

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-878</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 RAND MILL ROAD GARNER, NC 27529</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 9/20/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly for each shift. The findings are:</p> <p>Attempted review on 9/19/23 of the fire and</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>disaster drill log was unsuccessful due to there being no log.</p> <p>Interview on 9/19/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Been residing in the facility for about 3 months</li> <li>- Had not done any fire or disaster drills since being in the facility</li> </ul> <p>Interview on 9/19/23 client #3 reported:</p> <ul style="list-style-type: none"> <li>- Been residing in the facility for about 3 years</li> <li>- They've done fire drills but "it has been a long time"</li> </ul> <p>Interview on 9/19/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Been employed for 5 months</li> <li>- Only did 1 fire and disaster drill since being employed at the facility</li> <li>- Did not fill out a fire and disaster drill form when he completed that drill</li> <li>- Confirmed he could not provide any documentation on that fire and disaster drill</li> </ul> <p>Interview on 9/19/23 &amp; 9/20/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Staff should have been doing fire and disaster drills monthly</li> <li>- She thought they were being completed</li> <li>- October 2022 was the only fire and disaster drill she could find at the office</li> <li>- She would have to start checking to make sure they were being completed</li> </ul>	V 114		
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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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> <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>	V 367		

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V 367	<p>Continued From page 3</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 definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</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>	V 367		

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V 367	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report all level II incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 9/19/23 of the Incident Response Improvement System (IRIS) revealed no level II incident reports</p> <p>Review on 9/19/23 client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/10/23</li> <li>- diagnosis of Schizoaffective Disorder</li> </ul> <p>Interview on 9/19/23 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- he called 911 on client #1 around the time he was first admitted, actual date unknown, because he was threatening his peers and staff in the facility and saying that he would kill them</li> <li>- the police came out but did not take client #1</li> <li>- he did not fill out an incident report</li> <li>- in cases of emergencies, he called the Qualified Professional (QP) and the Licensee and followed their instructions</li> </ul> <p>Interview on 9/19/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- she was responsible for Level II incident reports</li> <li>- she "vaguely" remembered staff calling 911 for client #1 threatening everyone</li> <li>- she did not do an IRIS report</li> <li>- "I'll take that because it should have been done"</li> </ul> <p>This deficiency constitutes a re-cited deficiency</p>	V 367		

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V 367	Continued From page 5  and must be corrected within 30 days.	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation and interview on 9/19/23 at approximately 10:45am revealed the following:</p> <p>Kitchen:</p> <ul style="list-style-type: none"> <li>- right side of the sink was stopped up and didn't drain</li> <li>- dish pan in the right side of the sink covering the clogged up sink had brown water in it</li> <li>- staff #1 stated that the sink had been stopped up for a few days and the plumber was coming out today, 9/19/23 to fix it</li> <li>- pantry door had black stains around the door knob</li> </ul> <p>Client #6's room:</p> <ul style="list-style-type: none"> <li>- portable closet had 1 door sitting beside it off the hinges</li> <li>- there were multiple broken shards of wood in the tennis ball size hole in the door going to the hallway</li> </ul> <p>Hallway:</p>	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- vent in the wall was covered with dust</li> </ul> <p>Bathroom:</p> <ul style="list-style-type: none"> <li>- water was slow to drain resulting in standing water in the sink</li> <li>- bottom portion of bathroom sink had small black stains around it</li> <li>- brown stains in and around the toilet</li> <li>- vent at the bottom of the wall was rusty and dusty</li> </ul> <p>Observation and interview on 9/19/23 at approximately 11:15am staff #1 reported:</p> <ul style="list-style-type: none"> <li>- staff #1 tried to open the only window in client #2's room</li> <li>- "that's a wrap, it won't open"</li> <li>- never been told to check the windows</li> <li>- never had a reason to check client #2's window</li> <li>- didn't know how long the window had been unable to open</li> </ul> <p>Interview on 9/19/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- he hadn't opened or tried to open the window since Fall 2022</li> </ul> <p>Interview and observation on 9/19/23 approximately 12:50pm the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- tried twice to open client #2's window and it wouldn't open</li> <li>- "I wasn't pulling my back out trying to open that window"</li> <li>- would call maintenance to come open it</li> </ul> <p>Review on 9/19/23 of the Plan of Protection completed by the QP dated 9/19/23 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care:</p> <ul style="list-style-type: none"> <li>- The QP will reach to administrator to</li> </ul>	V 736		

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V 736	<p>Continued From page 7</p> <p>have the maintenance person to come to the home to do whatever is necessary to get the window open. Once this is completed staff will check window daily for the next 30 days.</p> <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> <li>- The facility will incorporate checking windows into the monthly inspections as well as at least quarterly during fire drills."</li> </ul> <p>This facility serves clients whose diagnoses included: Schizophrenia, Bipolar disorder, Personality disorder, Schizoaffective disorder, and Antisocial Behavior disorder. Client #2 had one window in his bedroom that wouldn't open. Client #2 would have no access to the outside in the event of an emergency. The facility had issues that required maintenance such as: stopped up sinks, holes in doors, closet door not on the hinge, and rusted vents. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 736		