STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-329	A. BUILDING: ______ B. WING ______	C 03/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCTAVISH HOME	236 MCTAVISH LANE WINSTON SALEM, NC 27103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 3/4/2022. The complaint was unsubstantiated (intake #NC16325) Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 3 current clients.	V 000	DHSR - Mental Health MAR 28 2022 Lic. & Cert. Section	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291	Qualified Professionals will be solely responsible for formerly notifying guardians about incidents regarding their person. This formal notification from the QP will take place in writing via email regardless of any discussions had between the guardian and any other staff person including the PD. This will eliminate any confusion that may exist when multiple parties have regular conversations with the guardian. An in-service outlining the new reporting requirements will be completed.	3/10/2022

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: E. J. [signature], QP — TITLE: Operations Mgr — (X6) DATE: 3-21-22

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V 291	Continued From page 1 Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate services between the facility operator and other qualified professionals responsible for treatment/habilitation or care management affecting 1 of 3 clients (#1). The findings are: Reviews from 2/25/2022 to 3/3/2022 of Client #1's record revealed: - Admission date: 7/31/2018 - Diagnoses: Attention Deficit-Hyperactivity Disorder; Tourette's Disorder; Unspecified Bipolar Disorder; Oppositional Defiant Disorder; Mild Intellectual Disability; History of physical and sexual abuse of child (victim) - A "General Event Reports (GER)" dated 12/19/2021 revealed: "[Client #1] and housemate (Client #3) engaging in borrowing and lending. When the item was asked to be returned a verbal altercation followed. Eventually it turned into a physical altercation ... [Client #1] received a few scratches. No hospital care was needed ..." - Documentation of assessment at a Medical Doctor's office on 12/20/2021 for "Other-hand bruised and swollen ... Findings/Recommendations: Patient came in Walk in Clinic. Referred to Ortho Clinic. Needs x-ray and cast." - A "T-Log" (the form used by the facility to document daily progress notes) dated 12/21/2021 revealed: "[Client #1] returned peers (Client #3's) tablet this afternoon. He was somewhat	V 291		

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V 291	Continued From page 2	V 291		

apologetic but took no genuine ownership for his actions."
- A T-Log dated 2/6/2022 revealed: "Upon arising this morning [Client #1] began making intimidating remarks to peer (Client #3). He also made gestures and comments that give rise to bullying behavior. Staff (the Program Director (PD)) attempted to manage the situation by separating the two individuals. [Client #1] continued on with the behavior throughout the day at intervals."
- No documentation that the Guardian was notified of the hand injury on 12/19/2021; the police being called to the facility due to accusation on 12/22/2021 of Client #1 stealing Client #3's tablet; of the accusation of sexually inappropriate behavior towards Client #2 on 1/5/2022; or of the accusations of sexually inappropriate behavior towards Client #3 on 2/2/2022 and 2/3/2022.
- Documentation that Client #1 was arrested and transported to the local Detention Center on 2/6/2022.

Reviews from 2/25/2022 to 3/4/2022 of Client #2' s record revealed:
- Admission date: 4/21/2016
- Diagnoses: Moderate Intellectual Disabilities; Generalized Anxiety Disorder; Bipolar Disorder, current episode depressed, severe, without psychotic features; Obsessive-Compulsive Disorder; Cystic Fibrosis, Unspecified.
- A "T-log" dated 1/5/2022 revealed: "During [Client #2]'s weekly therapy session, he informed the therapist that, [Client #1] came in his room during the night/early morning and got into bed with him and kissing him up and down his arm. He explained he was afraid to report it to staff. I (Staff #1) assured the therapist and [Client #2] that this information would be passed on to the

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V 291	Continued From page 3 appropriate parties and handled." Reviews from 2/25/2022 to 3/4/2022 of Client #3's record revealed: - Admission date: 12/1/2021 - Diagnoses: Attention Deficit Disorder; Moderate Intellectual Disabilities; and Autistic Disorder - GER's as follows: - - 12/19/2021: "[Client #3] and his housemate (Client #1) were engaging in borrowing and lending, a violation of house rules. They got into a verbal altercation when the item was asked to be returned ... The ordeal escalated into a physical altercation. Staff (#3) separated the two. [Client #3] was taken to the ER (emergency room) at [a local hospital] due to his complaining that his 'shoulder was broken.' X-rays on his shoulder and CT scans on his head and face were performed. All came back negative. He did receive multiple scratches about the body and a 'black eye' (left) ..." - - 12/22/2021: " [Client #3]'s Tablet was reported stolen by himself. A search of the facility yielded no Tablet ... [Client #3] elected to call the police ..." - - 2/2/2022: "This morning when I (Staff #1) came in, [Client #3] pulled me to the side and said that [Client #3] has been coming in his room and hitting him in his private parts, and hugging and touching him in ways that make him uncomfortable. He also complained that he feels [Client #1] has been coming in his room taking his money." - - 2/3/2022: "[Client #3] made staff aware that when coming out of the bathroom [Client #1] came up and grabbed his private area. [Client #3] also stated after grabbing him [Client #1] tried to push him down to get on top of him. [Client #3] also stated that he doesn't feel safe here."	V 291		

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Reviews on 3/3/2022 and 3/4/2022 of emails between the PD, the Qualified Professional (QP) and Client #1's Guardian revealed:
- The Guardian was notified of Client #1's fractured hand requiring a cast on 12/21/2021.
- No documentation that the Guardian was notified of the police being called to the facility due to accusation on 12/22/2021 of Client #1 stealing Client #3's tablet; of the accusation of sexually inappropriate behavior towards Client #2 on 1/5/2022; of the accusations of sexually inappropriate behavior towards Client #3 on 2/2/2022 and 2/3/2022.

Interview on 2/25/2022 with Client #1's Guardian revealed:
- Email was the means used most often to communicate with the facility about Client #1.
- Facility staff has said that they left messages for her, but she never received them.
- She was informed on 12/21/2021 that Client #1 had a broken wrist due to a conflict with a peer.
- She was later informed that Client #1 had assaulted the other client.
- She had not been made aware that there had been ongoing conflict between Client #1 and Client #3 until after Client #1's arrest on 2/6/2022.
- The PD and QP had told her that there had been incidents of "groping" another client on an unknown date.
- Based on the information she had received from the facility about the severity of Client #1's behaviors, she did not think he should be in detention.
- She did not understand why the facility had not communicated with her more.

Interview on 3/2/2022 with Staff #1 revealed:
- The PD was usually the person who communicated directly with Guardians.

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V 291	Continued From page 5 Interview on 3/1/2022 with Staff #2 revealed: - She thought that the PD was responsible for notifying Guardians when any incidents occurred with clients. Interview on 3/4/2022 with the QP revealed: - Both she and the PD communicated with Guardians about client issues. - Failure to notify Client #1's Guardian of all of his incidents could have been because the PD was expecting her to contact the guardian, while she was expecting the PD to call the Guardian. - She had sent emails to Client #1's Guardian to notify her of some of Client #1's incidents, but not all. Interview on 3/3/2022 with the PD revealed: - Client #1 could be intrusive and often attempted to taunt his peers. - He thought Client #1's incidents were part of his "behaviors," so he did not always communicate the incidents with the Guardian. - He had sent some emails to Client #1's Guardian. - He did not have documentation of all to the contacts he had made with Client #1's Guardian.	V 291		
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	V 367	An in-service on incident reporting will be done for all staff including the PD and QP which will detail specifics about entering the incident in our electronic records system (Therap) as well as entering the incident into IRIS.	03/10/2022

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V 367	Continued From page 6 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; (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	V 367		

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V 367	Continued From page 7 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 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:	V 367		

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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 all level II or III incidents within 72 hours of becoming aware of the incidents affecting 3 of 3 clients (#1, #2 & #3). The findings are:

Reviews from 2/25/2022 to 3/3/2022 of Client #1's record revealed:
- Admission date: 7/31/2018
- Diagnoses: Attention Deficit-Hyperactivity Disorder; Tourette's Disorder; Unspecified Bipolar Disorder; Oppositional Defiant Disorder; Mild Intellectual Disability; History of physical and sexual abuse of child (victim)
- Documentation of assessment at a Medical Doctor's office on 12/20/2021 for "Other-hand bruised and swollen ...
Findings/Recommendations: Patient came in Walk in Clinic. Referred to Ortho Clinic. Needs x-ray and cast."
- A "General Event Reports (GER)" dated 12/19/2021 revealed: "[Client #1] and housemate (Client #3) engaging in borrowing and lending. When the item was asked to be returned a verbal altercation followed. Eventually it turned into a physical altercation ... [Client #1] received a few scratches. No hospital care was needed ..."
- A "T-Log" (the form used by the facility to document daily progress notes) dated 2/6/2022 revealed: "Upon arising this morning [Client #1] began making intimidating remarks to peer (Client #3). He also made gestures and comments that give rise to bullying behavior. Staff (the Program Director (PD)) attempted to manage the situation by separating the two individuals.

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V 367	Continued From page 9 [Client #1] continued on with the behavior throughout the day at intervals." - Documentation that Client #1 was arrested and transported to the local Detention Center on 2/6/2022. Reviews from 2/25/2022 to 3/4/2022 of Client #2' s record revealed: - Admission date: 4/21/2016 - Diagnoses: Moderate Intellectual Disabilities; Generalized Anxiety Disorder; Bipolar Disorder, current episode depressed, severe, without psychotic features; Obsessive-Compulsive Disorder; Cystic Fibrosis, Unspecified. - A "T-log" dated 1/5/2022 revealed: "During [Client #2]'s weekly therapy session, he informed the therapist that, [Client #1] came in his room during the night/early morning and got into bed with him and kissing him up and down his arm. He explained he was afraid to report it to staff. I (Staff #1) assured the therapist and [Client #2] that this information would be passed on to the appropriate parties and handled." Reviews from 2/25/2022 to 3/4/2022 of Client #3's record revealed: - Admission date: 12/1/2021 - Diagnoses: Attention Deficit Disorder; Moderate Intellectual Disabilities; and Autistic Disorder - GER's as follows: - - 12/19/2021: "[Client #3] and his housemate (Client #1) were engaging in borrowing and lending, a violation of house rules. They got into a verbal altercation when the item was asked to be returned ... The ordeal escalated into a physical altercation. Staff (#3) separated the two. [Client #3] was taken to the ER (emergency room) at [a local hospital] due to his complaining that his 'shoulder was broken.' X-rays on his shoulder and CT scans on his head and face were performed.	V 367		

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V 367	Continued From page 10 All came back negative. He did receive multiple scratches about the body and a 'black eye' (left) ..." - - 12/22/2021: " [Client #3]'s Tablet was reported stolen by himself. A search of the facility yielded no Tablet ... [Client #3] elected to call the police ..." - - 2/2/2022: "This morning when I (Staff #1) came in, [Client #3] pulled me to the side and said that [Client #3] has been coming in his room and hitting him in his private parts, and hugging and touching him in ways that make him uncomfortable. He also complained that he feels [Client #1] has been coming in his room taking his money." - - 2/3/2022: "[Client #3] made staff aware that when coming out of the bathroom [Client #1] came up and grabbed his private area. [Client #3] also stated after grabbing him [Client #1] tried to push him down to get on top of him. [Client #3] also stated that he doesn't feel safe here." Review on 2/25/2022 of the Incident Response Improvement System (IRIS) revealed: - There was no documentation of the level II incidents dated 12/19/2021, 12/22/2021, 1/5/2022, 2/2/2022, 2/3/2022 or 2/6/2022 in IRIS. - There were no other level II or III incidents reported for the facility from 9/27/2021 to 2/25/2022. Interview on 3/2/2022 with Staff #1 revealed: - When incidents occurred, facility staff were supposed to complete notes in the electronic medical record system and notify the PD. Interview on 3/1/2022 with Staff #2 revealed: - When incidents occurred, facility staff were supposed to enter notes into the electronic medical record system and call the PD and	V 367		

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Qualified Professional (QP).

Interview on 3/1/2022 with Staff #3 revealed:
- On 12/19/2021, Clients #1 and #3 got into arguments about Client #3's tablet, which escalated to a physical altercation.
- She called the PD, who responded by going to the facility to assist.
- Client #1's hand was swollen but he was still able to move it.
- She gave Client #1 ice to put on his hand.
- Client #3 had scratches and a black eye.
- Following the incident, she wrote a note in the electronic medical record system.
- Client #1 was taken to the ER the next day to have his hand examined.
- Client #1 had hit Client #3 so hard that he broke his (Client #1's) hand.
- On other occasions, Client #3 had called the police because his tablet was stolen, and Client #1 had "grabbed his (Client #3's) private part."
- Her co-worker, Staff #2, had written the reports for those incidents.

Interview on 3/4/2022 with the QP revealed:
- Clients #1 and #3 had been "bumping heads since Client #3 was admitted to the facility in early December 2021.
- Following the incident on 12/19/2021, Client #3 was immediately taken for medical care because he had visible bruises.
- Client #1 was taken for medical care the day after the incident when it was evident that he was having issues with his hand.
- On 12/22/2021, Client #1 had taken Client #3's tablet, which led to local police being called to the facility by Client #3.
- Following the report on 1/5/2022 by Client #2 of Client #1's sexually inappropriate behavior, she had encouraged facility staff to complete the

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internal record system, but no report was entered into IRIS.
- Following the reports on 2/2/2022 and 2/3/2022 by Client #3 of Client #1's sexually inappropriate behavior, documentation was again completed in the facility's electronic medical record system, but not in IRIS.
- Client #1's last day at the facility was on 2/6/2022, which was the day he was arrested by the local police and taken to the local detention center.
- She thought that the facility's internal event reports were sufficient to meet the requirements for reporting incidents.
- She would ensure that level II or III incidents were entered into IRIS.

Interview on 3/3/2022 with the PD revealed:
- Client #1 could be intrusive and often attempted to taunt his peers.
- On 12/19/2022, Clients #1 and #3 got into a physical altercation that led to him taking Client #3 to the ER for evaluation because Client #3 said that he thought his shoulder was broken.
- Client #1 initially refused to get medical care for his hand, but was taken for medical care the next day (12/20/2021) when his had was swollen and red.
- Client #1's hand was placed in a cast because he had a fracture.
- He thought Client #1's sexually inappropriate behaviors on 1/5/2022, 2/2/2022 and 2/3/2022 were Client #1's attempts to "taunt" his peers.
- T-Logs or Event Reports were entered into the facility's electronic medical record system following incidents.
- He informed the QP of any incidents that occurred in the facility.
- He did not have access to IRIS.
- Only the QP or other QP's at the Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-329	A. BUILDING ______ B. WING ______	C 03/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCTAVISH HOME	236 MCTAVISH LANE WINSTON SALEM, NC 27103

(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 367	Continued From page 13 Company office were able to enter incidents into IRIS.	V 367		