

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL055-025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2466 CARRIAGE LANE LINCOLNTON, NC 28092</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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 9, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>Lincoln County Group Home Staff will receive a refresher training in Incident Reporting Requirements by July 8, 2022.</p>	7/8/22
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol>	V 367	<p>UMAR Training Coordinator will review reporting timelines based on level of incident. Incident Reporting training is also provided annually to all staff.</p> <p><b>DHSR - Mental Health</b></p> <p><b>JUN 1 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Kimberly E. Bonas, Director of QM</i>	TITLE  Director of QM	(X6) DATE
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V 367	<p>Continued From page 1</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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 2</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 ensure level II incidents were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 5/9/22 of Client #4's record revealed: -Admitted on 8/12/12. -Diagnoses of Moderate Intellectual Developmental Disability, Psoriasis and Risk for Fall.</p> <p>Review on 5/9/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: -There were no incidents reported for Client #4.</p> <p>Review on 5/9/22 of a facility incident report regarding Client #4 revealed:</p>	V 367		
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V 367	<p>Continued From page 3</p> <p>-1/9/22 Client #4 "slipped and fell over her flip flops" while walking into the kitchen. -She went to the emergency room and a "splint or cast" was applied to the client's wrist.</p> <p>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.</p>	V 367		
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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

May 17, 2022

Jonathan Briggs, Qualified Professional  
UMAR Services, Inc.  
5350 77 Center Drive, Suite 201  
Charlotte, NC 28217

Re: Annual Survey completed May 9, 2022  
Lincoln County, 2466 Carriage Lane, Lincolnton, NC 28092  
MHL # 055-025  
E-mail Address: [jonathanb@umarinfo.com](mailto:jonathanb@umarinfo.com)  
[kimj@umarinfo.com](mailto:kimj@umarinfo.com)

DHSR - Mental Health

JUN 1 2022

Lic. & Cert. Section

Dear Mr. Briggs:

Thank you for the cooperation and courtesy extended during the annual survey completed May 9, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is July 8, 2022.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 17, 2022  
Jonathan Briggs, Qualified Professional  
UMAR Services, Inc.

Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Sonia Eldridge, Mountains Team Leader, at 828-200-6605.

Sincerely,

A handwritten signature in cursive script that reads "Sally Thayer, MSW".

Sally Thayer, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org  
Pam Pridgen, Administrative Supervisor