| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL043-100 | A. BUILDING: _____ B. WING _____ | R 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| FREEDOM CARE SERVCIES, LLC #4 | 3560 BUNNLEVEL ERWIN ROAD ERWIN, NC 28339 |

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| V 000 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on December 20, 2022. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.<br><br>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. | V 112 | | |

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| V 112 | Continued From page 1 | V 112 | | |

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to develop client treatment plans as required and to obtain written consent at least annually by the client for 2 of 3 audited clients (#2, #3). The findings are:

Finding #1
Review on 12/19/22 of client #2's record revealed:
-57 year old female.
-Admitted on 12/6/21.
-Diagnoses of Schizoaffective Disorder Bipolar Type, Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI) and Seizure Disorder secondary to TBI.
-Most recent signed treatment plan documented to begin 12/8/21.

Interview on 12/19/22 client #2 stated:
-She lived at the facility for a year.
-She had a legal guardian.
-She was unsure what her goals were but knew one goal was to do her laundry.
-Her guardian reviewed her goals but it had been a while.

Finding #2
Review on 12/19/22 of client #3's record revealed:
-59 year old female.
-Admitted on 12/8/21.

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| V 112 | Continued From page 2<br><br>-Diagnoses of Schizoaffective Disorder Bipolar Type, Cataracts, Vitamin B11 deficiency, Hypertension, COPD, Diabetes Type 2 and Chronic Lower Back Pain.<br>-Most recent signed treatment plan documented to begin 12/8/21.<br><br>Interview on 12/19/22 client #3 stated:<br>-She lived at the facility for a year.<br>-She "completed" the day program.<br>-She does "arts and crafts" daily.<br><br>Interview on 12/19/22 and 12/20/22 the Licensee/Qualified Professional stated:<br>-She was responsible for the development of client treatment plans.<br>-She had developed client #2 and client #3 current treatment plan but the plans had not been signed by their individual guardians.<br>-She planned to review the treatment plan with client #2's guardian when they pick her up for Christmas.<br>-Client #3's guardian lived out of state and sometimes the communication was difficult. | V 112 | | |
| 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 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 | V 367 | | |

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| V 367 | Continued From page 3 | V 367 | | |

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 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

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| V 367 | Continued From page 4<br>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.<br><br>This Rule is not met as evidenced by:<br>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 | V 367 | | |

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| V 367 | Continued From page 5<br>Care Organization. The findings are:<br><br>Review on 12/19/22 of client #1's record revealed:<br>-45 year old male.<br>-Admitted on 8/25/22.<br>-Diagnosis of Schizophrenia.<br><br>Review on 12/19/22 of an incident report for client #1 dated 12/14/22 revealed:<br>-"Brief Description of Incident: [Client #1] was verbally aggressive towards staff getting into staff face/ personal space making threats. Process with [client #1] [Client #1] reports wanting to go to the hospital...Follow Up: [Client #1] was admitted on 12/14/22 after IVC had to be completed. [Client #1] walked off, not regarding traffic he was followed by staff on foot officers come to assist with the commitment."<br><br>Review on 12/19/22 and 12/20/22 of the North Carolina Incident Response Improvement System revealed no incident reports for client #1 during the month of December.<br><br>Client #1 was unavailable for interview on 12/19/22 and 12/20/22 due to hospitalization.<br><br>Interview on 12/19/22 and 12/20/22 the Licensee/Qualified Professional stated:<br>-She had not completed a level II incident report for client #1.<br>-She would complete a level II incident report for client #1 today (survey date 12/19/22).<br>-Client #1 was voluntarily going to the hospital.<br>-Once she transported client #1 to the hospital client #1 decided to walk to the local gas station.<br>-Client #1 walked in traffic and she followed him.<br>-She contacted the law enforcement for assistance with client #1. | V 367 | | |

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| V 367 | Continued From page 6<br>-Client #1 was transported to the hospital by law enforcement and was involuntarily committed. | V 367 | | |
| V 513 | 27E .0101 Client Rights - Least Restictive Alternative<br><br>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE<br>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:<br>(1) using the least restrictive and most appropriate settings and methods;<br>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;<br>(3) providing choices of activities meaningful to the clients served/supported; and<br>(4) sharing of control over decisions with the client/legally responsible person and staff.<br>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:<br>(1) using the intervention as a last resort; and<br>(2) employing the intervention by people trained in its use.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation, and interviews, the facility failed to provide services using the least restrictive and most appropriate methods affecting 3 of 3 client (#1, #2, #3). The findings are: | V 513 | | |

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| V 513 | Continued From page 7<br><br>Observation on 12/19/22 during the facility tour between 11:15am and 11:45am revealed:<br>-The refrigerator had locks that required a key attached to the top and bottom portions.<br>-The upright freezer had a lock that required a key.<br><br>Review on 12/19/22 of client #1's record revealed:<br>-45 year old male.<br>-Admitted on 8/25/22.<br>-Diagnosis of Schizophrenia.<br>-No documentation of restrictions to the refrigerator.<br><br>Client #1 was unavailable for interview due to current hospitalization.<br><br>Review on 12/19/22 of client #2's record revealed:<br>-57 year old female.<br>-Admitted on 12/6/21.<br>-Diagnoses of Schizoaffective Disorder Bipolar Type, Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI) and Seizure Disorder secondary to TBI.<br>-No documentation of restrictions to the refrigerator.<br><br>Interview on 12/19/22 client #2 stated:<br>-She did not have a key for the lock on the refrigerator or access to a key.<br>-Sometimes staff would get stuff they asked for out the refrigerator.<br><br>Review on 12/19/22 of client #3's record revealed:<br>-59 year old female.<br>-Admitted on 12/8/21. | V 513 | | |

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| V 513 | Continued From page 8<br><br>-Diagnoses of Schizoaffective Disorder Bipolar Type, Cataracts, Vitamin B11 deficiency, Hypertension, COPD, Diabetes Type 2 and Chronic Lower Back Pain.<br>-No documentation of restrictions to the refrigerator.<br><br>Interview on 12/19/22 client #3 stated:<br>-She did not have a key for the lock on the refrigerator or access to a key.<br>-The staff locked the refrigerator.<br>-She had to ask for permission to get something out the refrigerator and staff would get it.<br>-She "doesn't go near the refrigerator."<br>-She was unsure why there was locks on the refrigerator.<br><br>Interview on 12/19/22 staff #3 stated:<br>-Clients were not allowed to go in the refrigerator.<br>-Client could not use the key to open the lock on the refrigerator.<br>-Staff would watch clients get food.<br><br>Interview on 12/19/22 and 12/20/22 the Licensee/Qualified Professional stated:<br>-The locks were placed on the refrigerator for a discharged clients who "took more food than served."<br>-Client #1 also took more food than served and took other people's food.<br>-The locks were for safety for client #1.<br>-The locks would be removed this day (12/19/22).<br>-There was no documentation of restricted access to the refrigerator for any current client. | V 513 | | |
| V 752 | 27G .0304(b)(4) Hot Water Temperatures<br><br>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT | V 752 | | |

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| V 752 | Continued From page 9<br>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.<br>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:<br><br>Observation on 12/19/22 during the facility tour between 11:15am and 11:45am revealed:<br>-The hot water temperature at the kitchen sink measured 120 degrees Fahrenheit.<br>-The hot water temperature at the hall bathroom tub measured 120 degrees Fahrenheit.<br>-The hot water temperature at the Jack and Jill bathroom sink measured 120 degrees Fahrenheit.<br><br>Interview on 12/19/22 client #3 stated:<br>-The hot water got "very warm but don't burn you."<br>-She was able to adjust the water temperatures.<br><br>Interview on 12/20/22 the Licensee/Qualified Professional stated:<br>-She was not aware of the increased hot water temperatures.<br>-Water temperatures were checked monthly and measured around 105 degrees Fahrenheit.<br>-The water heater was recently replaced.<br>-All clients were able to adjust the water | V 752 | | |

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| V 752 | Continued From page 10<br>temperatures. | V 752 | | |