

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/26/2022
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NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 26, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and and currently has a census of 6. The survey sample consisted of audits of 3 clients.</p>	V 000		
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 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>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement strategies to address behaviors affecting 2 of 3 audited clients (#4 and #6). The findings are:</p> <p>Review on 5/19/22 of client #4's record revealed: -49 year-old male -Admission date of 4/01/22 -Diagnoses included schizophrenia, personality disorder, anti-social traits, hyperlipidemia, and hypertension -Person Centered Profile completed on 4/27/22 did not include goals or strategies to address elopement.</p> <p>Review on 5/19/22 of client #6's record revealed: -40 year-old female -Admission date of 5/19/21 -Diagnoses included Schizoaffective Disorder and Bipolar type -Person Centered Profile completed on 4/25/22 did not include goals or strategies to address suicidal ideation.</p> <p>Interview on 5/19/22 client #3 stated: -She had resided with the facility for a "long time." -She had seen local law enforcement at the facility to intervene when client #6 had attempted to harm herself.</p> <p>Interview on 5/19/22 and 5/20/22 client #4 stated: -He had lived at the facility for approximately 2</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>months.</p> <ul style="list-style-type: none"> -He had recently been picked up by the police after walking off and leaving his residence one early morning. -He was unaware of the date and time but was not gone long. -He had only left the facility without telling anyone one time. <p>Interview on 5/19/22 client #6 stated:</p> <ul style="list-style-type: none"> -She had lived at facility for approximately 1 year. -She had made approximately 4 threats/attempts to harm herself in 2022. <p>Interview on 5/20/22 staff #1 stated:</p> <ul style="list-style-type: none"> -Client #6 was involved in an incident where she started banging her head on the ground and threatening to harm herself and possibly walk away. -She had had been contacted by the Licensee and the House Manager to assist with locating client #4 at approximately 7:30am following his disappearance from the facility. She was able to locate client #6 approximately 5 minutes away but was unsuccessful in persuading him to ride back to the facility with her. Local law enforcement arrived and escorted client #6 back to the facility. <p>Interview on 5/19/22 and 5/20/22 the House Manager stated:</p> <ul style="list-style-type: none"> -Local law enforcement had been to the facility 2-3 times since January 2022 to assist with client #6 following suicide threats. -Local law enforcement had also been out twice over the last 2 months to assist in retrieving client #4 following 2 elopements. In both incidents, client #4 was discovered missing in the early hours of the morning and returned promptly by local law enforcement (approximately 7:00am -7:20am). 	V 112		

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V 112	Continued From page 3 Interviews on 5/20/22 and 5/26/22 the Qualified Professional stated: -She was unaware of recent elopements involving client #4, as she had not been informed by staff of the events.	V 112		
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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 2 of 3 audited clients (#3, #4). The findings are:</p> <p>Finding #1 Review on 5/19/22 of client #3's record revealed: -47 year-old female -Admission date of 1/1/20 -Diagnoses included schizoaffective disorder, post-traumatic stress disorder, and intellectual and developmental disability</p> <p>Review on 5/19/22 of client #3's signed FL2 form dated 4/20/22 revealed: -Buspirone (treats anxiety) 10 milligrams (mg) - Take 1 tablet twice daily. -Benztropine (treats tremors) 1mg - Take 1 tablet twice daily. -Solifenacin (treats overactive bladder) - 10mg - Take 1 tablet daily. -Cetirizine (treats allergies) - 10mg - Take 1 tablet daily. -Risperidone (antipsychotic) 1mg - Take 1 tablet daily. -Prenate Mini Softgel (Vitamin) - Take 1 capsule daily. -Verapamil (treats high blood pressure) 120mg - Take 1 tablet daily. -Dermacloud (Moisturizing cream) - Apply 3 times daily to groin area.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 5/19/22 of client #3's February MARs revealed the following blanks: -Buspirone - 2/5/22 and 2/6/22 at 8am. 2/4/22 - 2/7/22 at 8pm. -Benzotropine - 2/5/22 and 2/6/22 at 8am. 2/4/22 - 2/6/22 at 8pm. -Dermacloud - 2/5/22 and 2/6/22 at 8am and 2pm. 2/4/22 - 2/6/22 at 8pm. -Solifenacin - 2/5/22 - 2/7/22 at 8am -Cetirizine - 2/5/22 - 2/7/22 at 8am -Risperidone - 2/5/22 - 2/6/22 at 8am -Prenate Mini Softgel- 2/5/22 - 2/6/22 at 8am -Verapamil - 2/5/22 - 2/6/22 at 8am</p> <p>Interview on 5/19/22 client #3 stated she received her medications daily as ordered.</p> <p>Finding #2: Review on 5/19/22 of client #4's record revealed: -49 year-old male -Admission date of 4/01/22 -Diagnoses included schizophrenia, personality disorder, anti-social traits, hyperlipidemia, and hypertension.</p> <p>Review on 5/19/22 of client #4's medication orders dated 5/11/22 revealed: -Lorazepam (antipsychotic) 1mg - Take 1 tablet twice daily. -Amoxicillin/ Clavulanic Acid (antibiotic) 875-125mg - Take 1 tablet every 12 hours for 14 days. -Propranolol (treats blood pressure) 20mg - Take 1 tablet twice daily.</p> <p>Review on 5/19/22 of client #4's May MARs revealed no entries or medication transcriptions on the MARs for Lorazepam, Amoxicillin, and Propranolol from the prescribed 5/11/22 date to</p>	V 118		

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V 118	Continued From page 6 5/19/22. Interview on 05/16/19 client #4 stated he received his medications as ordered. Interview on 5/19/22 and 5/20/22 the House Manager stated she had not transcribed client #4's most recent orders for Lorazepam, Amoxicillin, and Propranolol, but that he had been given his medications as prescribed. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h)	V 364		

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V 364	<p>Continued From page 7</p> <p>of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to</p>	V 364		

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V 364	<p>Continued From page 8</p> <p>proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of</p>	V 364		

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V 364	<p>Continued From page 9</p> <p>his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <ol style="list-style-type: none"> (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise 	V 364		

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V 364	<p>Continued From page 10</p> <p>prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and</p>	V 364		

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V 364	<p>Continued From page 11</p> <p>interviews the facility restricted the rights of 3 of 3 audited clients (#3, #4, and #6) by restricting their access to food and failed to follow up and document the restriction as required. The findings are:</p> <p>Observations on 5/19/22 at approximately 10:30am and 5/20/22 at approximately 2:45pm of the facility revealed:</p> <ul style="list-style-type: none"> -A visible latch for a padlock on the refrigerator door. There was no padlock present at time of observation. -The kitchen pantry door was locked and not accessible without a key. -Treatment/habilitation plan dated 10/07/20 did not include documentation of food related behaviors -No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction <p>During interview on 5/19/22 client #3 stated:</p> <ul style="list-style-type: none"> -She had resided with the facility for a "long time." -The refrigerator and food pantry were locked up. -She had to ask permission from staff if she wished to access food in the food pantry or refrigerator. <p>Review on 5/19/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> -49 year-old male admitted 4/01/22 -Diagnoses included schizophrenia, personality disorder, anti-social traits, hyperlipidemia, and hypertension -Treatment/habilitation plan dated 4/27/22 did not include documentation of food related behaviors -No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction <p>During interview on 5/19/22 client #4 stated:</p>	V 364		

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V 364	<p>Continued From page 12</p> <ul style="list-style-type: none"> -He had lived at the facility for approximately 2 months. -Food in the house was locked up. -He had to ask permission from staff if he wished to access food. <p>Review on 5/19/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> -40 year-old female admitted 5/19/21 -Diagnoses included Schizoaffective Disorder and Bipolar type -Treatment/habilitation plan dated 4/25/22 did not include documentation of food related behaviors -No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction <p>During interview on 5/19/22 client #6 stated:</p> <ul style="list-style-type: none"> -She had lived at facility for approximately 1 year. -Food in the refrigerator was locked up due to "people taking advantage of it." -Pantry was also kept locked. <p>During interview on 5/20/22 staff #1 stated:</p> <ul style="list-style-type: none"> -The refrigerator and pantry used to be locked prior to the previous state survey. The refrigerator and pantry were not locked any longer. -She maintained observation of the kitchen during her shift and encouraged clients to make healthy food choices. <p>During interview on 5/19/22 and 5/20/22 House Manager stated:</p> <ul style="list-style-type: none"> -The refrigerator and pantry used to be locked when the previous House Manager was there. The refrigerator and pantry were not locked any longer. -She was not certain why the clients all believed the refrigerator and pantry were locked up. <p>During interviews on 5/20/22 and 5/26/22 the</p>	V 364		

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NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365
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V 364	Continued From page 13 Qualified Professional stated: -She did not understand why staff were continuing to lock the refrigerator, as she had addressed the issue with staff previously and they were aware that the restriction of food accessibility was a restriction of a client's rights. -She was going to revisit the restriction of rights with staff immediately and review proper protocol. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 364		
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.	V 366		

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V 366	<p>Continued From page 14</p> <p>(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.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall 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,</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>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 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 reviews and interviews the facility failed to document their response to level II incidents. The findings are:</p>	V 366		

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V 366	<p>Continued From page 16</p> <p>Review on 5/19/22 of facility records from May 2021 thru May 2022 revealed no documented incident reports.</p> <p>Review on 5/19/22 of client #4's record revealed: -49 year-old male -Admission date of 4/01/22 -Diagnoses included schizophrenia, personality disorder, anti-social traits, hyperlipidemia, and hypertension</p> <p>Review on 5/19/22 of client #6's record revealed: -40 year-old female -Admission date of 5/19/21 -Diagnoses included Schizoaffective Disorder and Bipolar type</p> <p>Interview on 5/19/22 client #3 stated: -She had resided with the facility for a "long time." -She had seen local law enforcement at the facility to intervene when client #6 had attempted to harm herself.</p> <p>Interview on 5/19/22 and 5/20/22 client #4 stated: -He had lived at the facility for approximately 2 months. -He had recently been picked up by the police after walking off and leaving his residence one early morning. -He was unaware of the date and time but was not gone long. -He had only left the facility without telling anyone one time.</p> <p>Interview on 5/19/22 client #6 stated: -She had lived at facility for approximately 1 year. -Local law enforcement had been called out to the facility to intervene when she threatened to harm herself.</p>	V 366		

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V 366	<p>Continued From page 17</p> <p>-Local law enforcement had been out to the facility approximately 4 times in 2022.</p> <p>Interview on 5/20/22 staff #1 stated: -She was aware of two incidents involving local law enforcement. -Local law enforcement had been contacted to intervene with client #6 when she started banging her head on the ground and threatening to harm herself and possibly walk away. -Local law enforcement had also been contacted to assist with client #4 with regards to an elopement on Mother's Day. She had had been contacted by the Licensee and the House Manager to assist with locating client #4 at approximately 7:30am following his disappearance from the facility. She was able to locate client #6 approximately 5 minutes away but was unsuccessful in persuading him to ride back to the facility with her. Local law enforcement arrived and escorted client #6 back to the facility.</p> <p>Interview on 5/19/22 and 5/20/22 the House Manager stated: -Local law enforcement had been to the facility 2 -3 times since January 2022 to assist with client #6 following suicide threats. -Local law enforcement had also been out twice over the last 2 months to assist in retrieving client #4 following 2 elopements. In both incidents, client #4 was discovered missing in the early hours of the morning and returned promptly by local law enforcement (approximately 7:00am -7:20am).</p> <p>Interviews on 5/20/22 and 5/26/22 the Qualified Professional stated: -She was unaware of any incidents involving local law enforcement with client #4 and had not been informed by staff of recent events involving client</p>	V 366		

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V 366	Continued From page 18 #4. -She was aware of recent law enforcement contact with client #6 but had not yet entered them into IRIS. -She would follow up with staff and address the missing documentation.	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 (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	V 367		

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V 367	<p>Continued From page 19</p> <p>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> <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>	V 367		

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V 367	<p>Continued From page 20</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 reviews and interview, the facility failed to report critical incidents to the home and host Local Management Entity (LME) as required. The findings are:</p> <p>See Tag V366 for specifics.</p> <p>Review on 5/19/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level II incident reports for the involvement of local law enforcement with incidents involving client #4 and client #6.</p> <p>Interviews on 5/20/22 and 5/26/22 the Qualified Professional stated: -She was unaware of any incidents involving local law enforcement with client #4 and had not been informed by staff of recent events involving client #4. -She was aware of recent law enforcement contact with client #6 but had not yet entered</p>	V 367		

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V 367	Continued From page 21 them into IRIS. -She would follow up with staff and address the missing documentation.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, attractive manner. The findings are: Observation on 5/19/22 between approximately 10:00am - 10:30am revealed: - Brown stains of varying sizes were observed on the ceiling in the living room. - Blue staining was evident to the seat cushions of a tan sofa in the living room. - There was damage to the baseboard at the foot of the bathtub in bathroom #1. Paint over the toilet was peeling. Additonal paint, approximately 24" in width, was peeling where the ceiling meets with the corner walls. There was a heavy grime buildup layered across the bathtub surface. - There were broken window blind slats in client #6's bedroom. A hole in the wall behind the bedroom door was identified where the doorknob had broken through. The door handle was loose and broken due to the center section missing the	V 736		

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V 736	<p>Continued From page 22</p> <p>assembly. An insect resembling a stink bug was identified in the corner of room on the floor.</p> <ul style="list-style-type: none"> - The light in bathroom #2's overhead exhaust fan was inoperative. The washcloth bar in the shower/tub was gone leaving 2 open holes for water access. -The bedroom door handle entering client #4's room was broken and a layer of dust was observed on the fan blades of the ceiling fan. Cobwebs were visible extending approximately 12" in the upper right corner of the bedroom behind the door and the trim was separating from the doorway approximately 48" across over the door. - Spider webs and cobwebs were noted in the hallway by the front door and a large grasshopper was visible on the inside of the front door. -There were flies observed in the medication room and kitchen. - The air return grill in the hallway was rusty. - The paint on the ceiling was peeling away in several places throughout the facility. - Particulate matter was noted on the floors throughout the facility. <p>During interview on 5/26/22 the House Manager stated she was unaware of the observations identified.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and</p>	V 752		

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V 752	<p>Continued From page 23</p> <p>visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 5/19/22 at approximately 10:15am revealed: -The hot water temperature in bathroom #1 was 120 degrees Fahrenheit at the sink. -The hot water temperature at the kitchen sink was 122 degrees Fahrenheit.</p> <p>Interview on 5/26/22 the Qualified Professional stated: -She would follow up to ensure the proper range of water temperature was maintained.</p>	V 752		