

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2022
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NAME OF PROVIDER OR SUPPLIER FORT HENRY	STREET ADDRESS, CITY, STATE, ZIP CODE 5213 CANVASBACK COURT GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on June 3, 2022. The complaint was substantiated (NC00188077). Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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"> (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 	V 367		

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DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE **CEO**

(X6) DATE **7/6/22**

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V 367	Continued From page 1 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 report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall	V 367		

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V 367	<p>Continued From page 2</p> <p>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> <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 report all level II incidents to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident affecting 2 of 3 clients (client #1 and client #2). The findings are:</p> <p>Review on 6/3/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 4/4/22; - Age 17; - Diagnoses- Mild Intellectual Disability, Autistic, Attention Deficit Hyperactivity Disorder, Vitamin D Deficiency, Extrapyramidal and Movement Disorder, Insomnia, Other Seasonal Allergic Rhinitis, Other Atopic Dermatitis, Irritability and 	V 367		

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V 367	<p>Continued From page 3</p> <p>Anger, Other Abnormal Glucose, Seizures</p> <p>Review on 6/3/22 of client # 2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 5/3/22; - Age 14; - Diagnoses- Mild Intellectual Developmental Disorder, Bipolar Disorder, Anxiety, Mood Disorder, Insomnia, Tuberos Sclerosis <p>Review on 6/1/22 of facility's records from March 2022-May 2002 revealed:</p> <ul style="list-style-type: none"> - Incident report on 4/27/22 client #1 was obsessing about going to the neighbor's pool. Client #1's behavior escalated and became physically aggressive. Client #1's aggression became intense, staff feared for the safety of client #1 and other residents, the police were called and client #1 was transported to the local hospital by the police; - Incident report on 5/5/22 client #1 wanted to go outside at night when staff redirected her, client #1's behavior escalated. A neighbor called the police. Once the police arrived and spoke with client #1, client #1 was able to calm down and go to bed. - Incident report 5/22/22 client #2 became upset and broke window, internet router and bedroom door. The police were called and client #2 was transported by Emergency Medical Services to local hospital. <p>Review of North Carolina Incident Response Improvement System (IRIS) on 5/31/22 and 6/1/22 revealed:</p> <ul style="list-style-type: none"> - There was no documentation of an incident report for client #1 or client #2 in IRIS. <p>Interview on 6/1/22 with the Qualified Professional (QP) revealed:</p>	V 367		

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V 367	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Did not know the incident reports needed to be documented in IRIS; - Planned to document incident reports in IRIS. <p>Interview on 6/1/22 with the Chief Executive Officer (CEO):</p> <ul style="list-style-type: none"> - Unaware the incident reports needed to be documented in IRIS; - QP would start documenting level II incidents in IRIS. 	V 367	<p>Royal Child will show evidence that all incidents involving police transporting a resident to the hospital because of behavior issues are reported into IRIS within 48 to 72 hours after inhouse investigation has been conducted within 24 hours. RCA will continue continue reporting all level 11 and level 111 incidents into IRIS.</p>	6/6/2022
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 6/1/22 at approximately 2:18pm revealed the following:</p> <ul style="list-style-type: none"> - Living room had a hole behind the front door 2 ½ inches wide; - Bathroom in hallway had a broken towel rack; - Client #3 bedroom had a hole in the wall 3 inches wide; - Hallway wall had a hole 7 inches wide; - Garage door had 3 windows with broken glass shards, the other window had no glass. 	V 736	<p>The QP will ensure that all level 11 incidents are reported. Qp will monitor incidents daily to ensure timely reporting.</p>	

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V 736	Continued From page 5 Interview on 6/1/22 and 6/3/22 with the Chief Executive Officer revealed: - "On any given day the clients put holes in the walls and we just repair them." - "The hole in the hallway happened earlier today." - Some of the repairs have been completed in the home.	V 736	RCA will show evidence that repairs have been completed in the home within 1-2 days after property destructions have been displayed. As we stated during the interview, the residents we serve have intense aggressive behavior which includes physical aggression, property destruction, verbal and and elopement and property physical aggressions are display daily. The hole behind the living room door has been repaired.	6/6/2022
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: Based on observations and interviews, the staff failed to ensure the physical safety of clients, staff and visitors. The findings are: Observations on 6/1/22 from approximately 10:45am- 2:12pm revealed the following: - Back door in the kitchen had two locks; - Bottom lock on the back door needed a key to unlock door from the inside; - Chief Executive Officer looked for back door key for 4 minutes. Interview on 6/1/22 with client #3 revealed: - Denied not being able to go out the back door; - Staff use the key to open back door; - "no one really uses the back door."	V 744	The broken rack in the hallway bathroom has been replaced with a new one. been repaired and holes were repaired in in the hallway. All 3 broken glasses in the garage window have been replaced and glass was added to the window without glass. The group home manager will do a walk through at all the facilities every three days to ensure there are no holes or broken windors in the homes.	

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V 744	<p>Continued From page 6</p> <p>Interview on 6/3/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Didn't usually use the back door; - Only used the back door late at night to take out trash; - All staff shared the key to the back door. <p>Interview on 6/1/22 with the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> - "The guy put the lock on backwards." - Planned to have the lock turned around today; - Staff always had access to key; - Did not use the back door often. 	V 744	<p>RCA will show evidence that all doors and window at Fort Henry are easily accessible from the inside by all residents. The locks on the inside front and back doors were removed and replaced regular doorknobs that the residents can easily twist to lock and unlock themselves.</p>	6/6/2021