STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-073	A. BUILDING: _____ B. WING _____	R 08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERYDAY LIVING	166 RUDD TRAIL ROAD HOLLISTER, NC 27844

(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 8/30/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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	V 367		

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V 367	Continued From page 1	V 367		

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 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

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V 367	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incident in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Observation on 8/28/23 at approximately 9:00am revealed: - client #1 sitting in the living room - client #2 was not present in the facility Review on 8/30/23 of IRIS revealed: - no submission from this facility for the incident, 8/26/23 as of today, 8/30/23	V 367		

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V 367	Continued From page 3 Interview on 8/28/23 the Alternative Family Living (AFL) Provider reported: - client #2 was currently in the hospital for suicidal ideation - client #2 went to the hospital on Saturday, 8/26/23 - client #2 stated that she was going to kill herself or somebody else - called the Qualified Professional (QP) who directed her to take client #2 to the hospital - called staff #1 who transported client #2 to the local hospital - the QP is responsible for completing IRIS reports - she believed that the QP did it for this incident Interview on 8/28/23 staff #1 reported: - he wasn't at home when the incident happened - the AFL provider called him and told him what was going on - he picked up client #2 and tranported her to the hospital Interview on 8/29/23 the QP reported: - she was responsible for completing IRIS reports - she was called the day of the incident, 8/26/23 in which she directed the AFL provider to take client #2 to the hospital - she just did the IRIS report today, 8/29/23	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be	V 736		

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V 736	Continued From page 4	V 736		

maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

This Rule is not met as evidenced by:
Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:

Observation on 8/28/23 at approximately 12:43pm:
- floor board going in client #2's bedroom at the door had ripped carpet exposing the beam
- electrical outlet cover plate in client #2's bedroom was lifting and partially unattached to the wall
- 2 out of 3 lightbulbs in client #2's ceiling fan was not working
- kitchen floor was not done and the wood base was exposed
- smoke detector kept chirping

Interview on 8/28/23 the Alternative Family Living (AFL) Provider reported:
- she was responsible for getting repairs done to the home
- the smoke detectors were all electrical and chirped when the battery got low
- she was going to get a 9-volt battery today, 8/28/23 to change it
- the kitchen floor was in the process of being replaced
- all the carpet in client #1 & client #2's rooms were going to be removed soon

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.