

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2023
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NAME OF PROVIDER OR SUPPLIER AJINNDA 13 GROUP LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 408 WEST MOREHEAD STREET ROXBORO, NC 27573
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 3, 2023. 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 3 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 deceased client.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician for 2 of 2 audited clients (#2 & #3). The findings are:</p> <p>Review on 10/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/22/22 - Diagnoses of Schizophrenia, Hypertension, History of Deep Vein Thrombosis, Benign Prostatic Hypertrophy, Renal Cyst, Stage 3 Lymphedema Right Leg (chronic), Vitamin Deficiencies, and Chronic Pain - No signed consent from the client's guardian to seek emergency treatment <p>Review on 10/10/23 of client #3's record</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - Admitted 9/27/23 - Diagnoses of Schizoaffective Disorder, Bipolar Type, Catatonic Associated with Schizophrenia, Anxiety, Hypertension, Chronic Obstructive Pulmonary Disease, Unspecified Neurocognitive Disorder, History of Seizure Disorder, Small Lacunar Infarct Basal Ganglia, Cortical Atrophy, and Seborrheic Dermatitis - No signed consent from the client's guardian to seek emergency treatment <p>During interview on 10/10/23 the Qualified Professional (QP)/Licensee reported:</p> <ul style="list-style-type: none"> - The clients' consents to seek emergency treatment were completed during their initial appointment with their Primary Care Provider (PCP) - Client #2 and #3's PCP had the consent to seek emergency treatment, but he did not make a copy of the consents - He planned to obtain a copy of the consents to seek emergency treatment as soon as possible to keep in the clients' records 	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>under conditions that simulate fire emergencies. (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 disaster drills were conducted quarterly for each shift. The findings are:</p> <p>Review on 10/10/23 of the facility's fire and disaster drills between 7/13/22-10/10/23 revealed:</p> <ul style="list-style-type: none"> - No documentation of disaster drills being completed <p>Interview on 10/10/23 client #1 reported:</p> <ul style="list-style-type: none"> - Didn't practice disaster drills - Knew to "get down" during a tornado <p>Interview on 10/10/23 client #2 reported:</p> <ul style="list-style-type: none"> - Didn't practice disaster drills - Did not respond when asked if he knew what to do during a tornado <p>Attempted interview on 10/10/23 with client #3, but client #3 refused.</p> <p>Interview on 10/11/23 staff #1 reported:</p> <ul style="list-style-type: none"> - The facility didn't conduct disaster drills and she didn't know why <p>Interview on 10/10/23 the Qualified Professional (QP)/Licensee reported:</p> <ul style="list-style-type: none"> - He would have staff #2 contact Mental Health Licensure surveyors for interview <p>Attempted interviews on 10/10/23, 10/11/23 and 11/1/23 with staff #2 were unsuccessful because</p>	V 114		

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V 114	Continued From page 4 staff #2 did not return the phone calls. Interview on 10/10/23 the QP/Licensee reported: - Shifts were from 8:00am-1:30pm and 1:30pm-8:00am - He was responsible for ensuring drills were conducted in the facility - The facility did not conduct disaster drills - Didn't know the facility was supposed to conduct disaster drills - Planned to start conducting disaster drills as soon as possible	V 114		
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		

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V 118	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to immediately record medications after administration for 2 of 2 audited clients (#2 & #3), and 3 of 3 staff (#1 & #2 & Qualified Professional (QP)/Licensee) failed to demonstrate competency in medication administration. The findings are:</p> <p>Review on 10/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/22/22 - Diagnoses of Schizophrenia, Hypertension, History of Deep Vein Thrombosis, Benign Prostatic Hypertrophy, Renal Cyst, Stage 3 Lymphedema Right Leg (chronic), Vitamin Deficiencies, and Chronic Pain - Physician's order dated for the following: - 12/20/22: <ul style="list-style-type: none"> - Finasteride 5 milligram (mg) take 1 tablet (tab) by mouth (PO) daily (Enlarged Prostate) - Hydralazine HCL 25mg take 1 tab PO twice a day (BID) (Hypertension) - Bisacodyl 5mg take 2 tabs PO at bedtime (Constipation) - 1/26/23: <ul style="list-style-type: none"> - Docusate Sodium Capsule (cap) 100mg take 	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - 3 caps (300mg) PO at bedtime (Constipation) - Vitamin D3 50 mcg take 1 tab PO once daily (Supplement) - Vitamin B-12 1000 units take 1 tab PO once daily (Supplement) - Tamsulosin cap 0.4mg take 1 cap PO once daily (Enlarged Prostate) - 3/21/23: Amlodipine 5mg take 1 tab PO once daily (Hypertension) - 5/27/23: Eliquis tab 5mg take 1 tab PO twice a day daily (Deep Vein Thrombosis) - 5/30/23: Losartan Potassium 100mg take 1 tab PO once daily (Hypertension) - 6/9/23: Olanzapine 15mg take 2 tabs PO at bedtime (Schizophrenia) - 8/3/23: Potassium Chloride 10 Milliequivalent (MEQ) take 1 tab PO once daily (Hypertension) - 8/7/23: Ferrous Sulfate 324mg take 1 tab PO every other day (Iron Deficiency) - 8/18/23: Trazadone HCL 150mg take 1 tab PO at bedtime (Mood) - 9/20/23: - Clozapine tab 200 mg take 2 tabs (400mg) PO daily at bedtime (Schizophrenia) - Clozapine 200mg take 2 tab PO every morning (Schizophrenia) - The above medications were listed on client #2's August 2023, September 2023, and October 2023 MARs - The QP/Licensee's initials were the only initials on client #2's MARs which indicated the medications had been administered for the months of August 2023, September 2023, and October 1-9, 2023 - There were no documented initials for the administration of client #2's Docusate Sodium Cap, Clozapine, or Eliquis on the September 2023 MAR from 9/1/23 to 9/30/23 <p>Review on 10/10/23 of client #3's record</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> - Admitted 9/27/23 - Diagnoses of Schizoaffective Disorder, Bipolar Type, Catatonic Associated with Schizophrenia, Anxiety, Hypertension, Chronic Obstructive Pulmonary Disease (COPD), Unspecified Neurocognitive Disorder; History of Seizure Disorder with Negative Electroencephalogram, Small Lacunar Infarct Basal Ganglia, Cortical Atrophy, and Seborrheic Dermatitis - Physician's order dated for the following: <ul style="list-style-type: none"> - 9/22/23: <ul style="list-style-type: none"> - Memantine 10mg take 1 tab PO every morning and at bedtime (Dementia) - Wixela inhale 1 puff by inhalation three times a day (TID) (COPD) - Atorvastatin 40mg take 1 tab PO daily (Hypertension) - Senna 8.6mg take 2 tab PO daily at bedtime (Constipation) - 10/9/23: <ul style="list-style-type: none"> - Olanzapine 15mg take 2 tab PO daily (Schizophrenia) - Aspirin 81mg take 1 tab PO every morning (Hypertension) - Losartan Potassium 50mg take 1 tab PO every morning (Hypertension) - Divalproex 500mg take 1 tab PO BID (Bipolar Disorder) - Metoprolol Tartrate 25mg take 1/2 tab PO BID (Hypertension) - Vitamin D3 take 1 tab every morning (Supplement) - Lorazepam 1mg take 1 tab PO TID (Anxiety) - The above medications were listed on client #3's MARs for September 27-30, 2023, and October 1-9, 2023 - The QP/Licensee's initials were the only initials on client #2's MARs, which indicated the 	V 118		

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V 118	<p>Continued From page 8</p> <p>medications had been administered for September 27-30, 2023, and October 1-9, 2023</p> <p>Review on 10/10/23 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hired 8/30/22 - Medication administration training certificate dated 10/14/22 <p>Review on 10/10/23 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hired October 2022 - Medication administration training certificate dated 10/14/22 <p>Review on 10/10/23 of the QP/Licensee record revealed:</p> <ul style="list-style-type: none"> - Medication administration training certificate dated 8/31/21 <p>During interview on 10/10/23 client #2 reported:</p> <ul style="list-style-type: none"> - Took his medication everyday from staff #1, #2, and QP/Licensee gave him his medicine <p>Attempted interview on 10/10/23 with client #3, but client #3 refused.</p> <p>Interviews on 10/11/23 and 11/1/23 staff #1 reported:</p> <ul style="list-style-type: none"> - Worked from 1:30pm-8:00am - Received medication administration training when she was hired - Administered the clients' medications "every day" - "Sometimes" she removed the clients' medicine from the pill packet, but most of the time she administered the medicine from a pill cup that was prepared by the QP/licensee prior to her shift - Didn't sign the MARs after administration - She requested for the QP/Licensee to sign the clients' MARs because "I wanted 	V 118		

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V 118	<p>Continued From page 9</p> <p>[QP/Licensee] to check behind me"</p> <ul style="list-style-type: none"> - "I'm the type of person that likes for people to check behind me to make sure there are no errors" - The QP/Licensee signed the clients' MARs for her since she started in July 2022 - Learned to sign the MARs after administering medications during her medication administration training - Client #2 received his Clozapine, Docusate Sodium, and Eliquis daily and he never refused the medications - She was unaware client #2's September 2023 MAR was not signed for the Clozapine, Docusate Sodium, and Eliquis <p>Interview on 10/10/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - He would have staff #2 contact Mental Health Licensure surveyors for interview <p>Attempted interviews on 10/10/23, 10/11/23 and 11/1/23 with staff #2 were unsuccessful because staff #2 did not return the phone calls.</p> <p>Interviews on 10/10/23 and 10/13/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - Was responsible for checking the clients' MARs and he checked them every day - Was a trained medication technician - Administered all the clients' medications and he signed the clients' MARs - "I just go ahead and dispense the (clients') medication" in a pill cup every day prior to leaving the facility at 1:30pm - He returned to the facility in the evenings to administer the clients' medications - It's "not often" for staff to administer the clients' medications - Staff only administered the clients' medications when he was unable to return to the 	V 118		

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V 118	Continued From page 10 facility - Once he returned to the facility he signed the clients' MARs for the medication staff administered - During his medication administration training, the Registered Nurse (RN) didn't say that staff had to sign the clients' MARs immediately after administering medication - The missing signature for the Clozapine, Docusate Sodium, and Eliquis on client #2's September 2023 MAR was an "oversight on my part" - Client #2 took his medication daily without any refusals Attempted interview on 11/1/23 with the facility nurse was unsuccessful because the facility nurse did not return the phone call.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel	V 131		

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V 131	<p>Continued From page 11</p> <p>Registry (HCPR) check was completed prior to hire for 2 of 2 paraprofessional staff (#1 and #2). The findings are:</p> <p>Review on 10/10/23 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hired 8/30/22 - No documentation of a HCPR check being completed <p>Review on 10/10/23 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hired October 2022 - No documentation of a HCPR check being completed <p>Interview on 10/10/23 and 11/1/23 the Qualified Professional (QP)/Licensee reported:</p> <ul style="list-style-type: none"> - Was responsible for completing the staffs' HCPR checks - Thought he completed staff #2's HCPR check, but "apparently I didn't" - Requested staff #1's HCPR, but he didn't get the "full" HCPR report 	V 131		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be</p>	V 291		

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(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 291	<p>Continued From page 12</p> <p>provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate with other agencies to meet the needs of 1 of 3 clients (#2). The findings are:</p> <p>Review on 10/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/22/22 - Diagnoses of Schizophrenia, Hypertension, History of Deep Vein Thrombosis, Benign Prostatic Hypertrophy, Renal Cyst, Stage 3 Lymphedema Right Leg (chronic), Vitamin Deficiencies, and Chronic Pain - Physician's order dated for the following: - 8/7/23: Start Glucerna protein smart one carton daily (Weight Management) - No documentation client #2 received the Glucerna protein shakes <p>Interview on 10/10/23 client #2 reported:</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2023
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V 291	<p>Continued From page 13</p> <ul style="list-style-type: none"> - His Primary Care Physician (PCP) prescribed him Glucerna protein shakes - Didn't have any Glucerna Protein shakes - "Don't lose weight often" and his weight "was pretty stable" <p>Interview on 10/11/23 staff #1 reported:</p> <ul style="list-style-type: none"> - Was aware client #2 was supposed to drink Glucerna protein shakes daily - Client #2 had Glucerna protein shakes when he was first admitted into the facility - Client #2 didn't like the Glucerna protein shakes, and he refused to drink them - Client #2 didn't experience any significant weight loss from not drinking the Glucerna protein shakes - The Qualified Professional (QP)/Licensee did not purchase any more Glucerna protein shakes for client #2 <p>Interview on 10/10/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - He would have staff #2 contact Mental Health Licensure surveyors for interview <p>Attempted interviews on 10/10/23, 10/11/23 and 11/1/23 with staff #2 were unsuccessful because staff #2 did not return the phone calls.</p> <p>Interviews on 10/10/23 and 11/1/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - Client #2 was prescribed Glucerna protein shakes for weight management on 8/7/23 - The Glucerna protein shakes were "expensive" and "cost a lot of money" - Client #2 didn't have the money to purchase the Glucerna protein shakes, and the QP/Licensee didn't "feel" he was "obligated" to purchase the Glucerna protein shakes - Client #2 did not like to drink the Glucerna protein shakes 	V 291		

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V 291	Continued From page 14 - Client #2's weight was "stable" - Spoke with client #2's PCP about client #2 not needing the Glucerna protein shakes, but he could not recall when - Didn't have a Physician's order to discontinue the Glucerna protein shakes - Planned to speak with client #2's PCP again about discontinuing the Glucerna protein shakes as soon as possible and purchase the Glucerna shakes for client #2	V 291		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366		

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V 366	<p>Continued From page 15</p> <p>Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p>	V 366		

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V 366	<p>Continued From page 16</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to develop and implement written policies governing their response to level I, II and III incidents. The</p>	V 366		

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V 366	<p>Continued From page 17</p> <p>findings are:</p> <p>Review on 10/10/23 of the facility records revealed:</p> <ul style="list-style-type: none"> - No documentation of risk/cause analysis of the described incidents - No incident reporting policy <p>Review on 11/1/23 of a police report dated 7/16/23 at 3:26pm regarding deceased client #4 revealed:</p> <ul style="list-style-type: none"> - Death investigation <p>Review on 11/1/23 of a police report dated 7/27/23 at 11:46pm regarding client #2 revealed:</p> <ul style="list-style-type: none"> - Missing person report - "Subject (client #2) located and returned home" <p>During interview on 10/10/23 client #2 reported:</p> <ul style="list-style-type: none"> - He left the facility on his own, but he could not recall when - He couldn't recall what happened or the reason why he left the facility - The police brought him back to the facility - He wasn't injured or harmed during the incident <p>Interview on 10/12/23 staff #1 reported:</p> <ul style="list-style-type: none"> - Had not seen a policy for incident reporting in the facility - Had seen the facility's incident report forms, but she hadn't had to fill any out because the facility hadn't had any level I incidents - Knew to fill out the level I incident report form if an incident did occur <p>Interview on 10/10/23 the Qualified Professional (QP)/Licensee reported:</p> <ul style="list-style-type: none"> - He would have staff #2 contact Mental Health 	V 366		

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V 366	<p>Continued From page 18</p> <p>Licensure surveyors for interview</p> <ul style="list-style-type: none"> - Attempted interviews on 10/10/23, 10/11/23 and 11/1/23 with staff #2 were unsuccessful because staff #2 did not return the phone calls. <p>Observation on 10/11/23 at 3:50pm and interview with the QP/Licensee revealed:</p> <ul style="list-style-type: none"> - Client #2 had a "family visit" in July 2023 - Client #2 was "overwhelmed" when he returned from the "family visit" and "walked off" from the facility - The QP/Licensee went to the police station and the police found client #2 "within minutes" - Client #2 was away from the facility for approximately 30 minutes - The QP/Licensee could not recall the exact date of the incident - DC #4 passed away in the facility on 8/16/23 due to a brain aneurysm - He notified DC #4's guardian, social worker, and the local Social Service office about DC #4's death on 8/16/23 - The QP/Licensee looked for the incident reporting policy in the facility's policy book, but he could not locate it - The QP/Licensee presented a copy of the facility's level I incident report form for staff to fill out if an incident occurred - The facility hadn't had any level I incidents - Was responsible for developing the facility's policies and procedures, and he planned to develop a policy for incident reporting as soon as possible 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 367		

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V 367	<p>Continued From page 19</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 erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential 	V 367		

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V 367	<p>Continued From page 20</p> <p>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 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 21</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 in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident affecting 1 of 2 audited current clients (#2) and 1 of 1 deceased client (DC # 4). The findings are:</p> <p>Review on 10/10/23 of IRIS revealed no level II incidents reported for the facility.</p> <p>A. Review on 10/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/22/22 - Diagnoses of Schizophrenia, Hypertension, History of Deep Vein Thrombosis, Benign Prostatic Hypertrophy, Renal Cyst, Stage 3 Lymphedema Right Leg (chronic), Vitamin Deficiencies, and Chronic Pain <p>Review on 11/1/23 of a police report dated 7/27/23 at 11:46pm regarding client #2 revealed:</p> <ul style="list-style-type: none"> - Missing person report - "Subject (client #2) located and returned home" <p>During interview on 10/10/23 client #2 reported:</p> <ul style="list-style-type: none"> - He left the facility on his own, but he could not recall when - He couldn't recall what happened or the reason why he left the facility - The police brought him back to the facility 	V 367		

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V 367	<p>Continued From page 22</p> <ul style="list-style-type: none"> - He wasn't injured or harmed during the incident <p>During interview on 10/11/23 staff #1 reported:</p> <ul style="list-style-type: none"> - There was "maybe one" incident when a client eloped from the facility, but she could not recall any details - "Talk to [Qualified Professional (QP)/Licensee] about that" <p>During interview on 10/10/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - He would have staff #2 contact Mental Health Licensure surveyors for interview <p>Attempted interviews on 10/10/23, 10/11/23 and 11/1/23 with staff #2 were unsuccessful because staff #2 did not return the phone calls.</p> <p>During interview on 10/10/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - Client #2 had a "family visit" in July 2023 - Client #2 was "overwhelmed" when he returned from the "family visit" and "walked off" from the facility - The QP/Licensee went to the police station and the police found client #2 "within minutes" - Client #2 was away from the facility for approximately 30 minutes - The QP/Licensee could not recall the exact date of the incident - He did not complete an IRIS report for the incident because "I didn't know I was supposed to" <p>B. Review on 10/10/23 of DC #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/23/23 - Diagnoses of Hypothyroidism, Schizophrenia, Seizure Disorder, Seborrhic Dermatitis, 	V 367		

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V 367	<p>Continued From page 23</p> <p>Traumatic Brain Injury, Neurocognitive Disorder, Body Mass Index, Anisocoria, Constipation, Tremors, and Liver Function Test Abnormal</p> <p>Review on 11/1/23 of a police report dated 7/16/23 at 3:26pm regarding DC #4 revealed:</p> <ul style="list-style-type: none"> - Death investigation <p>During interview on 10/10/23 the QP/Licensee reported:</p> <ul style="list-style-type: none"> - DC #4 passed away in the facility on 8/16/23 due to a brain aneurysm - He notified DC #4's guardian, social worker, and the local Social Service office about DC #4's death on 8/16/23 - He did not do an IRIS report for DC #4's death because "I didn't know I was supposed to" 	V 367		