STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 An annual and follow up survey was completed on June 22, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118	RECEIVED JUL 31 2023 DHSR-MH Licensure Sect	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 118	Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #2, and #3). The findings are: Review on 6/22/23 of client #1's record revealed: -51 year-old female -Admission date of 12/31/06 -Diagnoses of moderate intellectual developmental disability, epilepsy, urinary retention, and hyperlipidemia Review on 6/22/23 of client #1 ' s physician medical orders dated 4/6/23, 5/9/23 and FL2 dated 7/28/22 revealed the following medications: (FL2 7/28/22) -Flomax (treats urinary retention) 0.4 milligram (mg) - Take 1 capsule (cap) once daily. -Folic Acid (treats anemia) 1mg - Take 1 tablet (tab) once daily. -Lamictal (treats seizures) 100mg - Take 3 tabs (300mg) twice daily. -Keppra (treats seizures) 1000mg - Take 2 tabs (2000mg) twice daily. -Vimpat (treats seizures) 200mg - Take 1 tab twice daily. -Soolantra (treats infections) - Apply small	V 118	**V 118 Medication Requirements** 1. As evidenced from the review on 06/22/2023, it was determined that Nantucket Residential did fail to follow the instructions for administration of the ordered medications. The plan has been put in place: a. As of JULY 1· 2023, all Nantucket Staff HAVE attended a medication administration class and refreshed on medication administration documentation to adhere to medication administration rules set by DHHS. b. Each shift will check the MAR sheet for completion of MARs to assure that all medications have been administered and signed off. c. The Program Manager will check MAR's weekly for accuracy and to ensure the documentation has been completed for the MARs. The medications counts were current but not MARs not signed. d. All staff have received coaching and counseling for the error. Corrections will be discussed in safety and Managers meetings quarterly with the assigned Qualified Professional.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 118	Continued From page 2 amount of cream topically to affected area(s) on face once daily. -Zyrtec (treats allergies) 10mg - Take 1 tab once daily. -Calcium (treats calcium deficiency) 600/400mg - Take 1 tab daily. (5/9/23) -Lactulose (treats constipation) 10grams - Take 10 grams once daily. -Perampanel (treats seizures) 6mg - Take 1 tab once daily. -Onfi (treats seizures) 10mg - Take 1 tab twice daily. -Certavite (multivitamin) - Take 1 tab once daily. (4/6/23) -Jolessa (birth control) - Take 1 tablet once daily. -Levocarnatine (treats lack of carnitine) 330mg - Take 1 tab twice daily -Cannabidiol (treats seizures) 100mg - Take 150mg twice daily. -Linzess (treats irritable bowel syndrome) 145mcg - Take 1 cap once daily. Review on 6/22/23 of client #1's April - June 2023 MAR ' s revealed the following blanks: -Flomax - 4/29/23 and 4/30/23 at 9am. -Folic Acid - 4/29/23 and 4/30/23 at 8am. -Lamictal - 4/29/23 and 4/30/23 at 8am. -Keppra - 4/29/23 and 4/30/23 at 8am. -Vimpat - 4/29/23 and 4/30/23 at 8am. -Soolantra - 4/29/23 and 4/30/23 at 8am. -Zyrtec - 4/29/23 and 4/30/23 at 8am. -Calcium - 4/29/23 and 4/30/23 at 8am. -Lactulose - 4/29/23 and 4/30/23 at 8am. -Perampanel - 4/29/23 and 4/30/23 at 8am. -Onfi - 4/29/23 and 4/30/23 at 8am. -Certavite - 4/29/23 and 4/30/23 at 8am.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 118	Continued From page 3 -Jolessa - 4/29/23 and 4/30/23 at 8am. -Levocarnatine - 4/29/23 and 4/30/23 at 8am. -Cannabidiol - 4/29/23 and 4/30/23 at 8am. -Linzess - 5/13/23 at 6am. Interview on 6/22/23 the Qualified Professional stated: -The completion of MARs would be addressed with staff. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 291	Continued From page 4 progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for one of three audited clients (#2). The findings are: Review on 6/22/23 of client #2's record revealed: - 55 year-old female - Admission date of 4/05/19 - Diagnoses of profound intellectual developmental disability, cerebral palsy, hyperlipidemia, hypertension, and schizoid personality disorder - No documentation of blood pressure values following a medical appointment on 5/09/23. Review on 6/22/23 of medical consult note dated 5/09/23 revealed: -"History of Present Illness...The HTN (hypertension) started in 2017. The symptoms began gradually, The severity has been described as being moderate. It is currently stable." -"Patient Plan...Take your medication as prescribed. Uncontrolled blood pressure can result in congestive heart failure, renal failure and many other serious health problems...Monitor your blood pressure. Goal is <130/80 mmHg	V 291	**V 291 Supervised Living – Operations** Evidence of review indicated there was no maintained coordination with Blood Pressure (BP) checks for consumer to coordinate with healthcare provider. 1. The Program Manager will purchase BP monitor 7/20/2023. 2. Blood pressure will be checked twice a week for monitoring. Documentation will be developed for review. 3. The Program Manager will schedule a new appointment with the healthcare provider for updates and further directives on paper. The Program Manager has received directives to follow physician's verbal order even if he has not indicated it on papers for monitoring consumer needs. The Program Manager will file paperwork in the client medical section of MAR Book for Review. Corrections will be reviewed at the end of each month for completion of implementation until further notice from healthcare provider.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 291	Continued From page 5 (millimeters of mercury)." Interview on 6/22/23 the Qualified Professional stated: -She wasn't aware of a recommendation by the physician to begin monitoring blood pressure at home and would contact the physician to clarify the desired response.	V 291		
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 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	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 366	Continued From page 6	V 366		

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:
(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 366	Continued From page 7 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 (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 review and interview, the facility failed to document their response to level II incidents. The findings are: See Tag v367 for specific details.	V 366	**V 366 Incident Reporting Requirements.** It is evident the facility QP did not follow the directions as written. The Internal Incident Report was documented in the In-House electronic system but was not responded to for follow up or directives. All steps were followed EXCEPT the follow up on the documentation as required. 1. Program Managers will continue to notify QP of completion of incident report and pass/forward the file to QP for completion. 2. QP will continue to follow the steps as she did BUT COMPLETE the last step of going into the In-House system and make recommendations and close the file as completed. Corrections and Reviews will be discussed in safety and Managers meetings quarterly with the assigned Qualified Professional or Admin..	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 366	Continued From page 8 Interview on 6/22/23 the Qualified Professional stated: -No level II incident report had been completed for client #1's emergency room visit requiring 10 stitches. -Moving forward, level II incident reports would be completed for any consumer incidents involving medical treatment as identified in level II reporting requirements.	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.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 9 (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 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;	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 10 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 6/22/23 of the North Carolina Incident Response Improvement System (IRIS) website revealed: -No level II incident reports were created by the facility for client #1's incident involving medical treatment and stitches on 3/21/23. Review on 6/22/23 of client #1's record revealed: -51 year-old female -Admission date of 12/31/06 -Diagnoses of moderate intellectual developmental disability, epilepsy, urinary	V 367	**V 367 Incident Reporting Requirements.** It is evident the facility QP did not follow the directions as written. The Internal Incident Report was documented in the In-House electronic system but was not responded to for follow up or directives. All steps were followed EXCEPT The IRIS Reporting System. 1. QP was coached and reminded to complete the IRIS Reporting System for Incident Levels II and above. 2. QP will follow the guidelines as written. 3. QP will follow the Timeframes as indicated for reporting the incident in IRIS. 4. QP will continue to follow up in IRIS if there is a need to add additional information or respond to an inquiry. Corrections and Reviews will be discussed in safety and Client Rights Meetings with the assigned Qualified Professional or Admin.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

(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 11 retention, and hyperlipidemia Review on 6/22/23 of facility Program Manager/QP (Qualified Professional) Note dated 3/21/23 revealed: -"Contact Note: [Client #1] fell during a seizure causing a laceration to her scalp. She was sen at the ER she received 10 staples, to return in 10 days to have them removed." Interview on 6/22/23 the Program Manager stated: -She had been with agency for over 20 years. -Client #1 had fallen and cut her scalp following a seizure in March, 2023. -Client #1 was taken to receive medical treatment to her scalp and received stitches. -She had documented the incident in Program Manager note. Interview on 6/22/23 the Qualified Professional (QP) stated: -No level II incident report had been completed for client #1's emergency room visit requiring 10 stitches. -Moving forward, level II incident reports would be completed for any consumer incidents involving medical treatment as identified in level II reporting requirements	V 367		