| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL0601435 | A. BUILDING: _____ B. WING _____ | 10/06/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MINOR HOME | 5417 SCARLET SAGE DRIVE CHARLOTTE, NC 28227 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| V 000 | INITIAL COMMENTS<br><br>An annual survey was completed on October 6, 2022. Deficiencies were cited.<br><br>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.<br><br>The facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client. | V 000 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.<br>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug. | V 118 | | |

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| V 118 | Continued From page 1<br>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure MARs were kept current affecting 1 of 1 audited client (Client #1). The findings are:<br><br>Review on 10/5/22 of Client #1's record revealed:<br>-Admitted 6/28/18;<br>-Diagnosed with Autism Spectrum Disorder with Accompanying Intellectual Impairment, Moderate Degree Language Impairment, Obesity, History of Diabetes, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Hidradenitis Supportiva, Oppositional Defiant Disorder, Social Anxiety, Developmental Disorder of Motor Function;<br>-Physician's order dated 2/1/22 for Aristocort (rash) 0.1% ointment to affected areas three times daily;<br>-Physician's orders dated 6/10/22 for Propranolol (anxiety) 10milligrams (mg) 1 tablet (tab) three times daily and Hydroxyzine Pamoate (anxiety) 50mg 1 caplet (cap) three times daily;<br>-Physician's order dated 7/21/22 for Ativan (anxiety) 1mg 1 tab three times daily;<br>-August, September, and October, 2022 MARs revealed administration times for Aristocort 0.1% ointment, Propranolol, Hydroxyzine Pamoate, and Ativan were at 8am, 12pm, and 8pm. | V 118 | The Day Support Worker who is giving the medication at noon has been given a MAR and the medication daily to administer the consumers medication, document this by putting her initials on the MAR at the time she gives the Medication, and puts her signature on the MAR to identify her initials. | 10.10.22 |

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| V 118 | Continued From page 2<br>Interview on 10/5/22 with Client #1 revealed:<br>-Took medication daily;<br>-The Day Support Worker administered the medication at lunchtime when she was at day program.<br><br>Interview on 10/5/22 with Client #1's Day Support Worker revealed:<br>-Administered medications to Client #1 at 12pm when Client #1 attended day program;<br>-The Alternative Family Living (AFL) provider placed Client #1's 12pm medication doses in a separate lock box and gave them to her daily to administer to Client #1;<br>-The AFL provider signed the MAR indicating administration of the 12pm medication doses because she prepared the medication doses into a separate lock box.<br><br>Interview on 10/5/22 with the AFL Provider revealed:<br>-Signed Client #1's MARs on weekdays for the 12pm medication doses because she prepared the medication doses to be sent with the Day Support Worker;<br>-Would no longer sign the MARs unless she administered the medication doses;<br>-Would record "DP" on the MARs in the future to indicate medication doses administered at the day program;<br>-Would ensure the Day Support Worker completed a separate MAR for all medication doses administered by the Day Support Worker.<br><br>Interview on 10/6/22 with the Director of Operations revealed:<br>-Acknowledged the AFL provider had been signing for administration of medication for Client #1's 12pm medication doses but was not administering the medication; | V 118 | | |

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| V 118 | Continued From page 3<br>-Would ensure a separate MAR was maintained for the day program. | V 118 | Type text here | |
| V 120 | 27G .0209 (E) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(e) Medication Storage:<br>(1) All medication shall be stored:<br>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br>(C) separately for each client;<br>(D) separately for external and internal use;<br>(E) in a secure manner if approved by a physician for a client to self-medicate.<br>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.<br><br>This Rule is not met as evidenced by:<br>Based on interview, record review, and observation, the facility failed to ensure internal and external medications were stored separately affecting 1 of 1 client (Client #1). The findings are:<br><br>Review on 10/5/22 of Client #1's record revealed: | V 120 | The AFL Care Provider will be educated again of the importance of storing the consumers external and internal medications apart. The QP will ensure that the medications are separate on her monthly visits to th | 10.15.22 |

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| V 120 | Continued From page 4<br>-Admitted 6/28/18;<br>-Diagnosed with Autism Spectrum Disorder with Accompanying Intellectual Impairment, Moderate Degree Language Impairment, Obesity, History of Diabetes, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Hidradenitis Supportiva, Oppositional Defiant Disorder, Social Anxiety, Developmental Disorder of Motor Function;<br>-Physician's order dated 2/1/22 for Aristocort (rash) 0.1% ointment to affected areas three times daily.<br><br>Observation on 10/5/22 at approximately 1:10pm of Client #1's medications revealed:<br>-Aristocort 0.1% ointment (external medication) stored with internal medications.<br><br>Interview on 10/5/22 with the Alternative Family Living Provider revealed:<br>-Would no longer store internal and external medications together.<br><br>Interview on 10/6/22 with the Director of Operations revealed:<br>-Understood external and internal medications needed to be stored separately and would ensure this moving forward. | V 120 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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 | V 367 | | |

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| V 367 | Continued From page 5<br>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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(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:<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:<br>(1) hospital records including confidential information;<br>(2) reports by other authorities; and<br>(3) the provider's response to the incident.<br>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of | V 367 | Any consumer that has an incident or accident shall be reported to the QP within a 24hr period of time from the incident or accident.<br><br>If the incident or accident requires attention from law enforement, ambulance, or fire department then this would require an electronic report in IRIS. The QP will put the incident or accident report into IRIS and the Supervisor of the QP will ensure all proper steps were taken within the 48hr window required. | 10.28.22 |

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|---|---|---|---|---|
| V 367 | Continued From page 6<br>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).<br>(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:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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. | V 367 | | |

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| V 367 | Continued From page 7<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure Level II incident reports were reported to the LME (local management entity) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:<br><br>Review on 10/5/22 of Client #1's record revealed:<br>-Admitted 6/28/18;<br>-Diagnosed with Autism Spectrum Disorder with Accompanying Intellectual Impairment, Moderate Degree Language Impairment, Obesity, History of Diabetes, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Hidradenitis Supportiva, Oppositional Defiant Disorder, Social Anxiety, Developmental Disorder of Motor Function.<br><br>Attempted review on 10/5/22 of the facility's Incident Reports for period 7/1/22-10/5/22 revealed no incident reports for the period.<br><br>Interview on 10/5/22 with the Director of Operations revealed:<br>-There were no incident reports for the facility for period 7/1/22-10/5/22.<br><br>Interview on 10/5/22 with the Alternative Family Living (AFL) Provider revealed:<br>-Client #1 engaged in a behavioral incident at a shopping mall several weeks ago requiring law enforcement intervention and transportation to the hospital for evaluation.<br><br>Interview on 10/5/22 and 10/6/22 with the Qualified Professional revealed:<br>-Client #1 engaged in a behavioral incident at a | V 367 | | |

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| V 367 | Continued From page 8<br>shopping mall on 8/9/22 at approximately 4:30pm which was documented in the monthly progress notes but was not documented in North Carolina Incident Response Improvement System (NC IRIS) because she was not admitted to the hospital for treatment;<br>-Was not aware the incident involving Client #1 on 8/9/22 needed to be reported through NC IRIS as a Level II incident;<br>-Would ensure all Level II incidents were reported in NC IRIS moving forward. | V 367 | | |

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 10, 2022

[redacted] Executive Director
The Unique Caring Network, Inc.
7128 B Albemarle Road
Charlotte, NC 28227

Re: Annual Survey completed October 6, 2022
Minor Home, 5417 Scarlet Sage Drive, Charlotte, NC 28227
MHL # 060-1435
E-mail Address: tmiller@uniquecaringnetwork.com

Dear Mr. Miller:

Thank you for the cooperation and courtesy extended during the annual survey completed October 6, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is December 5, 2022.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and***

***please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,

[redacted]

Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
DHSR_Letters@sandhillscenter.org
[redacted] Trillium Health Resources LME/MCO
[redacted] Director of Quality Management, Trillium Health Resources LME/MCO
[redacted] Administrative Supervisor