

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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NAME OF PROVIDER OR SUPPLIER THE RISIN'	STREET ADDRESS, CITY, STATE, ZIP CODE 201 HAMPTON CHURCH ROAD MURPHY, NC 28906
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 4/24/23. The complaint (Intake #NC00199241) 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 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<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>	5/31/2023
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Victoria Singley

TITLE

Director IDD Services

(X6) DATE

RECEIVED BY
MHL & C
5/25/23

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V 291	<p>Continued From page 1</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to operate within their licensed capacity. The findings are:</p> <p>Review on 4/18/23 of Client #1's record revealed: -Admitted 3/13/13. -Diagnoses of Intellectual Developmental Disorder (IDD), Moderate, Major Depressive Disorder, Unspecified Disruptive Disorder, Impulse Control Disorder and Conduct Disorder.</p> <p>Review on 4/18/23 of Client #2's record revealed: -Admitted 3/31/17. -Diagnoses of IDD, Mild, and Unspecified Bipolar and Related Disorder.</p> <p>Review on 4/18/23 of Client #3's record revealed: -Admitted 6/2/13. -Diagnoses of IDD, Moderate, Unspecified Disruptive Disorder, Impulse Control Disorder, Conduct Disorder, Bipolar Disorder and Generalized Anxiety Disorder.</p> <p>Interview on 4/17/23 with Client #1 revealed: -There were no staff at 2 other sister facilities. -6 clients came over from 1 sister facility, and 5 or 6 clients from the other. -They stayed overnight on air mattresses, couches, and in the staff bedroom.</p>	V 291		

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The House Manager was the only staff present. -Everyone got along and there were no incidents. -This had never happened before and had not happened since. <p>Interview on 4/17/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -There were "...like 12 clients in one house...they are not supposed to do that..." -The House Manager was the only staff due to no staff showing at two other facilities. -It happened that one time; never happened again. <p>Interview on 4/17/23 with Client #3 revealed:</p> <ul style="list-style-type: none"> -Just "...one time when something was going on..." when other clients stayed overnight at the facility. -Unsure how many other clients; "...didn't count...quite a few..." -It was an "...emergency situation...everyone behaved...just happened one time..." <p>Interview on 4/17/23 with the House Manager revealed:</p> <ul style="list-style-type: none"> -On 11/27/22 - one staff got sick and had to go to the emergency room and another staff was hospitalized. -He had to relieve the staff at the 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 other clients from the sister facilities, approximately 9 additional clients, and brought them to the 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 	V 291		

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V 291	<p>Continued From page 3</p> <p>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 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.</p> <p>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.</p>	V 291		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>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;</p>	V 366	<p>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.</p> <p>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</p>	5/31/2023

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V 366	<p>Continued From page 4</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and 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</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 5</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>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 interview, the facility failed to implement written policies governing their response to level II incidents affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 4/18/23 of Client #1's record revealed: -Admitted 3/13/13. -Diagnoses of Intellectual Developmental Disorder (IDD), Moderate, Major Depressive Disorder, Unspecified Disruptive Disorder, Impulse Control Disorder and Conduct Disorder.</p> <p>Interview on 4/17/23 with Client #1 revealed: -He pushed Client #3 (unknown date) into the refrigerator, "...but I didn't touch her." -The police were called and came to the facility.</p> <p>Interview on 4/17/23 with Client #3 revealed: -About a month ago Client #1 "...lost control and slammed me into the refrigerator."</p> <p>Interview on 4/17/23 with the House Manager revealed: -Sometime last month (exact date unknown) the police were called due to Client #1 pushing Client #3 into the refrigerator.</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>-Client #3 had a scratch. -The police talked to them. -The staff working that day should have done an incident report.</p> <p>Review on 4/18/23 of facility incident reports from February 2023 to present date revealed: -There was no report involving Client #1 pushing Client #3 and the police being called.</p> <p>Interview on 4/24/23 with the Director of IDD Services revealed: -She was aware of the incident when Client #1 pushed Client #3. -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</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>	V 367		

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V 367	<p>Continued From page 8</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 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</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>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"> (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 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>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:</p> <p>Review on 4/18/23 of Client #1's record revealed: -Admitted 3/13/13. -Diagnoses of Intellectual Developmental Disorder (IDD), Moderate, Major Depressive Disorder, Unspecified Disruptive Disorder,</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Impulse Control Disorder and Conduct Disorder.</p> <p>Interview on 4/17/23 with Client #1 revealed: -He pushed Client #3 (unknown date) into the refrigerator, "...but I didn't touch her." -The police were called and came to the facility.</p> <p>Interview on 4/17/23 with Client #3 revealed: -About a month ago Client #1 "...lost control and slammed me into the refrigerator."</p> <p>Review on 4/17/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level II report regarding Client #1 and Client #3.</p> <p>Interview on 4/17/23 with the House Manager revealed: -Sometime last month (exact date unknown) the police were called due to Client #1 pushing Client #3 into the refrigerator. -Client #3 had a scratch. -The police talked to them. -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 when Client #1 pushed Client #3. -There should have been an incident report completed. -An IRIS report was not submitted for the incident.</p>	V 367		