

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12/22/22. One complaint was substantiated (intake #NC195258) and one complaint was unsubstantiated (#NC195273). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility is licensed for 0 and currently has a census of 28. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to report allegations of abuse to the</p>	V 318		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 318	<p>Continued From page 1</p> <p>North Carolina Health Care Professional Registry (HCPR) within 24 hours of becoming aware of an allegation of abuse against 1 of 1 former staff (FS #1). The findings are:</p> <p>Record review on 12/21/22 for FS #1 revealed: -Date of Hire: 2/14/18 -Date of Separation 3/30/22 -Signed "Review of Abuse and Neglect" training on 3/9/22.</p> <p>Review on 12/21/22 of "Internal Investigation [FS #1] incident of 3/30/22" revealed: -"A staff member approached Executive Director (ED) on Wednesday, March 30, 2022 to tell her a summary of the actions of [FS #1] that day. She stated her actions were upsetting and very inappropriate. The following outlines the accounts of the witnesses and the internal investigation completed. -The accounts of the witnesses: -The group was outside and several members were playing basketball. [FS #1] began 'roughhousing' by continuing to steal the ball and make baskets, limiting their turns to throw the ball. -[Client #1] came out wanting to play. He had a drink and a bag of chips in his hands. She grabbed his chips and knocked the drink from his hands so that it fell to the ground, then she picked up the soda and shook it before giving it and the chips back to him, Then, she ran towards him and grabbed his work badge off of his shirt and ran with it. She gave it back to him but then began pushing him around with her fingers on his chest and from behind as they were playing. [Client #1] became upset and several staff told her to stop. The last time she did it, [Client #1] turned around swinging his arm to hit her and she ducked. He walked away and said, 'I ain't dealing</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 318	<p>Continued From page 2</p> <p>with her no more!</p> <p>-[Client #2] was also playing and she began backing her hind end into him trying to keep the ball from him as he was reaching around her to get it. She did this maneuver several times before he backed away. She then took his hat off of his head and threw it on top of the basketball goal. This was very upsetting to him as he began screaming. His group staff [Staff #2], calmed him and retrieved his hat. Immediately after, another member took his hat and threw it over a fence. He began screaming again to the point that his face and neck turned red. Again, [Staff #2] retrieved his hat and began calming him down. As she was calming him, [FS #1] came over and shouted, 'he's just a p***y; he's a crybaby and a fricken psychopath!' in front of him. [Staff #2] grabbed her by the shirt and quietly said, 'what is wrong with you? You need to stop and go into the building, NOW.' [FS #1] went into the building while the staff kept trying to calm the member as he was saying, 'I not a crybaby.'</p> <p>-[FS #1] went into the building and had an altercation with [Staff #2], flicking her off and telling her to stay away from her. She yelled obscenities to [Staff #2] several times in the building before driving off.</p> <p>-Side note: Several staff stated that they heard [FS #1] saying that she was low on her prescribed medication and the doctor was not going to refill it. She was anxious about coming off of the medication.</p> <p>-Timeline: 03/30/2022-[FS #1] shows actions out of her character and inappropriately interacts with members while outside playing basketball. 03/30/2022-[Staff #2] comes to the [ED] after [FS #1] left and summarizes the incident. 03/30/2022-[Client #2]'s caregiver was notified immediately of the incident.</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 318	<p>Continued From page 3</p> <p>03/31/2022-The [ED] spoke to [Client #1]'s assigned Qualified Professional and learned more information about the events that took place the day before.</p> <p>03/31/2022-The [ED] met with [Client #2]'s caregiver privately to talk about the incident and ensured her that [FS #1] would not be back.</p> <p>04/01/2022-The Qualified Professional interviewed two of the witnesses individually to get a more detailed account of what happened.</p> <p>04/04/2022-The [ED] contacted [FS #1] via phone and notified her that she was terminated immediately and that she was not allowed to contact our staff any further. She stated that she was detoxing off her prescribed medications and had not been herself.</p> <p>IRIS report is being completed."</p> <p>Review on 12/21/22 of IRIS (Incident Response Improvement System) report with HCPR Facility Allegation for Client #1 revealed:</p> <p>-Facility's Executive Director completed form on 4/1/22.</p> <p>-Incident date: 3/30/22</p> <p>-Date facility became aware of incident: 3/30/22.</p> <p>-4/1/22-"Internal investigation is still ongoing. Report will be submitted ASAP (as soon as possible)."</p> <p>-4/6/22 "-[Client #1] came out wanting to play. He had a drink and a bag of chips in his hands. She grabbed his chips and knocked the drink from his hands so that it fell to the ground, then she picked up the soda and shook it before giving it and the chips back to him, Then, she ran towards him and grabbed his work badge off of his shirt and ran with it. She gave it back to him but then began pushing him around with her fingers on his chest and from behind as they were playing. [Client #1] became upset and several staff told her to stop. The last time she did it, [Client #1]</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 318	<p>Continued From page 4</p> <p>turned around swinging his arm to hit her and she ducked. He walked away and said, 'I ain't dealing with her no more'."</p> <p>-HCPR-Facility Allegation Section: Accused Staff listed as FS #1. Allegation Substantiated-"yes"; Employment terminated-"yes"; date "4/4/22"; Due to allegation-"yes"; Charges filed-"no".</p> <p>Review on 12/21/22 of IRIS (Incident Response Improvement System) report dated 4/29/22 for incident on 3/30/22 involving Client #2 revealed: -Incident comments: "This incident is associated with another incident including a staff allegation. Other incident includes [FS #1]. HCPR was completed." -"Verbal abuse" is checked along with "staff used derogatory speech toward member." -Provider response on 5/23/22 - "I have attached the Internal Investigation in the Attached Documents Tab. DSS was not called because the primary caregiver came on the campus right after the incident. There was no physical harm done in the incident."</p> <p>Interview on 12/21/22 with Client #1 revealed: -"I don't remember that was a long time ago. I remember [FS #1] but can't remember her being mean or treating me bad."</p> <p>Interview on 12/22/22 with the caregiver for Client #2 revealed: -She was not interested in bringing up this incident with Client #2 because it upset him.</p> <p>Interview on 12/21/22 with Staff #2 revealed: -On 3/30/22: Watching them play basketball; FS #1, Client #2 and Client #1. FS #1 would grab Client #2 by the shirt so Client #2 grabbed her. Client #1 grabbed the ball and she shoved him to get the ball. The ball flew off and Client #2 said I</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 318	<p>Continued From page 5</p> <p>get ball, I get ball; she held him and called him cry baby, psycho.</p> <p>-I told [FS #1] to stop to leave them alone quietly so everyone else wouldn't hear but it kept going. She finally told [FS #1] to go inside."</p> <p>-Client #1 yelled at her, told her to go on, you're fired. She yelled back as she walked toward the building</p> <p>-I think the girl just lost it. I worked with her for 2 years and never seen her act like that. She used to tease me all the time. She was on antidepressants. I tried to hug her and tell her everything was ok."</p> <p>-"[FS #1] would tease clients mostly [Client #1] before but it was harmless teasing."</p> <p>-When FS #1 took her arm and shoved Client #1, she told FS #1 that was a little rough. Then when Client #2 was trying to get the ball, she was yelling hateful stuff.</p> <p>-I never jumped on her like that so she could have been yelling at me. I told her you can't treat people like that. I sent her in then gathered all our people and went inside."</p> <p>-She was sitting over by the computer and I walked over there and just stood there. She said 'What do you want?' 'I want you to apologize to [Client #1 and Client #2]'. She said 'NO'. I went to tell the [ED] to tell [FS #1] to apologize to them. I went into office and [FS #1] came in and said 'F**k you'. I said 'What is going on??' She yelled f**k you and slammed door and walked outside. I went outside to ask what was going on and she just walked off and muttered. I love that girl but she was too much to handle that day."</p> <p>-I know she didn't come back and was fired the next day."</p> <p>Interview on 12/21/22 with the ED revealed: -Was not aware allegations needed to be reported within 24 hours.</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 318	Continued From page 6 -FS #1 was terminated on the same day of the incident. -Thought she needed to complete her internal investigation prior to submitting allegations of staff on the IRIS.	V 318		
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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 367	Continued From page 7 day whenever: (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 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (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	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 367	<p>Continued From page 8</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level III incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Review on 12/21/22 of IRIS (Incident Response Improvement System) report dated 4/29/22 for incident on 3/30/22 involving Client #2 revealed: -Incident comments: "This incident is associated with another incident including a staff allegation. Other incident includes [FS #1]. HCPR was completed." -"Verbal abuse" is checked along with note: "staff used derogatory speech toward member." -Provider response on 5/23/22 - "I have attached the Internal Investigation in the Attached Documents Tab. DSS was not called because the primary caregiver came on the campus right after the incident. There was no physical harm done in the incident." -No HCPR was information was completed on</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 367	Continued From page 9 this report. Interview on 12/21/22 with Client #1 revealed: -"I don't remember that was a long time ago. I remember her [FS #1] but can't remember her being mean or treating me bad." Interview on 12/21/22 with the Executive Director revealed: -She had not completed an IRIS report for Client #2 because FS #1 didn't lay hands on him. -The LME/MCO (Local Managing Entity/Managed Care Organization) asked her to complete an IRIS report for Client #2.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 500	Continued From page 10 (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMEI		STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 500	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse are reported to the County Department of Social Services (DSS). The findings are:</p> <p>Review on 12/21/22 of IRIS (Incident Response Improvement System) report dated 4/6/22 regarding an incident on 3/30/22 involving Client #1 revealed: -Submitted comments on 4/1/22 revealed: "Internal investigation is still ongoing. Report will be submitted ASAP (as soon as possible)." -On 4/6/22 provider comments revealed: "[Client #1] came out wanting to play. He had a drink and a bag of chips in his hands. [FS #1] grabbed his chips and knocked the drink from his hands so that it fell to the ground, then she picked up the soda and shook it before giving it and the chips back to him, Then, she ran towards him and grabbed his work badge off of his shirt and ran with it. She gave it back to him but then began pushing him around with her fingers on his chest and from behind as they were playing. [Client #1] became upset and several staff told her to stop. The last time she did it, [Client #1] turned around swinging his arm to hit her and she ducked. He walked away and said, 'I ain't dealing with her no more'."</p> <p>-4/7/22 LME/MCO (Local Managing Entity/Managed Care Organization) comments revealed: "Updates reviewed. As a provider, you are mandated to report any and all allegations (or suspicions) of abuse, neglect or exploitation. --Make a report to the Henderson County DSS, -enter details in the 'Authorities Contacted' section, and then attach their response letter upon receipt." -There were no additional comments or</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/22/2022
NAME OF PROVIDER OR SUPPLIER REACH FOR INDEPENDENCE INC ENRICHMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 410 MILLS GAP ROAD FLETCHER, NC 28732		
(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 500	<p>Continued From page 12 attachments.</p> <p>Review on 12/21/22 of IRIS report dated 4/29/22 for incident on 3/30/22 involving Client #2 revealed:</p> <ul style="list-style-type: none"> -Incident comments: "This incident is associated with another incident including a staff allegation. Other incident includes [FS #1]. HCPR was completed. -"Verbal abuse" is checked along with "staff used derogatory speech toward member." -Provider response on 5/23/22 - "I have attached the Internal Investigation in the Attached Documents Tab. DSS was not called because the primary caregiver came on the campus right after the incident. There was no physical harm done in the incident. -No HCPR was information was completed on this report. <p>Interview on 12/21/22 with Executive Director revealed:</p> <ul style="list-style-type: none"> -Had contacted DSS after the LME/MCO told her but she did not have any documentation of when that call was made. She remembered they told her they would not open the case because the employee had been terminated and the clients were not in need of protection. -Was not aware DSS needed to be contacted within 24 hours of an incident. 	V 500			