

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEACE HEALTHCARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 ROBERT F HARGROVE ROAD</b> <b>MOUNT OLIVE, NC 28365</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on June 22, 2023. The complaint was substantiated (Intake # NC00203065). The complaint was unsubstantiated (Intake # NC00203046). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 1 discharged client.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide training to meet the mental health and developmental disability client needs affecting 1 of 2 direct care staff (House Manager). The findings are:</p> <p>Review on 6/22/23 of the House Manager's personnel file revealed: -Hire date: 10/2/22. -No documentation of training to meet mental health and intellectual developmental disability client needs.</p> <p>Review on 6/21/23 and 6/22/23 of client #4's record revealed: -24 year old female admitted 4/25/23. -Diagnoses included bipolar disorder, mixed type; unspecified anxiety disorder; and, mild intellectual functioning. -Treatment plan completed on 5/24/23 included the following staff responsibilities to support client #4 to meet her goals: (1) review and discuss medical conditions; (2) provide incidental training and educate client #4 on the importance of learning to identify and manage her anxiety,</p>	V 108		

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V 108	Continued From page 2  assist her with learning to identify any anxious behaviors or circumstances that resulted in increased anxiety which lead to making poor choices, self injurious or attention seeking behaviors; and (3) intervene and process appropriate problem solving and conflict resolution skills after client #4 demonstrated or verbalized "angst" over a situation or event or anger towards others.  Interview on 6/22/23 the Licensee stated: -All of the staff training would be in their personnel file. -The facility provided alternatives to restrictive interventions, cardiopulmonary resuscitation, first aid, medication and bloodborne pathogens training.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of	V 112		

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V 112	<p>Continued From page 3</p> <p>outcome achievement; and (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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies in partnership with the client's legal guardian or obtain written consent by the legal guardian affecting 1 of 1 current clients audited (clients #4). The findings are:</p> <p>Review on 6/21/23 and 6/22/23 of client #4's record revealed: -24 year old female admitted 4/25/23. -Diagnoses included bipolar disorder, mixed type; unspecified anxiety disorder; and, mild intellectual functioning. -On 6/21/23 there was no treatment plan in client #4's record at the facility. -An unsigned and undated treatment plan for client #4 was received via email on 6/22/23 at 8:23 am from the Qualified Professional (QP).</p> <p>Review on 6/22/23 of client #4's unsigned treatment plan revealed: -Treatment plan "date of completion" documented as 5/24/23. -No implementation date documented.</p>	V 112		

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-No signatures, to include the legal guardian, was on the treatment plan.</li> <li>-"What's not working: [Client #4] can be confrontational about her electronics. There have been ongoing issues about her cell phone and her [computer tablet]."</li> <li>-No goals or strategies to address use or limitations of access to phone or electronics.</li> </ul> <p>Review on 6/21/23 of staff progress notes between 5/15/23 and 6/13/23 revealed:</p> <ul style="list-style-type: none"> <li>-5/25/23: "[Client #4] became agitated because she was asked to give up her phone by staff and guardian due to some issues that happen the previous night... became aggravated... went outside and broke a picture she had in a glass frame and tried to cut her wrist. I called 911 and she was transported to the hospital."</li> <li>-5/30/23: "... she became very agitated because she couldn't have all her electronics. She was given one of her telephones and then demanded that she gets both her phone, laptop, and [computer tablet]. She was told to use her telephone 1 hour by our QP and her guardian. She refuse to turn at the appropriate time. She called the police and tried to cut herself. She was transported by the police to the hospital."</li> </ul> <p>Interview on 6/22/23 client #4's guardian stated:</p> <ul style="list-style-type: none"> <li>-She had been appointed by the "courts" and had been client #4's guardian for 3 years.</li> <li>-She was very familiar with client #4 and talked with her daily.</li> <li>-She had spoken with the Home Manager about client #4.</li> <li>-When given the name of the QP she stated she had never had a conversation with this person.</li> <li>-She did not recall ever having a treatment plan sent to her.</li> <li>-A former group home staff returned a laptop and</li> </ul>	V 112		

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V 112	<p>Continued From page 5</p> <p>computer tablet to client #4 on 5/15/23. -Client #4 was "very dangerous with electronics." -She would call police, make false allegations, and had been communicating with a sexual predator in the past. -Client #4 " ... will do anything to get attention, especially from men."</p> <p>Interview on 6/21/23 the Home Manager stated: -Client #4 had a cell phone when admitted and allowed to keep the phone. -Her guardian said she could have cell phone 1 hour a day. -The group home manager thought it would be "ok" to have the phone 9 am - 5 pm. -It was realized that client #4 had been making calls to men. -Client #4 had been returning the phone to the staff voluntarily, but one day she refused, got angry, cut herself for the first time, and was taken to the hospital(5/25/23).</p> <p>Unable to reach the QP on 6/21/23 or 6/22/23 for interview. Unable to leave voice mail messages on 6/21/23 or 6/22/23 (mailbox full). Email messages sent 6/21/23 and 6/22/23. No return calls received on 6/21/23 or 6/22/23.</p>	V 112		
V 115	<p>27G .0208 Client Services</p> <p>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</p>	V 115		

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V 115	<p>Continued From page 6</p> <p>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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide space and supervision to ensure the safety and welfare of the clients affecting 1 of 1 current client audited (client #4). The findings are:</p> <p>Review on 6/21/23 and 6/22/23 of client #4's record revealed: -24 year old female admitted 4/25/23. -Diagnoses included bipolar disorder, mixed type; unspecified anxiety disorder; and, mild intellectual functioning. -No documentation of environmental adaptations or monitoring measures to ensure client #4 did not have access to sharps.</p>	V 115		

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V 115	<p>Continued From page 7</p> <p>Review on 6/22/23 of client #4's emergency room (ER) records revealed: -5/30/23-5/31/23 ER record: - "24 yof (year old female) w/psych hx (with psychiatric history) presents under IVC (involuntary commitment) papers. Pt (patient) cut her wrist; reports wanted to commit suicide, she was just released from outside psyc facility for same ... admits to purposely hurting herself." - "Recommend group home set up safety plan and keep home as safe as possible, minimizing access to sharps and medications, with monitoring." -6/13/23-6/15/23 ER record: -6/13/23, client #4 presented to the ER on IVC. It was reported that client #4 was holding a knife and threatened to stab staff at the group home and then threatened to kill herself with the knife. Client #4 was involuntarily committed and transferred to an inpatient facility on 6/15/23.</p> <p>Review on 6/21/23 of staff progress notes for client #4 from 5/24/23 - 6/13/23 revealed: -5/25/23 ER visit: Client #4 became agitated, broke her picture frame, and used a piece of the glass to cut herself. -5/30/23 ER visit: After returning from the hospital (same day, 5/30/23) client #4 became very agitated, called police and tried to cut herself. -6/13/23: "4:50 pm - [client #4] came to staff wanting a bandage She had broken the glass that her candle was in and cut herself. I gave her a bandage for her finger. She came back to staff and stated she had to talk to me because she had cut her wrist also on purpose. She became agitated because she couldn't talk to her guardian when she wanted to. I proceeded to fix supper she stood at the doorway of the kitchen and I asked her to go to her room - She stated she wasn't moving my telephone rang I stepped into</p>	V 115		



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V 115	<p>Continued From page 8</p> <p>my room to answer the phone [client #4] picked the knife up off the kitchen counter. I walked back in the kitchen she had the knife but I couldn't see it. She charged at me and said I will stab you (b---h). I called 911 and my adminstor. Whenever the police arrived she had the knife and broken glass in her purse."</p> <p>Interview on 6/21/23 the Home Manager (HM) stated: -The first time client #4 cut herself was on 5/25/23. -The cuts had all been superficial. -The HM was using a knife as she prepared dinner (6/13/23) when client #4 first asked for a bandaid and one was given. She then came back and told the HM she needed to talk. The HM continued to prepare dinner when her phone rang in another room. The HM left the kitchen to answer the phone, and when she returned client #4 had taken the kitchen knife and threatened the HM. The police were called and transported client #4 to the hospital and she was admitted. -Client #4 remained in the hospital.</p>	V 115		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p>	V 120		

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V 120	<p>Continued From page 9</p> <p>(C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure all medications for external and internal use were stored separately affecting 2 of 3 clients with medications on hand audited (clients #3 and #4). The findings are:</p> <p>Review on 6/21/23 and 6/22/23 of client #4's record revealed: -24 year old female admitted 4/25/23. -Diagnoses included bipolar disorder, mixed type; unspecified anxiety disorder; and, mild intellectual functioning -Medication order dated 5/22/23 included:     -Deep Sea 0.65% nasal spray, 2 sprays each nostril twice daily. (nasal dryness)     -Oxcarbazepine 150 mg (milligrams) twice daily for mood.     -Acyclovir 200 mg capsule twice daily (anti-viral)</p> <p>Review on 6/21/23 of client #3's record revealed: -60 year old female admitted 1/1/20. -Diagnoses included hypertension, Adams-Stokes syndrome; mild hyponatremia; dementia, human immunodeficiency virus.</p>	V 120		

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V 120	<p>Continued From page 10</p> <p>-Medication orders dated 3/14/23 included: -Deep Sea 0.65% nasal spray, take 1 spray nasally every 4 hours as needed. -Acetaminophen 325 mg, 2 tablets as needed every 6 hours for pain.</p> <p>Observation on 6/21/23 between 11:50 am and 12 pm revealed: -Each client had medications stored in separate plastic bins. -Client #3's Deep Sea 0.65% nasal spray (external use) and acetaminophen 325 mg tablets (internal use) were stored together in a plastic zip lock bag. -Client #4's Deep Sea 0.65% nasal spray (external use) was stored in a plastic zip lock bag with her internal medications, Oxcarbazepine 150 mg and Acyclovir 200 mg capsules.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 120		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p>	V 364		

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V 364	<p>Continued From page 11</p> <p>(3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p>	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEACE HEALTHCARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 ROBERT F HARGROVE ROAD</b> <b>MOUNT OLIVE, NC 28365</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 364	<p>Continued From page 12</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal</p>	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 364	<p>Continued From page 13</p> <p>custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p>	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 364	Continued From page 14  (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 364	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a client right to personal possessions under appropriate supervision for 1 of 1 current client audited (client #4). The findings are:</p> <p>Review on 6/21/23 and 6/22/23 of client #4's record revealed: -24 year old female admitted 4/25/23. -Diagnoses included bipolar disorder, mixed type; unspecified anxiety disorder; and, mild intellectual functioning. -No written statement documented by the Qualified Professional (QP) about restrictions of client #4's access to her phones or computers.</p> <p>Review on 6/21/23 of staff progress notes between 5/15/23 and 6/13/23 revealed: -5/25/23: "[Client #4] became agitated because she was asked to give up her phone by staff and guardian due to some issues that happen the previous night... became aggravated... went outside and broke a picture she had in a glass frame and tried to cut her wrist. I called 911 and she was transported to the hospital." -5/30/23: "... she became very agitated because she couldn't have all her electronics. She was given one of her telephones and then demanded that she gets both her phone, laptop, and [computer tablet]. She was told to use her telephone 1 hour by our QP and her guardian. She refuse to turn at the appropriate time. She called the police and tried to cut herself. She was transported by the police to the hospital."</p>	V 364		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 364	Continued From page 16  Interview on 6/21/23 the Home Manager (HM) stated: -On admission client #4 had a cell phone. -The client's guardian said she could have the phone 1 hour a day. -The HM thought it would be "ok" to for client #4 to have the phone between 9 am and 5 pm. -On 5/15/23 a former caretaker returned a laptop and computer tablet to client #4. -Client #4's guardian said to keep the computer tablet and laptop locked away from client #4.  Unable to reach the QP on 6/21/23 or 6/22/23 for interview. Unable to leave voice mail messages on 6/21/23 or 6/22/23 (mailbox full). Email messages sent 6/21/23 and 6/22/23. No return calls received on 6/21/23 or 6/22/23.	V 364		
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		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 366	<p>Continued From page 17</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		

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V 366	<p>Continued From page 18</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 366	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to implement written policies governing their responses to level II and II incidents as required. The findings are:</p> <p>Review on 6/21/22 and 6/22/23 of facility records revealed no incident reports for client #4.</p> <p>Refer to V112 for client #4 record review.</p> <p>Review on 6/21/23 of staff progress notes for client #4 from 5/24/23 - 6/13/23 revealed: -5/25/23: Client #4 became agitated because staff and her guardian requested she give up her phone. She went outdoors, broke a picture frame and used a piece of the glass to cut herself. "911" was called and she was transported to hospital. After returning from the hospital she called "911" and was taken back to the hospital. -5/30/23: Client #4 returned from the hospital. She became very agitated about phone restrictions, called police and tried to cut herself. She was transported by the police to the hospital. -6/3/23: Client #4 stated she wanted to kill herself; "911" was called and she was taken to the hospital. -6/13/23: Client #4 broke a glass candle container and cut her finger and wrist "on purpose." She approached the Home Manager who was preparing dinner and stated she needed to talk. The Manager directed her to her room and client #4 refused. The Manager left the kitchen to answer a phone call. On return client #4 had taken the knife from the kitchen counter, "charged at me and said I will stab you (b---h).</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 366	Continued From page 20  Staff called 911. "Whenever the police arrived she had the knife and broken glass in her purse."  Interview on 6/22/23 the Licensee stated there were no incident reports for client #4.	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	V 367		

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V 367	<p>Continued From page 21</p> <p>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 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</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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V 367	<p>Continued From page 22</p> <p>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 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 ensure all level II incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 6/21/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II incident reports were submitted by the facility for client #4.</p> <p>Review on 6/22/23 of client #4's emergency room (ER) records revealed: -5/30/23-5/31/23 ER record: - "24 yof (year old female) w/psych hx (with psychiatric history) presents under IVC (involuntary commitment) papers. Pt (patient) cut her wrist; reports wanted to commit suicide, she was just released from outside psyc facility for same ... admits to purposely hurting herself."</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEACE HEALTHCARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 ROBERT F HARGROVE ROAD</b> <b>MOUNT OLIVE, NC 28365</b>
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V 367	<p>Continued From page 23</p> <p>-6/13/23-6/15/23 ER record: 6/13/23, client #4 presented to the ER on IVC. It was reported that client #4 was holding a knife and threatened to stab staff at the group home and then threatened to kill herself with the knife. Client #4 was involuntarily committed and transferred to an inpatient facility on 6/15/23.</p> <p>Review on 6/21/23 of staff progress notes for client #4 from 5/24/23 - 6/13/23 revealed: -6/13/23: Client #4 broke a glass candle container and cut her finger and wrist "on purpose." She approached the Home Manager who was preparing dinner and stated she needed to talk. The Manager directed her to her room and client #4 refused. The Manager left the kitchen to answer a phone call. On return client #4 had taken the knife from the kitchen counter, "charged at me and said I will stab you (b---h). Staff called 911. "Whenever the police arrived she had the knife and broken glass in her purse."</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: Based on observation and interview, the facility was not maintained in a safe, clean, attractive</p>	V 736		



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V 736	<p>Continued From page 24</p> <p>and orderly manner. The findings are:</p> <p>Observations on 6/21/23 between 11 am and 12 noon revealed:</p> <ul style="list-style-type: none"> <li>-Living room: <ul style="list-style-type: none"> <li>-Several brown stains on the ceiling, one about 12 by 24 inches, irregular shape above the bulletin board.</li> <li>-Surface of coffee table scuffed and worn.</li> <li>-Loveseat blue stains on the seat.</li> </ul> </li> <li>-Main Hallway: <ul style="list-style-type: none"> <li>-Paint peeling on ceiling, 2 circular areas approximately 12 inches and one approximately 18 inches in diameter.</li> <li>-Air return vent covered in rust colored surface.</li> </ul> </li> <li>-Hall bath on left: <ul style="list-style-type: none"> <li>-Baseboards discolored black/dark gray.</li> <li>-Paint worn from wall surface behind and across the tank of the toilet.</li> <li>-Brown spots, at least 5, on the ceiling over the window.</li> </ul> </li> <li>-Client #4's room: <ul style="list-style-type: none"> <li>-Clothes on the floor.</li> <li>-Dresser drawers pulled out exposing clothing.</li> <li>-Spots and discolored wall by the chair in the corner.</li> </ul> </li> <li>-Client #2 and #3's room: <ul style="list-style-type: none"> <li>-Closet door propped up behind the entry door.</li> </ul> </li> <li>-2nd hall bath on right: <ul style="list-style-type: none"> <li>-The grab bar on the tub had been removed leaving 1 holes that would provide a penetration for water into the wall.</li> <li>-Paint peeling on ceiling above tub, overall surface area approximately 2 by 3 feet.</li> </ul> </li> <li>-Kitchen: <ul style="list-style-type: none"> <li>-Counters by the stove covered with vinyl floor tiles that did not extend the full depth of the</li> </ul> </li> </ul>	V 736		

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V 736	Continued From page 25  counter. The counter top by the refrigerator was missing a section of 1 tile about 12 by 2 inches; multiple, at least 7, areas of paint peeling from the ceiling; and, dust and dirt build up on the floor by the refrigerator. -Hall leading to the medication room had large areas of paint peeling from the ceiling, approximately 9 square feet of ceiling surface showed damage near the smoke detector.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility's electrical and water systems were maintained in a safe and operating condition. The findings are:  Observations on 6/21/23 between 11 am and 12 pm revealed: -The overhead light on the ceiling fan in the living room did not work. When the light chain was	V 750		

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V 750	<p>Continued From page 26</p> <p>pulled, the light flickered on and off, but would not maintain the on position.</p> <p>-The hot water handle on the sink in the client bathroom, right side of the hallway, would turn non-stop 360 degrees.</p> <p>-The Relief Home Manager was able to manipulate the hot water handle and obtained water flow.</p> <p>-After the water temperature was measured, the Relief Home Manager was not able to get the hot water to shut off.</p> <p>-The Relief Home Manager had to cut off the hot water at the shut off valve under the sink.</p> <p>Interview on 6/22/23 the Licensee stated the clients in the facility caused a lot of ongoing repair issues.</p>	V 750		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p>	V 752		

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V 752	<p>Continued From page 27</p> <p>Observations on 6/21/23 between 11:30 am and 12 pm revealed:</p> <ul style="list-style-type: none"> <li>-The hot water temperature in the right hall bathroom measured 122 degrees Fahrenheit at the sink and tub.</li> <li>-The hot water temperature in the Left hall bathroom measured 120 degrees Fahrenheit at the sink and 122 degrees Fahrenheit at the tub.</li> <li>-The hot water temperature at the kitchen sink measured 120 degrees Fahrenheit.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		