

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/18/2023
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2502 BRIARWOOD DRIVE BURLINGTON, NC 27215
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V 752	<p>Continued From page 7 degrees Fahrenheit.</p> <p>Interview on 8/11/23 with the Qualified Professional (QP) revealed: -She was unaware that the hot water was too high. -She was not sure what the issue was with the hot water. -The landlord sent a maintenance worker out to fix the hot water temperature twice. -She could not provide a work order to confirm when maintenance came out to make the repairs. -She would call the landlord today (8/11/23) to have a plumber come out and check the hot water heater.</p> <p>Interview on 8/17/23 with the Assistant Director revealed: -She was unaware that the water temperature was not between 100-116 degrees Fahrenheit. -She would call the plumber to check on the hot water temperature.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		
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RECEIVED
By Laura Bryant at 9:32 am, Aug 29, 2023

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V 367	Continued From page 6 revealed: -The QP was responsible for submitting reports to IRIS. -The copies of IRIS reports and/or confirmation pages were kept in office for confirmation. -She could not locate a copy of the confirmation or a report from IRIS for an incident on 6/23/23. -She spoke to the QP and the QP stated she submitted the incident in IRIS on 6/26/23, yet the report was not in IRIS. -The QP did not provide confirmation of the IRIS report. -She acknowledged that a report was not submitted to IRIS.	V 367		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/11/23 between 10:40 am and 10:45 am revealed: -The kitchen sink water temperature was 123 degrees Fahrenheit. -Bathroom #1's sink water temperature was 122	V 752	Systematic Change to Prevent out of Compliance Issues. The Director, provider and QP will monitor the water temperature monthly, to make sure that it is well within the 110-116 range. All temperatures will be documented accordingly. The landlord has been informed about the water temperature issues on 08/25/2023. Time table for Implementation of Corrective Action: The hot water heater was checked on 08/28/2023; and the temperature was adjusted on 08/28/2023.	

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V 367	<p>Continued From page 5</p> <p>(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: Based on record review and interviews the facility failed to ensure incident reports were submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/17/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level II incident reports had been submitted from February 2023 through June 2023.</p> <p>Interview on 8/11/23 with the Qualified Professional (QP) revealed: -She was responsible for completing the IRIS report. -She was notified of the boxing gloves incident on 6/23/23. -She "remembered" going into the office and completing an IRIS report on 6/26/23. -She could not find the confirmation page for the submitted report. -She confirmed that a report was not submitted to IRIS.</p> <p>Interview on 8/17/23 with the Assistant Director</p>	V 367	<p>Systematic Change to Prevent the Out of Compliance Issues: The director and or QP will file the IRIS Report in a timely manner, within 72 hours of the said incident. QP will ensure that there is an file number provided after the incident is inputted, and print the report and file it in the assigned folder. The director will review the steps accordingly with the QP to make sure that the report is in. If there are any problems, the QP will contact the reporting system and or their MCO to see if they have the report and input again if necessary, to make sure that we in compliance.</p> <p>Timetable for Implementation of the Corrective Action: 08/21/2023</p>	
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V 367	Continued From page 4 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	V 367		

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V 110	Continued From page 3 -She informed staff to maintain professional relationships with clients.	V 110		
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 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> <ol style="list-style-type: none"> (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. <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> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be 	V 367		

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V 110	<p>Continued From page 2</p> <p>staff #2 redirected him.</p> <p>-Client #1 did not want to be redirected and threatened staff #2.</p> <p>-Client #1 stated, "I'm a peaceful person but you're making me want to beat your a*s."</p> <p>-Staff #2 held the boxing gloves in his hand and extended them towards client #1 and stated, "You want to go a few rounds?"</p> <p>-Staff #2 stated that he gave client #1 a "realistic example" about what could happen when he made threats in a "real-life situation."</p> <p>-He spoke with client #1's grandmother and informed her of the boxing gloves incident and she asked what kind of training that was.</p> <p>-He told client #1's grandmother that it was "a real-life situation and that he (client #1) lives in the real world and can't go around talking or making threats like that."</p> <p>Interview on 8/14/23 with client #1's guardian revealed:</p> <p>-She spoke with staff #2 regarding the boxing gloves and inquired what training taught him to use boxing gloves as a threat.</p> <p>-Staff #2 told her that he did not learn to use boxing gloves as a threat through training and that he was told not to do that again by the Qualified Professional (QP).</p> <p>Interview on 8/11/23 with staff #3 revealed:</p> <p>-Staff #2 had boxing gloves in his car.</p> <p>Interview on 8/11/23 with the QP revealed:</p> <p>-Staff #2 told her that client #1 threatened him because he "could not get his way."</p> <p>-Staff #2 informed her that he showed client #1 the boxing gloves as a "scare tactic."</p> <p>-Staff #2 informed her that he was not going to use the boxing gloves, but used them more so as a "scare tactic."</p>	V 110		

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V 110	<p>Continued From page 1</p> <p>(5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, 1 of 3 audited staff (staff #2) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 8/11/23 of staff #2's personnel file revealed: -Hired on 8/14/22. -Hired as a Residential Technician.</p> <p>Review on 8/11/23 of client #1's record revealed: -Admission date of 4/2/23. -Diagnoses of Autistic Disorder, Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder (ADHD) - Combined, Conduct Disorder - Child Onset Type, Lack of Remorse Guilt.</p> <p>Interview on 8/11/23 with client #1 revealed: -Staff #2 put on boxing gloves and threatened him. -The client was limited in responses due to severity of diagnoses.</p> <p>Interview on 8/11/23 with staff #2 revealed: -Client #1 was disrespectful towards staff and</p>	V 110	<p>Systematic Change to Prevent the Out of Compliance Issue: The QP and the director will retrain all staff on how to affectively to communicate with all members that we serve. All staff will be retained on the following: knowledge of services rendered, skills to work with the members served (i.e. service definition, diagnosis according to the DSM V definition, staff will review special population and innovations service definitions. Upon completion, all staff will received a certificate of completion/satisfaction.</p> <p>Timetable for Implementation of Corrective Action: August 31, 2023</p>	

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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on August 18, 2023. One of the complaints was unsubstantiated (intake #NC00204159). Two other complaints were substantiated (intake #NC00204346 and #NC00205841). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living Residence.</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 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; 	V 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

House of Care, Inc.
3500 West Gate Drive, Suite 103
Durham, NC 27707

North Carolina Department of Health and Human Services
Re: Annual and Compliant Survey Completed on August 18, 2023; MHL001-270

Greetings:

Thank you for allowing House of Care, Inc. Group Home the opportunity to submit a plan of correction for the areas cited within our facility, August 18, 2023.

Thank you,

Mrs. Ogo Emodi-Onwuka, Cassandria Noy MS, LCC

Mrs. Ogo Emodi-Onwuka

Enclosed: Annual Survey Plan of Corrections