

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2022
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NAME OF PROVIDER OR SUPPLIER COSBY COUNSELING & CONSULTING, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 HARGROVE AVENUE GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 26, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients and 2 former 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 interview and record review, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 2 of 3 audited clients (Clients #2 and #3). The findings are:</p> <p>Review on 9/22/22 of Client #2's record revealed: -Admitted 8/2/22; -11 years old; -Diagnosed with Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder; -Treatment plan dated 4/24/22 did not include strategies to address AWOL.</p> <p>Review on 9/22/22 of Client #3's record revealed: -Admitted 2/25/22; -15 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Conduct Disorder, Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder; -Treatment plan dated 2/1/22 did not include strategies to address AWOL.</p> <p>Review on 9/23/22 of the call log for police assistance for period 7/1/22 through 9/23/22 provided by the county's 911 Coordinator revealed: -8/28/22 (twice) for Client #2 AWOL (absent</p>	V 112		

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V 112	Continued From page 2 without leave); -9/12/22 for Client #3 AWOL. Interview on 9/26/22 with the Licensee/Licensed Professional #1 revealed: -Will ensure treatment strategies are developed to address the AWOL needs of Clients #2 and #3; -Will continually review all treatment plans to ensure strategies are in place to address client specific needs and behaviors.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are: Review on 9/22/22 of the facility's Fire and	V 114		

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V 114	<p>Continued From page 3</p> <p>Disaster Drill log revealed: -Fire and Disaster drills were conducted at least quarterly and repeated for each shift since the facility opened in July, 2021; -Fire and Disaster Drill log included three drills representing one for each shift on 7/14/22 and 8/15/22.</p> <p>Interview on 9/22/22 with Client #1 revealed: -Never practiced fire or disaster drills at the facility since admission (8/10/22); -Did not know where to go or what to do for drills or an emergency.</p> <p>Interview on 9/22/22 with Client #2 revealed: -Never practiced fire or disaster drills since admission (8/2/22).</p> <p>Interview on 9/22/22 with Client #3 revealed: -Had not practiced fire and disaster drills in "a while."</p> <p>Interview on 9/22/22 with Staff #1 revealed: -Had not practiced fire and disaster drills "in about three months."</p> <p>Interview on 9/26/22 with the Licensee/Licensed Professional #1 revealed: -Did not understand the discrepancy between the documentation in the Fire and Disaster Drill log and the reports of clients and staff; -Would immediately address the discrepancy with staff and ensure emergency drills are held at least quarterly and repeated for each shift.</p>	V 114		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	V 131		

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V 131	<p>Continued From page 4</p> <p>REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 2 of 3 audited staff (Staff #1 and the Qualified Professional (QP)). The findings are:</p> <p>Review on 9/26/22 of Staff #1's record revealed: -Hired 10/9/20; -Employed as Paraprofessional; -HCPR check completed 10/21/20.</p> <p>Review on 9/26/22 of the QP's record revealed: -Hired 10/9/20; -HCPR check completed 10/21/20.</p> <p>Interview on 9/26/22 with the Licensee/Licensed Professional #1 revealed: -Was not aware HCPR checks were to be completed prior to an offer of employment; -Will ensure HCPR checks be completed prior to an offer of employment in the future.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the</p>	V 133		

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V 133	<p>Continued From page 6</p> <p>Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the 	V 133		

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V 133	<p>Continued From page 7</p> <p>conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental</p>	V 133		

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V 133	<p>Continued From page 8</p> <p>disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to request a criminal background check within 5 days of an offer of employment affecting 2 of 3 audited staff (Staff #1 and the Qualified Professional (QP)). The findings are:</p> <p>Review on 9/26/22 of Staff #1's record revealed: -Hired 10/9/20; -Employed as Paraprofessional; -Criminal background check completed 10/21/20.</p> <p>Review on 9/26/22 of the QP's record revealed: -Hired 10/9/20; -Criminal background check completed 10/21/20.</p>	V 133		

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V 133	Continued From page 10 Interview on 9/26/22 with the Licensee/Licensed Professional #1 revealed: -Was not aware criminal background checks were to be requested within five days of an offer of employment; -Will ensure criminal background checks be requested within five business days of an offer of employment in the future.	V 133		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally	V 300		

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V 300	<p>Continued From page 11</p> <p>responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility did not implement discharge policies affecting 2 of 2 audited former clients (Former Clients (FC) #4 and #5). The findings are:</p> <p>Review on 9/26/22 of FC#4's record revealed: -Admitted 8/1/22; -Discharged 8/8/22; -8 years old; -Diagnosed with Oppositional Defiant Disorder; -No documentation of notification to the treatment team including the legally responsible person of the emergency transfer/discharge and no documentation of a service planning meeting within five business days of the emergency transfer/discharge.</p> <p>Review on 9/26/22 of FC #5's record revealed: -Admitted 7/6/22; -Discharged 7/31/22; -7 years old; -Diagnosed with Sensory Processing Disorder, Intermittent Explosive Disorder; -No documentation of meeting with the parent/legal guardian, county representative, and other representatives involved in FC#5's care</p>	V 300		

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V 300	Continued From page 12 making service planning decisions prior to transfer/discharge. Interview on 9/26/22 with the Licensee/Licensed Professional #1 revealed: -Discharges for FC#4 and FC#5 did not include documentation of notification to all parties involved in the former clients' care; -Will ensure all discharges include proper notification and planning in the future.	V 300		
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. (b) In addition to the requirements set forth in	V 366		

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NAME OF PROVIDER OR SUPPLIER COSBY COUNSELING & CONSULTING, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 HARGROVE AVENUE GASTONIA, NC 28052
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V 366	<p>Continued From page 13</p> <p>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, if different; and</p>	V 366		

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V 366	<p>Continued From page 14</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 interview and record review, the facility failed to implement written policies governing their response to incidents. The findings are:</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>Refer to Tag V367 for admission/discharge dates, ages, and diagnoses for Clients #2, #3, and Former Clients #4 and #5.</p> <p>Review on 9/23/22 of the call log for police assistance for period 7/1/22 through 9/23/22 provided by the county's 911 Coordinator revealed:</p> <ul style="list-style-type: none"> -7/9/22 for FC #5 AWOL (absent without leave); -8/2/22 for FC #4 destroying property; -8/7/22 for FC #4 running outside naked after defecating on himself; -8/28/22 (twice) for Client #2 AWOL (absent without leave); -9/12/22 for Client #3 AWOL. <p>Attempted review on 9/22/22 of the facility's Incident Reports revealed no incident reports for period 7/1/22 through 9/22/22.</p> <p>Interviews on 9/22/22 and 9/26/22 with Licensee/Licensed Professional #1 revealed:</p> <ul style="list-style-type: none"> -No incident reports completed for period 7/1/22-9/22/22; -Acknowledged police assistance was provided six times between 7/1/22-9/22/22 when provided with information obtained through the call log for police assistance; -Did not have documentation regarding attending to the health and safety needs of the clients involved in the incidents, determining the cause of the incidents, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future. 	V 366		

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V 367	Continued From page 16	V 367		
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 cause of the incident; and (6) other individuals or authorities notified or responding. <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> <ol style="list-style-type: none"> (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 	V 367		

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V 367	<p>Continued From page 17</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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> <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 	V 367		

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V 367	<p>Continued From page 18</p> <p>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 interview and record review, the facility failed to report all Level II incidents to the local management entity responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 9/22/22 of Client #2's record revealed: -Admitted 8/2/22; -11 years old; -Diagnosed with Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Review on 9/22/22 of Client #3's record revealed: -Admitted 2/25/22; -15 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Conduct Disorder, Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder.</p> <p>Review on 9/26/22 of Former Client (FC) #4's record revealed: -Admitted 8/1/22; -Discharged 8/8/22; -8 years old; -Diagnosed with Oppositional Defiant Disorder.</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>Review on 9/26/22 of FC #5's record revealed: -Admitted 7/6/22; -Discharged 7/31/22; -7 years old; -Diagnosed with Sensory Processing Disorder, Intermittent Explosive Disorder.</p> <p>Review on 9/23/22 of the call log for police assistance for period 7/1/22 through 9/23/22 provided by the county's 911 Coordinator revealed: -7/9/22 for FC #5 AWOL (absent without leave); -8/2/22 for FC #4 destroying property; -8/7/22 for FC #4 running outside naked after defecating on himself; -8/28/22 (twice) for Client #2 AWOL (absent without leave); -9/12/22 for Client #3 AWOL.</p> <p>Interviews on 9/22/22 and 9/26/22 with Licensee/Licensed Professional #1 revealed: -No incident reports completed for period 7/1/22-9/22/22; -Acknowledged police assistance was provided six times between 7/1/22-9/22/22 when provided with information obtained through the call log for police assistance; -Was familiar with the North Carolina Incident Response Improvement System (NC IRIS) and reporting requirements; -Will ensure all Level II incident reports are completed through NC IRIS in the future.</p>	V 367		