

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME IV	STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLN, NC 28092
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 14, 2022. The complaint was unsubstantiated (Intake# NC00187344). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training in cardiopulmonary resuscitation (CPR)/First Aid was kept current for 2 of 4 staff audited (Staff #1 and the Director). The findings are:</p> <p>Review on 3/30/22 of Staff #1's employee file revealed: -Date of hire - 6/15/20. -CPR training expired 3/3/22.</p> <p>Review on 3/30/22 of the Director's employee file revealed: -Date of hire - 12/17/19. -CPR training expired 2/25/22.</p> <p>Interview on 3/30/22 with the Qualified Professional revealed: -Staff #1 and the Director renewed their CPR training yesterday.</p> <p>Review on 4/1/22 of Staff #1 and the Director's renewed CPR trainings revealed: -The trainings were completed on 3/31/22.</p>	V 108		

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V 114 V 114	Continued From page 2 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure emergency drills were completed quarterly and repeated for each shift. The findings are: Review on 3/30/22 of the facility's Fire and Disaster Drill logs revealed: -The pre-printed form reflected there were three shifts - no times were documented. -One disaster drill was conducted in the first quarter - March 2021 - no shift designated. -One disaster drill was conducted in the fourth quarter - October 2021 - no shift designated. -One disaster drill was conducted in the first quarter - January 2022 - no shift designated. -There were no other disaster drills for review. Interview on 3/28/22 with Client's #2 and #3	V 114 V 114		

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V 114	Continued From page 3 revealed: -They have not practiced any disaster drills. Interview on 3/30/22 with the Director revealed: -Disaster drills were done but not has frequently as fire drills. Interview on 4/1/22 with the Qualified Professional revealed: -Fire and disaster drills were conducted at least once a month to ensure they were done on each shift. -The staff were to document the time and how long it took everyone to respond. -She was not aware the disaster drills weren't being done.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:	V 118		

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V 118	<p>Continued From page 4</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered only on the written order of a person authorized by law to prescribe medications and the Medication Administration Records (MARs) of all medications administered to each client were kept current affecting 3 of 3 clients audited (Client's #1, #2 and #3). The findings are:</p> <p>Review on 3/30/22 of Client #1's record revealed: -Admitted on 3/18/20. -Age 15. -Diagnoses of Post-Traumatic Stress Disorder (PTSD) with Dissociative Features, and Attention-Deficit Hyperactivity Disorder (ADHD) combined presentation. -Physician's order included the following - -2/2/22 - Lansoprazole DR 30 mg - 1 capsule daily 30 minutes before meal. -2/2/22 - Clonidine HCL 0.1 mg - 1 tablet 2 x day.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -4/23/21 - Mirtazapine 15 mg - 1 tablet at bedtime. -No order for Vitamin D3 400 units - 1 capsule every morning. -No order for Vitamin E 400 units - 1 capsule every day. -No order for Melatonin 5 mg - 1 tablet at bedtime. <p>Observation on 3/28/22 at 5:18 p.m. of Client #1's medications included:</p> <ul style="list-style-type: none"> -Lansoprazole DR 30 mg - 1 capsule daily 30 minutes before meal. -Clonidine HCL 0.1 mg - 1 tablet 2 x day. -Mirtazapine 15 mg - 1 tablet at bedtime. -Vitamin D3 400 units - 1 capsule every morning. -Vitamin E 400 units - 1 capsule every day. -Melatonin 5 mg - 1 tablet at bedtime. <p>-Review on 3/30/22 of the January, February, and March 2022 Medication Administration Records (MARs) revealed:</p> <ul style="list-style-type: none"> -Lansoprazole DR - 1 capsule daily 30 minutes before meal - did not have the mg specified for all 3 months. -Clonidine HCL 0.1 mg - 1 tablet 2 x day - was initialed as given at 11:43 a.m. (time of record review) on 3/30/22 for the 7:00 p.m. dose. -Mirtazapine 15 mg - 1 tablet at bedtime - was initialed as given at 11:46 a.m. (time of record review) on 3/30/22 for 4:00 p.m. dose. -Melatonin 5 mg - 1 tablet at bedtime - was initialed as given at 11:47 a.m. (time of record review) on 3/30/22 for 7:00 p.m. dose. -Vitamin D3 400 units - 1 capsule every morning; Vitamin E 400 units - 1 capsule every day and Melatonin 5 mg - 1 tablet at bedtime were administered daily (no order). <p>Interviews on 3/30/22 and 4/1/22 with the Director</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>and the Qualified Professional regarding the missing orders revealed:</p> <ul style="list-style-type: none"> -There were no standing orders for Over-the-Counter medications. -Every medication the clients took should have their own signed order. -They would contact the doctor to get the missing orders. <p>Review on 4/1/22 of the orders sent for Client #1 on 4/1/22 revealed:</p> <ul style="list-style-type: none"> -"Vitamins were prescribed by me as of 3/18/2020 and have not been discontinued." -There was no order to address the Melatonin Client #1 was taking daily. <p>Review on 3/30/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted on 9/23/21. -Age 12. -Diagnoses of Attention-Deficit Disorder, and PTSD. -Physician's orders included the following - <ul style="list-style-type: none"> -10/15/21- Adderall XR 20 mg - 1 capsule every morning. -3/15/22 - Escitalopram 10 mg - 1 tablet at bedtime. <p>Observation on 3/28/22 at 5:12 p.m. of Client #2's medications included:</p> <ul style="list-style-type: none"> -Adderall XR 20 mg - 1 capsule every morning. -Escitalopram 10 mg - 1 tablet at bedtime. <p>Review on 3/30/22 of Client #2's January, February, and March 2022 MARs revealed:</p> <ul style="list-style-type: none"> -Adderall XR - 1 capsule every morning - did not have the mg listed for all 3 months. -Escitalopram 10 mg - 1 tablet at bedtime- was initialed as given at 11:52 a.m. (time of record review) on 3/30/22 for the 7:00 p.m. dose. 	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 3/30/22 of Client #3's record revealed: -Admitted on 11/2/20. -Age 11. -Diagnoses of ADHD, combined, Autism Spectrum Disorder without accompanying intellectual impairment, and Oppositional Defiant Disorder.</p> <p>Observation on 3/28/22 at 5:04 p.m. of Client #3's medications included: -Aptensio XR 40 mg - 1 capsule every morning. -Clonidine 0.1 mg - 1 tablet every morning. -Methylphenidate 10 mg - 1 tablet every evening.</p> <p>Review on 3/30/22 of Client #3's physician's orders revealed the following medications did not have signed orders: -Aptensio XR 40 mg - 1 capsule every morning. -Clonidine 0.1 mg - 1 tablet every morning. -Methylphenidate 10 mg - 1 tablet every evening.</p> <p>Review on 3/30/22 of January, February, and March 2022 MARs reflected the client received the above medications daily.</p> <p>Review on 4/1/22 of physician's orders signed 4/1/22 (after surveyor inquiry above) revealed: -Aptensio XR 40 mg - 1 capsule every morning. -Clonidine 0.1 mg - 1 tablet every morning. -Methylphenidate 10 mg - 1 tablet every evening.</p> <p>Interview on 4/1/22 with the Qualified Professional revealed: -She would ensure the Director would get a better handle on medications and make sure they had all the doctor orders in the future.</p>	V 118		
V 121	27G .0209 (F) Medication Requirements	V 121		

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V 121	<p>Continued From page 8</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for three of three clients (Clients #1, #2 and #3) who received psychotropic drugs. The findings are:</p> <p>Review on 3/30/22 of Client #1's record revealed: -Admitted on 3/18/20. -Age 15. -Diagnoses of Post-Traumatic Stress Disorder (PTSD) with Dissociative Features, and Attention-Deficit Hyperactivity Disorder (ADHD) combined presentation. -Physician's order dated 4/23/21 included Mirtazapine 15 milligrams (mg) - 1 tablet at bedtime. -The January, February, and March 2022 Medication Administration Records (MARs) reflected the client received the above medication daily.</p>	V 121		

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V 121	<p>Continued From page 9</p> <p>Review on 3/30/22 of Client #2's record revealed: -Admitted on 9/23/21. -Age 12. -Diagnoses of Attention-Deficit Disorder, and PTSD. -Physician's orders reflected the following psychotropic medications - -10/15/21- Adderall XR 20 mg - 1 capsule every morning. -2/2/22 - Guanfacine HCL ER 4 mg - 1 tablet every day. -3/15/22 - Escitalopram 10 mg - 1 tablet at bedtime. -The January, February, and March 2022 Medication Administration Records (MARs) reflected the client received the above medications daily.</p> <p>Review on 3/30/22 of Client #3's record revealed: -Admitted on 11/2/20. -Age 11. -Diagnoses of ADHD, combined, Autism Spectrum Disorder without accompanying intellectual impairment, and Oppositional Defiant Disorder. -Physician's orders reflected the following psychotropic medications - -3/18/22 - Citalopram HBR 10 mg - 1 tablet every morning. -11/2/20 - Aptensio XR 40 mg - 1 capsule every morning. -3/18/22 - Guanfacine HCL ER 2 mg - 1 tablet 2x day. -4/1/22 - Methylphenidate 10 mg - 1 tablet every evening. The January, February, and March 2022 Medication Administration Records (MARs) reflected the client received the above medications daily.</p>	V 121		

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V 121	<p>Continued From page 10</p> <p>Review on 3/30/22 of a facility Medication Management Log revealed: -Across the top of the form reflected Date, Description, Comments Note Changes. -Dates reviewed included 2/7/22, 3/2/22 and 4/5/22. -Description included Client #1, #2, and #3's names and doctor reviewed client's medications via Zoom. -There were no medication changes for all the dates reviewed. -There was no doctor signature for any of the medication reviews until 4/1/22 after surveyor inquiry.</p> <p>Interview on 4/1/22 with the Qualified Professional revealed: -Medication reviews were held monthly via Zoom for all of the clients. -The log was kept by the facility since the doctor did not send anything after the reviews. -She would ensure the doctor signed the reviews moving forward.</p>	V 121		
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 review and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 4 of 4 audited staff (Staff #1, #2, the Director and Qualified Professional). The findings are:</p> <p>Review on 3/30/22 of Staff #1's employee file revealed: -Date of hire - 6/15/20 - paraprofessional. -HCPR check completed 7/25/20.</p> <p>Review on 3/30/22 of Staff #2's employee file revealed: -Date of hire - 1/6/20 - paraprofessional. -HCPR check completed 7/25/20.</p> <p>Review on 3/30/22 of the Director's employee file revealed: -Date of hire - 12/17/19. -HCPR check completed 12/5/18 (over a year prior to hire).</p> <p>Review on 3/30/22 of the Qualified Professional's employee file revealed: -Date of hire - 12/1/18. -HCPR check completed 1/29/19.</p> <p>Interview on 3/30/22 with the Qualified Professional revealed: -She was responsible to conduct the HCPR checks. -She was sure she had completed the above checks prior to hire as this was needed in order to obtain the license. -She would look for the original HCPR checks.</p> <p>No other HCPR checks were provided prior to</p>	V 131		

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V 131	Continued From page 12 exit.	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record</p>	V 133		

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V 133	<p>Continued From page 13</p> <p>check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all</p>	V 133		
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V 133	<p>Continued From page 14</p> <p>of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or</p>	V 133		

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V 133	Continued From page 15 federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while	V 133		

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V 133	<p>Continued From page 16</p> <p>impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to check the criminal history for 2 of 4 audited staff (Director and Qualified Professional) within 5 days of hire. The findings are:</p> <p>Review on 3/30/22 of the Director's employee file revealed: -Date of hire - 12/17/19. -Criminal background check completed 1/16/19.</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>Review on 3/30/22 of the Qualified Professional's employee file revealed: -Date of hire - 12/1/18. -Criminal background check completed 1/16/19.</p> <p>Interview on 3/30/22 with the Qualified Professional revealed: -She was responsible to conduct the criminal background checks. -She was sure she had completed the above checks within 5 days as this was needed in order to obtain the license. -She would look for the original background checks.</p> <p>No other criminal background checks were provided prior to exit.</p>	V 133		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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:</p>	V 367		

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V 367	<p>Continued From page 18</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 19</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"> (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. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure level II incidents were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 3/30/22 of Client #1's record revealed: -Admitted on 3/18/20. -Age 15. -Diagnoses of Post-Traumatic Stress Disorder</p>	V 367		

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V 367	<p>Continued From page 20</p> <p>with Dissociative Features, and Attention-Deficit Hyperactivity Disorder combined presentation.</p> <p>Interview on 3/28/22 with Client #1 revealed: -A couple of weeks ago he got sent to his room because he was acting silly and staff didn't think it was funny. -Staff pulled him on his arm, he didn't remember which staff member, causing a bruise on his inner arm. -He had always felt safe at the facility.</p> <p>Review on 3/28/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: -There were no incidents reported by the facility.</p> <p>Review on 4/1/22 of statements written by Staff #1 and Staff #2 revealed: -Client #1 was involved in an incident on 3/17/22. -He was upset after being told to go to his room and began cussing, yelling and throwing things in his room. -Staff #2 went to his room to find out why his lights weren't out. -Staff #1 also entered the client's room. -Staff #2 was trying to charge Staff #1 so she "blocked" Client #1 from getting closer to Staff #1. -Client #1 and Staff #2 fell to the floor. -Client #1 threatened to leave his room. -Staff #1 blocked the entrance of his room. -Staff #1 "...started blocking him so he couldn't leave at no point did my hands leave the door frame he started hitting me I moved side to side preventing him from hurting his self or me..."</p> <p>Review on 3/30/22 of a facility incident report regarding Client #1 revealed: -The date of the incident was documented as 3/25/22.</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>-Client #1 was redirected to his room and was threatening to leave, swinging at staff and throwing things all over his room.</p> <p>Interview on 3/31/22 with Staff #1 revealed: -She did not grab Client #1's arm. -There was "...a whole bunch of blocking..." -He ran toward Staff #2 and she tried to block him and they both fell down. -Staff #2 blocked the doorway as he was threatening to run.</p> <p>Interview on 3/30/22 with Staff #2 revealed: -Client #1 tried to get up from his bed as he was going towards Staff #1. -She tried to stand in front of him to block him from getting to Staff #1 but then they both fell down to the floor. -The only physical contact was when they were trying to block Client #1. -Staff #1 kept her arms on the door frame to block him from trying to leave his room. -She never pulled or grabbed him by the arm.</p> <p>Interview on 3/31/22 with the Director revealed: -The incident was on 3/17/22. -Client #1 had been given several warnings to calm down as he had been "acting up" all that day. -He was sent to his room when he started throwing things and threatening to leave the house. -She believed Staff #1 stood in front of the door because he was threatening to leave.</p> <p>Interview on 4/1/22 with the Qualified Professional revealed: -She was a certified instructor for the Evidence-Based Protective Interventions. -She was aware staff attempted to block Client #1</p>	V 367		

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V 367	Continued From page 22 from charging them and blocked the doorway so he wouldn't be able to run out of the room. -She did not consider this a restrictive intervention as he was still able to move about in the space of his bedroom. -This was why she did not do an IRIS report as she felt since he still had free movement in his room it was not a restrictive intervention.	V 367		