

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 210302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2023
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NAME OF PROVIDER OR SUPPLIER WICKER STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 FLORA AVENUE BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 31, 2023. The complaints were substantiated (intakes #NC00198466 and NC001198546). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 4 current clients and 1 deceased client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against 	V 132		

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

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V 132	<p>Continued From page 1</p> <p>a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:</p> <p>Review on 3/24/23 of Former Staff #3's (FS #3) personnel record revealed: -Date of hire was 3/1/22 -She was hired as a Direct Care Staff -She was terminated on 1/27/23</p> <p>Review on 3/23/23 of client #1's record revealed: -Admission date of 3/4/15 -Diagnoses of Depression, Dementia, Osteoarthritis, Chronic Kidney Disease,</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>Hypertension, Hyperlipidemia, Sleep Apnea, Goat, Gastroesophageal Reflux Disease, Neuropathy and History Cancer.</p> <p>Review on 3/23/23 of client #4's record revealed: -Admission date of 7/10/17 -Diagnoses of Depression, Dementia, Supraventricular Tachycardia, Hybernatremia, Hypothyroidism, Hypertension and History of Alcohol Abuse.</p> <p>Review on 3/24/23 of a In-house incident report dated 1/27/23 revealed: "[FS #3] was a suspect of medicare card theft. On 1/27/23 at Wicker Street Group Home 911 was called for investigation, for theft of 2 consumers."</p> <p>Review of the Incident Response Improvement System (IRIS) on 3/24/23 revealed: -There was no level III incident report submitted by the facility for the above incident.</p> <p>Interviews on 3/23/23 and 3/24/23 with the Director/Licensee revealed: -FS #3 was terminated January 27, 2023. -She suspected FS #3 stole clients #1 and #4's Medicare U cards. -She discovered a few days prior to FS #3 being fired those Medicare U cards had not arrived to the facility. -They never received the cards in the mail. -She called the number on the back of the cards and was told the cards were sent to this address the in December 2022. -"I suspected the Medicare U cards were stolen from the facility mailbox because I was told they had been mailed out." -She was also told there were purchases made with their Medicare U cards. -The purchases were made in the local town.</p>	V 132		

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V 132	Continued From page 3 -She thought over 100 plus was spent on one card and 200 plus was spent on the other card. -She talked with all of the staff, including staff #1, staff #2 and FS #3. -All of the staff denied they used those Medicare U cards for clients #1 and #4. -She suspected FS #3 because she was off on the days the purchases were made. -The dates of the purchases matched the dates FS #3 was off. -The purchases were made at local stores in the area. -"I assumed [FS #3] did it, but don't know for sure. -She knew clients #1 and #4 never used those Medicare U cards. -She called the police about that incident. -"I didn't want to contact HCPR because I didn't know if [FS #3] really did it." -She confirmed the agency failed to report the allegation of abuse to HCPR within five working days.	V 132		
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	V 367		

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V 367	<p>Continued From page 4</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (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. <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> <ol style="list-style-type: none"> (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. <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"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>becoming aware of the incident. The findings are:</p> <p>Review on 3/24/23 of Former Staff #3's (FS #3) personnel record revealed: -Date of hire was 3/1/22 -She was hired as a Direct Care Staff -She was terminated on 1/27/23</p> <p>Review on 3/23/23 of client #1's record revealed: -Admission date of 3/4/15 -Diagnoses of Depression, Dementia, Osteoarthritis, Chronic Kidney Disease, Hypertension, Hyperlipidemia, Sleep Apnea, Goat, Gastroesophageal Reflux Disease, Neuropathy and History Cancer.</p> <p>Review on 3/23/23 of client #4's record revealed: -Admission date of 7/10/17 -Diagnoses of Depression, Dementia, Supraventricular Tachycardia, Hybernatemia, Hypothyroidism, Hypertension and History of Alcohol Abuse.</p> <p>Review on 3/24/23 of a In-house incident report dated 1/27/23 revealed: "[FS #3] was a suspect of medicare card theft. On 1/27/23 at Wicker Street Group Home 911 was called for investigation, for theft of 2 consumers."</p> <p>Review of the Incident Response Improvement System (IRIS) on 3/24/23 revealed: -There was no level III incident report submitted by the facility for the above incident.</p> <p>Interviews on 3/23/23 and 3/24/23 with the Director/Licensee revealed: -FS #3 was terminated January 27, 2023. -She suspected FS #3 stole clients #1 and #4's Medicare U cards. -She discovered a few days prior to FS #3 being</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>fired those Medicare U cards had not arrived to the facility.</p> <ul style="list-style-type: none"> -They never received the cards in the mail. -She called the number on the back of the cards and was told the cards were sent to this address the in December 2022. -"I suspected the Medicare U cards were stolen from the facility mailbox because I was told they had been mailed out." -She was also told there were purchases made with their Medicare U cards. -The purchases were made in the local town. -She thought over 100 plus was spent on one card and 200 plus was spent on the other card. -She talked with all of the staff, including staff #1, staff #2 and FS #3. -All of the staff denied they used those Medicare U cards for clients #1 and #4. -She suspected FS #3 because she was off on the days the purchases were made. -The dates of the purchases matched the dates FS #3 was off. -The purchases were made at local stores in the area. -"I assumed [FS #3] did it, but don't know for sure. -She knew clients #1 and #4 never used those Medicare U cards. -She called the police about that incident. -She did not put anything into IRIS in reference to FS #3 being suspected of stealing the clients Medicare U cards. -She did a regular incident report, but didn't put the information into IRIS. -"I only thought client related information went into IRIS." -She confirmed the facility to ensure an incident was reported to the LME/MCO within 72 hours of becoming aware of the incident. 	V 367		

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V 500	Continued From page 8	V 500		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(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.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(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</p> <p>(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.</p> <p>(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:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(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:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an</p>	V 500		

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V 500	<p>Continued From page 9</p> <p>involuntary client who refuses the use of restrictive interventions.</p> <p>(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:</p> <p>(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);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the governing body failed to report an allegation of abuse to Department of Social Services (DSS) affecting two of four current clients (#1 and #4). The findings are:</p> <p>Review on 3/24/23 of the FS #3's personnel record revealed: -Date of hire was 3/1/22 -She was hired as a Direct Care Staff -She was terminated on 1/27/23</p> <p>Review on 3/23/23 of client #1's record revealed: -Admission date of 3/4/15</p>	V 500		

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V 500	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Diagnoses of Depression, Dementia, Osteoarthritis, Chronic Kidney Disease, Hypertension, Hyperlipidemia, Sleep Apnea, Goat, Gastroesophageal Reflux Disease, Neuropathy and History Cancer. <p>Review on 3/23/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/10/17 -Diagnoses of Depression, Dementia, Supraventricular Tachycardia, Hybernatriemia, Hypothyroidism, Hypertension and History of Alcohol Abuse. <p>Review on 3/24/23 of a In-house incident report dated 1/27/23 revealed:</p> <p>"[FS #3] was a suspect of medicare card theft. On 1/27/23 at Wicker Street Group Home 911 was called for investigation, for theft of 2 consumers."</p> <p>Interviews on 3/23/23, 3/24/23 and 3/31/23 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> -FS #3 was terminated January 27, 2023. -She suspected FS #3 stole clients #1 and #4's Medicare U cards. -She discovered a few days prior to FS #3 being fired those Medicare U cards had not arrived to the facility. -They never received the cards in the mail. -She called the number on the back of the cards and was told the cards were sent to this address the in December 2022. -"I suspected the Medicare U cards were stolen from the facility mailbox because I was told they had been mailed out." -She was also told there were purchases made with their Medicare U cards. -The purchases were made in the local town. -She thought over 100 plus was spent on one card and 200 plus was spent on the other card. -She talked with all of the staff, including staff #1, 	V 500		

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V 500	<p>Continued From page 11</p> <p>staff #2 and FS #3.</p> <ul style="list-style-type: none"> -All of the staff denied they used those Medicare U cards for clients #1 and #4. -She suspected FS #3 because she was off on the days the purchases were made. -The dates of the purchases matched the dates FS #3 was off. -The purchases were made at local stores in the area. -"I assumed [FS #3] did it, but don't know for sure. -She knew clients #1 and #4 never used those Medicare U cards. -She called the police about that incident. -She did not report the suspected allegation of exploitation for FS #3 to DSS. -She did not know it was supposed to be reported to DSS. -"I only suspected [FS #3] stole the Medicare U cards and that was why it was not reported to DSS." -She confirmed the agency failed to report the allegations of abuse to DSS. 	V 500		