Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-039	A. BUILDING: _____ B. WING _____	R 11/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE STREET RESIDENTIAL	341 HONEY HILL ROAD HALLSBORO, NC 28442

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on November 23, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3 clients. The survey sample consisted of audits of 3 current clients.	V 000	DHSR - Mental Health DEC 29 2022 Lic. & Cert. Section	
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 Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366	Policies governing the response when level 1,11, or 111 incidents occurs were reviewed with Clinical Supervisor on 12/6/22 by the Regional Director to ensure that CS understands what incidents warrants an IRIS report. Clinical Supervisor was also informed to contact QM if she was unsure of when to complete and IRIS report. Clinical Supervisor will consult with Reginal Director whenever an incident occurs before submitting an IRIS this process began on 12/6/22	

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V 366	Continued From page 1 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 located and to the LME where the client resides, if different; and	V 366		

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V 366	Continued From page 2 (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 reviews and interviews the facility failed to report incidents as required by the rule. The findings are:	V 366		

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V 366	Continued From page 3 Refer to V367 for: -Client #3 made suicidal threats and attempts on 7/23/22 and 8/23/22. -There was no level II incident report created in response to the incidents on 7/23/22 and 8/23/22 Interview on 11/23/22 the Qualified Professional (QP) stated: -She did not complete an IRIS (North Carolina Incident Response Improvement System) report for suicide attempts on 7/23/22 and 8/23/22, as she was not aware that level II reports were required for suicide attempts. -Moving forward, she would be sure to complete level II reports for any suicide attempts.	V 366		
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;	V 367		

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V 367	Continued From page 4 (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 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	V 367		

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V 367	Continued From page 5 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 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 11/22/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: -No level II incident reports were created by the facility for client #3's incidents involving suicide attempts on 7/23/22 and 8/23/22.	V 367		

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V 367	Continued From page 6 Review on 11/22/22 of client #3's record revealed: -23 year-old male -Admission date of 7/14/22 -Diagnoses included autism spectrum disorder and intellectual and developmental disability Review on 11/22/22 of facility Progress Note dated 7/23/22 revealed: -"[Client #3] acted up after a misunderstanding with another individual. He stuck a fork in his hand, tried to strangle him self with a fan cord in his room, and wrapped a trash bag around his neck." Review on 11/22/22 of facility Progress Note dated 8/23/22 revealed: -"[Client #3] became angry as soon as he entered the class room this morning. He wanted to get on the teachers computer...He stormed down to the Quiet Room - beat his head and fist on the wall. Staff convinced [client #3] to walk outside - he then turned over chairs, cursing, tried to choke himself, and strangle himself with his jacket." Interview on 11/22/22 the Program Manager stated: -She had been with agency for over 20 years. -Client #3 made a couple of suicidal threats and gestures, but the threats were following his initial arrival and had subsided in recent months. -She had documented each of the incidents. Interview on 11/23/22 the Qualified Professional (QP) stated: -She did not complete an IRIS (North Carolina Incident Response Improvement System) report for suicide attempts on 7/23/22 and 8/23/22, as she was not aware that level II reports were required for suicide attempts.	V 367		

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V 367	Continued From page 7 -Moving forward, she would be sure to complete level II reports for any suicide attempts.	V 367		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation on 11/22/22 at approximately 2:00pm revealed: -The hot water temperature in bathroom #1 was 127 degrees Fahrenheit at the sink. -The hot water temperature at the kitchen sink was 126 degrees Fahrenheit. Interviews on 11/22/22 client #1 and #2 stated that they had not observed any problems with water temperature. Interview on 11/23/22 the Program Manager stated: -She would follow up with maintenance to ensure the proper range of water temperature was	V 752	In the areas of facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. The water temperature was adjusted to meet the appropriate temperature of 110 degrees 11/23/22. Program Manager will check water temperature on a weekly basis to ensure the temperature is correct and Clinical Supervisor will monitor to ensure she is checking temperature weekly, at least once a month,	

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V 752	Continued From page 8 maintained. -A work order had been submitted following the observation on 11/22/22.	V 752		