

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2022
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NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 12/19/22. The complaint was substantiated (intake #NC0194411). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of 2 current clients and 1 former client.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other professionals to meet the needs for 1 of 1 current client (#1) & 1 of 1 former client (FC#6). The findings are:</p> <p>A. Record review on 11/29/22 of Former Client (FC#6) record revealed:</p> <ul style="list-style-type: none"> - admitted September 22 & discharged October 2022 - Diagnoses: Autism, Unspecified Mood Disorder, Oppositional Defiant Disorder & Attention Deficient Hyperactivity Disorder <p>During interview on 12/13/22 FC#6's guardian reported:</p> <ul style="list-style-type: none"> - the Licensee allowed FC#6 to go out of town with his father in October 2022 without his knowledge - aware FC#6 had some contact with his father - they stayed out of town for 1 night - no issues occurred during the overnight stay <p>During interview on 12/13/22 FC#6's Care Coordinator with the Local Management Entity/Managed Care Organization reported:</p> <ul style="list-style-type: none"> - was not informed FC#6 went out of town with his father until FC#6 returned back to the facility <p>During interview on 12/16/22 the Licensee reported:</p>	V 291		

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> - was not aware the father was coming to the facility - staff contacted her & informed her FC#6's father was at the facility to pick up FC#6 - she attempted to reach the guardian but was not able to make contact - for staff to get a copy of his identification & have him (father) sign FC#6 out of the facility - FC#6 left with his father on a Saturday and returned on Sunday - she made contact with the guardian on Monday <p>B. Review on 11/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 1/4/12 - Diagnoses: Intellectual Developmental Disorder (D/O), Hyperlipemia, Hypertension, Seizure D/O, Alcohol Abuse (remission) - No documentation for use of a continuous positive airway pressure (CPAP) machine <p>During interview on 11/29/22 client #1 reported:</p> <ul style="list-style-type: none"> - 2 weeks ago he threw his CPAP machine in the trash can - "it did not work" - He did not tell staff he threw it in the trash can - he had no issues with his breathing at night <p>During interview on 11/29/22 staff #1 reported:</p> <ul style="list-style-type: none"> - client #1 informed him the CPAP machine stopped working - he threw it in the trash - thought he received the CPAP 2-3 months ago - He last saw it a month ago <p>During interview on 11/29/22 & 12/16/22 the Licensee reported:</p> <ul style="list-style-type: none"> - client #1 was approved for the CPAP 	V 291		

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V 291	Continued From page 3 machine 3 months ago - recently found out he threw it in the trash can - needed to follow back up with the CPAP company - on 12/16/22, his appointment was today	V 291		
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 cause of the incident; and (6) other individuals or authorities notified or responding. (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	V 367		

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V 367	<p>Continued From page 4</p> <p>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 by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit a Level II incident report within 72 hours to the Local Managed Entity/Management Care Organization. The findings are:</p> <p>Record review on 11/29/22 of Former Client (FC#6) record revealed:</p> <ul style="list-style-type: none"> - Admitted September 22 & discharged October 2022 - Diagnoses: Autism, Unspecified Mood Disorder, Oppositional Defiant Disorder & Attention Deficiet Hyperactivity Disorder <p>During interview on 12/13/22 a representative with the LME/MCO reported:</p> <ul style="list-style-type: none"> - FC#6 was allowed to purchase an aerosol gun <p>During interview on 12/16/22 the Licensee reported:</p> <ul style="list-style-type: none"> - FC#6 had purchased a knife & toy guns - she removed the knife & toy guns from him 	V 367		

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V 367	Continued From page 6 - an incident report was not completed	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the facility was kept in an attractive manner. The findings are:</p> <p>Record review on 11/29/22 of Former Client (FC#6) revealed: - Admitted September 22 & discharged October - Diagnoses: Autism, Unspecified Mood Disorder, Oppositional Defiant Disorder & Attention Deficit Hyperactivity Disorder</p> <p>Observation on 11/29/22 of client #1's bedroom revealed: - an indentation in the bedroom wall near the exit door</p> <p>During interview on 11/29/22 client #1 reported: - had a "crazy" roommate (FC#6) - he (FC#6) had a behavior and punched the wall</p>	V 736		

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V 736	Continued From page 7 During interview on 12/16/22 the Licensee reported: - FC#6 had a behavior and punched the wall - Plan to have the wall repaired and painted - Next week someone plan to look at the wall for repairs	V 736		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure therapeutic and habilitative activities routinely conducted was separate from the sleeping area affecting 5 of 5 clients (#1-#5). The findings are: Observation on 11/29/22 at 12:42pm revealed: - 2 individuals wrapped in a blanket on 2 different couches in the television room - Both were asleep During interview on 11/29/22 staff #1 reported: - One individual was staff #3 - Second individual lived at the Licensee's	V 784		

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V 784	<p>Continued From page 8</p> <p>personal home</p> <p>During interview on 11/29/22 staff #3 reported:</p> <ul style="list-style-type: none"> - He did not work at the facility - Came to visit the Licensee which was his mother - He fell asleep waiting for the Licensee/mother to get to the facility <p>During interview on 11/29/22 the Licensee reported:</p> <ul style="list-style-type: none"> - Staff #3 was her son and he worked third shift - the other individual lived with her - he came with her to the facility this morning - will ensure no one slept in the client therapeutic areas 	V 784		