

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CROSSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>48 BRITAIN TRACE ANDREWS, NC 28901</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 4/24/23. The complaint (Intake #NC00199243) was substantiated. 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 4 clients and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 115	<p><b>27G .0208 Client Services</b></p> <p><b>10A NCAC 27G .0208 CLIENT SERVICES</b></p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115	<p>In regards to 10A NCAC 27G .5603, it is the policy and practice of Appalachian Community Services to provide a safe and therapeutic environment for all residents which included maintaining staff ratios.</p> <p>Unfortunately, in an isolated event, multiple staff were unable to work their scheduled shifts due to severe illness with COVID 19. The manager on duty combined residents from 3 facilities for a duration of less than 12 hours.</p> <p>Since this event took place, several measures have been put into place to prevent recurrence. Some of which include rotating on-call schedule, emergency back-up staffing rotation and shift bonuses. The Residential Operations Manager is responsible for overseeing scheduling in conjunction with the facility managers to ensure appropriate ratios and supervision.</p> <p>Type text here</p>	5/31/2023

RECEIVED BY  
MHL & C  
5/25/23

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Victoria Singley</b>	TITLE  <b>Director IDD Services</b>	(X6) DATE
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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview the facility failed to make services available 24 hours a day every day in the year. The findings are:</p> <p>Interviews on 4/17/23 and 4/20/23 with the House Manager revealed: -On 11/27/22 - one staff got sick and had to go to the emergency room and another staff in a sister facility was hospitalized. -He had to relieve the staff at a third facility who had worked several days in a row. -This occurred around 7:30 to 8:00 p.m. -He called other staff to come in, The Director of IDD Services and the Qualified Professional (QP) and no one could cover the shifts. -He made the decision to get the clients from this facility and another sister facility, approximately 9 additional clients, and brought them to the third sister facility; this was the only thing he knew to do. -He brought all their medications, sleeping bags and blow up mattresses. -There were no incidents, the clients said they had fun. -They had a big breakfast the next morning and about 7:00 a.m. all the clients went back to their prospective homes. -This had not happened again since.</p> <p>Interview on 4/20/23 with the QP revealed: -The House Manager did "...what he had to do..." -They had a "major outbreak of Covid..." and she</p>	V 115		

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V 115	Continued From page 2  was sick then as well. -Everyone had their "medications, was fed and had some form of bed, personal space and blankets to sleep." -The clients "were loving it..." they said "that was so much fun..." -This was the only time this had happened.  Interview on 4/24/23 with the Director of IDD Services revealed: -The incident on 11/27/22 was "on a weekend...a perfect storm of last minute call outs..." -The House Manager was already working for one of those call outs. -The House Manager's goal was to make sure everyone was taken care of. -We would now do "shift bonus' and pay incentives" if this were to happen again.	V 115		
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	V 366	In regards to 10A NCAC 27G .0603, it is the policy of Appalachian Community Services to complete incident reports and any associated IRIS reports within time requirements.  In order to correct the deficiency, all residential staff will receive additional training regarding incident reporting by the Director of IDD Services during regularly scheduled staff meetings. In addition, the Residential QP and Residential Operations Manager will provide additional supervision	5/31/2023

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V 366	<p>Continued From page 3</p> <p>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> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the</p>	V 366	<p>to staff to ensure compliance of timely and accurate incident reporting.</p> <p>The Director of IDD Services shall enter all level 2 and level 3 incidents into the IRIS reporting system upon receipt of an associated incident report within 72 hours. In the event the Director of IDD Services is unavailable or unable to submit the reports to IRIS, the Residential Operations Manager shall submit any required IRIS reports.</p>	

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V 366	<p>Continued From page 4</p> <p>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 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>	V 366		

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V 366	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to level II incidents affecting 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Review on 4/20/23 of Client #1's record revealed: -Admitted 2/2/15. -Diagnoses of Intellectual Developmental Disorder (IDD), Mild, Unspecified Bipolar Disorder, Unspecified Trauma and Stressor-Related Disorder, Unspecified Disruptive Disorder, Impulse Control Disorder and Conduct Disorder.</p> <p>Review on 4/21/23 of Client #3's record revealed: -Admitted 10/27/09. -Diagnoses of Unspecified Mild Neurocognitive Disorder, Schizoaffective Disorder, Bipolar Disorder, Cannabis Use Disorder, Mild, Stimulant Abuse Disorder, and Amphetamine Type Substance Abuse Disorder.</p> <p>Interview on 4/19/23 with Client #1 revealed: -She got into a fight with Client #3 two times (date unknown) this year.</p> <p>Interview on 4/19/23 with Client #3 revealed: -She got along with everyone at the facility.</p> <p>Review on 4/18/23 of facility incident reports from February 2023 to present date revealed: -3/27/23 regarding Client #1 and Client #3. -Incident type was "violence;" police and mobile crisis were called.</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>-The client's were yelling at each other; Client #3 swung and hit Client #1 in the head and Client #1 smacked Client #3 in the head.</p> <p>Interview on 4/20/23 with the House Manager revealed: -The police had been at the facility "a couple of times" in the last few months. -A non-sampled client "beat-up" Client #1 a couple of times. -One time was last month and the other was a couple of weeks after that (exact dates unknown). -The staff working that day should have done an incident report.</p> <p>Interview on 4/24/23 with the Director of IDD Services revealed: -She was aware of the incident on 3/27/23 between Client #1 and Client #3. -She was not aware of another incident similar to this one. -There should have been an incident report completed.</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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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 providers shall send a copy of all level III incidents involving a client death to the Division of</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>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). (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 ensure that incident reports were submitted to the Local Management Entity (LME) within 72 hours of becoming aware of the</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>incident. The findings are:</p> <p>Review on 4/20/23 of Client #1's record revealed: -Admitted 2/2/15. -Diagnoses of Intellectual Developmental Disorder (IDD), Mild, Unspecified Bipolar Disorder, Unspecified Trauma and Stressor-Related Disorder, Unspecified Disruptive Disorder, Impulse Control Disorder and Conduct Disorder.</p> <p>Review on 4/21/23 of Client #3's record revealed: -Admitted 10/27/09. -Diagnoses of Unspecified Mild Neurocognitive Disorder, Schizoaffective Disorder, Bipolar Disorder, Cannabis Use Disorder, Mild, Stimulant Abuse Disorder, and Amphetamine Type Substance Abuse Disorder.</p> <p>Interview on 4/19/23 with Client #1 revealed: -She got into a fight with Client #3 two times (date unknown) this year.</p> <p>Interview on 4/19/23 with Client #3 revealed: -She got along with everyone at the facility.</p> <p>Review on 4/19/23 of facility incident reports from February 2023 to present date revealed: -3/27/23 regarding Client #1 and Client #3. -Incident type was "violence;" police and mobile crisis were called. -The client's were yelling at each other; Client #3 swung and hit Client #1 in the head and Client #1 smacked Client #3 in the head.</p> <p>Review on 4/19/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level II reports regarding Client #1 and Client #3.</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Interview on 4/20/23 with the House Manager revealed: -The police had been at the facility "a couple of times" in the last few months. -A non-sampled client "beat-up" Client #1 a couple of times. -One time was last month and the other was a couple of weeks after that (exact dates unknown). -The staff working that day should have done an incident report. -The Director of IDD Services determined if the incident needed to be submitted into IRIS.</p> <p>Interview on 4/24/23 with the Director of IDD Services revealed: -She was aware of the incident on 3/27/23 between Client #1 and Client #3. -She was not aware of another incident similar to this one. -There should have been an incident report completed. -She "missed" putting the 3/27/23 incident into IRIS.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by:</p>	V 736	<p>With regards to 27G .0303; Appalachian Community Services strives to maintain our facilities to the highest standard possible. At times, we recognize that we have failed to meet this standard and we work towards remediation as soon as possible.</p> <p>This facility has been undergoing renovation and remodeling. Curtains and blinds have been replaced, the windows have been cleaned and the closet door has been rehung.</p> <p>To prevent any future facility and maintenance deficiencies, the IDD Residential Manager will conduct biweekly safety and maintenance inspections of the facility. Residential staff will report any safety or maintenance concerns to the IDD Residential Manager when they are discovered.</p>	5/31/2023

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V 736	<p>Continued From page 11</p> <p>Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 4/19/23 at 3:42 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The door outside of the main living area and dining area had a white towel pinned up covering most to the glass window on the door.</li> <li>-The side door that led out to the drive way also had a white towel pinned up covering the door window.</li> <li>-Client #1 and #2's shared bedroom room had a blind in the window that was broken and a blanket hanging over the window.</li> <li>-Client #3's bedroom had no blind in one window and the second window had a blind that was missing slats.</li> <li>-The fourth bedroom of a non-sampled client had one window with no blind and dead bugs in the window sill and cob webs around the window.</li> <li>-The fourth bedroom also had no closet door.</li> <li>-The shared bathroom in the hallway had no light cover.</li> </ul> <p>Interview on 4/19/23 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-The towels and blankets hanging over the windows had been there since he started working there (approximately 2 years).</li> <li>-He would have the working crew currently in the facility painting to fix the noted items.</li> </ul>	V 736		