

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
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NAME OF PROVIDER OR SUPPLIER THE CENTER FOR CREATING OPPORTUNITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 7748 NORTH POINT BOULEVARD WINSTON SALEM, NC 27106
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V 000	INITIAL COMMENTS A complaint survey was completed on 9/28/2022. The complaint was unsubstantiated (intake #NC191902). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 16. The survey sample consisted of audits of 4 current clients and 1 former client.	V 000		
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	V 367		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shanita Ingle DIRECTOR TITLE
10/13/22 (X6) DATE

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V 367	<p>Continued From page 1</p> <p>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 report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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 interviews, the facility failed to report all level 2 incidents within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 9/23/2022 of a public record call report from the local Police Department to the facility revealed:</p> <ul style="list-style-type: none"> - Between 4/1/2022 to 9/23/2022, a total of 8 calls requiring Police intervention were made. - The public record call report did not list specific client names. 	V 367	<p>The agency will ensure that all incidents that require IRIS reporting will be put into the IRIS</p>	

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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> - "Fight in progress" calls were made on 6/24/2022 and 8/8/2022. - "Mental subject violent" calls were made on 5/17/2022, 9/9/2022 and 9/20/2022. - "Assist personnel oth (other) agency" call was made on 7/21/2022. - "Investigation follow-up" call was made on 8/9/2022. - "Assist Personnel EMS (emergency medical service)" was made on 9/8/2022. <p>Review on 9/23/2022 of the Incident Response Improvement System for the facility's level 2 incident reports revealed:</p> <ul style="list-style-type: none"> - The only report present was for the 8/8/2022 Police-involved call for Former Client (FC) #5. - There were no incident reports for 7 or the 8 Police-involved calls. - The missing incident reports were for the following dates: 5/17/2022, 6/24/2022, 7/21/2022, 8/9/2022, 9/8/2022, 9/9/2022, or 9/20/2022. <p>Interview on 9/27/2022 with Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> - There had not been many Police-involved calls to the facility. - His understanding was that if clients did not go to the hospital when police were called, no level 2 incident report in IRIS was required. - He now knew that he needed to report any incidents involving the Police. <p>Interview on 9/26/2022 with the Director revealed:</p> <ul style="list-style-type: none"> - In addition to herself, there were two QP's who completed incident reports in IRIS. - The Police were not called to the facility often. - She did not have any incident reports for the dates Police were called to the facility other than 	V 367	<p>System within the 72 hour guidelines. This will be monitored by the Director and will be ongoing.</p>	11/22/22

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V 367	Continued From page 4 the 8/8/2022 report for FC #5.	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 observation and interviews, the facility was not maintained in a safe, clean, orderly manner. The findings are: Observation from approximately 1:05pm to 2:30pm on 9/23/2022 revealed: - In classroom B: - 7 holes were present in the wall sheetrock, ranging in size from approximately 3-1/2 inches x 2-1/2 inches up to 2-1/2 feet x 3 feet in height/width. - Two mattresses were lying on the floor, with the top mattress having a light brown stain that was approximately 2-1/2 feet x 2 feet in size. - A partially disassembled hospital bed was propped against the wall. - In classroom A; - The carpet was torn over an approximate 3 feet x 3 inch area, and two smaller areas that were approximately 1 inch wide x 3-5 inches long. - An area of patched but unpainted drywall along the back wall covered in area approximately 10 feet x 1-1/2 feet in length/width.	V 736		
			The agency will ensure that all repairs are done in a timely fashion. The Director will be responsible for ensuring the repairs are done. This will be ongoing	11/22/22

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> - In the kitchen, a toilet plunger was on the floor beside the refrigerator. - In classroom D: <ul style="list-style-type: none"> - There were 9 holes in the walls, ranging in size from approximately 1 inch in diameter up to 1 foot x 8 inches in length/width. - 3 electrical receptacle covers were missing, 2 data port receptacles were hanging out of their openings in the walls, and the light switch cover plate was missing. - A table was lying on its side with one leg missing. - In the client bathroom <ul style="list-style-type: none"> - One of three toilet stalls was labeled "out of order." - The entrance door to the bathroom was missing. - Floor tiles were loose or missing in the toilet stalls. - A combination washer/dryer machine was stored in the corner but was not connected to electrical, water or exhaust vent systems. - The taller in the staff bathroom had water running constantly. - There was a hole approximately 2-1/2 feet x 2 feet in size on the sheet rock beside the back door. - In the medication room, two of four fluorescent light tubes were dim, and the other two did not work. - In the multipurpose room, a fist-shaped and sized hole was in the drywall near the front entrance, and the light switch cover in the same area was missing. <p>Interview on 9/27/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - The holes in the walls at the facility caused by clients having behavioral incidents. - She thought that the Owners of the facility were 	V 736		

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V 736	<p>Continued From page 6</p> <p>responsible for ensuring repairs were made.</p> <p>Interview on 9/27/2022 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - The holes in the walls in Room B were caused by FC #5 hitting and kicking the walls during a behavioral episode. - The holes in the walls in Room D had been present when she started working at the facility in May of 2022. - The toilet in the clients' bathroom had been out of order since she had been working at the facility. - She thought the Maintenance Staff was responsible for ensuring repairs were made at the facility. <p>Interview on 9/27/2022 with the Activity Director revealed:</p> <ul style="list-style-type: none"> - When repairs were needed, they were reported to the Maintenance Staff. - The Maintenance Staff usually made repairs quickly. <p>Interview on 9/27/2022 with Qualified Professional (QP) #1 revealed:</p> <ul style="list-style-type: none"> - He was not involved with arranging repairs at the facility. - The Maintenance Staff handled repairs. <p>Interview on 9/28/2022 with the Maintenance Staff revealed:</p> <ul style="list-style-type: none"> - The holes in walls were due to clients having behavioral incidents and destroying property. - A contractor had come in and made repairs to the walls over the past weekend (9/24/2022 -9/25/2022). - The contractor had been backed up with other jobs and could not get to the facility's repairs until the past weekend. 	V 736		

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V 736	Continued From page 7 - The toilet in the clients' bathroom would get clogged up requiring clean out every 2 or 3 months. - The building landlord was taking care of the toilet sewer lines. Interviews on 9/26/2022 and 9/28/2022 with the Director revealed: - The holes in the walls resulted from clients hitting and kicking them. - No sooner than damages were repaired, another client would do more damage. - She could not recall what caused the hole in the hallway wall, but it had been present for several months. - Repairs to the walls had been started during the past weekend.	V 736		

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