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Division of Health Service Regulation

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MIII 055 005	B. WING		05/00/0000	
		MHL055-025	B: ********		05/09/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
LINCOLN	COUNTY		RRIAGE LANE			
	I	LINCOLN	TON, NC 28092			
(X4) ID PREFIX TAG				BE COMPLETE		
V 000	INITIAL COMMENTS	OMMENTS V 000				
	An annual survey was Deficiencies were cite	s completed on May 9, 2022. ed.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	The survey sample co	onsisted of audits of 3				
V 367	27G .0604 Incident R	eporting Requirements	V 367			
	level II incidents, excethe provision of billable consumer is on the princidents and level II of to whom the provider 90 days prior to the in responsible for the caservices are provided becoming aware of the besubmitted on a for Secretary. The report in person, facsimile of means. The report shinformation:  (1) reporting providentification informat  (2) client identification informat  (3) type of incidentification of the cause of the incident;	REMENTS FOR PROVIDERS providers shall report all pot deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within locident to the LME tchment area where within 72 hours of le incident. The report shall improvided by the t may be submitted via mail, r encrypted electronic hall include the following lovider contact and lion; lication information; lent; of incident; le effort to determine the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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Division of Health Service Regulation								
	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED						
MULI OFF OOF	B. WING							
MHL055-025			05/09/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRE	SS, CITY, STAT	TE, ZIP CODE						
2466 CARRIA	GE LANE							
LINCOLN COUNTY LINCOLNTON	N, NC 28092							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J (VE)					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	()					
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE					
		DEFICIENCY)						
V 367 Continued From page 1	V 367							
John Page 1								
(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								
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;								

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL055-025	B. WING		05	5/09/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E. ZIP CODE		
			RRIAGE LANE			
LINCOLN	COUNTY	LINCOLN	TON, NC 28092			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOU				SHOULD BE	(X5) COMPLETE DATE
V 367	the definition of a level (3) searches of (4) seizures of (5) the total nur incidents that occurre (6) a statement been no reportable in incidents have occurre meet any of the criteria.	aterventions that do not meet el II or level III incident; a client or his living area; client property or property in lient; mber of level II and level III d; and indicating that there have cidents whenever no ed during the quarter that is as set forth in Paragraphs e and Subparagraphs (1)	V 367			
	failed to ensure level to the Local Managen hours as required. The Review on 5/9/22 of Condition of Admitted on 8/12/12. Diagnoses of Modera Developmental Disab Fall.  Review on 5/9/22 of the Response Improvemental Province of Control of Cont	ew and interview the facility II incidents were submitted nent Entity (LME) within 72 e findings are. Client #4's record revealed:				
	regarding Client #4 re	-				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  LINCOLN COUNTY  LINCOLNTON, NC 28092  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR\	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2466 CARRIAGE LANE LINCOLNTON, NC 28092   (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 367  Continued From page 3  -1/9/22 Client #4 "slipped and fell over her flip flops" while walking into the kitchenShe went to the emergency room and a "splint or"  STREET ADDRESS, CITY, STATE, ZIP CODE  2466 CARRIAGE LANE LINCOLNTON, NC 28092  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 367  V 367	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	<del></del>	COMPLETED			
LINCOLN COUNTY  2466 CARRIAGE LANE LINCOLNTON, NC 28092  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 367  Continued From page 3  -1/9/22 Client #4 "slipped and fell over her flip flops" while walking into the kitchenShe went to the emergency room and a "splint or"  2466 CARRIAGE LANE LINCOLNTON, NC 28092  ID PREFIX TAG PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 367  V 367	MHL055-025		B. WING		05/09/2022			
LINCOLNTON, NC 28092  (X4) ID  PREFIX TAG  V 367  Continued From page 3  -1/9/22 Client #4 "slipped and fell over her flip flops" while walking into the kitchenShe went to the emergency room and a "splint or"	NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  V 367 Continued From page 3  -1/9/22 Client #4 "slipped and fell over her flip flops" while walking into the kitchenShe went to the emergency room and a "splint or"	LINCOLN C	COUNTY	2466 CARI	RIAGE LANE				
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OF THE	LINGOLING	LINCOLNTON, NC 28092						
-1/9/22 Client #4 "slipped and fell over her flip flops" while walking into the kitchenShe went to the emergency room and a "splint or	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
flops" while walking into the kitchenShe went to the emergency room and a "splint or	V 367	Continued From page 3		V 367				
Interview on 5/9/22 with the Qualified Professional revealed:  -As he obtained the incident reports for surveyor he was thinking the above incident should have been a level II.  -He did not do one due to so much staff turnover this past year he has had to cover shifts more often than usual.	- f - c l F - t k	-1/9/22 Client #4 "slip flops" while walking ir -She went to the eme cast" was applied to t Interview on 5/9/22 w Professional revealed -As he obtained the ir he was thinking the a been a level IIHe did not do one duthis past year he has	pped and fell over her flip nto the kitchen. ergency room and a "splint or the client's wrist.  with the Qualified d: ncident reports for surveyor bove incident should have ue to so much staff turnover	V 367				

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