

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2023
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NAME OF PROVIDER OR SUPPLIER DREAM MAKERS ASSISTED LIVING SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 168 ROY LOPP ROAD LEXINGTON, NC 27292
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on March 21, 2023. The complaint was unsubstantiated (Intake #NC00199605). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and</p>	V 118		

DHSR - Mental Health
APR 10 2023
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Janey W. D. Nam QB, BS

TITLE
QUALIFIED PROFESSIONAL

(X6) DATE
4/1/2023

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to record medications on the MARs immediately after administration for 1 of 3 clients (#1). The findings are:</p> <p>Review on 3/20/23 of client #1's record revealed: -An admission date of 7/28/21 -Diagnoses of Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Inia Unguim, Obsessive Compulsive Personality Disorder, Arthritis, Unspecified site, Unspecified Non-infective Gastroenteritis and Colitis and Muscular Dystrophy -Physician's orders dated 2/16/23 for Aripiprazole 10 milligrams (mgs), 1 by mouth (po) once daily (qd), Dextromethorphan 20mgs, 1 po twice daily (bid), Fluvoxamine 25mgs, 1 po every night (qhs), Ativan 0.5mgs, 1 po bid, Lorazepam 0.5mgs, 1 po bid, Omeprazole 20mgs, 1 po bid, Nuedexta 10mgs, 1 po bid, Januvia 100mgs, 1 po qd, Levocetirizine 5mgs, 1 po qhs, Diclofenac Sodium 75mgs, 1 po bid, and Glipizide 5mgs, 1 po bid</p> <p>Review on 3/20/23 of client #1's January 2023 MARs revealed:</p>	V 118		
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Blanks for the 8am dose of Aripiprazole on 1/21/23, 1/22/23, 1/30/23 and 1/31/23 -Blanks for the 8am and 8pm doses of Dextromethorphan 20mgs on 1/21/23 and 1/22/23 -Blanks for the 6pm dose of Fluvoxamine on 1/21/23, 1/22/23 and 1/30/23 -Blanks for the 8am and 8pm does of Lorazepam on 1/21/23, 1/22/23, 1/29/23, 1/30/23 and 1/31/23 -Blanks for the 8am and 8pm doses of Omeprazole on 1/21/23, 1/22/23, 1/29/23, 1/30/23 and 1/31/23 -Blanks for the 8am and 8pm doses of Nuedexta on 1/21/23, 1/22/23, 1/29/23, 1/30/23 and 1/31/23 -Blanks for the 8am dose of Januvia on 1/21/23, 1/22/23, 1/30/23 and 1/31/23 -Blanks for the 6pm dose of Levocetirizine on 1/21/23, 1/22/23, 1/28/23, 1/29/23 and 1/30/23 -Blanks for the 8am and 8pm doses of Diclofenac Sodium on 1/21/23, 1/22/23, 1/30/23 and 1/31/23 -Blanks for the 8am and 8pm doses of Glipizide on 1/21/23, 1/22/23, 1/29/23, 1/30/23 and 1/31/23 <p>Review on 3/20/23 of client #1's February 2023 MARs revealed:</p> <ul style="list-style-type: none"> -Blanks for the 8am dose of Aripiprazole on 2/12/23, 2/13/23, 2/19/23, and 2/20/23 -Blanks for the 8am and 8pm doses of Dextromethorphan on 2/12/23, 2/13/23, 2/19/23, and 2/20/23 -Blanks for the 6pm dose of Fluvoxamine on 2/11/23, 2/12/23, 2/18/23 and 2/19/23 -Blanks for the 8am and 8pm does of Lorazepam on 2/12/23, 2/13/23, 2/19/23, and 2/20/23 -Blanks for the 8am and 8pm doses of Omeprazole on 2/12/23, 2/13/23, 2/19/23, and 2/20/23 -Blanks for the 8am and 8pm doses of Nuedexta on 2/12/23, 2/13/23, 2/19/23, and 2/20/23 -Blanks for the 8am dose of Januvia on 2/12/23, 	V 118		
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V 118	<p>Continued From page 3</p> <p>2/13/23, 2/19/23, and 2/20/23 -Blanks for the 6pm dose of Levocetirizine on 2/11/23, 2/12/23, 2/18/23 and 2/19/23 -Blanks for the 8am and 8pm doses of Glipizide on 2/11/23, 2/12/23, 2/18/23 and 2/19/23</p> <p>Review on 3/20/23 of client #1's March 2023 MARs revealed: -Blanks for the 8am dose of Aripiprazole on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 8am and 8pm doses of Dextromethorphan on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 6pm dose of Fluvoxamine on 3/11/23, 3/12/23, 3/16/23, 3/18/23, 3/19/23 and 3/20/23 -Blanks for the 8am and 8pm does of Lorazepam on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 8am and 8pm doses of Omeprazole on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 8am and 8pm doses of Nuedexta on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 8am dose of Januvia on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 6pm dose of Levocetirizine on 3/11/23, 3/12/23, 3/16/23 3/18/23, 3/19/23 and 3/20 -Blanks for the 8am and 8pm doses of Diclofenac Sodium on 3/12/23, 3/13/23, 3/19/23 and 3/20/23 -Blanks for the 8am and 8pm doses of Glipizide on 3/12/23, 3/13/23, 3/19/23 and 3/20/23</p> <p>An attempt to interview client #1 on 3/21/23 to interview client #1 regarding whether or not he received his medications from staff as prescribed was unsuccessful due to the client's diagnosis of Moderate Intellectual Disability.</p> <p>Interviews on 3/21/23 with staff #1 and staff #2</p>	V 118		
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NAME OF PROVIDER OR SUPPLIER: **DREAM MAKERS ASSISTED LIVING SERVICES, INC**
STREET ADDRESS, CITY, STATE, ZIP CODE: **168 ROY LOPP ROAD LEXINGTON, NC 27292**

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V 118	<p>Continued From page 4</p> <p>revealed: -Client #1 had no issues taking his medications as prescribed</p> <p>Interview on 3/21/23 at 12:11pm with the Qualified Professional/Licensee revealed: -The blanks on client #1's MARs were when he had home visits -"He has no trouble taking his medications. We send the medications with him when he leaves. I was not sure whether or not to document he went on home visits on his MAR." -Would schedule medication administration training for all facility staff</p> <p>This is a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p>Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.).</p> <ul style="list-style-type: none"> Agency will schedule medication administration training for all facility staff within 30 days. <p>Indicate what measures will be put in place to prevent the problem from occurring again.</p> <ul style="list-style-type: none"> Whenever client goes on a home visit with medications, Staff will document the absence with a "C" to indicate absence from the facility. <p>Indicate who will monitor the situation to ensure it will not occur again.</p> <ul style="list-style-type: none"> Group Home Manager will monitor to ensure no recurrences happen. <p>Indicate how often the monitoring will take place.</p> <ul style="list-style-type: none"> Monitoring shall occur on a weekly basis. 	4/21/2023
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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.</p>	V 132		

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V 132	<p>Continued From page 5</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <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: Based on record reviews and interviews, the facility failed to ensure the Department (HCPR) was notified of allegations against facility staff, provide evidence that the allegation was investigated, and report the finding of the investigation to the Department within five working days of making the initial report affecting 1 of 3 clients (client #1). The findings are:</p> <p>Review on 3/20/23 of client #1's record revealed: -An admission date of 7/28/21</p>	V 132		
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V 132	<p>Continued From page 6</p> <p>-Diagnoses of Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Inia Unguim, Obsessive Compulsive Personality Disorder, Arthritis, Unspecified site, Unspecified Non-infective Gastroenteritis and Colitis and Muscular Dystrophy</p> <p>Review on 3/20/23 of the facility's incident reports revealed: -No internal investigation was conducted to investigate the allegation of staff #1 spraying client #1 in the face with the hand-held shower head -No documentation the HCPR was notified of the allegation</p> <p>Review on 3/20/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level III incident report was submitted when the Qualified Professional/Licensee (QP/L) became aware of the allegation. allegation</p> <p>Observation and interview on 3/21/23 at 10:18am with client #1 revealed: -" ...I don't like [staff #1]. He sprayed me with water. I told my mama. In the shower." -Client #1 pointed to his face on the left side right above his eyebrow -" ...I told [QP/L]. Water in face. [QP/L] call [staff #1]. Don't do it no more. No more. No, he didn't do it no more. No more in face."</p> <p>Interview on 3/21/23 with staff #1 revealed: -"Last week, [client #1] went to school and that I sprayed water in his face." -Denied spraying water in client #1's face -Client #1 had toileting issues -"Last week, he had an accident (bowel movement) and it was in his hair. I had to wash his hair. I had the other towel in my hand wiping</p>	V 132		

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V 132	Continued From page 7 his face. He then called his mom and said I sprayed him in the face" -"[The QP/L] asked me about spraying water in his face. I told him I did not." Interview on 3/21/23 at 12:11pm with the Qualified Professional/Licensee revealed: -"[Client #1] told me [staff #1] sprayed me in the face one morning. I asked him (staff #1) about it. He said [client #1] laid in the bed, then pooped in the bed and had it up his back. He also got it in his hair and his hands. He had to get the wand (shower head) onto his head and that he did not like the running down his face. It was not like he sprayed him in the nose and mouth ..." -Failed to notify the HCPR of the allegation staff #1 sprayed client #1 in the face with water -Failed to provide evidence that the allegation was investigated -Failed to report the findings of the investigation to the HCPR within five working days	V 132		
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	V 366		

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V 366	<p>Continued From page 8</p> <p>specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p>	V 366		
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V 366	Continued From page 9 (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 (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.	V 366		
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NAME OF PROVIDER OR SUPPLIER DREAM MAKERS ASSISTED LIVING SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 168 ROY LOPP ROAD LEXINGTON, NC 27292		
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V 366	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct an internal review within 24 hours of the incident. The findings are: Review on 3/20/23 of staff #1's record revealed: -A hire date of 8/25/05 -A job description of a Paraprofessional Review on 3/20/23 of client #1's record revealed: -An admission date of 7/28/21 -Diagnoses of Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Inia Unguim, Obsessive Compulsive Personality Disorder, Arthritis, Unspecified site, Unspecified Non-infective Gastroenteritis and Colitis and Muscular Dystrophy Observation and interview on 3/21/23 at 10:18am with client #1 revealed: -" ...I don't like [staff #1]. He sprayed me with water. I told my mama. In the shower." -Client #1 pointed to his face on the left side right above his eyebrow -" ...I told [QP/L]. Water in face. [QP/L] call [staff #1]. Don't do it no more. No more. No, he didn't do it no more. No more in face." Interview on 3/21/23 with staff #1 revealed: -"Last week, [client #1] went to school and that I sprayed water in his face." -Denied spraying water in client #1's face	V 366	Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.). <ul style="list-style-type: none"> Agency will conduct an internal review within 24 hours of the incident. Indicate what measures will be put in place to prevent the problem from occurring again. <ul style="list-style-type: none"> Whenever there is an allegation, the agency shall conduct and complete an internal review and record information into the IRIS system. Staff will be suspended pending results of investigation. Agency will utilize a staff communication log. Prior to shift changes, any events of allegations shall be recorded into the log and reported to home manager who will begin the internal review, as appropriate. Indicate who will monitor the situation to ensure it will not occur again. <ul style="list-style-type: none"> Group Home Manager will monitor to ensure no recurrences happen. Indicate how often the monitoring will take place. <ul style="list-style-type: none"> Monitoring shall occur within 24 hours of an allegation. 	3/22/2023	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2023
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V 366	<p>Continued From page 11</p> <p>Interview on 3/21/23 at 12:11pm with the Qualified Professional/Licensee revealed: -"[Client #1] told me [staff #1] sprayed me in the face one morning. I asked him (staff #1) about it. He said [client #1] laid in the bed, then pooped in the bed and had it up his back. He also got it in his hair and his hands. He had to get the wand (shower head) onto his head and that he did not like the running down his face. It was not like he sprayed him in the nose and mouth ..." -Failed to conduct an internal investigation of the allegation staff #1 sprayed client #1 in the face with water -Failed to suspend staff #1 pending the results of the investigation</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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;</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2023
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STREET ADDRESS, CITY, STATE, ZIP CODE: **168 ROY LOPP ROAD LEXINGTON, NC 27292**

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V 367	<p>Continued From page 12</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 unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</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</p>	V 367		

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V 367	<p>Continued From page 13</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to submit a level III incident report to the Local Management Entity (LME) within 72 hours as required. The findings are</p> <p>Review on 3/20/23 of the Incident Response Improvement System (IRIS) revealed: -No level III incident report had been submitted for the allegation staff #1 sprayed water into client #1's face</p> <p>Review on 3/20/23 of the facility's incident reports</p>	V 367	<p>Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.).</p> <ul style="list-style-type: none"> Agency will submit a level 3 incident report to the MCO within 72 hours of the incident. <p>Indicate what measures will be put in place to prevent the problem from occurring again.</p> <ul style="list-style-type: none"> Whenever there is an allegation, the agency shall complete and submit a Level 3 incident report to the local MCO within 72 hours. <p>Indicate who will monitor the situation to ensure it will not occur again.</p> <ul style="list-style-type: none"> Group Home Manager will monitor to ensure no recurrences happen. <p>Indicate how often the monitoring will take place.</p> <ul style="list-style-type: none"> Monitoring shall occur within 72 hours of an allegation. 	3/22/2023
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Division of Health Service Regulation

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V 367	<p>Continued From page 14</p> <p>revealed: -No level III incident report had been completed</p> <p>Observation and interview on 3/21/23 at 10:18am with client #1 revealed: -" ...I don't like [staff #1]. He sprayed me with water. I told my mama. In the shower." -Client #1 pointed to his face on the left side right above his eyebrow -" ...I told [QP/L]. Water in face. [QP/L] call [staff #1]. Don't do it no more. No more. No, he didn't do it no more. No more in face."</p> <p>Interview on 3/21/23 with staff #1 revealed: -"Last week, [client #1] went to school and that I sprayed water in his face." -Denied spraying water in client #1's face</p> <p>Interview on 3/21/23 at 12:11pm with the Qualified Professional/Licensee revealed: -"[Client #1] told me [staff #1] sprayed me in the face one morning. I asked him (staff #1) about it. He said [client #1] laid in the bed, then pooped in the bed and had it up his back. He also got it in his hair and his hands. He had to get the wand (shower head) onto his head and that he did not like the running down his face. It was not like he sprayed him in the nose and mouth ..." -Failed to submit a level III incident report regarding the allegation staff #1 sprayed client #1 in the face with water</p>	V 367		