, say anything so he could go to the hospital" -police wouldn't take him; police didn't think he would meet Involuntary Commitment Criteria (IVC) -that's why they (staff) moved him to "calm him down;" there were awake staff at the unlicensed facility -the LME/MCO CM said FC #3 would make comments to try and go to hospital.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3 audited paraprofessionals (Owner/Paraprofessional #3) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 12/20/21 of the Owner/Paraprofessional (PP #3) personnel record revealed: -owner since 12/19/16</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>-qualified as a paraprofessional</p> <p>Interview on 12/6/21, 12/15/21 and 12/22/21 with the Owner/Paraprofessional #3 (Owner/PP #3) revealed:</p> <p>-he did not complete an admission assessment prior to admitting FC #3</p> <p>-FC #3's plan didn't say anything about "verbal, physical, tearing stuff up"</p> <p>-after FC #3 was admitted to facility, he realized FC #3 needed additional support</p> <p>-the Owner/PP#3 suggested FC #3 needed awake night staff; the Local Management Entity/Managed Care Organization (LME/MCO) Care Manager (CM) said no</p> <p>-the Owner asked the LME/MCO CM for 2 staff at facility for "safety purposes"</p> <p>-he couldn't recall timeline of the behaviors or at which of the Licensee's facilities the behaviors occurred, but when police were called to the facility, FC #3 wanted them to shoot him, he "tore door, holes in walls"</p> <p>-he told the LME/MCO CM that FC #3 couldn't stay at the facility and the CM approved FC #3 moving to an unlicensed facility owned by the Licensee</p> <p>-he didn't know who the guardian was for FC #3</p> <p>-he and Staff #6 restrained FC #3 "but it wasn't the day the police were there"; request for documentation of that restraint was not provided prior to survey exit date</p> <p>-he picked up FC #3 after the incident with the police on 7/24/21 and took him to the unlicensed facility without further evaluation to assess safety needs of FC #3's</p> <p>Interview on 12/8/21 with the LME/MCO CM revealed:</p> <p>-she provided the Behavioral Support Plan, Psychological, Individual Service Plan to facility</p>	V 110		



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V 110	Continued From page 8  prior to FC #3's admission to facility -facility also spoke with FC #3's former placement via Zoom meetings  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services and failed to develop strategies to address the client's presenting problem affecting 1 of 1 Former Client (FC #3). The findings are:</p> <p>Review on 12/6/21 of Former Client (FC) #3's record revealed: -admitted on 07/01/21 -discharged on 07/24/21 to an unlicensed facility owned by the Licensee -Diagnoses of Impulse Control Disorder (d/o), Psychotic d/o, Pedophilia, Moderate Intellectual Developmental Disability, History of Pseudo Seizures, history of Heart Surgery -there was no assessment completed prior to FC #3's admission to the facility.</p> <p>Interviews on 12/6/21, 12/15/21 and 12/20/21 with the Owner/Paraprofessional (PP) #3 revealed: -he knew FC #3 from 10-12 years ago because a family member of the Owner/PP #3 provided respite services -he learned FC #3 needed placement from the Local Management Entity (LME/MCO) Care Manager (CM) of another client -he and another staff went to pick up FC #3 who was in a placement approximately 2.5 hours away</p>	V 111		

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V 111	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-he did not complete an admission assessment when he picked up FC #3 from current placement; he had to go on "what Department of Social Services (DSS)/LME/MCO CM said" about FC #3</li> <li>-he decided to accept FC #3 without completing an admission assessment based on his knowledge of him and in speaking to FC#3's current LME/MCO CM</li> <li>-he historically did all of the admission assessments, "sometimes" a Qualified Professional would be with him but he did the assessments</li> <li>-"most of the time" he met and evaluated the client, "if hurried and don't have time, make a decision"</li> <li>-"talked to the LME to get as much information" before he picked up FC #3</li> <li>-he "specifically asked about a history of violence"; FC #3's current placement didn't describe the extent of FC #3's behaviors</li> <li>-FC #3 agreed to come with him to facility</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 111		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 2 of 2 current staff (Staff #1 and the Qualified Professional #2) and 1 of 1 Former Staff (Former Staff #6). The findings are:</p> <p>Review on 12/9/21 of staff #1's personnel record revealed: -date of hire 12/9/20 -hired as a paraprofessional -HCPR accessed on 12/14/20.</p> <p>Review on 12/10/21 of former staff #6's personnel record revealed: -date of hire 5/10/21 -hired as a paraprofessional -HCPR accessed on 5/13/21.</p> <p>Review on 12/9/21 of the Qualified Professional's (QP #2) personnel record revealed: -date of hire 7/12/21 -HCPR accessed on 7/14/21.</p> <p>Interview on 12/10/21 with the Director of Operations/Qualified Professional #1 revealed: -she will check before hire date, not start date in future.</p>	V 131		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE	V 289		

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NAME OF PROVIDER OR SUPPLIER  <b>WEST MARION SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>145 LUKIN STREET MARION, NC 28752</b>
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V 289	<p>Continued From page 12</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is</p>	V 289		

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V 289	<p>Continued From page 13</p> <p>mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the care, habilitation, and rehabilitation designed to meet the needs of the individuals served affecting 1 of 1 of Former Client (FC #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109). Based on record reviews and interviews, 1 of 2 Qualified Professionals (QP) (Director of Operations/QP #1) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204</p>	V 289		

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V 289	<p>Continued From page 14</p> <p>COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (V110). Based on record reviews and interviews, 1 of 3 audited paraprofessionals (Owner/Paraprofessional #3) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/ HABILITATION OR SERVICE PLAN (V111). Based on record reviews and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 1 of 1 Former Client (FC #3).</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V367). Based on record reviews and interviews, the facility failed to report level II incidents within 72 hours.</p> <p>Cross Reference: GS § 122C-63 ASSURANCE OF CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION (V368). Based on record reviews and interviews, the facility failed to ensure the area authority (the Local Management Entity/Managed Care Organizations) was notified 60 days in advance of the intent to discharge a client affecting 1 of 1 Former Client (FC #3).</p> <p>Cross Reference: 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIMEOUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (V521). Based on record reviews and interviews, the facility failed to ensure the minimum required documentation was in the client record when a restrictive intervention was utilized affecting 1 of 1</p>	V 289		

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V 289	<p>Continued From page 15</p> <p>Former Client (FC #3).</p> <p>Cross Reference: 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIMEOUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (V524). Based on record reviews and interviews, the facility failed to notify immediately the legally responsible person of an incompetent adult when a restrictive intervention was utilized for 1 of 1 Former Client (FC #3).</p> <p>Review on 12/22/21 of the Plan of Protection written on 12/22/21 by the Director of Operations/ Qualified Professional #1 (DOO/QP #1) revealed:</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"10A NCAC 27G .5601 Scope/V289/ Type A1 System of Care will be as follows: Prior to admission there will be a face to face or zoom meeting with potential client, guardian and care coordinator. Upon Admission the assessment will be completed. Within 30 days the PCP (Person Centered Profile) will be completed. All staff will have client specific training as well as crisis intervention training prior to working with clients. All policies will be reviewed with staff in regards to proper reporting of any incidents.</p> <p>10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals QP/AP (Qualified Professional/Associate Professional) Will meet quarterly to review job performance, job competency, job expectations and the address areas of need for additional training.</p> <p>10A NCAC 27G .0204 Competencies and</p>	V 289		



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V 289	<p>Continued From page 16</p> <p>Supervision of Paraprofessionals V110 All staff has been provided additional training on GER (electronic health record) as well as a review of policies and expectations. Continuing education in the area of restrictive intervention. All monthly staff meetings will include a review of the restrictive intervention policy as well as alternative techniques that can be used. There will be a zero-tolerance policy for non-compliance.</p> <p>10A NCAC 27G .0205 Assessment and Treatment/ Habilitation or Service Plan All Admission assessment will be completed prior to admission and be maintained in written form in the client record. All client files will have an audit sheet and will be audited quarterly by the QP. All client records will be maintained in electronic format to ensure that nothing is misplaced when records are purged.</p> <p>10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers V367 All Level II incidents for restrictive interventions and consumers behaviors will be completed by the QP following the resolution of the incident. All incidents will be documented in the client record.</p> <p>10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Timeout and Protective Devices used for Behavioral Control All staff has been notified that if any type of physical intervention, isolation, timeout or seclusions is used that they are to notify the QP as soon as it is safe to do so. All staff are to also complete a, GER (electronic health record) in Therap (electronic health record) as well as a detailed T-log (electronic health record). If they need assistance, they are to reach out to the QP</p>	V 289		

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V 289	<p>Continued From page 17</p> <p>immediately. The QP is to complete an Incident Response Information System (IRIS) report and notify the guardian immediately.</p> <p>GS § 122C-63 Assurance of Continuity of Care for individuals with Mental Retardation V 368 Any client that is moved will not be moved without notifying the area authority via phone, email and text within 24 hours. Upon admission, the guardian will sign a consent that the client can be moved in the event of an emergent situation that does not meet Involuntary Commitment (IVC) criteria to a safe location.</p> <p>Over the next 6 months monthly meetings will be held with the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and Director, QP's, and Human Resource (HR) Director to ensure that all of the above actions are completed and followed through with."</p> <p>Review on 12/28/21 of the Revised Plan of Protection submitted on 12/23/21 written by the DOO/QP #1 and signed by the co-owner revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G .5601 Scope/V289/ Type A1 System of Care will be as follows: Prior to admission there will be a face to face or zoom meeting with potential client, guardian and care coordinator. Upon Admission the assessment will be completed. Within 30 days the PCP will be completed. All staff will have client specific training as well as crisis intervention training prior to working with clients. All policies will be reviewed with staff in regards to proper reporting of any incidents.</p>	V 289		

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V 289	<p>Continued From page 18</p> <p>10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals QP/AP Will meet quarterly to review job performance, job competency, job expectations and the address areas of need for additional training. The first meeting will be scheduled for January.</p> <p>10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals V110 All staff has been provided additional training on GER (electronic health record) as well as a review of policies and expectations. Staff trainings in this area started in August. Continuing education in the area of restrictive intervention will be provided monthly as well as part of monthly on-going meetings. All monthly staff meetings will include a review of the restrictive intervention policy as well as alternative techniques that can be used. There will be a zero-tolerance policy for non-compliance.</p> <p>10A NCAC 27G .0205 Assessment and Treatment/ Habilitation or Service Plan All Admission assessment will be completed prior to admission and be maintained in written form in the client record. All client files will have an audit sheet and will be audited quarterly by the QP. All client records will be maintained in electronic format to ensure that nothing is misplaced when records are purged.</p> <p>10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers V367 All Level II incidents for restrictive interventions and consumers behaviors will be completed by the QP following the resolution of the incident. All incidents will be reported within 72 hours. All incidents will be documented in the client record</p>	V 289		

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V 289	<p>Continued From page 19</p> <p>via a GER (electronic health record) as well as information provided when the IRIS is completed. Proper notification will also be documented in the record.</p> <p>10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Timeout and Protective Devices used for Behavioral Control All staff has been notified that if any type if physical intervention, isolation, timeout or seclusions is used that they are to notify the QP as soon as it is safe to do so. All staff are to also complete a, GER (electronic health record) in Therap (electronic health record) as well as a detailed T-log (electronic health record). If they need assistance, they are to reach out to the QP immediately. The QP is to complete an IRIS report and notify the guardian immediately.</p> <p>GS § 122C-63 Assurance of Continuity of Care for individuals with Mental Retardation V 368 Any client that is moved will not be moved without notifying the area authority via phone, email and text within 24 hours. Upon admission, the guardian will sign a consent that the client can be moved in the event of an emergent situation that does not meet IVC criteria to a safe location.</p> <p>10A NCAC 0206 Client Records: Documentation of progress toward outcomes in client chart is need Client progress towards goals is documented on a daily basis by the completion of daily data. It is kept in electronic form in Therap (electronic health record). Client progress has been being documented in Therap (electronic health record) for over 2 years now. It is maintained in the electronic chart that is maintained on all clients that we have. The rule does not specify that it be maintained in written form in the paper chart. We</p>	V 289		

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V 289	<p>Continued From page 20</p> <p>will make sure that anyone reviewing the record is clear about that information in the future.</p> <p>Over the next 6 months monthly meetings will be held with the CEO, CFO, Director, QP's, and HR Director to ensure that all of the above actions are completed and followed through with. Meetings will begin in January 2022."</p> <p>West Marion Supervised Living is a supervised living facility for adults with intellectual and developmental disabilities. Former client (FC #3) was a 55 year old male who was admitted to the facility on 7/1/21. An admission assessment was not completed prior to admitting FC #3 to the facility. His diagnoses included Impulse Control Disorder (d/o), Psychotic d/o, Pedophilia, Moderate Intellectual Developmental Disability, History of Pseudo Seizures, history of Heart Surgery. A Behavioral Support Plan summarizing FC #3's behaviors, including physical aggression, self-harm, property destruction, history of psychiatric admissions, elopement, and eating items that may cause harm was provided to the facility prior to admission. His behaviors since admission were multiple episodes of verbal and physical aggression including fighting and hitting staff, attempting to bite people, property destruction, telling the police to shoot him, and on one occasion was restrained by police. Direct care staff documented his behavior as "combative, abusive, and violent." Staff interviews revealed that he had been restrained on at least 4 occasions but there was no further documentation in the record or in IRIS detailing strategies utilized by staff to de-escalate the client, the clients' response to the interventions or his psychological or physical well-being after the restraints. The guardian was not notified of the restrictive interventions. FC #3 was discharged</p>	V 289		

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V 289	Continued From page 21  on 7/24/21 to an unlicensed facility owned by the Licensee without a 60 day notification to the client, guardian or Local Management Entity/Managed Care Organization. The reason for discharge was reportedly due to the need to provide awake night staff for the client and there was awake night staff at the unlicensed facility. The guardian was not notified of the discharge until two days after it occurred and was not aware that the facility that FC #3 was discharged to was unlicensed. This deficiency constitutes a Type A1 rule violation for seroius neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
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:	V 367		

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V 367	<p>Continued From page 22</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 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</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>.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:</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 reviews and interviews, the facility failed to report level II incidents within 72 hours as required. The findings are:</p> <p>Review on 12/7/21 of the Incident Response Improvement System (IRIS) did not reveal any incident reports for Former Client (FC) #3 from 7/1/21 to 7/24/21.</p>	V 367		



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V 367	<p>Continued From page 24</p> <p>Review on 12/7/21 and 12/13/21 of FC #3's electronic health records provided by the Director of Operations/Qualified Professional #1 (DOO/QP#1) and QP #2 revealed:            7/21/21- FC #3 "returned home upset and was fighting with staff and attempting to bite people , given his PRN (as needed) and still remained violent ...later, he calmed down, took shower and had his snack before going to bed."            -7/21/21- FC #3 "had rough day, he started out good but had bad episode with his temper while getting off the van. He struck an employee and was very combative the rest of the evening."            7/22/21- FC #3 "had another rough day, started out in good mood but soon combative and abusive, verbal and physical ...mood would change to happy and back to hateful ...once he got back to the group home ...got a blanket and sit in chair ...seemed unhappy ...seems to be struggling with losing his temper and wanting to hit others ..."            7/23/21- FC #3 "arrived home in bad mood ...about 30 minutes after arriving home ...was cussing towards me about staff and getting very aggravated ...given PRN and put in his room to calm down ....stayed in his room until dinner ...went to bed in a better mood"            7/24/21- FC #3 "woke up from nap in OK mood, had breakfast, meds took a nap. after nap, woke up in bad mood, started throwing things, cussing at staff, given PRN, while staff on phone with the [Director of Operations/Qualified Professional #1 (DOO/QP #1)], client called 911, 2 officers arrived about 15 minutes later, client continued to cuss at LE, name called female officer, and told her to shoot him. as officers were about to leave, he slammed the door on female officers foot and staff "we" restrained him and he tried to bite male officer. we got him on his bed and started to calm down, after that, support staff arrived and took</p>	V 367		

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V 367	<p>Continued From page 25</p> <p>him to another facility" (unlicensed facility owned by the licensee).</p> <p>Interview on 12/6/21 and 12/14/21 with the DOO/QP #1 revealed: -the QP was responsible for completing IRIS reports -FC #3 was not a typical client for their facility; "typically don't see a client with his behaviors" -they have not reported a client hitting staff as a Level II IRIS report in the past but they can start doing that -there was no additional documentation regarding incidents on 7/21/21, 7/22/21, 7/23/21, or 7/24/21 but they have since done training for staff to improve documentation regarding client behavior.</p> <p>Interview on 12/17/21 with former staff revealed: -he worked as a paraprofessional at the facility from approximately late June 2021 to the end of September 2021 -he was working at the facility the day FC #3 was discharged to an unlicensed facility owned by the licensee -he was training another new staff member; "they couldn't make up their mind if they wanted one or two staff there" -FC #3 became angry like "flipped a switch, was cursing, wouldn't calm down" -he called DOO/QP #1 and she said to give an as needed (PRN) if FC#3 "got bad enough"; staff thought he gave the PRN but would have documented it if he did -while he was on the phone with the DOO/QP#1, he heard a noise in the kitchen and when he entered the kitchen, he saw FC #3 putting the phone down -he looked at the last number called and it was 911 -the police arrived and wanted to "lay eyes on</p>	V 367		

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V 367	<p>Continued From page 26</p> <p>client"</p> <p>-FC #3 told 911 he needed an ambulance but staff did not see any injuries, FC #3 had not said he wasn't feeling well</p> <p>-FC #3 "cussed out female officers" and told police to shoot him</p> <p>-police restrained him like a "bear hug" until FC #3 calmed down</p> <p>-after the police left, the Owner arrived at the facility and took FC #3 to the unlicensed facility owned by the Licensee</p> <p>-from the time that FC #3 became upset to the time the police left was approximately one hour</p> <p>Review on 12/13/21 QP #2's "July Q note" for FC #3 revealed:</p> <p>-FC #3 "had a very challenging month with multiple episodes of verbal and physical aggression"</p> <p>-on July 24th, FC #3 "dialed 911 and the police came to the house. He was being verbally aggressive with law enforcement, but they did not engage"</p> <p>-after FC #3 "was calmed, he was moved to [unlicensed facility] because administration decided it was a safer placement. Although this was the most dangerous episode of the month, it was not the only one"</p> <p>-Behavior: FC #3 "was verbally and physically aggressive to Day Program and Residential staff on multiple occasions (7/7, 7/12, 7/21, 7/22, 7/23, 7/24). Twice he became upset when he could not get a soft drink at afternoon snack ...incidents were difficult to find an antecedent for, as he seemed to escalate quickly for no apparent reason"</p> <p>-FC #3 "hit staff at the Day Program on two occasions and at the home twice"</p> <p>-after FC #3 was moved to the unlicensed facility, "his behavior did improve and there were zero</p>	V 367		

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V 367	<p>Continued From page 27</p> <p>incidents the last few days of the month."</p> <p>Interview on 12/15/21 with the QP #2 revealed: -he didn't know about the 7/24/21 police restraint until Monday 7/26/21; he thought the IRIS report had been completed for it -a GER (electronic health record) should have been completed which is the procedure; a GER flags the incident in the electronic health record - if there was a restraint, severe behavior, or serious health issues, GER's are categorized as high, med, or low; a restraint would be high- if he didn't complete the GER, he would follow-up and investigate it -there has been additional staff training on GERs and completing incident reports; he has seen improvement with GER's -the person responsible for completing the GER or incident reports depends on who was called to the facility, the QP, DOO or the Owner -"staff did best they could, could have documented better, yes, nobody was prepared for" FC #3.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 (289) Scope for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		
V 368	<p>G.S. 122C-63 Assurance for continuity of care</p> <p>§ 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION</p> <p>(a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to</p>	V 368		

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V 368	<p>Continued From page 28</p> <p>residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.</p> <p>(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:</p> <p>(1) The area authority determines that the client is not in need of continuing care;</p> <p>(2) The client is moved to an alternative residential placement; or</p> <p>(3) Sixty days have elapsed; whichever occurs first.</p> <p>In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.</p> <p>(c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the</p>	V 368		

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V 368	<p>Continued From page 29</p> <p>State if:</p> <p>(1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or</p> <p>(2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement.</p> <p>(d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.</p> <p>(e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally</p>	V 368		

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V 368	<p>Continued From page 30</p> <p>retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility.</p> <p>(f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period.</p> <p>(g) The area authority's financial responsibility, through local and allocated State resources, is limited to:</p> <p>(1) Costs relating to the identification and coordination of alternative placements;</p> <p>(2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and</p> <p>(3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release.</p> <p>(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the area authority serving</p>	V 368		

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V 368	<p>Continued From page 31</p> <p>the client of the intent to discharge a client with an intellectual developemental disability at least 60 days in advance prior to discharge affecting 1 of 1 Former Client (FC #3). The findings are:</p> <p>Review on 12/6/21 of FC #3's record revealed: -admitted on 07/01/21 -discharged on 07/24/21 to an unlicensed facility owned by the Licensee -Diagnoses of Impulse Control Disorder (d/o), Psychotic d/o, Pedophilia, Moderate Intellectual Developmental Disability, History of Pseudo Seizures, history of Heart Surgery -there was no documentation in the client record that the LME/MCO was given a 60 day notice prior to FC #3's discharge from the facility.</p> <p>Interview on 12/3/31 and 12/6/21 with the Director of Operations/QP#1 (DOO/QP#1) revealed: -FC #3 lived at facility from 7/1/21-7/24/21 -on 7/24/21, he was moved to another one of their facilities which is in the process of being licensed -when a client of the Licensee moved from one of their facilities to another, they did not consider it a discharge and did not complete a discharge summary -they only wrote discharge summaries when a client was discharged from agency services - FC #3 was moved to unlicensed facility owned by the Licensee due to his behaviors -the current facility only had one staff onsite and the unlicensed facility "always had two staff;" FC #3 needed awake night staff-"he was getting up at night, getting violent towards staff and housemate" -the Owner/Paraprofessional (PP) #3 was part of the decision process to move FC #3 -the Owner/PP #3 became a trigger for FC #3-he apparently looked like a former staff at another</p>	V 368		



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V 368	<p>Continued From page 32</p> <p>placement</p> <ul style="list-style-type: none"> <li>-at least one time she went to facility to assist in calming FC #3</li> <li>-the discharge planning process "started almost immediately" after FC #3 was admitted to the facility; the LME/MCO Care Manager (CM) was concerned about placement "she didn't want him to move LME's."</li> </ul> <p>Interview on 12/6/21, 12/9/21 and 12/13/21 with the Qualified Professional (QP #2) revealed:</p> <ul style="list-style-type: none"> <li>-his hire date was 7/12/21 and he was "just getting to know" FC #3 before he was discharged</li> <li>-the Direction of Operations served as QP while he trained the first couple of weeks</li> <li>-he had a lot of interaction with the Care Manager but little contact with the guardian</li> <li>-there was no team meeting about moving FC #3 to the unlicensed facility,</li> <li>-the transfer was staffed internally and the decision was that FC #3 would be safer at the other facility</li> <li>-the guardian was notified on Monday because the discharge occurred over the weekend</li> <li>-FC #3 was discharged because of "property destruction, physical/verbal aggression ...called police and hung up ...he was difficult to manage...staff felt like he was in immediate danger at the location of the facility" i.e. more traffic on that road</li> <li>-there was no known precipitating event that led to FC #3 calling the police on 7/24/21</li> <li>-he had diagnosis of "schizophrenia, paranoid, he escalates quickly, responds to all internal stimuli, not external"</li> <li>-when FC #3 was accepted to facility, staff were not informed how "severe" FC #3's behavior were; the information was not relayed to the facility to "provide the best decision about his care"</li> </ul>	V 368		

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V 368	<p>Continued From page 33</p> <p>-the decision to move FC #3 to the unlicensed facility was because they have awake night staff and FC #3 had been getting up at night -"I do not believe I spoke with the guardian or case manager before July 24th."</p> <p>Interview on 12/8/21 with the guardian revealed: -FC #3 was discharged on the weekend and she was notified two days later on the following Monday -the facility did not call the on-call staff for the guardian over the weekend about the move -there was no discussion about discharge planning "none" or about transferring to another facility -she did not receive any documentation in writing about moving FC #3 to the unlicensed facility -she would "never" have agreed to moving FC #3 to an unlicensed facility.</p> <p>Interview on 12/8/21 with FC #3's LME/MCO CM revealed: -she was not aware that the facility FC #3 was moved to was unlicensed -she learned that it was an unlicensed facility on 9/15/21 -she did not receive information regarding the discharge from West Marion to the unlicensed facility.</p> <p>Documentation of contact with the LME/MCO CM and documentation of FC #3's episodes of physical aggression on 7/24/21 was requested on 12/13/21 from QP #2 and was not provided by the survey exit date.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 368		

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V 521	Continued From page 34	V 521		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;</p> <p>(C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;</p> <p>(G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further</p>	V 521		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 12/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEST MARION SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>145 LUKIN STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 521	<p>Continued From page 35</p> <p>authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the minimum required documentation was in the client record when a restrictive intervention was utilized affecting 1 of 1 Former Client (FC #3). The findings are:</p> <p>Review on 12/6/21 of former client (FC) #3's record revealed: -admitted on 7/01/21 -discharged on 7/24/21 to another unlicensed facility owned by the Licensee -Diagnoses of Impulse Control Disorder (d/o), Psychotic d/o, Pedophilia, Moderate Intellectual Developmental Disability, History of Pseudo Seizures, history of Heart Surgery -there was no documentation of restrictive interventions.</p> <p>Interview on 12/13/21 with former staff (FS #3) revealed: -his position was paraprofessional -he restrained FC #3 "more than once.. maybe 3 times" -FC #3 was "trying to hit staff so we grabbed his hands ...had to call someone to help me" -"he hit me once, I just restrained him" -restraints lasted until "another staff came there to give him meds (medications) to calm him down" -"someone documented it I believe" but he didn't remember if he did or someone else documented it</p> <p>Interview on 12/17/21 with Former Staff #5 revealed"</p>	V 521		

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V 521	<p>Continued From page 36</p> <ul style="list-style-type: none"> <li>-he had never restrained FC #3</li> <li>-he did not see other staff restrain FC #3 but heard that other staff had restrained FC #3.</li> </ul> <p>Interview on 12/6/21 and 12/15/21 with the Owner/Paraprofessional #3 revealed:</p> <ul style="list-style-type: none"> <li>-he and another staff restrained FC #3 but it wasn't on the day that the police were called to facility</li> <li>-he was not at the facility at the time police were present at the facility</li> <li>-he could not recall details of the restraint and suggested talking to the other staff present for restraint</li> <li>-he did remember that FC #3 hit the other staff present but didn't remember further details</li> <li>-FC #3 "was the worst one we ever had, always wanted to go to the hospital, always wanted to quit, wanted to fight"</li> <li>-FC #3 was not restrained while living at the facility.</li> </ul> <p>Interview on 12/15/21 with Staff #6 revealed:</p> <ul style="list-style-type: none"> <li>-he usually worked at the Day Program but transported clients to the group homes; his work schedule was Monday-Friday; he thinks the incident that occurred was on the day before FC #3 moved to the other facility</li> <li>-when the van arrived at the facility, FC #3 became upset about his lunchbox; staff attempted to redirect and calm him down before exiting the van</li> <li>-two other clients were also in the van</li> <li>-FC #3 started hitting himself and hit non-audited staff twice; staff "wrapped him up" while he was sitting in the van so client wouldn't hurt himself again;</li> <li>-FC #3 calmed down, went into the facility, given his PRN and was calmer</li> <li>-he called the Owner/ PP #3 who came to the</li> </ul>	V 521		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 12/28/2021</b>
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V 521	<p>Continued From page 37</p> <p>facility</p> <ul style="list-style-type: none"> <li>-he made FC #3 sit in chair so he wouldn't hurt himself</li> <li>-the Owner/PP #3 held his legs and non-audited staff held his arms and "pushed him on bed ...this went on for about 3 or 4 minutes"</li> <li>-non-audited staff "wrote a piece of paper" and signed it regarding the incident.</li> </ul> <p>Interview on 12/6/21 and 12/14/21 with the Director of Operations/Qualified Professional (DOO/QP#1) revealed:</p> <ul style="list-style-type: none"> <li>-staff would only restrain a client for safety, but FC #3 was not restrained while at the facility</li> <li>-FC #3 was not a typical client for their facility; we "typically don't see a client" with FC #3's behaviors</li> </ul> <p>Documentation of the restraint on 7/23/21 was requested from the Owner/PP #3 on 12/15/21 but was not provided by the survey exit date.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 521		
V 524	<p>27E .0104(e12-16) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(12) The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the client's health or safety or immediately after</p>	V 524		

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V 524	<p>Continued From page 38</p> <p>the client gains behavioral control. If the client is unable to gain behavioral control within the time frame specified in the authorization of the intervention, a new authorization must be obtained.</p> <p>(13) The written approval of the designee of the governing body shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified in Item (E) of Subparagraph (e)(10) of this Rule.</p> <p>(14) Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical restraint or isolation timeout.</p> <p>(15) The use of a restrictive intervention shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62(e) for rights restrictions.</p> <p>(16) When any restrictive intervention is utilized for a client, notification of others shall occur as follows:</p> <p>(A) those to be notified as soon as possible but within 24 hours of the next working day, to include:</p> <p>(i) the treatment or habilitation team, or its designee, after each use of the intervention; and</p> <p>(ii) a designee of the governing body; and</p> <p>(B) the legally responsible person of a minor client or an incompetent adult client shall be notified immediately unless she/he has requested not to be notified.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify immediately the legally responsible person of an incompetent adult when a restrictive intervention was utilized for 1 of 1</p>	V 524		

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V 524	<p>Continued From page 39</p> <p>Former Client (FC #3). The findings are:</p> <p>Review on 12/6/21 of FC #3's record revealed: -there was no evidence of immediate guardian notification when a restrictive intervention (RI) was used.</p> <p>Interview on 12/8/21 with the guardian revealed: -she became guardian of FC #3 on 6/24/21 and continued with the plans for placement - the former guardian agreed to placement at the facility effective 7/1/21 -she was not informed of RI's; she learned of RI's of FC #3 from his Local Management Entity/Managed Care Organization (LME/MCO) Care Manager (CM) -she didn't know details of restrictive interventions or how often they were done; "there was no communication" -her agency had a system for calls received after hours and on the weekends -FC #3's Behavioral Support Plan (BSP) did not include FC #3 to be restrained -she was concerned about FC #3's safety and "of all the investigations I have had, this is the most serious."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 524		