

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUCILLE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1402 LUCILLE AVENUE MONROE, NC 28112</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 4-14-23. The complaint was unsubstantiated (#NC00191756). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for four and currently has a census of three. The survey sample consisted of audits of three current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that fire and disaster drills were completed quarterly on each shift. The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Review on 4-14-23 of facility schedule revealed: -The facility had three shifts: 3:00pm-11:00pm, 11:00pm-8:00am, and 8:00am to either 4:00pm or 5:00pm.</p> <p>Review on 4-10-23 of fire and disaster drills from October 2022 through March 2023 revealed: -One undated fire drill. -No disaster drills.</p> <p>Interview on 4-10-23 with the Associate Professional revealed: -The facility had clients since October 2022. -The fire drill had been done in late March. -The facility did complete fire and disaster drills but she didn't know where they were.</p> <p>Interview on 4-10-23 with Client #1 revealed: -They have has one fire drill since came to the facility February 2, 2023.</p> <p>Interview on 4-10-23 with Client #2 revealed: -He had been at the facility since October 2022. -The facility had one fire drill a month and they were completed at random times. -He didn't know about any disaster drills.</p> <p>Interview on 4-10-23 with Client #3 revealed: -He had been at the facility since February 2023. -The facility had completed one fire drill since he had been there, he didn't know about any disaster drills.</p> <p>Interview on 4-14-23 with an anonymous staff revealed: -The facility did have fire drills, but someone else would document them.</p>	V 114		

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V 118	Continued From page 2	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</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>	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure MAR's were kept current and up to date effecting three of three clients (Clients #1, #2, and #3). The findings are:</p> <p>Finding A.</p> <p>Review on 4-10-23 of Client #1's March and April 2023 MAR revealed: -Omeprazole 20 milligrams (for acid reflux) not signed on nine separate days. -Nicotine patch (to help quit smoking) not signed on three separate days.</p> <p>Interview on 4-10-23 with the Associate Professional revealed: -The clients would refuse to take their medications. -The nurse had told them if the clients refused medications to leave the MAR blank.</p> <p>Interview on 4-14-23 with the Director revealed: -The Associate Professional must have misunderstood the nurses instructions. -The Director did not know that a medication refusal was also a level I incident report. -She would make sure that all medications were properly documented.</p> <p>Client #1 was unavailable for interview due to him being on a home visit.</p> <p>Finding B.</p> <p>Review on 4-10-23 of Client #2's March and April MAR's revealed: -Escitalopram 10 milligrams (for anxiety) not signed on eight days for April (medication started in April).</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Interview on 4-10-23 with Client #2 revealed: -He did like taking the medication and would refuse it.</p> <p>Interview on 4-10-23 with the Associate Professional revealed: -The clients would refuse to take their medications. -The nurse had told them if the clients refused medications to leave the MAR blank.</p> <p>Interview on 4-14-23 with the Director revealed: -The Associate Professional must have misunderstood the nurses instructions. -The Director did not know that a medication refusal was also a level I incident report. -She would make sure that all medications were properly documented.</p> <p>Finding C.</p> <p>Review on 4-10-23 of Client #3's MAR revealed: -Clindamycin 300 milligrams one cap every 8 hours for three days, Dexamethasone 6 milligrams one tab every 8 ours for three days, Chlorhexidine swish threes times daily as needed (all for dental work). -No physicians orders for medication. -MAR only signed April 1, 8am and 4pm.</p> <p>Interview on 4-10-23 with Client #3 revealed: -He had some dental work done and they gave him some medications. -He normally does not take any medications. -He did take all three days of his dental medications.</p> <p>Interview on 4-10-23 with the Associate Professional revealed:</p>	V 118		

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V 118	Continued From page 5  -Client #3 had refused his medication.	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the HCPR (Health Care Personnel Registry) prior to hire for 2 of 2 staff (Staff #1 and Staff #2). The findings are:</p> <p>Review on 4-14-23 of Staff #1's record revealed: -No hire date documented. -No HPCR access documented.</p> <p>Review on 4-14-23 of Staff #2's record revealed: -No hire date documented. -No HPCR access documented.</p> <p>Interview on 4-14-23 with the Director revealed: -She had accessed HPCR before hire, as she always does. -The documentation was probably at her office. -She could get the documentation to the</p>	V 131		

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V 131	Continued From page 6  surveyor by 5:00 that day. -Later interview revealed that she had not had a chance to look for the documentation.	V 131		
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 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	V 366		

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V 366	<p>Continued From page 7</p> <p>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> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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</p>	V 366		



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V 366	<p>Continued From page 8</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement incident response requirements for category A and B providers. The findings are:</p> <p>Finding A</p> <p>Review on 4-10 23 of police calls to the facility revealed: -Call on March 23, three clients went AWOL (absent without leave).</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>Review on 4-10-23 if Incident Response Improvement System (IRIS) revealed: -No record of incident being submitted to IRIS.</p> <p>Interview on 4-10-23 with the IRIS administrator revealed: -She could see that the incident had been created, but never submitted.</p> <p>Interview on 4-10-23 with the Associate Professional revealed: -It would be the Qualified Professional's job to submit incidents into the IRIS system.</p> <p>Interview on 4-10-23 with the facility Director revealed: -In the future, she would make sure the Qualified Professional had entered to incidents into the IRIS system.</p> <p>Finding B:</p> <p>Review on 4-10-23 of Clients Medicine Administration Record (MAR) revealed: -Client #1 had missing signature for Omeprazole on March MAR on nine days -Client #3 had medicine for three days, three times a day that had only been signed once (April 8, 4:00pm).</p> <p>Interview on 4-14-23 with the Director revealed: -She didn't realize that missing signatures, or client refusals was a level I incident report. -Going forward they would make sure everything was properly documented.</p>	V 366		

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V 367	Continued From page 10	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 11</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 12</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 interviews and record reviews the facility failed to ensure that all level II incident were reported to the Local Management Entity within 72 hours. The findings are:</p> <p>Review on 4-10-23 of facility police reports from January 2023 to the present revealed: -Three AWOL's (absent without leave) on 3-24-23.</p> <p>Review on 4-10-23 of Incident Response Improvement System (IRIS) revealed: -No reports submitted for 3-24-23.</p> <p>Interview on 3-23-23 with the IRIS administrator revealed: -She could see that three reports had been created dated 3-24-23, but none had been submitted.</p> <p>Interview on 4-10-23 with the Associate Professional revealed: -She thought that the incidents had been submitted, as she had copies of them. -It was the Qualified Professionals job to make sure that incidents were submitted into the IRIS system.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUCILLE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1402 LUCILLE AVENUE MONROE, NC 28112</b>
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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
V 367	Continued From page 13  Interview on 4-10-23 with the Director revealed: -It was the Qualified Professional's job to ensure that incidents were submitted in a timely manner. -She would make sure the Qualified Professional received some additional training to ensure he was submitting the reports.	V 367		