

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/08/2024
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NAME OF PROVIDER OR SUPPLIER WOLFE & JACKSON GROUP HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107
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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 and follow up survey was completed on 2/8/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client, 1 deceased client.</p>	V 000		
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 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 interviews, the facility failed to ensure disaster drills were conducted quarterly on each shift. The findings are:</p> <p>Review on 2/7/24 of the facility's disaster drill logs</p>	V 114		

Division of Health Service Regulation
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>dated 3/31/23 to 12/26/23 revealed:</p> <ul style="list-style-type: none"> -There was no disaster drill conducted on 1st and 2nd shift for the 1st quarter (January, February, March) of 2023. -There was no disaster drill conducted on 2nd and 3rd shift for the 2nd quarter (April, May, June) of 2023. -There was no disaster drill conducted on 1st and 3rd shift for the 3rd quarter (July, August, September) of 2023. -There was no disaster drill conducted on 2nd and 3rd shift for the 4th quarter (October, November, December) of 2023. <p>Interview on 2/7/24 with the Licensee/staff #1 revealed:</p> <ul style="list-style-type: none"> - The facility did not practice disaster drills each shift every quarter. - "I thought you did the emergency drills one every quarter." 	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 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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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 information; (2) reports by other authorities; and (3) the provider's response to the incident. <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</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report all Level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>Review on 2/7/24 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - There was no incident report regarding the death of Deceased Client (DC) #3. <p>Review on 2/7/24 of DC #3's death certificate revealed:</p> <ul style="list-style-type: none"> - Date of Death: 11/11/23 - "Immediate Cause (Final disease or condition resulting in death): Pending." - "Was an autopsy performed? Yes" <p>Interviews on 2/7/24 and 2/8/24 with the Licensee/staff #1 revealed:</p> <ul style="list-style-type: none"> - DC #3 died on 11/11/23. - DC #3 had been out to eat for her birthday on 11/10/23 and complained about her asthma when she returned home. After DC #3 complained about her asthma, she was provided an Albuterol Sulfate Inhalation Solution treatment via her nebulizer and then went to bed. - The next morning (11/11/23), she opened DC #3's bedroom door and found DC #3 on the floor face down with her head close to the door. She called 911. The police and fireman along with the coroner's office came to the facility . - She thought she had completed an IRIS report on the night of 11/11/23 because when she was in IRIS she received a response that stated "thank you and keep this number." She thought that message meant that the IRIS report was completed. 	V 367		