STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-102	A. BUILDING: _____ B. WING _____	R-C 11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEDOM CARE SERVICES, LLC #6	34 SHALLOW FORD STREET CAMERON, NC 28326

(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 A complaint and follow up survey was completed on November 17, 2022. The complaint was unsubstantiated (intake #NC00193092). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients.	V 000		
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	V 366		

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V 366	Continued From page 1 Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (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; (B) gather other information needed; (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	V 366		

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V 366	Continued From page 2 located and to the LME where the client resides, if different; and (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement policies for	V 366		

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V 366	Continued From page 3 reporting/responding to level one incidents as required. The findings are: Finding #1 Review on 11/17/22 of client #2's record revealed: -27 year old male. -Admitted on 10/1/20. -Diagnoses of Schizoaffective Disorder Bipolar Type and Mild Intellectual Disability. -An Emergency Room visit 9/13/22 for sleepiness. Attempted interview on 11/17/22 with client #2 revealed: -Client stated he did not wish to be interviewed. Find #2 Review on 11/17/22 of client #5's record revealed: -50 year old male. -Admitted on 10/5/17. -Diagnoses of Schizophrenia, Depression, Post-Traumatic Stress Disorder and Hypertension. Review on 11/17/22 of client #5's FL-2 dated 8/15/22 revealed: -Simbrinza 1%-0.2% Eye Drops 1 drop in each eye twice daily. (Eye Disease) -Ketorolac 0.5% Ophthalmic Solution 1 drop in both eyes every morning.(Itching eyes) -Lumigan 0.01% Eye Drops 1 drop into both eyes at bedtime.(Eye Pressure) Review on 11/17/22 of client #5's medication administration records (MARs) for November 2022 revealed: -Simbrinza 1%-0.2% Eye Drops were refused on the following dates: 11/2(AM), 11/5(PM), 11/8, 11/9, 11/10(AM), 11/11(AM), 11/14(PM), 11/15, 11/16 and 11/17(AM).	V 366		

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V 366	Continued From page 4 -Ketorolac 0.5% Ophthalmic Solution was refused on the following dates: 11/2, 11/8, 11/9, 11/10, 11/11, 11/15, 11/16 and 11/17. -Lumigan 0.01% Eye Drops were refused on the following dates: 11/5, 11/8, 11/9, 11/14, 11/15 and 11/16. Interview on 11/17/22 client #5 stated: -He lived at the group home for almost a year. -He does not like using his eye medications because "the drops burn and gives a bad taste in his mouth." -He took his other medications. -Group home staff administered his medications. -He heard what he believed the sound of medication bubble packs from client #2. -He had not observed client #2 take any medications. Interview on 11/17/22 the Licensee stated: -An allegations was reported to the Psychosocial Rehabilitation Program (PSR) client #2 consumed medications unsupervised and he was "standing sleep" -The PSR reported client #5 reported client #2 had taken medications. -Client #2 was seen at the ER and there were no findings. -She did not find the allegation to be true. -There was no incident report for client #2. -There were no incident reports for client #5's medication refusals.	V 366		