

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/24/2023
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NAME OF PROVIDER OR SUPPLIER BEYOND CHALLENGES COMMUNITY SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 406 DABNEY DRIVE HENDERSON, NC 27536
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 3/24/23. The complaint was substantiated Intake #NC00198948. 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 has a current census of 18. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure goals and strategies were developed to meet the needs for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 3/23/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - diagnosis of: Severe Intellectual Development Disability - a treatment plan dated 7/12/22 - "learn not to take things that don't belong to her" - no goals or strategies to address client #1 behaviors of fabrication <p>Review on 3/23/23 of an incident report for client #1 revealed:</p> <ul style="list-style-type: none"> - dated 2/15/23: "...upon entering into the building, [client #1] reported to staff that she was hit on the face by her teacher...she was sitting down eating and she was slapped by her worker..." <p>During interview on 3/23/23 staff #1 reported:</p> <ul style="list-style-type: none"> - worked with her at a previous day program - can accidentally touch her and she will say "she hit me" - verified the February 2023 incident - client #1 will "exaggerated" stories <p>During interview on 3/23/23 the Day Program Qualified Professional (QP) reported:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - ensure treatment plans were written for the clients - verified the February 2023 incident - client #1 will fabricate or be dishonest about someone or something - should be in the treatment plan <p>During interview on 3/23/23 the Director of Operations reported:</p> <ul style="list-style-type: none"> - client #1 could be "dishonest; not vindictive" - worked with client #1 at a previous day program - she would say a client hit her but it would not be true - for example: would say very amateur like "she hit me" - had not witnessed that behavior at the current facility - being dishonest should be in the treatment plan <p>During interview on 3/23/23 the Licensee reported:</p> <ul style="list-style-type: none"> - after the February 2023 incident, residential staff informed him client #1 would fabricate stories - client #1's fabrication should be in the treatment plan 	V 112		
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.</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>(which includes:</p> <ul 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 a patient or client for whom the employee is providing services). <p>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:</p>	V 132		
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V 132	<p>Continued From page 4</p> <p>Based on record review and interview the facility failed to notify Health Care Personnel Registry (HCPR) of all allegations of alleged abuse by 1 of 1 audited former staff (FS#3). The findings are:</p> <p>Review on 3/23/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - diagnosis of: Severe Intellectual Development Disability <p>Review on 3/23/23 of an incident report for client #1 revealed:</p> <ul style="list-style-type: none"> - dated 2/15/23: "...upon entering into the building, [client #1] reported to staff that she was hit on the face by her teacher...she was sitting down eating and she was slapped by her worker..." - submitted in IRIS (Incident Response Improvement System) on 2/20/23 - MCO/LME - requested the following: <ul style="list-style-type: none"> 2/21/23 - "upload internal review report" 3/15/23 - "provider notified of updates still needed" 3/21/23 - "the supporting documentation also lists an allegation of physical abuse by a teacher, which is not mentioned in this report..." - no documentation of a swollen lip <p>Review on 3/23/23 of a body check for client #1 revealed:</p> <ul style="list-style-type: none"> - completed 2/15/23 - "lip was swollen in appearance, no bleeding or cut skin" - written by staff #1 <p>During interview on 3/23/23 staff #1 reported:</p> <ul style="list-style-type: none"> - verified the 2/15/23 incident - lip looked like a possible "scratch... can't tell if it was there previously" - somebody else looked and said it (client #1's lip) was possibly swollen 	V 132		

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V 132	<p>Continued From page 5</p> <p>During interview on 3/23/23 the HCPR representative reported:</p> <ul style="list-style-type: none"> - spoke with the Director of Operations (DOO) about the 2/15/23 incident - was informed client #1 was known to fabricate stories - DOO informed her there were no injuries to client #1 - the incident was screened out based on the DOO statement - she was not aware there was a possible injury <p>During interview on 3/23/23 the Licensee reported:</p> <ul style="list-style-type: none"> - a thorough investigation of the 2/15/23 incident was completed by his staff - all information was uploaded into IRIS (Incident Response Improvement System) <p>During interview on 3/23/23 the Director of Operations reported:</p> <ul style="list-style-type: none"> - she initially uploaded the 2/15/23 incident in IRIS on 2/20/23 - was not aware the body check needed to be uploaded with the incident report on 2/20/23 - did not witness client #1's lip being swollen on 2/15/23, therefore informed HCPR representative there were no injuries - uploaded client #1's body check into IRIS on 3/18/23 after additional information was requested by the Local Management Entity-Managed Care Organization 	V 132		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>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> <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>	V 367		

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V 367	<p>Continued From page 7</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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>	V 367		

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V 367	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a completed incident report was submitted to the Managed Care Organization/Local Managed Entity (MCO/LME) within 72 hours. The findings are:</p> <p>Review on 3/23/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - diagnosis of: Severe Intellectual Development Disability <p>Review on 3/23/23 of an incident report for client #1 revealed:</p> <ul style="list-style-type: none"> - dated 2/15/23: "...upon entering into the building, [client #1] reported to staff that she was hit on the face by her teacher...she was sitting down eating and she was slapped by her worker..." - submitted in IRIS (Incident Response Improvement System) on 2/20/23 - MCO/LME - requested the following: <ul style="list-style-type: none"> 2/21/23 - "upload internal review report" 3/15/23 - "provider notified of updates still needed" 3/21/23 - "the supporting documentation also lists an allegation of physical abuse by a teacher, which is not mentioned in this report..." - no documentation of a swollen lip <p>Review on 3/23/23 of a body check for client #1 revealed:</p> <ul style="list-style-type: none"> - completed 2/15/23 - "lip was swollen in appearance, no bleeding 	V 367		

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V 367	<p>Continued From page 9</p> <p>or cut skin"</p> <ul style="list-style-type: none"> - written by staff #1 <p>During interview on 3/23/23 staff #1 reported:</p> <ul style="list-style-type: none"> - verified the 2/15/23 incident - lip looked like a possible "scratch... can't tell if it was there previously" - somebody else looked and said it (client #1's lip) was possibly swollen <p>During interview on 3/23/23 the Licensee reported:</p> <ul style="list-style-type: none"> - the incident reports were initially uploaded in IRIS - any additional information was uploaded at the MCO/LME request <p>During interview on 3/23/23 the Director of Operations reported:</p> <ul style="list-style-type: none"> - she initially uploaded the 2/15/23 incident in IRIS on 2/20/23 - was not aware the body check needed to be uploaded with the incident report on 2/20/23 - uploaded client #1's body check into IRIS on 3/18/23 after additional information was requested by the MCO/LME 	V 367		