

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/12/2023
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NAME OF PROVIDER OR SUPPLIER
SUMMIT SUPPORT SERVICES OF ASHE-LIGHTHOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**120 ASHE STREET
JEFFERSON, NC 28640**

(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
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on July 12, 2023. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.

This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.

V 000

V 114 27G .0207 Emergency Plans and Supplies

10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES

(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.

(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.

(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.

(d) Each facility shall have basic first aid supplies accessible for use.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are:

Review on 7/12/23 of the facility's fire and disaster drill logs from July 2022 through June

V 114

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JUL 31 2023
DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Morgan Rethrick MSW QP

TITLE

(X6) DATE

7/27/23

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V 114	<p>Continued From page 1</p> <p>2023 revealed:</p> <ul style="list-style-type: none"> -No documentation of fire drills for: -2nd Quarter - April - June 2023 - 1st shift; -3rd Quarter - July - September 2022 - 1st shift; -4th Quarter - October - December 2022 - 1st shift. <ul style="list-style-type: none"> -No documentation of disaster drills for: -2nd Quarter - April - June 2023 - 1st shift; -4th Quarter - October - December 2022 - 1st and 2nd shifts. <p>Record review and Interview on 7/12/23 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> -The fire and disaster log had 3 shifts. -Confirmed the drills were missing for the above quarters. -The facility actually had 2 shifts as the Group Home Managers worked 12 hour shifts. -She would ensure this was more clear and drills were ran quarterly according to their shifts. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p>QP will provide retraining to all Lighthouse managers around fire/disaster drill procedures and documentation at the team meeting scheduled for 8/16/23. The fire/disaster drill schedule and shifts will be reviewed and reevaluated.</p> <p>QP will develop a spreadsheet tracking system in order to closely monitor fire/disaster drill documentation monthly moving forward.</p>	<p>8/16/23</p> <p>7/28/23</p>
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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 Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME)</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/12/23 of Client #1's record revealed: -Admitted 11/21/16. -Diagnoses of Autism Spectrum Disorder, Mild Intellectual Developmental Disability (IDD), Obstructive Sleep Apnea, Hypercholesterolemia, Seizure Disorder, Postural Kyphosis, Constipation, Major Depressive Disorder and Anxiety Disorder. -6/16/23 Individual Support Plan did not indicate the client was approved for unsupervised time in the community.</p> <p>Review on 7/12/23 of Client #2's record revealed: -Admitted 12/5/16. -Diagnoses of Moderate IDD, Mixed Hyperlipidemia, Iron Deficiency-Anemia, and Vitamin D Deficiency. -6/22/23 Individual Support Plan did not indicate the client was approved for unsupervised time in the community.</p> <p>Review on 7/12/23 of facility incident reports and shift notes from May 2023 through July 2023 revealed: -6/14/23 - incident report - 5:50 a.m. - staff knocked on Client #1's door and there was no answer. The bedroom window was left opened. Police called. Client returned to facility at 6:25 a.m. -6/17/23 - shift note - Client #2 was upset and walked down the road; police called and client was returned home. -6/25/23 - incident report - 7:30 a.m. - Client #1 "...went out his bedroom window sometime early morning..." Police called. Client returned to facility at 8:15 a.m.</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>Review on 7/12/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level II reports were submitted for Client #1 on 6/14/23 and 6/25/23; Client #2 on 6/17/23.</p> <p>Interviews on 7/12/23 with the Executive Director and the Assistant Director revealed: -The Risk Manager Coordinator was responsible to submit the IRIS reports, but "I [Executive Director] oversee it." -They were aware a level II IRIS report was needed anytime law enforcement was contacted for a client's absence.</p>	V 367	<p>Client 1, 6/14/23 incident was reported to IRIS (16a159680f) on 7/14/23 and a revision with corrective actions was reported to IRIS on 7/25/23</p> <p>Client 1, 6/25/23 incident was reported to IRIS (a8cd4ddb01) on 7/17/23 and resubmitted to IRIS with corrective actions on 7/25/23</p> <p>Client 2, 6/17/23 incident was submitted to IRIS (c80ee4f702) on 7/14/23 and resubmitted to IRIS with corrective actions on 7/25/23</p> <p>The Risk Management Coordinator Role transitioned to a new staff member on 6/21/23. Initial training was provided but new coordinator was not fully trained in recognizing and following through with Level II incidents being reported to IRIS. Additional training was conducted by Executive Director.</p>	<p>7/25/23</p> <p>7/25/23</p> <p>7/25/23</p> <p>7/25/23</p>