STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-102	A. BUILDING: _____ B. WING _____	C 04/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEBO SUPERVISED LIVING 2	82 CEMETERY ROAD NEBO, NC 28761

(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 April 21, 2022. The complaints were unsubstantiated (NC# 187747, 187908). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised living for Adults with Developmental Disabilities. This facility is licensed for 4 beds and currently has a census of one. The survey sample consisted of audits of one current client and one former client.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 2 of 2 audited staff (Staff #1 and Staff #2). The findings are: Review on 4/5/22 of Staff #1's personnel record revealed: -date of hire: 1/6/21;	V 131		

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V 131	Continued From page 1 -position: paraprofessional; -HCPR accessed on: 1/7/21 Review on 4/5/22 of Staff #2's personnel record revealed: -date of hire: 12/10/19; -position: paraprofessional; -HCPR accessed on: 12/17/19 Interview on 4/8/22 with the Director of Operations (DO) and Qualified Professional #1 revealed: -the Licensee had been cited for this in other surveys; -their Human Resources (HR) staff was let go due to not meeting required state rules.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a	V 132		

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V 132	Continued From page 2 healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to investigate and notify the Department of allegations of abuse and neglect and report results of an investigation against health care personnel within five working days. Review on 4/5/22 of Former Client #2's (FC#2) record revealed: Date of admission: 6/21/21; Discharge date: 3/28/22; Diagnoses: Major Depressive Disorder (D/O), severe without Psychotic Features, Mental D/O	V 132		

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V 132	Continued From page 3 NOS Enuresis, Mild Intellectual Developmental Disability (IDD), Obesity, and Epilepsy; Pre-Admission history including a former treatment plan included: making false allegations against staff to law enforcement and Department of Social Services; -throwing herself out of her wheelchair and stealing. Interview on 4/7/22 with Former Client #2's (FC#2) guardian revealed: -he was notified on 3/28/22 of the bruising on FC#2's legs and that she had reported that Staff #2 had hit her across the legs with a rolling pin; -he was sent pictures of the bruises; -he contacted the owner on 3/29/22, and told him that he was going to have FC#2 make a report to the Department of Social Services and "gave him permission to investigate his own staff;" -he himself, did not make a report regarding these injuries and FC#2 had not been taken to the doctor. Interviews from 4/5/22 to 4/8/22 with Director of Operations revealed: -Former Client #2 (FC#2) had bruising on her legs from coming out of her wheelchair at the facility while getting into a staff's vehicle ...she was on the ground; -FC#2 pivots herself when transferring in and out of her wheelchair by leaning up against the bar of the chair. Interview on 4/6/22 and 4/7/22 with the Owner revealed: -he had a conversation with the guardian on 3/29/22 after Former Client #2 had left and found out about the marks on her; -was aware that a report might be made and that	V 132		

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V 132	Continued From page 4 Staff #2 "was not like that;" -he had not documented an internal investigation; -he verbally followed up with the Qualified Professionals and Staff#2 after his phone call with the guardian; -he advised that the guardian never sent the pictures of the bruises and never heard from him again.	V 132		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	Continued From page 5 diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is 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)&(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). This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to operate within its scope of licensure affecting 1 of 1 current client, (Client #1) and 1 of 1 former client (FC#2). The findings are:	V 289		

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V 289	Continued From page 6 Review on 4/5/22 of facility's license revealed: -the facility became licensed March 4, 2022 for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities; -the licensed capacity is 4. Review on 4/5/22 of Client Census completed by the facility revealed: -one current client and one former client was listed. Review on 4/5/22 of Client #1's record revealed: Date of admission: 7/16/21; Diagnoses: Moderate Intellectual Developmental Disability (IDD), Schizophrenia, Adjustment Disorder (D/O), Disturbance of Mood/Conduct, and Paranoid Schizophrenia Review on 4/5/22 of Former Client #2's (FC#2) record revealed: Date of admission: 6/21/21; Discharge date: 3/28/22; Diagnoses: Major Depressive Disorder, severe without Psychotic Features, Mental D/O NOS Enuresis, Mild Intellectual Developmental Disability (IDD), Obesity, and Epilepsy Review on 4/5/22 of the facility's General Event Reports (GER) revealed: -Client #1 eloped from facility on 1/31/22 to the convenience store down the road and was returned to the facility after calming down. Interview on 4/5/22 with Staff #1 revealed: -she had worked at the house from July 2021 to present; -Client #1 came to the house in August 2021; -she spent a week in a hotel with Former Client	V 289		

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V 289	Continued From page 7 #2 before she moved into the facility. Interview on 4/5/22 with Qualified Professional #1 (QP#1) revealed: -Former Client #2 (FC#2) was an emergency placement; -Client #1 had a history of hospitalizations prior to being admitted to their facility; -the arrangement was agreed upon by the Local Managing Entity (LME)/Managed Care Organization (MCO) and guardian prior to FC#2 being admitted; -the Guardian for FC#2 and LME/MCO were aware that the facility was in the process of getting licensed. Review on 4/5/22 of a letter drafted by Qualified Professional #1 (QP#1) to the Local Management Entity (LME)/Manager Care Organization dated 3/15/22 revealed: -Former Client #2 (FC#2) was admitted to the facility on 6/23/21 as an emergency placement; -"[care coordinator] and [guardian] both understood that the only placement that the licensee had at the time was a Supported Living placement in an unlicensed home in which another client had been arranged." Interview on 4/7/22 with Former Client #2's (FC#2) guardian revealed: -during a meeting with Qualified Professional #1 in January 2022 there were two female residents residing at the facility; -regarding FC#2's admittance to the facility, "No, we did not agree ...we knew it was unlicensed ... .it was supposed to be supportive living home level 3 and the LME/MCO paid." Interview on 4/7/22 with the Owner revealed: -Former Client #2's (FC#2) prior placement had	V 289		

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V 289	Continued From page 8 left her with nowhere to go; -he agreed to take FC#2 but explained to the LME/MCO and guardian that they were getting the facility licensed and could provide Supportive Living services; -the LME/MCO and guardian agreed to the placement. Interview on 4/4/22 with Division of Health Service Regulation Licensure Team Leader revealed: -when the facility was licensed on 3/4/22, there was only one client reported to be at the facility.	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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident;	V 367		

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V 367	Continued From page 9	V 367		

(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided

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V 367	Continued From page 10 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incident to the Local Managing Entity (LME) within 72 hours as required. The findings are: Interview on 4/7/22 with Former Client #2's (FC#2) guardian revealed: -he reported that the day FC#2 was discharged, he was notified of bruising on FC#2's legs and that she reported to her mother that Staff#2 had hit her with a rolling pin; -he was sent pictures of the bruises; -he reported that he contacted the owner on 3/29/22, and told him that he was going to have	V 367		

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V 367	Continued From page 11 FC#2 make a report to the Department of Social Services and "gave him permission to investigate his own staff;" Interview on and 4/6/22 and 4/7/22 with the Owner revealed: -he had a conversation with the guardian on 3/29/22 after Former Client #2 had left and found out about the marks on her; Interview on 4/8/22 with Director of Operations revealed: -she found out about the allegations after Former Client #2 (FC#2) had been discharged on 3/28/22; -an incident report was not completed. Review on 4/5/22 of North Carolina Incident Response Improvement System (IRIS) revealed: -no incident report regarding the alleged abuse of Former Client #2 by Staff #2.	V 367		