STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411045	A. BUILDING: _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYDIA'S HOME, LLC PHASE 2	716 PRINCE ROAD GREENSBORO, NC 27455

(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 complaint survey was completed on February 27, 2024. The complaint was unsubstantiated (NC00213631). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4.	V 000		
V 366	27G .0603 Incident Response Requirements 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	Continued From page 1 Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (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; (B) gather other information needed; (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	V 366		

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V 366	Continued From page 2 (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies governing their response to incidents as required. The findings are:	V 366		

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V 366	Continued From page 3 Review on 2/27/24 of a facility internal investigation report dated 2/17/24 revealed: -An incident occurred on or about 2/15/24 where Client #1 made an allegation she was "assaulted" by the Facility Director. -Client #1 denied she made the allegation she was assaulted by the Facility Director and did not know where that (allegation) came from. Interviews on 2/22/24 and 2/27/24 with the Facility Director and Assistant Facility Director revealed: -On 2/22/24, there was no incident report or documentation of an internal investigation for the allegation that Client #1 was assaulted by the Facility Director. -On 2/27/24, there was no documentation of a referral and internal investigation having been submitted to the North Carolina Healthcare Personnel Registry of the allegation against the Facility Director . -No documentation of an incident report to the Local Management Entity where services are provided regarding the allegation by Client #1 she was assaulted by the Facility Director.	V 366		
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	V 367		

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V 367	Continued From page 4 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: (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	V 367		

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V 367	Continued From page 5 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: (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 review and interview, the facility failed to submit Level II and Level III incidents	V 367		

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V 367	Continued From page 6	V 367		

reports to the Local Management Entity within 72 hours of becoming aware of the incidents. The findings are:

Review on 2/22/24 of Client #1's record revealed:
Admission date of 2/27/23.
Diagnoses: Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, Seasonal Allergies

Reviews on 2/21/24 and 2/26/24 of the North Carolina Incident Response Improvement System (IRIS) for Client #1 between 12/1/23 to 2/20/24 revealed:
-No documentation of a level III incident regarding the allegation Client #1 was "hit" on the forearm by the Director on or about 2/14/24.
-No documentation of a level III incident report regarding the allegation Client #1 was scratched on her chest by Staff #2 in December 2023 or January 2024.

Interview on 2/23/24 with the facility's Qualified Professional (QP) revealed:
-She was not clear whether the allegation was Client #1 said she was "assaulted" or "threatened" by the Director; she had heard two stories.
-She did not have knowledge of an internal investigation that clarified Client #1's allegation because the Assistant Director had not "handed" her the findings.
-"With an internal investigation, I'm involved if it's (an allegation) against the other director (Assistant Director or Director); then the other director is pulled into (the investigation) to handle with me. We would talk with the consumer (client who made an allegation) and the other consumers (clients)."
-She became aware of Client #1's allegation

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V 367	Continued From page 7 against the Director when the department of social services (DSS) came out and talked with the clients. -She thought because DSS investigated the allegation, there was not anything to report. Interviews on 2/22/24 and 2/27/24 with the Assistant Director revealed: -Client #1 reported the Director "assaulted" her but it was not clear if she said "assaulted" or "insulted." -DSS came to the facility on or about 2/15/24 and investigated Client #1's allegation against the Director. -On 2/22/24, she stated " we don't have an incident (report) to give you. No investigation. She had no bruises, no nothing." -She stated that Client #1 "had scratched her arms before and blamed it on staff (Staff #2) but she was not sure when this occurred. -The QP submitted the facility's Level II and Level III reports in IRIS. -She remembered something about allegations against staff being submitted to the North Carolina Health Care Personnel Registry (HCPR). -On 2/27/24, she provided documentation of an internal investigation regarding the allegation against the Director but no one had notified the HCPR. -"We messed up. It was my fault." Interviews on 2/22/24 and 2/27/24 with the Director revealed: -On 2/22/24, there were no incident reports provided. "We don't have incidents." -She became aware of the allegation against her when DSS was there (at facility) to investigate Client #1's allegation she had assaulted Client #1.	V 367		