

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2023
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT HUMAN SERVICES DEVELOPN	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 & 1223 COLONY DRIVE NEW BERN, NC 28562
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 29, 2023. The complaint was unsubstantiated (intake #NC00203648). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 14 clients. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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 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. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies based on assessment for three of four audited clients (#4, #5 and #6). The findings are:</p> <p>Finding #1: Review on 06/28/23 and 06/29/23 of client #4's record revealed: - 41 year old female. - Admission date of 03/15/23. - Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Unspecified Depressive Disorder.</p> <p>Review on 06/29/23 of client #4's Person-Centered Profile (PCP) dated 03/17/23 revealed: - Goal 1: "[Client #4] will receive care and supervision and spend time with friend in the community in the absence of his primary caregiver." - Respite services 30 hours a week. - No goals or strategies to address client #4's Day Activity Program.</p> <p>Finding #2: Review on 06/28/23 and 06/29/23 of client #5's record revealed: - 37 year old female. - Admission date of 08/19/22. - Diagnoses of Moderate IDD, Intermittent</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Explosive Disorder and Unspecified Anxiety Disorder.</p> <p>Review on 06/29/23 of client #5's Individual Service Plan (ISP) Short Range Goals dated 01/01/23 revealed: Goals</p> <ul style="list-style-type: none"> - "[Client #5] will increase her social skills and develop appropriate skills in a group setting." - Day supports Individual. "[Client #5] needs one on one support in a group setting to be most successful. [Client #5] becomes agitated and escalates quickly without one on one support to be the most successful. With one on one support [Client #5] is able to implement coping skills with support and be redirected from her obsessive behaviors..." - "[Client #5] will develop safety skills in a community or structured setting. - Day Supports Individual. "[Client #5] needs one on one support in a group setting to be most successful. [Client #5] becomes agitated and escalates quickly without one on one support to be the most successful. With one on one support [Client #5] is able to implement coping skills with support and be redirected from her obsessive behaviors..." - "[Client #5] will manage her money." - Day Supports Individual. "[Client #5] needs one on one support in a group setting to be most successful. [Client #5] becomes agitated and escalates quickly without one on one support to be the most successful. With one on one support [Client #5] is able to implement coping skills with support and be redirected from her obsessive behaviors..." - "[Client #5] will volunteer." - Community Networking. - "[Client #5] will be healthy while engaging and assessing her community." - Community Networking 	V 112		
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V 112	<p>Continued From page 3</p> <p>Review on 06/28/23 and 06/29/23 client #6's record revealed:</p> <ul style="list-style-type: none"> - 30 year old female. - Admission date of 03/15/23. - Diagnoses of Moderate IDD, Autistic Disorder and Epilepsy. <p>Review on 06/29/23 of client #6's ISP revealed: Goal</p> <ul style="list-style-type: none"> - "Member (client #6) will develop appropriate social norms." - Day Supports Individual. <p>Interview on 06/28/23 staff #6 stated:</p> <ul style="list-style-type: none"> - She worked at the facility since March 2023. - She normally provided day supports for client #5. - She was currently transporting client #4, #5 and #6 in her personal car to the park. - She provided transportation for client #4, #5 and #6 in the morning to the day program. - Client #5 was supposed to receive 1:1 services. - Most activities were in groups. <p>Interview on 06/28/23 staff #4 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for approximately 13 years. - She normally worked individually with client #6. - Client #6 was brought to the facility and she assumed her care at that point. - Client #6 had an appointment this afternoon, 06/28/23. <p>Interview on 06/29/23 client #5's care coordinator stated:</p> <ul style="list-style-type: none"> - Client #5 was supposed to receive 1:1 services day supports and community networking. - One staff should provide individual care to client #5. - She would follow up on client #5's treatment 	V 112		

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V 112	<p>Continued From page 4</p> <p>needs.</p> <p>Interview on 06/28/23 client #6's care coordinator stated:</p> <ul style="list-style-type: none"> - Client #6 was supposed to receive individual day support services at the facility. - One staff should provide care for client #6 at day supports. - Client #6's day support hours should begin in the morning when she is picked up. <p>Interview on 06/29/23 the Program Director stated:</p> <ul style="list-style-type: none"> - She was aware client #5 and client #6's treatment plan indicated they required individual supports. - The facility did not receive funding for client #4. <p>Interview on 06/28/23 the Licensee stated:</p> <ul style="list-style-type: none"> - Client #4 was not being provided formal services at the facility. - She understood all clients within the facility should be provided services. - The facility had enough staff to meet the individual needs of the clients. - She would follow up on the one to one individual day support services for the clients. 	V 112		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p>	V 366		

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V 366	<p>Continued From page 5</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		

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V 366	<p>Continued From page 6</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 7</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to develop and implement written policies governing their responses to level I incidents. The findings are:</p> <p>Review on 06/28/23 and 06/29/23 of client #1's record revealed: - 73 year old female. - Admission date of 01/05/20. - Diagnoses of Schizophrenia-Undifferentiated, Diabetes, Hypertension and Chronic Kidney Disease.</p> <p>Review on 06/29/23 of a facility "Incident/Accident Report" form revealed: - Client #1. - Date of incident: 06/06/23. - Time of incident: 10am - Type of incident: Physical Injury. - "Incident Narrative - include detailed description, times, and action taken by staff: Staff reported to me (staff #14) that [Client #1] was walking the group and fell...Notification of police (P), fire dept (department) (F), rescue dept (R), doctor (D), etc, and their responses: Nurse (Registered Nurse (RN)) was called to access."</p>	V 366		

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V 366	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Program Manager was notified. - Signed by staff #14. - No documentation of the facility developing and implementing corrective measures or measures to prevent similar incidents. <p>Interview on 06/29/23 the Licensee stated:</p> <ul style="list-style-type: none"> - She understood the facility level 1 incident reports were required to include documentation of the development and implementation of corrective measures and measures to prevent similar incidents. 	V 366		