

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/15/2022
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NAME OF PROVIDER OR SUPPLIER DEDOVE HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 NORTH ALSTON AVENUE DURHAM, NC 27701
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 15, 2022. The complaint was unsubstantiated (intake #NC00188784). 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 currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure disaster drills were conducted at least quarterly on each shift. The findings are:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>During record review on 6/15/22 revealed: - No written documentation of disaster drills being conducted at least quarterly on each shift.</p> <p>Interview on 6/15/22 with Staff #1 revealed: -She had never conducted a disaster drill. -She had done fire drills. -She was not aware that she needed to do any disaster drills.</p> <p>Interview on 6/15/22 with the Owner revealed: -Facility operated under one shift and staff was a "Live-in" staff. -She thought disaster drills had been completed. -Reported that staff completed both fire and disaster drills at the same time. -She was unaware that disaster and fire drills had to be conducted separately for each shift and each quarter. -She acknowledged that facility failed to conduct disaster drills quarterly and for each shift.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</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</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 6/15/22 of Former Client #3's record revealed: -Admission date of 5/17/21. -Discharge date of 5/6/22. -Diagnoses of Schizoaffective Disorder; Intellectual Disability; Hypertension; Obesity.</p> <p>Review on 6/15/22 of Former Client #3's Incident Reports revealed: -Incident dated 5/1/22- "4:10 pm Client has called the police for the 3rd time today. Wants to leave this place. She told them that she feared her life at the house. Also ,that they never feed her. Police came and saw that we were having dinner. Police said food smelled good. Police spoke with [Former Client #3.] Police would not take her. She reported to wanting to kill herself. Knocked over a couple of things saying she wanted to kill self and everybody. Staff called police. Client found a safety pin and started scratching herself with it. Administrator contacted and spoke with client. Client reports that she is putting herself and residents at the house on danger. She does not know why she is lying. Wants to go to Burlington to be with her boyfriend. Client transported to hospital by police." -Incident dated 5/6/22- "[Former Client #3] argued with [Client #1]. Hit [Client #1] with a chair. [Client #1] and [Former Client #3] started fighting. [Former Client #3] fell backwards and hit head, got back up and charged [Client #1] again. [Client #1] restrained client and hollered to call the police. [Client #1] was told to release [Former Client #3] and did so. [Former Client #3] reported that she wanted to kill [Client #1.] [Former Client #3] grabbed a knife and ran outside with it. Police were at the house. Police tased her to stop her</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>from running towards [Client #1] with it. Police called EMS because [Former Client #3]'s head was bleeding. She was taken to the hospital.</p> <p>Review on 6/15/22 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II or III incident reports for [Former Client #3] and [Client #1] at the facility.</p> <p>Interview on 6/15/22 with Client #1 revealed: -She liked the house and staff. -She got along with the current clients at the house. -She felt safe and protected. -She did not feel safe with a former client at the home.</p> <p>Interview on 6/15/22 with the Qualified Professional revealed: -She was responsible for submitting all level II and III's to IRIS. -She handled situation on day when Former Client #3 and Client #1 had a fight. -Former Client #3 had to go to the hospital after the fight because she got cuts on her head. -Former Client #3 received an emergency discharge on May 6, 2022. -She worked hard to find another placement for Former Client #3. -Former Client #3 was hospitalized and was not allowed to go to her mother's home. -Placement was found for Former Client #3 and she was able to be discharged from hospital into the her new group home. -She thought she had completed the IRIS report. She knew she did an incident report. She would review and see if she did something wrong when she submitted the paperwork. -She acknowledged that IRIS did not show an incident report for events that took place on</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>5/1/22 and 5/6/22.</p> <p>Interview on 6/29/21 with the Owner revealed:</p> <ul style="list-style-type: none"> -Former Client #3 had to go to the hospital because she had been having frequent behavior issues. -Former Client #3 had been telling lies and getting into arguments with the other clients at the house. -Former Client #3 had a history of aggression and lying. Facility was not able to meet her needs. -The Qualified Professional was responsible for submitted IRIS reports. -She thought the Qualified Professional had submitted the IRIS report for event that occurred between Former Client #3 and Client #1 on May 6, 2022. -She confirmed that facility failed to submit an incident report to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. 	V 367		