

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER LIFE-WAY HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 AMBERLIGHT CIRCLE SALISBURY, NC 28144
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on July 11, 2023. The complaint was substantiated (Intake#NC00203894). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. 	V 132		

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

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report allegations of abuse, neglect or exploitation to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 7/6/23 of the facility's level III incident reports revealed: -No documentation the HCPR was notified of an allegation of Former Staff #1 showing pornography to the clients</p> <p>Review on 7/10/23 of the facility's internal investigation, dated 6/11/23 and completed by the House Manager (HM) revealed: -"One of the consumers made an allegation FS</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>#1 had shown him inappropriate images on his cell phone."</p> <p>Interview on 7/6/23 with the House Manager (HM) revealed: -Had completed an internal incident report on 6/11/23 for the allegation of FS #1 showing the clients inappropriate images on his personal cell phone. -Had not submitted any documentation to the HCPR as required</p> <p>Interview on 7/10/23 with the QP #1/DNP/L revealed: -The facility had completed the internal investigation for the allegation of FS #1 showing pornography to the clients -The internal investigation was "unfounded." -Had suspended FS #1 on 6/11/23 -"He quit after we suspended him." -Had handwritten the information on the HCPR form, but had not submitted the report to the HCPR -"I will submit a report to the HCPR immediately."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 132		
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		

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V 366	<p>Continued From page 3</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 4</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 5</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 interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 7/10/23 of the facility's internal incident report, dated 6/11/23 and completed by the House Manager (HM), revealed: -An incident occurred on 6/11/23 where FS #1 allegedly showed pornography to the clients -"One of the consumers made an allegation FS #1 had shown him inappropriate images on his cell phone."</p> <p>Interview on 7/6/23 with the House Manager (HM) revealed: -Had completed an internal incident report on 6/11/23 for the allegation of FS #1 showing the clients inappropriate images on his personal cell phone. -Did not have documentation regarding attending to the health and safety needs of client A4 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future.</p> <p>-Had not notified the Local Management Entity/Managed Care Organization, Legal Guardians and other authorities required by law</p> <p>Interview on 7/11/23 with the Qualified Professional #1/Doctor of Nursing Practice/Licensee (QP #1/DNP/L) revealed:</p> <p>-The HM had completed an internal incident on 6/11/23 for the allegation of FS #1 showing the clients pornography</p> <p>-Did not have documentation regarding attending to the health and safety needs of client A4 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future</p> <p>-Had not notified the Local Management Entity/Managed Care Organization, Legal Guardians and other authorities required by law.</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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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> <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</p>	V 367		

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

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V 367	<p>Continued From page 9</p> <p>Based on record reviews and interviews the facility failed to submit Level III incident reports to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 7/6/23 of the facility's level III incident reports revealed: -No documentation of a level III incident report for the allegation FS #1 showed pornography to the clients</p> <p>Review on 7/10/23 of the facility's internal incident report, dated 6/11/23 and completed by the House Manager (HM) revealed: -An incident occurred on 6/11/23 where FS #1 allegedly showed pornography to the clients -"One of the consumers made an allegation FS #1 had shown him inappropriate images on his cell phone."</p> <p>Interview on 7/6/23 with the House Manager (HM) revealed: -Had completed an internal incident on 6/11/23 for the allegation of FS #1 showing the clients inappropriate images on his personal cell phone. -Had not submitted a level III incident report as required</p> <p>Interview on 7/11/23 with the Qualified Professional #1/Doctor of Nursing Practice/Licensee (QP #1/DNP/L) revealed: -The HM had completed an internal incident on 6/11/23 for the allegation of FS #1 showing the clients pornography -The QP#1/DNP/L had not submitted a level III incident report as required -"I got confused because the police were not involved. I thought a level III incident report meant the police were involved. I now understand what needs to be done."</p>	V 367		

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V 367	Continued From page 10 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		