

Division of Health Service Regulation

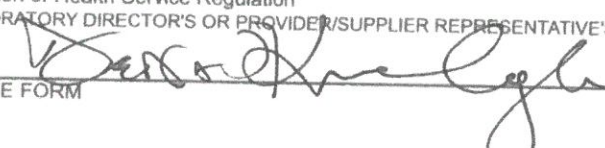
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2024
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NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 730 BLACKWOOD AVENUE WINSTON SALEM, NC 27103
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on January 8, 2024. The complaint was substantiated (Intake #NC00209699). 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 5. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 139	<p>27G .0404 (F-L) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(f) DHSR shall conduct inspections of facilities without advance notice.</p> <p>(g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.</p> <p>(h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007.</p> <p>(i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Construction of a new facility or any renovation of an existing facility;</p> <p>(2) Increase or decrease in capacity by program service type;</p> <p>(3) Change in program service; or</p> <p>(4) Change in location of facility.</p> <p>(j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Change in ownership including any</p>	V 139	<p style="text-align: right;">→</p> <p style="text-align: center;">RECEIVED FEB 20 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 2/7/2024
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V 139	<p>Continued From page 1</p> <p>change in partnership; or</p> <p>(2) Change in name of facility.</p> <p>(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.</p> <p>(l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p> <p>(4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to submit a written request to the Division of Health Service Regulation (DHSR) a minimum of 30 days prior to any change in location of the facility. The findings are:</p> <p>Observation and interview on 1/2/24 at</p>	V 139	<p>THE CO, MAILED OUT AN APPLICATION TO APPROPRIATE OFFICE / INDIVIDUAL AT THE TIME 3 day short of THE-</p>	
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V 139	<p>Continued From page 2</p> <p>approximately 10:55 am of 730 Blackwood Avenue Winston-Salem, NC 27103 revealed: -The front door was open and the kitchen was empty; -An unidentified man came to the door and stated he was doing repairs in the facility and the property was empty.</p> <p>Observation on 1/4/24 at approximately 11:00 am of staff #1's phone conversation revealed: -Staff #1 was speaking on the phone with client #4's legal guardian about visiting the facility. She questioned if the guardian had the address to the facility's new location and she provided the address. -The phone conversation took place in the kitchen of the facility.</p> <p>Interview on 1/4/24 with the Administrator revealed: -She was unable to provide evidence that an emergency relocation request form had been submitted to DHSR.</p> <p>Review on 1/5/24 of DHSR's Internal Records revealed: -No emergency relocation form had been received.</p> <p>Review on 1/5/24 of the application for licensure renewal submitted by the Administrator dated 11/12/23 revealed: -Electronically signed by the Administrator on 11/15/23; -The application listed the facility site address as 730 Blackwood Avenue Winston Salem, NC 27103; -There was no documentation of a new address for the facility.</p>	V 139	<p><i>OF REQ'D 30 DAYS. WE WILL IN THE FUTURE IF REQ'D SEND IN THE APPLICATION WITHIN THE TIMEFRAME REQ'D BY THE STATE.</i></p> <p><i>A NEW APPLICATION HAS BEEN SENT IN TO THE APPROPRIATE OFFICE VIA EMAIL & MAIL DELIVERY</i></p> <p><i>ELECTRONICALLY SIGNED ADDRESS AS WAS IN HOPES THAT IT WILL BE RENEWED / CHG'D TO NEW ADDRESS AFTER THE EMERGENCY RELOCATION WAS COMPLETED BY</i></p>	30 days
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V 139	Continued From page 3 Interview on 1/3/24 with client #1's Department of Social Services (DSS) legal guardian revealed: -She was notified by staff #1, the clients were moved from the facility to a new location on 12/6/23. -No information was sent formally but she contacted staff #1 by text message to confirm the new address on 12/22/23. Interview on 1/4/24 with staff #1 revealed: -The clients were moved to the new location "at least a month and a half ago." She was unsure of the exact date; -To her understanding, the clients were relocated because a neighbor complained about client #1 and not wanting a group home in the neighborhood. Interview on 1/2/24 and 1/4/24 with the House Manager revealed: -"To my knowledge DHSR was notified by [Administrator];" -The clients were relocated because the landlord wanted to renovate and sell the property; -The clients had been at the new address for approximately a month since 12/1/23. Interview on 1/3/24 and 1/8/24 with the Administrator revealed: -"I was notified by the leasing office in October 2023 that the landlord wanted to sell the property. ...I was finally told sometime in November 2023 that the landlord wanted to renovate the property prior to putting the house on the market;" -"I sent the emergency relocation form to [Former Team Leader] at DHSR mail service center on 11/3/23;" -She had not spoken with anyone from DHSR about the emergency relocation form; -She submitted the renewal application with both	V 139	LICENSURE ISSUE A NEW COPY WITH UPDATED ADDRESS. 30 days THE QP NOTIFIED LG'S OF POSSIBLE MOVE TO LOCATION. NOA WILL IN THE FUTURE NOTIFY LG'S BY TEXTS/EMAILS/MAILS WHERE APPLICABLE ON ANY PENDING MOVE. A NEW EMERGENCY 30 day RELOCATION FORM HAS BEEN SENT IN. ALSO A CHANGE OF ADDRESS LICENSURE PACKAGE DETAILING NEW ADDRESS	
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V 139	Continued From page 4 the old and new addresses on the application. She was unsure of the date she sent the application to DHSR; -The facility moved to the new location the first weekend in December 2023; -She no longer had access to 730 Blackwood Avenue Winston Salem, NC and she turned in the keys around the first week of December 2023; -Her lease of the building at 730 Blackwood Avenue Winston Salem, NC expired on 11/30/23.	V 139	NOA WILL SEND IN 30 days EMERGENCY RELOCATION FORMS IF APPLICABLE ON TIME TO THE APPROPRIATE OFFICE AN EMERGENCY RELOCATION	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be 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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices,	V 291	FORM & A CHANGE OF ADDRESS PACKAGE HAS EMAILED / MAILED TO THE APPROPRIATE OFFICES RESPECTIVELY	

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V 291	<p>Continued From page 5</p> <p>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 interviews, the facility failed to coordinate services with the Department of Social Services (DSS) legal guardian affecting 1 of 1 audited client (#1). The findings are:</p> <p>Review on 1/2/24 of client #1's record revealed: -Date of Admission: 6/1/21; -Diagnoses: Schizophrenia, Diabetes Mellitus, Glaucoma, and Tobacco Abuse; -Hospitalization discharge summaries dated 12/15/23 and 12/18/23 provided no specific details about the admissions.</p> <p>Interview on 1/2/24 with client #1 revealed: -She was hospitalized in December 2023 for approximately a week; -She was unable to provide information about the hospitalizations.</p> <p>Interview on 1/4/24 with client #1's DSS legal guardian revealed: -"I was not notified of [client #1] being hospitalized until after she was discharging from the hospital and returning to the facility;" -She was unsure of the exact date she was notified by the hospital but it was before Christmas; -Staff #1 texted her that client #1 was hospitalized but she was unsure of the admission date. Staff</p>	V 291	<p>NOA WILL ENSURE THAT ANY HOSPITAL VISITS / ADMISSIONS ARE COMMUNICATED TO THE LEGAL GUARDIAN OR WARD OR FAMILY IF APPLICABLE IN A TIMELY MANNER. AND AN IRU REPORT DONE PROMPTLY AS WELL.</p>	30 days
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V 291	<p>Continued From page 6</p> <p>#1 was not on shift when client #1 was hospitalized but staff #1 texted her once she returned to work; -"No other communication came from anyone else at the facility except [staff #1]."</p> <p>Interview on 1/4/24 with staff #1 revealed: -Client #1 was hospitalized on 12/15/23 and 12/18/23; -She was off duty the morning of 12/15/23 and she returned to work on 12/18/23 and she was told that client #1 went to the hospital; -She could not recall who told her that client #1 went to the hospital; -She was unaware of the reason client #1 went to the hospital.</p> <p>Interview on 1/8/24 with the House Manager revealed: -"I do not recall if or when the legal guardian was notified of [client #1's] hospitalizations;" -The Qualified Professional (QP) was responsible for notifying the legal guardians of incidents; -The QP was out of the country on vacation (approximately two weeks) and he was the point of contact in the QP's absence.</p> <p>Interview on 1/8/24 with the Administrator revealed: -She was aware that client #1 was hospitalized once and she returned to the facility the same day; -She believed client #1 was hospitalized on 12/4/23 but she was unsure of the date; -She was unaware of client #1 having been hospitalized on any other dates.</p>	V 291	<p>STAFF WILL BE RE-ADVISED TO IMMEDIATELY NOTIFY THE QP OF THE HOME IN ANY CASE INVOLVING A CLIENT BEING TRANSPORTED TO THE HOSPITAL. THE QP WILL BE RESPONSIBLE FOR ADVISING THE LG/FAMILY MEMBER PROMPTLY OF THIS VISIT OVERNIGHT OR OTHERWISE AND THE ADMINISTRATOR WILL BE RESPONSIBLE FOR PROMPTLY ADVISING THE</p>	
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities	V 364		

IRIS Reporting System

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V 364	<p>Continued From page 7</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <ol style="list-style-type: none"> (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <ol style="list-style-type: none"> (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: <ol style="list-style-type: none"> a. Commitment proceedings were initiated as 	V 364		



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V 364	<p>Continued From page 8</p> <p>the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically,</p>	V 364		



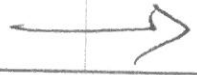
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V 364	<p>Continued From page 9</p> <p>emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive</p>	V 364		
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V 364	<p>Continued From page 10</p> <p>visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in</p>	V 364		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2024
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NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 730 BLACKWOOD AVENUE WINSTON SALEM, NC 27103
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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
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V 364	<p>Continued From page 11</p> <p>the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review, and interviews, the facility restricted the right of 1 of 1 audited client (#1) to keep and spend a reasonable sum of their own money. The findings are:</p> <p>Review on 1/2/24 of client #1's money ledger revealed: -Client #1's special assistance money was withheld for the weeks of 12/4/23, 12/11/23, and 12/18/23.</p> <p>Interview on 1/2/24 with client #1 revealed: -She no longer received her special assistance money in the amount of \$16.50, she was not paid this week, and she did not know the reason; -She believed that she had not received her special assistance money for several months.</p> <p>Interview on 1/3/24 with client #1's the</p>	V 364	<p>NOA WILL DISBURSE CLIENTS WEEKLY STIPEND APPROPRIATELY AND ON TIME.</p> <p>30 days</p>	
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V 364	<p>Continued From page 12</p> <p>Department of Social Services (DSS) legal guardian revealed: -Staff #1 informed her about two months ago, unsure of the date, that client #1's special assistance money was being withheld. Staff #1 was unaware of the reason; -She did not ask the facility to withhold client #1's special assistance money; -The legal guardian notified her supervisor within DSS of the licensee withholding client #1's special assistance money. She was unsure of the date.</p> <p>Interview on 1/2/24 with the House Manager revealed: -"The \$16.50 is being withheld at the request of her legal guardian due to her (client #1's) behavior;" -He had a conversation with client #1's guardian about withholding her special assistance money at the end of November 2023. He was unsure of the date; -Client #1 received special assistance money in the amount of \$66 dollars each month. The agency divides the \$66 dollars by four weeks in a month and pays client #1 \$16.50 each week of the month; -Client #1 was not taking care of herself, she was not bathing, walked around in soiled disposable underwear, and was not keeping her bedroom clean.</p>	V 364	<p>NOA WILL NO LONGER WITHHOLD FUNDS /STIPENDS FROM CLIENTS. IF AN LG REQUESTS THIS TO BE DONE, OR REQUESTS THAT SAID BE FUND BE USED TO PURCHASE ITEMS FOR CLIENTS, SUCH REQUESTS SHALL BE WRITTEN, SIGNED & DELIVERED TO THE FACILITY BY SAID LG BUT WE WILL PROMPTLY DISBURSE FUNDS TO CLIENT IF/WHEN RECEIVED.</p>	<p><i>Idays</i></p>
V 366	<p>27G .0603 Incident Response Requirments</p> <p>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</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2024
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V 366	<p>Continued From page 13</p> <p>response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (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. <p>(b) In addition to the requirements set forth in 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> <ol style="list-style-type: none"> (1) immediately securing the client record by: <ol style="list-style-type: none"> (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal 	V 366		
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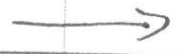
Division of Health Service Regulation

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V 366	<p>Continued From page 14</p> <p>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> <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>	V 366		
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V 366	<p>Continued From page 15</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 record review and interviews, the facility failed to implement policies governing their response to level II incidents. The findings are:</p> <p>Review on 1/2/24 of client #1's record revealed: -Date of Admission: 6/1/21; -Diagnoses: Schizophrenia, Diabetes Mellitus, Glaucoma, and Tobacco Abuse; -Hospitalizations dated 12/15/23, and 12/18/23 for behavior concerns.</p> <p>Review on 1/5/24 of the North Carolina Incident Response Improvement System (IRIS) from 11/1/23 through 12/31/23 revealed: -No documentation of a risk/cause analysis had been reported to the Local Management Entity (LME) or Managed Care Organization (MCO) for client #1's hospitalizations on 12/15/23 or 12/18/23 due to behavior concerns.</p> <p>Interview on 1/2/24 with client #1 revealed: -She was hospitalized in December 2023 for</p>	V 366	<p>The Administrator will be responsible today for gathering any info req'd & sending said info to the State promptly via the IRN reporting system</p>	
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V 366	<p>Continued From page 16</p> <p>about a week; -She was unable to provide additional details about the hospitalizations.</p> <p>Interview on 1/4/24 with staff #1 revealed: -If clients went to the hospital, then an incident report should be done. "I usually complete an incident report;" -Client #1 was hospitalized on 12/15/23 and 12/18/23; -She was unaware of the reason client #1 went to the hospital.</p> <p>Interview on 1/2/24 and 1/8/24 with the House Manager revealed: -To his knowledge the Administrator was responsible for completing and submitting IRIS reports;</p> <p>Interview on 1/8/24 with the Administrator revealed: -"I am responsible for completing and submitting Incident Response Improvement System (IRIS) reports;" -She was unaware of client #1 having been hospitalized.</p>	V 366	<p>Staff will be be advised to promptly complete 30 day an incident report, reposting said incident to the QP.</p> <p>The QP will promptly advise the LG/Family member if applicable of said incident.</p> <p>The Administrator will be responsible for promptly reposting said incident to the STATE VIA THE IRIS Reporting System in place.</p>	
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</p>	V 367		

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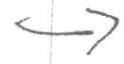
V 367	<p>Continued From page 17</p> <p>responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic 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> <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</p>	V 367		
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V 367	<p>Continued From page 18</p> <p>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). (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 interviews, the</p>	V 367		



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V 367	<p>Continued From page 19</p> <p>facility failed to submit a level II incident to the local Management Entity or Managed Care Organization within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 1/2/24 of client #1's record revealed: -Date of Admission: 6/1/21; -Diagnoses: Schizophrenia, Diabetes Mellitus, Glaucoma, and Tobacco Abuse; -Hospitalizations dated 12/15/23, and 12/18/23 for behavior concerns.</p> <p>Review on 1/5/24 of the Incident Response Improvement System (IRIS) from 11/1/23 through 12/31/23 revealed: -No level II incidents were submitted to the Local Management Entity (LME) or Managed Care Organization (MCO) due to behavioral concerns.</p> <p>Interview on 1/2/24 with client #1 revealed: -She was hospitalized in December 2023 for about a week; -She was unable to provide additional details about the hospitalizations.</p> <p>Interview on 1/4/24 with staff #1 revealed: -If clients went to the hospital, then an incident report should be done. "I usually complete an incident report;" -Client #1 was hospitalized on 12/15/23 and 12/18/23; -She was unaware of the reason client #1 went to the hospital.</p> <p>Interview on 1/2/24 and 1/8/24 with the House Manager revealed: -To his knowledge the Administrator was responsible for completing and submitting IRIS reports.</p>	V 367	<p><i>May</i></p> <p>THE ADMINISTRATOR WILL BE RESPONSIBLE FOR GATHERING REQUIRED INFORMATION AS PERTAINS TO SAID INCIDENT AND PROMPTLY REPORTING SAME TO THE STATE VIA THE IRIS REPORTING SYSTEM IN PLACE WITHIN A PERMISSIBLE TIME FRAME AS STIPULATED BY THE STATE.</p>	
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V 367	Continued From page 20 Interview on 1/8/24 with the Administrator revealed: -"I am responsible for completing and submitting Incident Response Improvement System (IRIS) reports;" -She was unaware of client #1 having been hospitalized.	V 367	The Administration will send in IRIS reports on time via the IRIS reporting system in place within the permissible time required by the state.	30