

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual survey was completed on 5/11/22. 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>This facility is licensed for 4 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

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V 105	<p>Continued From page 1</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their policy on whether or not the facility could provide services to meet the needs of their clients. The findings are:</p> <p>A. Review on 5/10/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/3/22</li> <li>- diagnosis of Schizophrenia</li> <li>- admission assessment dated 3/1/22 with no documentation of elopement history</li> </ul> <p>During interview on 5/9/22 client #1's guardian with the Department of Social Services reported:</p> <ul style="list-style-type: none"> <li>- made the Licensee/Owner/Qualified Professional (L/O/QP) aware of client #1's elopement behaviors prior to admission</li> <li>- told the L/O/QP client#1's brother was his guardian but due to extreme elopements, he terminated his guardianship</li> <li>- the L/O/QP informed her he had a previous client with an elopement history but he would "take a chance" with client #1</li> </ul> <p>B. Review on 5/10/22 of former client (FC)#6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/12/22 and discharged 3/26/22</li> <li>- diagnosis of Schizophrenia</li> <li>- admission assessment dated 1/15/22 with no documentation of elopement history</li> </ul> <p>During interview on 5/10/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- both guardians made him aware of the clients' elopement history prior to admission</li> <li>- did not document the elopements in the admission assessment</li> <li>- prior to admission, he requested the Invega</li> </ul>	V 105		

Division of Health Service Regulation

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V 105	Continued From page 3  shot to calm the elopement behaviors - he planned to enroll them in the technical college to assist with the trade of their choice to prevent the elopements - in the future, all behaviors will be documented in the admission assessment  This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	V 105		
V 107	27G .0202 (A-E) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 4</p> <p>neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain a file indicating the training, experience and other qualifications for 1 of 1 individual (Licensee/Owner/Qualified Professional) (L/O/QP)'s friend. The findings are:</p> <p>Based on observation and interview at 2:16pm with the L/O/QP's friend on 5/6/22 revealed:</p> <ul style="list-style-type: none"> <li>- the L/O/QP's friend answered the facility's door without any shoes on</li> <li>- he was visiting the L/O/QP from out of the country</li> </ul>	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- been in the "States" for approximately 3 weeks</li> <li>- had visited several friends which included the L/O/QP</li> <li>- was not a staff at the facility</li> <li>- he would contact the L/O/QP</li> <li>- the L/O/QP arrived within 10 minutes to the facility</li> </ul> <p>During interview on 5/6/22 client #2 &amp; #3 reported:</p> <ul style="list-style-type: none"> <li>- the L/O/QP's friend was a facility's staff</li> <li>- he (friend) remained overnight at the facility with the clients without the L/O/QP</li> <li>- he cooked their meals &amp; administered their medications</li> </ul> <p>During interview on 5/6/22 &amp; 5/11/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- the gentleman was a friend of his not staff</li> <li>- he "trusted" his friend to remain with the clients while he ran errands</li> <li>- the friend had assisted him for approximately the last 2 weeks</li> <li>- he (L/O/QP) remained at the facility with the friend until about 8pm or 9pm &amp; returned 1am or 2am</li> <li>- in the future all staff would be qualified with a personnel record</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 107		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 6</p> <p><b>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> <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>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 1 Licensee/Owner/Qualified Professional demonstrated, knowledge, skills and abilities required by the population served. The findings are:</p> <p>A. Cross reference tag: 10A NCAC 27G .0201 GOVERNING BODY POLICIES (V105). Based on record review and interview the facility failed to implement their policy on whether or not the facility could provide services to meet the needs of their clients.</p> <p>B. Cross reference tag: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (V107). Based on observation, record review and interview the facility failed to maintain a file indicating the training, experience and other qualifications for 1 of 1 individual (Licensee/Owner/Qualified Professional) (L/O/QP)'s friend.</p> <p>C. Cross reference tag: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V111). Based on record review and interview the facility failed to implement strategies prior to the establishment of the treatment plan for 1 of 2 audited current clients (#1).</p> <p>D. Cross reference tag: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on observation, record review and interview the facility failed to develop &amp; implement goals and strategies to address 1 of 2 audited current clients (#5) &amp; 1 of 1 former client (FC#6)'s behaviors.</p>	V 109		



Division of Health Service Regulation

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V 109	<p>Continued From page 8</p> <p>E. Cross reference tag: 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (V114). Based on record review and interview the facility failed to ensure disaster drills were completed quarterly and on each shift.</p> <p>F. Cross reference tag: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118). Based on observation, record review and interview the Licensee/Owner/Qualified Professional (L/O/QP) failed to ensure medications were administered by a trained staff and failed to keep the MARs current for 4 of 4 clients (#2, #3, #4 &amp; #5) medications. The findings are:</p> <p>G. Cross reference tag: 10A NCAC 27G .5601 SCOPE (V289). Based on record review and interview the facility failed to meet the scope of the program by admitting clients without developmental disabilities for 4 of 5 clients (#1, #3, #4 &amp; #5) and 1 of 1 former client (FC#6) and failed to meet their licensed capacity affecting 5 of 5 clients (#1, #2, #3, #4 &amp; #5).</p> <p>H. Cross reference tag: 10A NCAC 27G .5602 STAFF (V290). Based on record review and interview the facility failed to ensure a minimum of one staff member was present at all times except when the treatment plan documented the client was capable of remaining in the community without supervision for 1 of 2 audited current client (#1) and 1 of 1 former client (FC#6).</p> <p>I. Cross reference tag: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366). Based on record review and interview the facility failed to implement their incident reporting policy.</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 9</p> <p>J. Cross reference tag: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V367). Based on record review and interview the facility failed to complete level II incident reports &amp; submit to the Managed Care Organization/Local Management Entity (MCO/LME) within 72 hours.</p> <p>K. Cross reference tag: 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (V513). Based on observation, record review and interview the facility failed to use the least restrictive and most appropriate settings and method.</p> <p>L. Cross reference tag: 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (V736). Based on observation &amp; interview the facility was not maintain in a safe, clean, attractive and orderly manner.</p> <p>Review on 5/10/22 of the L/O/QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Master in Education 2005</li> </ul> <p>Review on 5/10/22 of the signed job description revealed:</p> <ul style="list-style-type: none"> <li>- dated 11/15/19</li> <li>- conduct preadmission screening with prospective resident, his/her family guardian or any other appropriate person to determine appropriateness of placement</li> <li>- assure proper administration of all medications</li> <li>- assure all compliance in sanitation, safety requirements and building code requirements as required by Construction of Facility Services</li> <li>- recruit, interview, select, train and delegate responsibilities to all staff to ensure proper coverage of the home on a continuous basis</li> </ul>	V 109		

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V 109	<p>Continued From page 10</p> <p>Review on 5/11/22 of the Plan of Protection dated 5/11/22 written by the L/O/QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? My immediate action is locate a qualified professional to assist with V105, document any behaviors by the guardian, psychological during admission, assessments, V 107 hire qualified staff, V112-address plans and goals in the PCP (person centered plan), V109 (marked through V109) to address behavior, initial strategies to address their behaviors (V111), V114 - disaster drill monthly (marked through monthly) quarterly (bimonthly) (marked through bimonthly) emergency plan, medication - staff must be trained to administer medication, make sure that physicians order are in the facility. V289 - client has DD (developmental disability) diagnoses and number of capacity licensed for. V290 - unsupervised time is documented in the treatment plan. V513- refrigerator is not locked, unless behavior had to go in the treatment plan every 7 days. client still eat raw food in the refrigerator. You have to show why the chain (marked through you have to show why the chain.) V366 &amp; V367 - incident report are completed based on the LME guidelines, level 2 &amp; 3 especially when police is involved, who does the investigation - QP, V736 - find the electrician, plumber and capenter, make them come to see. Volunteer hire [his friend]."</p> <p>The facility served clients diagnosed with Depressive Disorder, Schizophrenia Disorder, Schizoaffective Disorder, Intellectual Developmental Disability &amp; Bipolar Disorder. The facility's organizational structure for supervision consisted of the Licensee fulfilling the roles of Licensee, Owner and QP. While responsible for</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 11</p> <p>the day to day operational needs of the facility, the L/O/QP failed to maintain compliance in all of his day to day responsibilities. The facility was licensed for clients with DD, however, the L/O/QP admitted six clients with no DD diagnoses. His facility was licensed for 4 clients but he admitted 5 clients. He failed to maintain a personnel record with required training and experience for a friend of his who worked alone with the clients in April 2022 &amp; May 2022. The L/O/QP's friend cooked and administered medications without being trained in medication administration. Client #1 &amp; FC#6 were admitted with elopement history but the elopements were not documented in their admission assessments. Based on a local police report client #1 had eloped approximately 54 times prior to his admission. He was admitted on 3/3/22 &amp; caught a train out of state on 3/25/22 where he currently resides. However, the L/O/QP had not discharged him, awaiting for his return back to the facility. He admitted client #3 which put him over capacity. He planned to discharge client #3 if client #1 returned back to the facility. FC#6 eloped at least 12 times from the facility but there were no goals or strategies to address his elopement behaviors. Client #1 &amp; FC#6 were given 2 -3 hours of unsupervised time by the L/O/QP, without documentation that deemed them capable of unsupervised time. Client #1's guardian was not aware of the unsupervised time until after his elopement. There were no level II incident reports submitted to the LME/MCO for the elopements of client #1 &amp; FC#6. A link chain was observed on the refrigerator to prevent client #5 from eating raw meat. There were no goals or strategies in his treatment plan to address this behavior. The facility was in need of several repairs like: holes in the walls the size of baseballs, white putty on the bedroom wall, molding pulled away from the bathroom wall &amp;</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 109	Continued From page 12  uneveled floors in the bathroom and hallway due to termites. This deficiency constitutes a Type A 1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 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 109		
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		

Division of Health Service Regulation

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V 111	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement strategies prior to the establishment of the treatment plan for 1 of 2 audited current clients (#1). The findings are:</p> <p>Review on 5/10/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/3/22</li> <li>- diagnosis of Schizophrenia</li> <li>- no documentation of initial strategies to address client #1's elopement history</li> </ul> <p>Review on 5/9/22 of the local police incident/investigation report for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- on 3/28/22 client #1's guardian with the Department of Social Services &amp; Licensee/Owner/Qualified Professional (L/O/QP) filed missing persons for client #1</li> <li>- "[L/O/QP] said he (client #1) left at 8:30am on 3/25/22...has not been gone when he leaves for more than 1 day..."</li> <li>- "[L/O/QP] said he was told in the past had been reported missing 54 times..."</li> <li>- "local train station clerk advised [client #1] left on the train on 3/25/22 at 2:13pm"</li> <li>- "on 4/14/22 an officer advised [client #1] was located out of state &amp; resided in a health facility"</li> </ul> <p>During interview on 5/9/22 client #1's guardian</p>	V 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 111	<p>Continued From page 14</p> <p>with the Department of Social Services reported:</p> <ul style="list-style-type: none"> <li>- made the Licensee/Owner/Qualified Professional (L/O/QP) aware of client #1's elopement behaviors prior to admission</li> <li>- she explained his brother was his guardian but due to extreme elopements, he terminated his guardianship</li> <li>- the L/O/QP informed her he had a previous client with an elopement history but he would "take a chance" with client #1</li> </ul> <p>During interview on 5/10/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- guardian made him aware of client #1's elopement history</li> <li>- prior to admission, he requested the Invega shot to calm the elopement behaviors</li> <li>- he planned to enroll him in a technical college to assist with the trade of choice to prevent the elopements</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 112	<p>Continued From page 15</p> <p>achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to develop &amp; implement goals and strategies to address 1 of 2 audited current clients (#5) &amp; 1 of 1 former client (FC#6)'s behaviors. The findings are:</p> <p>A. Review on 5/10/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/1/21</li> <li>- diagnosis of Schizophrenia</li> <li>- a treatment plan dated 1/7/22: will improve personal hygiene</li> <li>- no goals or strategies in the treatment plan to address client #5's behaviors of eating raw meat</li> </ul> <p>Observations on 5/6/22 &amp; 5/10/22 revealed the following:</p>	V 112		



Division of Health Service Regulation

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V 112	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- on 5/6/22 at 2:57pm a silver link chain wrapped around the handle of the upper and lower portion of the refrigerator</li> <li>- the link chain was pulled from the refrigerator handle to a nearby cabinet door handle with a padlock on the cabinet's handle door</li> <li>- on 5/10/22 at 10:32am the link chain remained on the refrigerator</li> </ul> <p>During interview on 5/6/22 client #2 reported:</p> <ul style="list-style-type: none"> <li>- the lock was on the refrigerator because client #5 ate raw foods</li> <li>- client #5 walked in and out the kitchen to find food</li> </ul> <p>B. Review on 5/10/22 of FC#6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/12/22 and discharged 3/26/22</li> <li>- diagnosis of Schizophrenia</li> <li>- a treatment plan dated 1/22/22: comply with daily medication regimen &amp; learn coping skills when experiencing an episode of depression and/or irritability</li> <li>- no goals or strategies in the treatment plan to address FC#6's elopement history</li> </ul> <p>During interview on 5/10/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- he was responsible for the revision of the treatment plans</li> <li>- the link chain was placed on the refrigerator after client #5 was admitted to the facility</li> <li>- client #5 had attempted to eat raw meats in the refrigerator</li> <li>- FC#6 had eloped at least 12 times since admitted to the facility</li> <li>- he and the day program developed the treatment plan</li> <li>- the behaviors were not discussed in the treatment team meeting</li> <li>- would address any client behaviors in their treatment plans</li> </ul>	V 112		

Division of Health Service Regulation

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V 112	Continued From page 17  This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	V 112		
V 114	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 record review and interview the facility failed to ensure disaster drills were completed quarterly and on each shift. The findings are:  Review on 4/29/22 of the facility's disaster drill book revealed: - 2020 disaster drills documented with the previous Licensee's name  During interview on 4/29/22 & 5/10/22 the	V 114		

Division of Health Service Regulation

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V 114	Continued From page 18  Licensee/Owner/Qualified Professional reported: - would ensure disaster drills were done quarterly  This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	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: (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	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 19</p> <p>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 Licensee/Owner/Qualified Professional (L/O/QP) failed to ensure medications were administered by a trained staff and failed to keep the MARs current for 4 of 4 clients (#2, #3, #4 &amp; #5) medications. The findings are:</p> <p>A. Review on 5/11/22 of client #2's record revealed: - admitted September 2019 - diagnoses of Mild Intellectual Developmental Disorder &amp; Schizoaffective Disorder</p> <p>B. Review on 5/11/22 of client #3's record revealed: - admitted 4/15/22 - diagnoses of Schizophrenia &amp; Attention Deficit Hyperactivity Disorder</p> <p>C. Review on 5/11/22 of client #4's record revealed: - admitted 4/10/20 - diagnoses Bipolar disorder &amp; Major Depression</p> <p>D. Review on 5/10/22 of client #5's record revealed: - admitted 12/1/21</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 118	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- diagnosis of Schizophrenia</li> </ul> <p>Based on observation and interview at 2:16pm on 5/6/22 with the L/O/QP's friend revealed:</p> <ul style="list-style-type: none"> <li>- the L/O/QP's friend answered the facility's door without any shoes on</li> <li>- he was visiting from out of the country</li> <li>- was not a staff at the facility</li> </ul> <p>Review on 5/10/22 &amp; 5/11/22 of clients' #2-#5 MARs revealed:</p> <ul style="list-style-type: none"> <li>- medications were only initialed as being administered by the L/O/QP</li> <li>- some of the medications clients were administered included: <ul style="list-style-type: none"> <li>Aripiprazole (schizophrenia)</li> <li>Olanzapine (mental disorders)</li> <li>Quetiapine (Schizophrenia)</li> <li>Lisinopril (hypertension)</li> </ul> </li> </ul> <p>During interview on 5/6/22 &amp; 5/11/22 client #2 &amp; #3 reported:</p> <ul style="list-style-type: none"> <li>- the friend of the L/O/QP worked at the facility less than a month</li> <li>- he (L/O/QP's friend) administered their medications when he worked</li> </ul> <p>During interview on 5/11/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- he (L/O/QP) administered all the clients' medications</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 118		
V 289	27G .5601 Supervised Living - Scope	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 289	<p>Continued From page 21</p> <p>10A NCAC 27G .5601 SCOPE</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</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 289	<p>Continued From page 22</p> <p>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)&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 review and interview the facility failed to meet the scope of the program by admitting clients without developmental disabilities for 4 of 5 clients (#1, #3, #4 &amp; #5) and 1 of 1 former client (FC#6) and failed to meet their licensed capacity affecting 5 of 5 clients (#1, #2, #3, #4 &amp; #5). The findings are:</p> <p>A. Review on 5/10/22 of client #1's record revealed: - admitted 3/3/22 - diagnosis of Schizophrenia</p> <p>B. Review on 5/11/22 of client #2's record revealed:</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</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 289	<p>Continued From page 23</p> <ul style="list-style-type: none"> <li>- admitted September 2019</li> <li>- diagnoses of Mild Intellectual Developmental Disorder &amp; Schizoaffective Disorder</li> </ul> <p>C. Review on 5/11/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 4/15/22</li> <li>- diagnoses of Schizophrenia &amp; Attention Deficit Hyperactivity Disorder</li> </ul> <p>D. Review on 5/11/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 4/10/20</li> <li>- diagnoses Bipolar disorder &amp; Major Depression</li> </ul> <p>E. Review on 5/10/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/1/21</li> <li>- diagnosis of Schizophrenia</li> </ul> <p>F. Review on 5/10/22 of former client (FC)#6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/12/22 and discharged 3/26/22</li> <li>- diagnosis of Schizophrenia</li> </ul> <p>During interview &amp; observation at 1:47pm on 5/10/22 the (Licensee/Owner/Qualified Professional) L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- the L/O/QP had no comment about the admission of clients without DD diagnoses</li> <li>- he further stated he had not discharged client #1</li> <li>- the police had not informed him client #1 was located</li> <li>- client#1's monies continued to be deposited into his (L/O/QP) account</li> <li>- if client #1 returned to the facility, he would discharge client #3 to his family care home</li> </ul>	V 289		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 289	Continued From page 24  This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	V 289		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 290	<p>Continued From page 25</p> <p>need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff member was present at all times except when the treatment plan documented the client was capable of remaining in the community without supervision for 1 of 2 audited current client (#1) and 1 of 1 former client (FC#6). The findings are:</p> <p>A. Review on 5/10/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/3/22</li> <li>- diagnosis of Schizophrenia</li> <li>- no documentation of unsupervised time</li> </ul> <p>Review on 5/9/22 of the local police incident/investigation report for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "[L/O/QP] said he (client #1) was told in the past had been reported missing 54 times..."</li> </ul> <p>During interview on 5/9/22 client #1's Department of Social Services (DSS) guardian reported:</p> <ul style="list-style-type: none"> <li>- they were made aware of the unsupervised</li> </ul>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 26</p> <p>time until after client #1 eloped from the facility</p> <ul style="list-style-type: none"> <li>- after client #1 eloped, the L/O/QP informed her he allowed the unsupervised time to build trust with him</li> <li>- had a couple hours of unsupervised in the community</li> <li>- client #1 was allowed to walk to the store</li> <li>- would have declined client #1's unsupervised time due to his elopement history</li> </ul> <p>During interview on 5/11/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- client #1's DSS guardian was aware he had unsupervised time</li> <li>- he informed her he walked in the community and would return to the facility</li> <li>- the DSS guardian was surprised he returned back to the facility during his unsupervised time</li> </ul> <p>B. Review on 5/10/22 of FC #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/12/22 and discharged 3/26/22</li> <li>- diagnosis of Schizophrenia</li> <li>- no documentation of unsupervised time</li> </ul> <p>Review on 5/9/22 of the local police incident/investigation report for FC#6 revealed:</p> <ul style="list-style-type: none"> <li>- on 2/6/22 a missing person report was filed for FC#6 by L/O/QP &amp; located at a nearby restaurant on 2/6/22</li> <li>- "number of times has run...4 times"</li> </ul> <p>During interview on 5/10/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- FC#6 had eloped from the facility at least 12 times</li> <li>- both client #1 &amp; FC#6 were approved for 2 - 3 hours of unsupervised time in the community</li> <li>- he considered elopement when clients do not return to the facility within their approved time in the community</li> </ul> <p>This deficiency is cross referenced into 10A</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 290	Continued From page 27  NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	V 290		
V 366	27G .0603 Incident Response Requirments  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 366	<p>Continued From page 28</p> <p>develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 366	<p>Continued From page 29</p> <p>identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their incident reporting policy. The findings are:</p> <p>Refer to V367 regarding details of incidents that occurred at the facility</p> <ul style="list-style-type: none"> <li>- police calls to the facility due to the elopements of client #1 &amp; former client #6</li> </ul> <p>During interview on 3/31/22 the</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 366	Continued From page 30  Licensee/Owner/Qualified Professional reported: - aware of the police calls - had not completed any further investigations of the incidents - responsible for investigating the incidents  This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	V 366		
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; (5) status of the effort to determine the cause of the incident; and	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 367	<p>Continued From page 31</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 .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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>	V 367		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 367	<p>Continued From page 32</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete level II incident reports &amp; submit to the Managed Care Organization/Local Management Entity (MCO/LME) within 72 hours. The findings are:</p> <p>Review on 5/10/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/3/22</li> <li>- diagnosis of Schizophrenia</li> </ul> <p>Review on 5/10/22 of former client (FC)#6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/12/22 and discharged 3/26/22</li> <li>- diagnosis of Schizophrenia</li> </ul> <p>Review on 5/9/22 of the local police</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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V 367	<p>Continued From page 33</p> <p>incident/investigation report for client #1 &amp; FC #6 revealed:</p> <ul style="list-style-type: none"> <li>- on 3/28/22 client #1's guardian with the Department of Social Services &amp; Licensee/Owner/Qualified Professional (L/O/QP) filed missing persons for client #1</li> <li>- "[L/O/QP] said he left at 8:30am on 3/25/22...has not been gone when he leaves for more than 1 day..."</li> <li>- "[L/O/QP] said he (client #1) was told in the past had been reported missing 54 times..."</li> <li>- "local train station clerk advised [client #1] left on the train on 3/25/22 at 2:13pm"</li> <li>- "on 4/14/22 an officer advised [client #1] was located out of state &amp; resided in a health facility"</li> <li>- on 2/6/22 a missing person was filed for FC#6 by Licensee/Owner/Qualified Professional (QP) (L/O/QP)</li> <li>- he was located at a nearby restaurant on 2/6/22</li> <li>- "number of times has run...4 times" (from the facility)</li> </ul> <p>During interview on 5/10/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> <li>- he was responsible for the submission of level II incident reports</li> <li>- FC#6 had eloped at least 12 times since admitted to the facility</li> <li>- thought level II incident reports were completed for neglect and abuse incidents</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 367		
V 513	27E .0101 Client Rights - Least Restrictive Alternative	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET ROCKY MOUNT, NC 27801</b>
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V 513	<p>Continued From page 34</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to use the least restrictive and most appropriate settings and method. The findings are:</p> <p>Review on 5/10/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/1/21</li> <li>- diagnosis of Schizophrenia</li> </ul> <p>Observations on 5/6/22 &amp; 5/10/22 revealed the following:</p>	V 513		

Division of Health Service Regulation

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V 513	<p>Continued From page 35</p> <ul style="list-style-type: none"> <li>- on 5/6/22 at 2:57pm a silver link chain wrapped around the handle of the upper and lower portion of the refrigerator</li> <li>- the link chain was pulled from the refrigerator handle to a nearby cabinet door handle with a padlock attached on the cabinet door handle</li> <li>- on 5/10/22 at 10:32am the link chain remained on the refrigerator</li> </ul> <p>During interview on 5/6/22 client #2 &amp; #3 reported:</p> <ul style="list-style-type: none"> <li>- they asked staff when they wanted items out of the refrigerator</li> <li>- client #2 further stated client #5 ate raw food out of the refrigerator</li> </ul> <p>During interview on 5/6/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- verified client #5 ate raw meat from the refrigerator</li> <li>- chain was placed on the refrigerator when client #5 was admitted for his safety</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 513		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 36</p> <p>This Rule is not met as evidenced by: Based on observation &amp; interview the facility was not maintain in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 5/6/22 between 2:55pm - 3:16pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- link chain on the refrigerator that went to a nearby cabinet with a padlock attached to the cabinet handle</li> <li>- chirping noise every 5 minutes</li> <li>- bathroom in the hallway:</li> <li>- molding around the wall near the toilet pulled loose</li> <li>- no toilet lid on the commode</li> <li>- soft spots in the floor near the toilet causing the floor to be unlevelled</li> <li>- water in the sink did not drain</li> <li>- hole size of baseball in the hallway near the bathroom</li> <li>- soft spots in different places in the hallway flooring which caused the floor to be unlevelled</li> <li>- #2 &amp; #4's bedroom - white putty near #2's bed size of a notebook</li> <li>- behind the door of the front entrance was a hole size of baseball</li> <li>- peeling paint throughout the facility</li> </ul> <p>During interview on 5/6/22 &amp; 5/11/22 the Licensee/Owner/Qualified Professional (L/O/QP) reported the following:</p> <ul style="list-style-type: none"> <li>- the hole in the bedroom wall &amp; hallway was from a previous client a year ago</li> <li>- chirping noise was from the alarm system. Alarm company would not speak with him due to alarm system being in previous owner's name</li> <li>- the exterminator was accessing the soft</li> </ul>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 37</p> <p>places in the flooring due to possible issues with termites</p> <p>- he was responsible for the repairs and would ensure the issues were repaired</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 736		