

M.T.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARLOWE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MARLOWE DRIVE ASHEVILLE, NC 28801</b>
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V 000	INITIAL COMMENTS  An annual and complaint survey was completed on 1/20/23. The complaint was substantiated (intake #NC00196156). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  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 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110		

DHSR - Mental Health  
FEB 13 2023  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_  
*Trinity Morrison* Director of Quality & Compliance 2/9/23

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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 audited paraprofessionals (Former Staff #2) (FS #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 1/19/23 of Client #1's record revealed: -Date of admission: 11/5/05; -Diagnoses of Autism Spectrum Disorder (d/o), Seizure d/o, Anxiety, and Obsessive Compulsive d/o.</p> <p>Review on 1/19/23 of FS #2's record revealed: -Date of hire: 8/6/18; -Date terminated: 12/21/22; -Position: Autism Support Professional (ASP); -Client specific training for Client #1 on 6/28/22.</p> <p>Interview on 1/19/23 with Staff #1 revealed: -position was ASP; -worked at the facility on the day that FS #2 was called in to work a shift; -when FS #2 arrived, Client #1 tried to erase information from the white board used for visual prompts for clients; -observed FS #2 "slap" Client #1's hand away from the white board and "grabbed his (Client #1) shoulder, turned him and pushed him away;"</p>	V 110	<p>On 12/16/22, we learned of an incident that occurred on <del>12/16</del><sup>error to</sup> 12/13/22 wherein a staff member allegedly slapped the hand of a resident and pushed him. Staff was immediately suspended pending the outcome of an internal investigation into an allegation of abuse. The investigation substantiated the allegation and staff was terminated. In this instance, staff failed to demonstrate the knowledge, skills and abilities required by the population served and engaged in behavior which is not tolerated by Autism Society of North Carolina. We will continue to enforce our zero tolerance policy related to abuse, neglect, and exploitation. Staff will continue to receive training upon hire related to abuse, neglect, mistreatment, and exploitation. We will also continue to report allegations appropriately as they arise.</p>	2/19/23

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Client #1 sat down and was not hurt;</li> <li>-left the facility because her shift was over;</li> <li>-wasn't sure what to do at the time and 3 days later, she informed the Senior Residential Services Director/Qualified Professional (RSD/QP) of the incident.</li> </ul> <p>Interview on 1/19/23 with the Senior RSD/QP revealed:</p> <ul style="list-style-type: none"> <li>-when Staff #1 informed her of the incident between FS #2 and Client #1, she immediately informed the Regional Director;</li> <li>-the facility initiated an internal investigation of the incident;</li> <li>-during an interview with FS #2, he admitted to the incident between him and Client #1;</li> <li>-FS #2 was instructed to not contact client families;</li> <li>-since his termination, he has contacted her via text with "not positive messages" and she has referred him to contact the Human Resources Director.</li> </ul> <p>Interview on 1/19/23 with the Regional Director revealed:</p> <ul style="list-style-type: none"> <li>-during the facility's investigation of the incident on 12/13/22, FS #2 "verified" the incident with Client #1 occurred;</li> <li>-FS #2 was suspended on 12/16/22 and terminated from the Licensee on 12/21/22;</li> <li>-after FS #2 was terminated, he became "aggressive" and posted a picture of the facility's front door key on Instagram;</li> <li>-once the facility learned of the posting, they changed the locks to the facility immediately;</li> <li>-FS #2 attempted to contact clients' families even though he was instructed to not contact the families or staff after his termination.</li> </ul>	V 110		

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V 367	Continued From page 3	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <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> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</li> </ol>	V 367		

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V 367	<p>Continued From page 5</p> <p>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 reviews and interview, the facility failed to ensure a Level III incident report was reported to the LME (Local management Entity) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 1/19/23 of Client #1's record revealed: -Date of admission: 11/5/05; -Diagnoses of Autism Spectrum Disorder (d/o), Seizure d/o, Anxiety, and Obsessive Compulsive d/o.</p> <p>Review on 1/19/23 of the facility's incident report and internal investigation revealed: - the facility became aware of a Level III incident on 12/16/22 between FS #2 and Client #1; -the facility initiated an investigation into the incident on 12/16/22.</p> <p>Review on 1/19/23 of the NC Incident Response Improvement System (IRIS) revealed: -the incident was submitted to IRIS on 12/20/22.</p> <p>Interview on 1/19/23 with the Senior Residential Services Director/ Qualified Professional (Senior RSD/QP) revealed:</p>	V 367	<p>ASWC requires staff to enter Level II &amp; Level III incidents within the required timeframes. As part of this process, the staff submitting the report notify a Quality Assurance Coordinator upon completion and the Quality Assurance coordinator verifies the accuracy and thoroughness of the report. In this instance, the verification did not occur in a timely manner. ASWC will update our incident reporting policy to reflect a <del>one business</del> <sup>one</sup> calendar day turnaround time for verifying level II entries and an 8 hour turnaround time for verifying Level III entries. This should eliminate late reporting whenever the initial incident entry is completed in a timely manner.</p>	3/21/23
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V 367	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-completed the report in IRIS on 12/16/22 and received a report number;</li> <li>-emailed the report number on 12/16/22 to the Quality Assurance Coordinator (QAC), Regional Director and the Director of Quality and Compliance;</li> <li>-the QAC notified her on 12/20/22 that she couldn't find the report in IRIS;</li> <li>-re-entered and submitted the report in IRIS on 12/20/22;</li> <li>-will confirm submission of future reports when she entered them into IRIS</li> </ul>	V 367		
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