STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 A follow up and complaint survey was completed on 9/26/23. Deficiencies were cited. The complaint was unsubstantiated. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 1 former client.	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	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 (E) name or initials of person administering the drug. (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 review and interviews, the facility failed to ensure medications were administered on the written order of a physician for 1 of 1 audited current client (Client #1). The findings are: Record review on 4/4/23 for Client #1 revealed: -Date of admission-6/20/23. -Diagnoses- Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, Conduct Disorder. -Physician ordered medication on 6/15/23 included: -Sunscreen-SPF 30 or greater-apply to exposed areas of skin prior to sun exposure. Review on 9/26/23 of MARs for July-September for Client #1 revealed: -There was no documentation of sunscreen application. Interview on 9/25/23 with Staff #1 revealed: -She had a heat intolerance and would sit in the picnic area (under cover) or watch Client #1 from the kitchen window with the kitchen door open. -"Client #1 gets sunscreen and can go swing	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 whenever; helps her calm down." Interview on 9/25/23 with Staff #2 revealed: -"Let Client #1 go out early in the morning to swing and play." -"I did not put sunscreen on her [Client #1] Saturday because it was cloudy and 65°." Interview on 9/26/23 with Qualified Professional revealed: -"Our nurse and I just talked about this. Staff do put sunscreen on [Client #1]." -"[Client #1] sometimes allowed staff to put on sunscreen." -"Staff usually try to go outside early in the morning or later in the evening. If she needs to use it as a coping mechanism during the day staff will redirect her back inside fairly quickly." -Will talk with staff to document on MAR all sunscreen use.	V 118		
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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 3	V 367		

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.
(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 4 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 (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 report Level II incidents to the LME/MCO (Local Managing Entity/Managed Care Organization) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 5 Review on 9/25/23 of facility incident reports for July-September 2023 revealed: -7/12/23 "at approximately 11:55pm, [FC #2] walked into the living room and out the door. Staff attempted to redirect her and offered her distractions but she ignored staff and continued to walk out of the fence and toward [local fast food restaurant]. Staff contacted the on-call staff and contacted law enforcement to assist with the elopement. At approximately 12:11am, law enforcement contacted the facility to inform staff that [FC #2] had gone to [local fast food restaurant] and called 911 and had stated she had been locked out of the facility. Staff assure law enforcement that this was not accurate. Law enforcement brought [FC #2] back to the facility with food for [local fast food restaurant]. [FC #2] went to the kitchen and sat at the table to eat her food. [FC #2] again stated that staff had locked her out of the facility in which staff assured [FC #2] that this was not the case. [FC #3] became very agitated and attempted to flip the table over on staff. Staff redirected [FC #2]'s behavior and [FC #2] finished her food and then went to her room." -7/15/23 "at approximately 4:35am, [FC #2] snuck out of the back door. Staff caught her as she was going out of the gate. Staff asked where she was going and got no response. Staff watched until [FC #2] was out of sight and called law enforcement and the on-call staff. Law enforcement came and said [FC #2] was still on the property however when staff looked [FC #2] was nowhere to be found. At 6:15am, [FC #2] returned to the facility. Staff opened the door and [FC #2] yelled at staff. Staff attempted to redirect [FC #2] however [FC #2] continued to yell and curse staff. Staff attempted to redirect [FC #2] into the house however she refused. The QP	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 6 (Qualified Professional) arrived as [FC #2] was crawling through the med (medications) room window. Staff attempted to redirect [FC #2] out of the med room but [FC #2] yelled at staff, 'make me b***h!'." Review on 9/25/23 of IRIS (Incident Response Improvement System) reports for the facility from July 1-September 25, 2023 revealed: -No IRIS report or notification to LME/MCO (Local Managing Entity/Managed Care Organization) on 7/12/23 or 7/15/23 to report FC #2 AWOLs (absence without leave). Interview on 9/26/23 with the QP revealed: -The on-call QP is responsible for writing the IRIS report because they usually have to come out to the facility. -Have a QP meeting next week and will suggest "I just be responsible for creating the IRIS report ...I need to know what happens in these incidents." This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 367		