

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-941</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESCARE ADULT DAY PLACEMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10-A OAK BRANCH DRIVE GREENSBORO, NC 27407</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on August 10, 2023. The complaint was unsubstantiated (Intake #NC00204608). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Development and Vocational Programs for Individuals with Developmental Disabilities.</p> <p>This facility has a current census of 45. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 318	<p><b>130 .0102 HCPR - 24 Hour Reporting</b></p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure Health Care Personnel Registry (HCPR) was notified of all allegations of</p>	V 318		

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

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V 318	<p>Continued From page 1</p> <p>exploitation against personnel within 24 hours as required affecting 1 of 1 Former Staff (FS #1). The findings are:</p> <p>Review on 8/7/23 of FS #1's record revealed: -Date of Hire: 11/2/21; -Job description of Paraprofessional; -Terminated on 6/30/23.</p> <p>Review on 8/7/23 of the facility's internal HCPR 24-Hour Initial Report revealed: -On 6/30/23 Client #1 alleged FS #1 required him to mow several lawns without pay; -Submitted to HCPR on 7/5/23.</p> <p>Interview on 8/8/23 with FS #1 revealed: -Client #1 picked up sticks in the yard of the facility; -" ...it became clear within 10 to 15 minutes that he (Client #1) would not be able to do lawn care work ...;" -Client #1 complained about his back, feet, and hands hurting; -"I would drop [Client #1] off after day support, go get the lawn care equipment, and return to the facility. [Client #1] would come outside, he (Client #1) would ask if there was anything that he could do, and just be outside walking/talking;" -"I spent time with [Client #1] after day support hours because he (Client #1) was a handful for staff and to take care of specific male things (hair done and haircuts);" -He worked with Client #1 for day support and his mom/Legal Guardian said, "he (Client #1) may be able to do work supported employment ...;" -Mom/Legal Guardian was totally against day support from the beginning.</p> <p>Interview on 8/7/23 with the Program Director (PD) revealed:</p>	V 318		

Division of Health Service Regulation

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V 318	Continued From page 2  -She was responsible for ensuring reports were entered into IRIS; -"I am fairly new and needed to get assistance with completing the reports ..."  Interview on 8/9/23 with the Qualified Professional (QP) revealed: -"[PD] did the incident (IRIS report) and the notification to HCPR with the assistance of another QP."	V 318		
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		

Division of Health Service Regulation

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V 367	<p>Continued From page 3</p> <p>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 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> <p>(1) medication errors that do not meet the</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 4</p> <p>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> <p>This Rule is not met as evidenced by:                      Based on record reviews and interviews, the facility failed to ensure a level III incident report was submitted to the North Carolina Incident Response Improvement System (IRIS) within 72 hours as required. The findings are:</p> <p>Review on 8/7/23 of Client #1's record revealed:                      -Date of Admission: 5/12/23;                      -Diagnoses: Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Unspecified Type, Hypothyroidism, Seizure Disorder, Hypertension, Asthma, Gastroesophageal Reflux Disease, and Ichthyosis;                      -No evidence that supportive employment was authorized through the Local Management Entity/Managed Care Organization.</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>Review on 8/7/23 of IRIS revealed: -A report submitted on 7/5/23 for an incident dated 6/30/23; -Client #1 worked with Former Staff (FS #1) doing lawn care and did not receive payment.</p> <p>Interview on 8/7/23 with Client #1 revealed: -He assisted FS #1 with his lawn care business; -He was not paid for the work he performed for FS #1.</p> <p>Interview on 8/8/23 with Client #1's Legal Guardian revealed: -Client #1 worked with FS #1 doing lawn care and did not receive payment; -Client #1 worked with FS #1 from 11 am-5 pm; -"Client #1 moved bushes/brush, did something at a ditch, toted gravel and mowed grass;" -"[Owner] was saying something like he (Client #1) would not get paid until they (facility) get paid. His (Client #1's) supported employment had not gone through yet."</p> <p>Interview on 8/7/23 and 8/9/23 with the Program Director (PD) revealed: -On 6/30/23 Client #1's mom/Legal guardian called and was asking questions about supportive employment and if Client #1 should be owed money for working with FS #1; -She was aware the IRIS report needed to be submitted within 72 hours of the incident; -"I am fairly new and needed to get assistance with completing the reports (IRIS ...)."</p> <p>Interview on 8/9/23 with the Qualified Professional (QP) revealed: -"[PD] did the incident (IRIS report) and the notification to HCPR with the assistance of another QP;"</p>	V 367		

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V 367	Continued From page 6  -The incident report should have been completed and submitted within 72 hours; -"I did get on her (PD) about submitting the IRIS late."	V 367		