

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2024
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE WINSTON SALEM, NC 27127
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 1/24/24. The complaints were substantiated (intakes # NC00211333 and NC00212035). 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 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED FEB 26 2024 DHSR-MH Licensure Sect</p> <p style="text-align: center;">RECEIVED FEB 26 2024 DHSR-MH Licensure Sect</p>	
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 1/19/24 of staff #1's personnel record revealed: - Hire date of 11/6/23</p>	V 131	<p>Prior to hiring the agency will ensure the HCPR is pulled. The assistant will run the HCPR and attach it to the application for employment. The AP will ensure this is done and it will be ongoing.</p>	3/1/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dhanita D. Wallace

Director

TITLE

2/20/24

(X6) DATE

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V 131	Continued From page 1 - Hired as a paraprofessional - The HCPR check was dated 11/13/23 Interview on 1/24/24 with the Director revealed: - She was not aware that the HCPR check was completed after staff #1's employment - She identified staff #3 as responsible for accessing the HCPR on behalf of prospective employees	V 131		
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 Paragraph (a) of this Rule, ICF/MR providers	V 366		

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V 366	<p>Continued From page 2</p> <p>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> <p>(D) issue a final written report signed by the</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>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 record review and interview, the facility failed to implement written policies governing their responses to level II incidents affecting 1 of 3 clients (#3). The findings are:</p>	V 366	<p>The agency will ensure all level 2/3 incidents are submitted in LRIS according to regulations and timely.</p>	3/1/24
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V 366	<p>Continued From page 4</p> <p>Review on 1/18/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 10/5/16 - Diagnoses of Autism; Mild Intellectual Disability; Mood Disorder (D/O), Not Otherwise Specified; Reactive Attachment D/O; and Vitamin D Deficiency <p>Interview on 1/23/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 1/13/24, client #3 left the facility without staff permission by going out of his bedroom window - After attempting to locate client #3 on his own, he telephoned staff #3 to report client #3 had left the facility - Staff #3 instructed him to contact the police and report client #3 as missing - The police returned client #3 to the facility in less than an hour after he was reported as having left the facility without staff permission <p>Review on 1/24/24 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No level II incident report regarding client #3 and the events of 1/13/24 which would have included documentation of how the facility had attended to the health and safety needs of the individual involved in the restraint; determined the cause of the incident; if the facility had developed and implemented any corrective measures; if any measures had been developed to prevent similar incidents and had they assigned person(s) to be responsible for implementation of any corrective/preventative measures - No evidence the Local Management Entity/Managed Care Organization and client #3's legal guardian were notified <p>Interview on 1/24/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Aware that client #3 left the facility on 1/13/24 	V 366	<p>The AP will be responsible for ensuring they are done and this will be ongoing. The agency will ensure that staff is aware of documenting the incidents and contacting the appropriate people. The agency will ensure staff is aware of the written policies already in place in response to</p>	3/1/24

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V 366	<p>Continued From page 5</p> <p>without staff permission and staff #1 telephoned the police to report his elopement</p> <ul style="list-style-type: none"> - The police located client #3 "shortly" after having been reported missing and returned him to the facility without incident - Was responsible for completing incident reports and submitting them to IRIS - Had not completed an incident report regarding the events of 1/13/24 - Provided no explanation as to why the incident report had not been completed and submitted to IRIS as required <p>Interview on 1/24/24 with the Director revealed:</p> <ul style="list-style-type: none"> - She was out of town when client #3 left the facility on 1/13/24 - No staff had made her aware of this incident until on or about 1/22/24 	V 366	level 2/3 incident response. This will be ongoing	
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 means. The report shall include the following information:</p>	V 367	See V 366	3/1/24

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V 367	<p>Continued From page 6</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 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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>.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 review and interview, the facility failed to report all level II incidents within 72 hours of becoming aware of the incident to the LME (Local Management Entity) responsible for the catchment area where services were provided affecting affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 1/18/24 of client #3's record revealed:</p>	V 367		
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V 367	<p>Continued From page 8</p> <ul style="list-style-type: none"> - An admission date of 10/5/16 - Diagnoses of Autism; Mild Intellectual Disability; Mood Disorder (D/O), Not Otherwise Specified; Reactive Attachment D/O; and Vitamin D Deficiency <p>Interview on 1/23/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 1/13/24, client #3 left the facility without staff permission by going out of his bedroom window - After attempting to locate client #3 on his own, he telephoned staff #3 to report client #3 was missing from the facility - Staff #3 instructed to contact the police and report client #3 as missing - The police returned client #3 to the facility in less than an hour after he was reported as having left the facility without staff permission <p>Review on 1/18/24 and on 1/24/24 of IRIS revealed:</p> <ul style="list-style-type: none"> - No level II incident report submitted on behalf of client #3 and the events of 1/13/24 <p>Interview on 1/24/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Was aware that client #3 left the facility on 1/13/24 without staff permission and that staff #1 had telephoned the police to report his elopement from the facility - The police located client #3 and returned him to the facility on the same day without incident - Was responsible for completing incident reports and submitting them to the North Carolina Incident Response Improvement System (IRIS) - Had not completed an incident report regarding the events of 1/13/24 <p>Interview on 1/24/24 with the Director revealed:</p> <ul style="list-style-type: none"> - She was out of town when client #3 left the 	V 367		

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V 367	Continued From page 9 facility on 1/13/24 - No one had made her aware of this incident until on or about 1/22/24	V 367		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure personal hygiene items were made available to 1 of 3 clients (#1). The findings</p>	V 540	<p>The agency will ensure that there a appropriate grooming and hygiene items</p>	<p>3/1/24</p>

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V 540	<p>Continued From page 10</p> <p>are:</p> <p>Observation on 1/23/24 at 1:30 pm revealed:</p> <ul style="list-style-type: none"> - No sanitary napkins were observed to be in the the facility's supply cabinet, the closet where the clients' medications were stored or in client #1's bedroom or bathroom <p>Interview on 1/23/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Sanitary napkins were not kept in stock at the facility - Used his own money to purchase sanitary napkins from a "[discount variety store]" to have at the facility for client #1's use "when necessary." - "I always know when her period is on because she will come from her Day Program with blood on her clothes or sometime running down her leg." - When client #1 was "on her period," he "made her take a shower daily." - Encouraged her to remain in the shower for "at least thirty minutes" to ensure she had time to adequately clean herself - Could provide no answer as to why sanitary napkins were not kept at the facility for client #1's use <p>Interview on 1/18/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - No response when asked if there were sanitary napkins available for her use at the facility <p>Interview on 1/24/24 with Director revealed:</p> <ul style="list-style-type: none"> - She was aware that there were no sanitary napkins kept in the facility - Sanitary napkins were kept at the Day Program, where client #1 attended Monday through Friday - Sanitary napkins were not kept at the facility "because [client #1] goes through them too fast." 	V 540	<p>at the facility. The owner will ensure that these items are in the facility and this will be ongoing.</p>	

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V 774	Continued From page 14 - No response was provided regarding the missing sheets, pillowcases, and bedside table in the clients' (#1 and #2) bedrooms	V 774		