STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034047	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENRICHMENT CENTER	1006 SOUTH MARSHALL STREET WINSTON SALEM, NC 27101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on July 26, 2023. The complaint was unsubstantiated (intake #NC00204926). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility has a current census of 83. The survey sample consisted of audits of 3 current clients.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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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V 132	Continued From page 1 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all acts of abuse, neglect or exploitation were investigated and must make every effort to protect residents from harm while the investigation is in progress and failed to ensure the results of all investigations was reported to the Department within five working days of the initial notification to the Department. The findings are: Review on 7/25/23 of client #1's record revealed: -An admission date of 8/1/22 -Diagnoses of Intellectual Disability, Moderate, Down Syndrome, Vision Impairment, and Speech Impairment	V 132		

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V 132	Continued From page 2 Review on 7/25/23 of client #2's record revealed: -An admission date of 3/31/14 -Diagnoses of Autism, Epilepsy, Neurological Impairment, Attention Deficit Hyperactivity Disorder, Combined, Apraxia, Manic Episode, Unspecified and Insomnia, Unspecified Review on 7/25/23 of client #3's record revealed: -An admission date of 2/17/00 -Diagnoses of Autism, Epilepsy, Unspecified, Intellectual Disability, Moderate, Vitamin B12 Deficiency Anemia, and Scoliosis, Unspecified Review on 7/21/23 of the facility's level III incident report dated 7/14/23 and completed by the Quality Assurance Director, revealed: -"When [client #1] was asked about the incident, he stated "[client #2] and [client #3] wanted to have sex with him. They started taking their clothes off and touched [client #1]'s private parts. [Client #2] asked [client #1] out on a date. Both [client #2] and [client #3] showed their private parts to [client #1]. They harassed [client #1]. They told [client #1] they wanted to make a baby. They told [client #1] they wanted to have sex with him and [client #1] replied 'no' and tried to fight them (client #2 and client #3) off. [Client #1] stated the behaviors had been happening 'for about a year' (at the day program)." -Incident Prevention: "Staff will monitor the bathrooms, hallways, classrooms and other areas in the building and provide close supervision of every participant and ensure they are not touching each other." Review on 7/25/23 of the facility's Investigation Form, dated 7/14/23 revealed: -"Part I: Incident Summary: Sexual Abuse -Nature of Incident: Abuse	V 132		

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V 132	Continued From page 3 -Summary of Allegation: On July 14, 2023, a participant (client #1) reported a variety of sexual allegations which led to an immediate internal investigation. The participant met with multiple members of management at different times throughout the day and communicated variations of the allegations. [Client #1] had trouble differentiating if the event was from past trauma or recent incident. When prompted for further detail, the information reported became unclean and inconsistent. The allegation was reported the day of [client #1]'s return (July 14, 2023), from a 2-week vacation." -The Pod Leader was interviewed and stated "[client #1] came into the pod after using the restroom at 10:07am and appeared upset by putting his head on the desk. He banged his head on the table and staff intervened and asked what was wrong. He had just re -Per parent report: [client #1] has a history of sexual abuse from high school and experienced significant trauma as a result of the experience, police involvement and subsequent charges. He has received counseling for the trauma and his history of trauma my affect his ability to differentiate abuse from everyday experiences." Interview on 7/25/23 with the Executive Director revealed: -The alleged incident occurred on 7/14/23 -Was not aware the word "rape" was used -No facility staff notified the Department within the mandated time frames -"The notification was done 13 days later." -Had corrective measures in place now.	V 132		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT	V 366		

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V 366	Continued From page 4 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 preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by:	V 366		

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V 366	Continued From page 5 (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and	V 366		

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V 366	Continued From page 6 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level I, II or III incidents. The findings are: Review on 7/25/23 of client #1's record revealed: -An admission date of 8/1/22 -Diagnoses of Intellectual Disability, Moderate, Down Syndrome, Vision Impairment, and Speech Impairment Review on 7/25/23 of client #2's record revealed: -An admission date of 3/31/14 -Diagnoses of Autism, Epilepsy, Neurological Impairment, Attention Deficit Hyperactivity Disorder, Combined, Apraxia, Manic Episode, Unspecified and Insomnia, Unspecified	V 366		

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V 366	Continued From page 7 Review on 7/25/23 of client #3's record revealed: -An admission date of 2/17/00 -Diagnoses of Autism, Epilepsy, Unspecified, Intellectual Disability, Moderate, Vitamin B12 Deficiency Anemia, and Scoliosis, Unspecified Review on 7/21/23 of the facility's level III incident report dated 7/14/23 and completed by the Quality Assurance Director, revealed: -"When [client #1] was asked about the incident, he stated "[client #2] and [client #3] wanted to have sex with him. They started taking their clothes off and touched [client #1]'s private parts. [Client #2] asked [client #1] out on a date. Both [client #2] and [client #3] showed their private parts to [client #1]. They harassed [client #1]. They told [client #1] they wanted to make a baby. They told [client #1] they wanted to have sex with him and [client #1] replied 'no' and tried to fight them (client #2 and client #3) off. [Client #1] stated the behaviors had been happening 'for about a year' (at the day program)." -Incident Prevention: "Staff will monitor the bathrooms, hallways, classrooms and other areas in the building and provide close supervision of every participant and ensure they are not touching each other." Review on 7/25/23 of the facility's Investigation Form, dated 7/14/23 revealed: -"Part I: Incident Summary: Sexual Abuse -Nature of Incident: Abuse -Summary of Allegation: On July 14, 2023, a participant (client #1) reported a variety of sexual allegations which led to an immediate internal investigation. The participant met with multiple members of management at different times throughout the day and communicated variations of the allegations. [Client #1] had trouble differentiating if the event was from past trauma	V 366		

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V 366	Continued From page 8 or recent incident. When prompted for further detail, the information reported became unclean and inconsistent. The allegation was reported the day of [client #1]'s return (July 14, 2023), from a 2-week vacation." -The Pod Leader was interviewed and stated "[client #1] came into the pod after using the restroom at 10:07am and appeared upset by putting his head on the desk. He banged his head on the table and staff intervened and asked what was wrong. He had just re -Per parent report: [client #1] has a history of sexual abuse from high school and experienced significant trauma as a result of the experience, police involvement and subsequent charges. He has received counseling for the trauma and his history of trauma my affect his ability to differentiate abuse from everyday experiences." Interview on 7/25/23 with the Quality Assurance Director (QAD) revealed: -Was made aware of the allegation made by client #1 on 7/14/23 -Had completed a level III incident report -Did not have documentation regarding attending to the health and safety needs of the clients 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 Interview on 7/25/23 with the Executive Director revealed: -The QAD failed to follow the written policies governing the Agency's response to a level III incident. -Would ensure, in the future, the Agency's	V 366		

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V 366	Continued From page 9 response for reporting level III incidents was followed	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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V 367	Continued From page 10	V 367		

erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and

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V 367	Continued From page 11 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. The findings are: Review on 7/25/23 of client #1's record revealed: -An admission date of 8/1/22 -Diagnoses of Intellectual Disability, Moderate, Down Syndrome, Vision Impairment, and Speech Impairment Review on 7/25/23 of client #2's record revealed: -An admission date of 3/31/14 -Diagnoses of Autism, Epilepsy, Neurological Impairment, Attention Deficit Hyperactivity Disorder, Combined, Apraxia, Manic Episode, Unspecified and Insomnia, Unspecified Review on 7/25/23 of client #3's record revealed: -An admission date of 2/17/00 -Diagnoses of Autism, Epilepsy, Unspecified, Intellectual Disability, Moderate, Vitamin B12 Deficiency Anemia, and Scoliosis, Unspecified	V 367		

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V 367	Continued From page 12 Review on 7/21/23 of the facility's level III incident report dated 7/14/23 and completed by the Quality Assurance Director, revealed: -"When [client #1] was asked about the incident, he stated "[client #2] and [client #3] wanted to have sex with him. They started taking their clothes off and touched [client #1]'s private parts. [Client #2] asked [client #1] out on a date. Both [client #2] and [client #3] showed their private parts to [client #1]. They harassed [client #1]. They told [client #1] they wanted to make a baby. They told [client #1] they wanted to have sex with him and [client #1] replied 'no' and tried to fight them (client #2 and client #3) off. [Client #1] stated the behaviors had been happening 'for about a year' (at the day program)." -Incident Prevention: "Staff will monitor the bathrooms, hallways, classrooms and other areas in the building and provide close supervision of every participant and ensure they are not touching each other." Review on 7/25/23 of the facility's Investigation Form, dated 7/14/23 revealed: -"Part I: Incident Summary: Sexual Abuse -Nature of Incident: Abuse -Summary of Allegation: On July 14, 2023, a participant (client #1) reported a variety of sexual allegations which led to an immediate internal investigation. The participant met with multiple members of management at different times throughout the day and communicated variations of the allegations. [Client #1] had trouble differentiating if the event was from past trauma or recent incident. When prompted for further detail, the information reported became unclean and inconsistent. The allegation was reported the day of [client #1]'s return (July 14, 2023), from a 2-week vacation."	V 367		

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THE ENRICHMENT CENTER	1006 SOUTH MARSHALL STREET WINSTON SALEM, NC 27101

(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 367	Continued From page 13 -The Pod Leader was interviewed and stated "[client #1] came into the pod after using the restroom at 10:07am and appeared upset by putting his head on the desk. He banged his head on the table and staff intervened and asked what was wrong. He had just re -Per parent report: [client #1] has a history of sexual abuse from high school and experienced significant trauma as a result of the experience, police involvement and subsequent charges. He has received counseling for the trauma and his history of trauma my affect his ability to differentiate abuse from everyday experiences." Interview on 7/25/23 with the Quality Assurance Director (QAD) revealed: -Had submitted the level III incident report to IRIS -Had not notify the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident Interview on 7/26/23 with the Executive Director revealed: -The QAD failed to notify the appropriate authorities within the mandated time frames -Would ensure, in the future, DMH/DD/SAS was notified within 72 hours of becoing aware of the incident.	V 367		