Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL038-023	A. BUILDING: _____ B. WING _____	04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TWIN OAKS	536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771

(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 000	INITIAL COMMENTS An annual, follow up and complaint survey was completed on 4/24/23. The complaint (Intake# NC00199244) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 clients and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (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. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (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.	V 115	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. Unfortanately, 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. 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.	5/31/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Victoria Singley | Director IDD Services

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V 115	Continued From page 1	V 115		

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:

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.

Interview on 4/20/23 with the QP revealed:
-The House Manager did "...what he had to do..."

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V 115	Continued From page 2 -They had a "major outbreak of Covid..." and she 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	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 to staff to ensure compliance of timely and accurate incident reporting. 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.	5/31/2023
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	V 366		

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V 366	Continued From page 3 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 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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (A) review the copy of the client record to determine the facts and causes of the incident	V 366		

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V 366	Continued From page 4 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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V 366	Continued From page 5	V 366		

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 1 of 3 audited clients (Client #2). The findings are:

Review on 4/19/23 of Client #2's record revealed:
-Admitted 2/28/00.
-Diagnoses of Other Specified Intracranial Injury, Traumatic Brain Injury (TBI) with loss of consciousness of unspecified duration, Major Neurocognitive Disorder due to TBI with behavior disturbance, Major Depressive Disorder, mild, Unspecified Anxiety Disorder and Intermittent Explosive Disorder.

Interview on 4/18/23 with Client #2 revealed:
-He got along with his housemates.

Interview on 4/18/23 with Client #3 revealed:
-Client #2 calls other clients names, fat, stupid b***h, and he has hit clients in the head, and one client in his "shunt (a small passage that moves fluid form one part of the body to another)."
-The police have been called - the last time was "about a week ago."
-Staff tells him to "stop," and attempts to send him to his room, but he refuses.
-This was a "daily thing." with Client #2.
-He picked on a previous client and that client was moved to a sister facility, now he just picks on a different client.

Interview on 4/18/23 with Staff #1 revealed:
-Client #2's behavior has slowly gotten worse and

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V 366	Continued From page 6	V 366		

increased over time.
-He pinches other clients, picks on different clients, calls them "mouth" and tells them to shut up.
-He curses at others, gets into clients faces and argues, will become physical; he has hit a client in the arm, another client in the head.
-The police were called last week (date unknown) when he hit another client.
-He was threatened with jail, the client just says he's been there before and it doesn't scare him.

Review on 4/18/23 of facility incident reports from February 2023 to present date revealed:
-2/20/23 - Client #2 "...out of nowhere" started smacking another clients hand and threatened to hit him multiple times if "...nothing was done...said the he has been to jail once before and that he wasn't scared to go again..."
-"Plan for follow-up and actions taken: I told them both to leave each other alone and go sit down. Also to stay away from each other.
-3/6/23 - Client #2 was "threatening another housemate. He stood over him and told the other resident that is he said one more word he was gonna beat the f**k out if him and that he would not stop...and that he will put him in the ICU (Intensive Care Unit)."
-"Plan for follow-up and actions taken: Your answer."
-4/12/23 - "violence" - Client #2 and another client were "...arguing, and getting physical with each other." They hit each other. "I told the other resident to go to the room, and he came back...they started arguing again and getting in each others face again...Both of them were squaring up like they was going to hit each other, and I called 911. The officers had a talk with the both of them and told them if they get another call for up here they will both be taken to jail."

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V 366	Continued From page 7 -Plan for follow-up and actions taken: Your answer." Interview on 4/20/23 with the House Manager revealed: -The police had been called twice on Client #2; once last week and the second time a couple of months ago (exact dates unknown) for hitting another client. -The staff working those days should have done an incident report. -The police did not do anything but counseled them and explained would go to jail if happened again. -The female staff were scared of Client #2. -The client that Client #2 hit was moved to a sister facility, but now he was just "picking" on another client. -They counsel the client, bring him into the "office" and go over his coping skills and ask what they could do to help. -They tried to get him 1-1 staff, but he did not qualify. Interview on 4/24/23 with the Director of IDD Services revealed: -Interventions put into place for inappropriate/aggressive behaviors depended on each specific incident and what was triggering the behavior. -Expect staff to utilize deescalation techniques and provide an opportunity for the client to cool down. -If the situation can't be deescalated expect staff to call mobile crisis. -In Client #2's situation, they met with both his and the other clients guardian and it was decided to move the other client to a sister facility. -They also increased staff at the facility. -Client #2 "...can use intimidation bulling to get	V 366		

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V 366	Continued From page 8 what he wants..."	V 366		
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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(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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).
(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:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and
(6) a statement indicating that there have

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V 367	Continued From page 10 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. 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 incident. The findings are: Review on 4/19/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level II reports regarding Client #2. Review on 4/19/23 of Client #2's record revealed: -Admitted 2/28/00. -Diagnoses of Other Specified Intracranial Injury, Traumatic Brain Injury (TBI) with loss of consciousness of unspecified duration, Major Neurocognitive Disorder due to TBI with behavior disturbance, Major Depressive Disorder, mild, Unspecified Anxiety Disorder and Intermittent Explosive Disorder. Interview on 4/18/23 with Client #2 revealed: -He got along with his housemates. Interview on 4/18/23 with Client #3 revealed: -Client #2 calls other clients names, fat, stupid b***h, and he has hit clients in the head, and one	V 367		

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client in his "shunt (a small passage that moves fluid form one part of the body to another)."
-The police have been called - the last time was "about a week ago."
-This was a "daily thing." with Client #2.
-He picked on a previous client and that client was moved to a sister facility, now he just picks on a different client.

Interview on 4/18/23 with Staff #1 revealed:
-Client #2's behavior has slowly gotten worse and increased over time.
-The police were called last week (date unknown) when he hit another client.
-He was threatened with jail, the client just says he's been there before and it doesn't scare him.

Review on 4/18/23 of facility incident reports from February 2023 to present date revealed:
-4/12/23 - "violence" - Client #2 and another client were "...arguing, and getting physical with each other." They hit each other. "I told the other resident to go to the room, and he came back...they started arguing again and getting in each others face again...Both of them were squaring up like they was going to hit each other, and I called 911. The officers had a talk with the both of them and told them if they get another call for up here they will both be taken to jail."

Interview on 4/20/23 with the House Manager revealed:
-The police had been called twice on Client #2; once last week and the second time a couple of months ago (exact dates unknown) for hitting another client.
-The staff working those days should have done an incident report.
-The Director of IDD Services determined if the incident needed to be submitted into IRIS.

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V 367	Continued From page 12 Interview on 4/24/23 with the Director of IDD Services revealed: -She "missed" putting the 4/12/23 incident into IRIS. -She was not aware of another incident when the police had been called for Client #2's behavior.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observation and interview on 4/18/23 at 3:15 p.m. revealed: -The "female" bathroom had a black-like substance underneath the sink and on the outside of the sink cabinet. -The outside cabinet on the black-like substance was found to be damp. -The House Manager commented one of the clients gets the entire floor wet when she showers. -There were stains on the bathroom wall	V 736	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. This facility is undergoing repairs, including replacement of water damaged bathroom vanities, replacing blinds and curtains and repairing the hole in the wall of the resident's bedroom 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.	5/24/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL038-023	A. BUILDING: _____ B. WING _____	04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TWIN OAKS	536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771

(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 736	Continued From page 13 underneath the light switch down to the floor. -The "male" bathroom had a black-like substance underneath the sink and it was damp. -There was debris, dryer sheet, paper and other trash, behind the washer and dryer. -Client #2's bedroom did not have a blind on one window and had a green blanket hanging over the window. -The other window had broken slats in the blind. -There was a softball sized whole in the wall next to his bed that had been covered with duct-like tape. -Client #1 and #2's shared bathroom had a black-like substance underneath the sink. Interview on 4/18/23 with the House Manager revealed: -He would ensure the above items would be fixed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		