

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEURO RESTORATIVE - WINDEMERE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 WINDEMERE PLACE RALEIGH, NC 27604</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on April 17, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><b>RECEIVED</b></p> <p><b>MAY 15 2023</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(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                      (E) name or initials of person administering the drug.</p>	V 118		<p>Physician Orders will be obtained for each medication and treatment listed in medication administration record and treatment administration record.</p> <p>The physician orders will be maintained in a binder near the computer used to enter medications and documentation in EHR.</p> <p>Staff passing medications will be trained on review of physician's orders.</p> <p>All staff to be trained on following physician's orders.</p> <p>If an order is out of date or no longer appropriate, the physician will be notified with request to discontinue order.</p> <p>Measures to Prevent Problem from Repeat Director of Nursing trained to ensure all medications and treatments have a physician order in the binder with the medication cart and near the computer used for EHR.</p> <p>Director of Nursing will monitor compliance monthly during medication cycle fill delivery.</p> <p>Process to be monitored by Program Director</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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*Donnell Jefferson*  
5-10-2023

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V 118	<p>Continued From page 1</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 review, observations, and interviews, the facility failed to ensure written physician orders were on file for 3 of 3 audited current clients (#1, #2 and #4) and the facility failed to follow written physician orders affecting 1 of 3 audited current clients (#4). The findings are:</p> <p>A. Record review of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/28/21</li> <li>- Diagnoses of Diffuse Traumatic Brain Injury (TBI) with Loss of consciousness of unspecified duration, Nausea and Vomiting, Constipation, unspecified, Type 2 Diabetes Mellitus, Acute Bronchitis, Dementia, and Depression</li> <li>- No physician orders for the following medications:               <ul style="list-style-type: none"> <li>- Calcium 500 -vit (vitamin) D3 500 milligrams (mg) give 2 tablets (tab) by mouth (PO) every morning (Supplement)</li> <li>- Centrum chewable 8 mg take 1 tab PO every morning (Supplement)</li> <li>- Metoclopramide HCl 10 mg give 1 tab PO three times daily 30 minutes prior to meals</li> </ul> </li> </ul> <p>Observation on 4/14/23 at 10:57am of client #1's medication bin revealed:</p> <ul style="list-style-type: none"> <li>- Calcium 500 mg</li> <li>- Centrum 8mg</li> </ul>	V 118		
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Metoclopramide HCl 10mg</li> </ul> <p>Attempted interview on 4/17/23 with client #1 he was in bed.</p> <p>Review of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 2/6/15</li> <li>- Diagnoses of Type 2 Diabetes; Hypercholesterolemia; Rosacea; and TBI</li> <li>- No physician order for the following medications:               <ul style="list-style-type: none"> <li>- Losartan Potassium 50 mg 1 give 1 tab PO daily in the morning (hypertension)</li> <li>- Sertraline HCl 50 mg give 1 tab PO daily (depression)</li> </ul> </li> </ul> <p>Observation on 4/14/23 at 10:55am of client #2's medication bin revealed:</p> <ul style="list-style-type: none"> <li>- Losartan Potassium 50 mg</li> <li>- Sertraline HCl 50 mg</li> </ul> <p>During interview on 4/17/23 the client #2 reported:</p> <ul style="list-style-type: none"> <li>- Lived in the facility for almost a year</li> <li>- Took medication everyday</li> <li>- Had not missed any medications</li> </ul> <p>Record review of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 11/17/22</li> <li>- Diagnoses of Unspecified Injury of head, Hemiplegia (unspecified affecting right nondominant side), Depression (unspecified), Other Psychoactive Substance Abuse (Uncomplicated), Insomnia (unspecified), Essential (primary) Hypertension, and Hyperlipidemia (Unspecified)</li> <li>- No physician orders for the following medications:               <ul style="list-style-type: none"> <li>- Bupropion HCl 150 mg take 3 tabs PO every morning (mood)</li> <li>- Omega 3 Fish 1000 mg take 1 capsule (cap)</li> </ul> </li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>PO twice a day (BID) (supplement)</p> <ul style="list-style-type: none"> <li>- Vitaman D3 50 microgram (mcg) take 1 tab</li> </ul> <p>PO every morning (supplement)</p> <ul style="list-style-type: none"> <li>- Vitamin B-12 1000 mcg take 1 tab PO every morning (supplement)</li> <li>- Olanzapine 10 mg take 1 tab PO every evening (mood/anxiety)</li> <li>- Olanzapine 15 mg take 1 tab PO every evening (no start or discontinue order for 1/12/23)</li> <li>- Cerovite Silver 1 mg take 1 tab PO a day (supplement)</li> <li>- Senna 8.6 mg take 2 tabs PO q 48 hours PRN (constipation)</li> <li>- Atorvastatin Calc 40 mg take 1 tab PO every evening (cholesterol)</li> <li>- Loratadine 10 mg give 1 tab PO every morning (allergies)</li> <li>- Hydroxyzine Pamoate 100mg take 1 cap PO every evening PRN (insomnia)</li> <li>- Extenze take 1 PO with 8 ounces (oz) of water at 2pm (supplement)</li> </ul> <p>Observation on 4/17/23 at 1:41pm of client #4's medication bin revealed:</p> <ul style="list-style-type: none"> <li>- Bupropion HCl 150 mg</li> <li>- Omega 3 Fish 1000 mg</li> <li>- Vitaman D3 50 mcg</li> <li>- Vitamin B-12 1000 mcg</li> <li>- Olanzapine 10 mg</li> <li>- Olanzapine 15 mg</li> <li>- Cerovite Silver 1 mg</li> <li>- Senna 8.6 mg</li> <li>- Atorvastatin Calc 40 mg</li> <li>- Loratadine 10 mg</li> <li>- Hydroxyzine Pamoate 100mg</li> <li>- Extenze Maximum Strength</li> </ul> <p>Attempted interview on 4/17/23 with client #4 he was sleeping</p>	V 118		
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V 118	<p>Continued From page 4</p> <p>During interview on 4/17/23 the Nurse Case Manager reported:</p> <ul style="list-style-type: none"> <li>- Physician orders were listed on clients' transfer/discharge report</li> <li>- Some medications came with client #4 when he transferred to the facility</li> </ul> <p>B. Review of client #4's February, March, and April MARs revealed:</p> <ul style="list-style-type: none"> <li>- Physician order dated 12/28/22 to "perform breathalyzer and drug screen after unsupervised outings and at times of concerning behaviors, noted sedated/agitated. Contact medical staff"</li> </ul> <p>During interview on 4/17/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #4 "should have a urine drug test performed when he returned from unsupervised outings"</li> </ul> <p>During interview on 4/17/23 the Executive Director reported:</p> <ul style="list-style-type: none"> <li>- Client #4 has "been clean for 10 years"</li> <li>- Client #4 had an agreement with facility for random urine drug tests performed</li> <li>- Facility has not performed a urine drug test on client #4</li> </ul>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of</p>	V 121	<p>Psychotropic Medication Review will be completed for all individuals on psychotropic drugs. Each psychotropic medication will be reviewed every 6 months. The review will be completed by the individual's physician or the medical director. If completed by the medical, director, the Nursing Director will inform the individual's physician the results of the review.</p> <p>Psychotropic Medication Review documentation will be maintained in the individual's medical record.</p> <p>Measures Taken to Prevent Occurance Repeat Medical Charts will be audited quarterly</p>	6/16/23



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V 121	<p>Continued From page 5</p> <p>the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain psychotropic drug reviews for each client's drug regimen affecting 3 of 3 (#1, #2, and #4) current clients. The findings are:</p> <p>A. Record review of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/28/21</li> <li>- Diagnoses of Diffuse Traumatic Brain Injury (TBI) with Loss of consciousness of unspecified duration, Nausea and Vomiting, Constipation, unspecified, Type 2 Diabetes Mellitus, Acute Bronchitis, Dementia, and Depression</li> <li>- Physician orders for the following medications:</li> <li>- Diazepam 10 milligram (mg) tablet (tab) give 1 tab by mouth (PO) at bedtime (11/30/22) (Anxiety)</li> <li>- Quetiapine Fumarate 25mg take 1 tab PO every 8 hours as needed (PRN) (9/28/22) (Anxiety)</li> <li>- Quetiapine Fumarate 50mg give 50mg PO two times a day (9/28/22) (Antipsychotic)</li> <li>- Citalopram Hydrobromide 20 mg take 2 tab PO every day (9/28/22) (Depression)</li> <li>- Amantadine HCL (hydrochloric acid) 100 mg give 0.5 tab (50mg) PO at 8am and 12pm (11/30/22) (Agitation)</li> <li>- No documented psychotropic drug reviews</li> </ul> <p>B. Record review of client #2's record revealed:</p>	V 121	<p>by the Quality Director to ensure compliance with the Psychotropic Drug Review.</p> <p>Program Director will be responsible for ensuring that the process for completion of Psychotropic Drug Review is followed.</p>	
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V 121	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Admitted 2/6/15</li> <li>- Diagnoses of Type 2 Diabetes; Hypercholesterolemia; Rosacea; and TBI</li> <li>- Physician order for the following medication:</li> <li>- Levetiracetam 1000mg take 1 tab PO twice a day (9/28/23) (Seizures)</li> <li>- No documented psychotropic drug reviews</li> </ul> <p>Review of client #2's February, March, and April 2023 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Sertraline HCL 50 mg tab give 1 tab PO daily (no physician order) (Depression)</li> </ul> <p>C. Record review of client #'s record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 11/17/22</li> <li>- Diagnoses of Unspecified Injury of head, Hemiplegia (unspecified affecting right nondominant side), Depression (unspecified), Other Psychoactive Substance Abuse (Uncomplicated), Insomnia (unspecified), Essential (primary) Hypertension, and Hyperlipidemia (Unspecified)</li> <li>- Physician orders for the following medications:</li> <li>- Hydroxyzine 25mg take 1 capsule (cap) PO twice a day PRN (4/6/23) (Anxiety)</li> <li>- Hydroxyzine 50mg take 1 cap PO twice a day with 25mg (4/6/23) (Anxiety)</li> <li>- Trazodone 100mg take 1 tab PO every evening (1/23/23) (Mood Disorder)</li> <li>- Quetiaprine Fumarate ER (extended release) 50mg take 2 tabs PO every morning (1/20/23) (Anxiety)</li> <li>- Quetiaprine Fumarate ER 50mg take 1 tab PO every evening (1/20/23)</li> <li>- Quetiaprine Fumarate ER 200mg take 2 tabs PO every evening (1/20/23)</li> <li>- Lorazepam 2mg take 1 tab PO three times a day (2/6/23) (Anxiety)</li> <li>- No documented psychotropic drug reviews</li> </ul>	V 121		

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V 121	Continued From page 7  Attempted interview with client #1 and client #4 but clients were unable to be interviewed.  During interview on 4/14/23 the Nurse Case Manager reported: - Facility did not obtain psychotropic drug reviews for clients	V 121		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with	V 290	Prior to allowing a person served to be able to access the community independently and without supervision, a formal assessment will be completed by the therapy team and a treatment plan developed addressing community access guidelines for unsupervised time. Plan will include progressive trials with increasing time without supervision until unsupervised time goal is met. All staff will be trained on the community access treatment plan. Individuals served will not be allowed to access the community without supervision until the treatment plan is completed, all involved parties agree with the plan, and staff are trained. Community access treatment plan will be reviewed annually to ensure individual continues to be safe in the community and plan continues to meet individual's goals and safety needs.  Measures to Prevent Reoccurrence Treatment Plan to be reviewed by treatment team monthly to ensure compliance.  Quality Director will complete quarterly chart audits to ensure plans remain in compliance with state regulations and appropriate to individual served.  Program Director will be responsible to ensure all processes are being followed and documentation is in place.	6/16/23



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V 290	<p>Continued From page 8</p> <p>one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audited current clients (#4) was capable of being in the community without staff supervision. The findings are:</p> <p>Review on 4/17/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted on 11/17/22</li> <li>- Diagnoses of Unspecified Injury of head, Hemiplegia (unspecified affecting right nondominant side), Depression (unspecified), Other Psychoactive Substance Abuse (Uncomplicated), Insomnia (unspecified), Essential (primary) Hypertension, and Hyperlipidemia (Unspecified)</li> <li>- No unsupervised time assessment</li> </ul> <p>Review on 4/17/23 of client #4's Unsupervised</p>	V 290		

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V 290	<p>Continued From page 9</p> <p>Outing Agreement Plan dated 12/29/22 revealed:</p> <ul style="list-style-type: none"> <li>- Listed reinforcement items identified as a local bookstore and the mall</li> <li>- "2 hours per day up to 5x per week" of unsupervised time</li> </ul> <p>During interview on 4/17/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #4 could go out by himself</li> <li>- He (client #4) went to church on Sundays</li> <li>- Client #4 would use a transportation company to get places</li> </ul> <p>During interview on 4/17/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Client #4 had unsupervised time</li> <li>- He (client #4) would "sign in and sign out"</li> <li>- Client #4 went to church</li> </ul> <p>During interview on 4/14/23 the Executive Director reported:</p> <ul style="list-style-type: none"> <li>- Client #4 had unsupervised time</li> <li>- He (client #4) went to church and a local bookstore during unsupervised time</li> <li>- Client #4 was approved for up to 3 hours of unsupervised time</li> </ul>	V 290		
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</p>	V 367	<p>It was confirmed with the State on 5/10/23 that the program was now required to report incidents through the IRIS system. Beginning immediately, program staff will review the IRIS reporting process and will report Level II and Level III incidents through IRIS.</p> <p>The Nursing Director, Program Manager, and Program Director will be responsible for entering Level II and Level III incidents into IRIS following the state regulations for timeliness of reporting incidents.</p> <p>Program Director will be responsible for completing the quarterly report to the LME.</p> <p>Measure to Prevent ReOccurance Each month incidents are reviewed during a</p>	6/16/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEURO RESTORATIVE - WINDEMERE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 WINDEMERE PLACE RALEIGH, NC 27604</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	<p>Continued From page 10</p> <p>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 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</p>	V 367	<p>Quality call that includes the Program Director, Program Manager, Nursing Director, Quality Director, and Executive Director. During this call, incidents that meet the state definition for reporting to IRIS will also be reviewed.</p> <p>Program Director and Quality Director will be responsible to review incidents each month to ensure they were reported through IRIS per protocols.</p> <p>Program Director and Quality Director will review quarterly report to ensure compliance. This will be completed quarterly.</p>	

Division of Health Service Regulation

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V 367	<p>Continued From page 11</p> <p>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 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure incident reports were submitted to</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/17/2023</b>
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V 367	<p>Continued From page 12</p> <p>the Local Management Entity (LME) within 72 hours. The findings are:</p> <p>During interview on 4/17/23 the Executive Director (ED) reported:</p> <ul style="list-style-type: none"> <li>- He (ED) used a software system to track incident reports</li> <li>- Did not know about IRIS</li> <li>- Needed to call the Qualified Professional (QP) about IRIS</li> <li>- The QP was responsible for quality assurance for the facility</li> </ul> <p>During interview on 4/17/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Facility did not use Incident Response Improvement System (IRIS) because they were not state funded</li> <li>- The facility developed their own system to track incident reports</li> <li>- Tried to use IRIS in the past but could not get it to work</li> </ul> <p>Review on 4/14/23 of facility's incident reports revealed:</p> <ul style="list-style-type: none"> <li>- 4/4/23 admission to local medical hospital</li> </ul>	V 367		