

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/24/2023
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NAME OF PROVIDER OR SUPPLIER BOOKER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1424 HUNTDELL MAIN DRIVE WENDELL, NC 27591
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/24/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</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 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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	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 develop and implement goals & strategies for 1 of 3 clients (#2). The findings are:</p> <p>Review on 4/18/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/99 - diagnosis of Autism Disorder - treatment plan dated 7/20/22 with no goals or strategies to address behaviors of making false allegations <p>During interview on 4/18/23 the Licensee reported:</p> <ul style="list-style-type: none"> - end of February 2023 her sister (staff #1) did respite for her during a weekend - she (Licensee) was still present in the facility - staff #1 approached client #2 in a playful manner with her chest out & hands by her side - "how guys chest bump" & this startled client #2 - told staff #1 "not to play" with client #2 like that due to his Autism - no other issues that weekend - that Monday client #2 told staff at the day program he was hit by staff #1 & she (Licensee) witnessed it - she was made by client #2's mom an Adult Protective Service (APS) report was made - client #2 recanted his story - client #2 comes up with stories that were not "reality" 	V 112		

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V 112	Continued From page 2 - told his psychiatrist he was married and wife left him and he chopped her up - spread her body over a lake - told his pediatrician she duck tape him to the ceiling - the Local Managed Entity/Managed Care Organization casemanager was in the process of adding an addendum to client #2's treatment plan to address his behaviors of being dishonest	V 112		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection 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. 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). Facilities must have evidence that all alleged	V 132		

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V 132	<p>Continued From page 3</p> <p>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 review and interview the facility failed to ensure the Healthcare Personnel Registry (HCPR) was notified of an allegation of abuse by 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 4/18/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/99 - diagnosis of Autism Disorder <p>During interview on 4/18/23 client #2 reported:</p> <ul style="list-style-type: none"> - denied being hit by staff <p>During interview on 4/18/23 the Licensee reported:</p> <ul style="list-style-type: none"> - end of February 2023 her sister (staff #1) did respite for her during a weekend - she (Licensee) was still present in the facility - staff #1 approached client #2 in a playful 	V 132		

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V 132	<p>Continued From page 4</p> <ul style="list-style-type: none"> manner with her chest out & hands by her side - "how guys chest bump" & this startled client #2 - told staff #1 "not to play" with client #2 like that due to his Autism - no other issues that weekend - that Monday client #2 told staff at the day program he was hit by staff #1 & she (Licensee) witnessed it - she was made by client #2's mom an Adult Protective Service (APS) report was made - client #2 recanted his story - client #2 comes up with stories that were not "reality" - told his psychiatrist he was married and wife left him and he chopped her up - spread her body over a lake - told his pediatrician she duck tape him to the ceiling - she did not notify HCPR - the Qualified Professional (QP) was aware of the allegations <p>During interview on 4/19/23 the QP reported:</p> <ul style="list-style-type: none"> - was on vacation during the incident - Licensee called her while on vacation & made her aware of the allegations - requested the Licensee to contact her supervisor - she did not notify HCPR <p>During interview on 4/21/23 the APS social worker reported:</p> <ul style="list-style-type: none"> - opened APS report on 2/20/23 & closed it on 3/22/23 - unsubstantiated the allegations - spoke with client #2's mom and she had no concerns - client #2 denied the allegations - based on information, client #2 had a history 	V 132		

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V 132	Continued From page 5 of making false allegations	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 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; (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. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

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

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V 367	<p>Continued From page 7</p> <p>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 review and interview the facility failed to complete a level III incident to report. The findings are:</p> <p>Review on 4/18/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/99 - diagnosis of Autism Disorder <p>During interview on 4/18/23 the Licensee reported:</p> <ul style="list-style-type: none"> - end of February 2023 her sister (staff #1) did respite for her during a weekend - she (Licensee) was still present in the facility - staff #1 approached client #2 in a playful manner with her chest out & hands by her side - "how guys chest bump" & this startled client #2 - told staff #1 "not to play" with client #2 like that due to his Autism - no other issues that weekend - that Monday client #2 told staff at the day program he was hit by staff #1 & she (Licensee) witnessed it - she was made by client #2's mom an Adult Protective Service (APS) report was made - the Qualified Professional (QP) was aware of 	V 367		

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V 367	Continued From page 8 the allegations During interview on 4/19/23 the QP reported: - was on vacation during the incident - Licensee called her while on vacation & made her aware of the allegations - she did not complete an incident report	V 367		