

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURV COMPLETE R 08/10/21
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NAME OF PROVIDER OR SUPPLIER HARRIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 103 STERLING ROAD JACKSONVILLE, NC 28546
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on August 10, 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>This facility has a current census of 4. The survey sample consisted of audits of 3 current clients, and 1 deceased 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 interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 8/10/22 of facility records from 7/1/21 -</p>	V 114	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">SEP 15 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

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

TITLE

(X6) I

Sherry Harris

BA OP

9/17/22

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V 114	Continued From page 1 6/30/22 revealed: - 1st quarter (7/01/21 - 12/31/21): No disaster drills for 2nd shift. - 2nd quarter (10/01/21 - 12/31/21): No disaster drills for 3rd shift. - 4th quarter (4/01/22 - 6/30/22): No disaster drills for 2nd or 3rd shift. Interview on 6/30/22 the Program Supervisor stated: - Fire and disaster drills were completed monthly. - There were 3 shifts (1) 8a-5p, (2) 5p -11p, (3) 11p - 9a. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 114	V 114: QP and House Supervisor will ensure that drills are completed at least quarterly for each shift. QP and House Supervisor will also ensure that drills are well documented, maintained, and easily accessible. This will be monitored on a regular basis during monthly staff and management/planning meetings.	8/31/2022
V 366	27G .0603 Incident Response Requirements 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	V 366		

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V 366	<p>Continued From page 2</p> <p>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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</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>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 3</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 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>	V 366		

Division of Health Service Regulation

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V 366	<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 document their response to level II incidents. The findings are:</p> <p>Review on 08/10/22 of facility records from August 2021 thru August 2022 revealed no documented incident reports for client #1 and client #3.</p> <p>Review on 8/10/22 of client #1's record revealed: - 60 year-old male - Admission date of 12/07/04 - Diagnoses included schizophrenia, mild intellectual and developmental disability, and seizure disorder</p> <p>Review on 8/10/22 of client #3's record revealed: - 50 year-old male - Admission date of 8/01/17 - Diagnoses included moderate intellectual and developmental disability, schizoaffective disorder, high blood pressure</p> <p>Interview on 8/10/22 staff #2 stated: - She had worked at facility for approximately 3 years. - There had been an injury involving client #1 "several weeks" earlier in which he had fallen and hit his head. - Client #1 was taken for medical evaluation at a community medical center following the fall and he received stitches to address the injury. - Client #3 had also been involved in a fall in the bathroom and fractured his arm.</p> <p>Interview on 8/10/22 Supervisor stated: - He had worked at facility for a total of</p>	V 366	<p>V 366: QP ensures that incident reports are completed as needed. During the annual survey on 8/10/2022, the current incident reports were not readily available due to QP relocating them to home office to track and analyze trends as requested by our national accreditation entity, CQL. QP and House Supervisor will ensure that Level I, Level II, and Level III Incident Reports are completed as stated in "Incident Response Requirements". QP and House Supervisor will also ensure that incident reports are well documented, maintained, and easily accessible. This will be monitored on a regular basis during monthly staff and management/planning meetings.</p> <p>QP will also ensure that all staff are properly trained on Incident Reporting and Response Requirements, as well as, the differences between Level I, Level II, and Level III incidents.</p>	8/31/2022

Division of Health Service Regulation

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V 366	<p>Continued From page 5</p> <p>approximately 15 years.</p> <ul style="list-style-type: none"> - There had been an injury involving client #1 in which he fell and hit his head. He was taken for medical evaluation following the fall and received stitches. - Client #3 had recently injured his arm while in the bathroom and was also taken for medical evaluation. Following an x-ray it was observed that he had a hairline fracture that required no additional medical attention. <p>Interview on 08/10/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She recognized an incident report should be documented for level II incidents and would address moving forward. 	V 366		
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> <p>(1) reporting provider contact and identification information;</p>	V 367		

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V 367	<p>Continued From page 6</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 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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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 reviews and interview, the facility failed to report a critical incident 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 8/9/22 and 8/10/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level II incident reports for injuries to client #1 and client #3 requiring</p>	V 367		

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V 367	Continued From page 8 medical treatment. Interview on 8/10/22 the Qualified Professional stated: - She would ensure level II incidents were submitted through IRIS.	V 367	V 367: QP ensures that incident reports are completed as needed. During the annual survey on 8/10/2022, the current incident reports were not readily available due to QP relocating them to home office to track and analyze trends as requested by our national accreditation entity, CQL. QP and House Supervisor will ensure that Level I, Level II, and Level III Incident Reports are completed and reported as stated in "Incident Reporting Requirements". QP and House Supervisor will also ensure that incident reports are well documented, maintained, and easily accessible. This will be monitored on a regular basis during monthly staff and management/planning meetings. QP will also ensure that all staff are properly trained on Incident Reporting and Response Requirements, as well as, the differences between Level I, Level II, and Level III incidents.	8/31/2022