

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</b>		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 3/18/24. The complaints were unsubstantiated (Intake #NC00212920, NC00212931). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities For Children and Adolescents.</p> <p>The facility is licensed for 12 and currently has a census of 11. The survey sample consisted of audits of 2 current clients and 1 former 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 have completed fire and disaster</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	Continued From page 1  drills held at least quarterly and repeated on each shift. The findings are:  Review on 3/13/24 of the facility's fire and disaster drill log from April 4, 2023-March 13, 2024 revealed: - No documentation of 1st shift (7am-3pm), 2nd shift 3pm-11pm and 3rd shift (11pm-7am) fire and disaster drills for the 2nd quarter from April-June 2023; - No documentation of 1st shift (7am-3pm) fire and disaster drills for the 3rd quarter from July-September 2023.  Interview on 3/5/24 with Client #1 revealed: - Completed fire and disaster drills.  Interview on 3/5/24 with Client #2 revealed: - "We do fire drills, we go to the basketball court."  Interview on 3/18/24 with the Training Specialist revealed: -"Once I was given the plan of correction in September for another cottage, I have been completing the drills." - "I have already gave [Quality Specialist] the schedule for the year going forward for the fire and disaster drills are due."  Interview on 3/18/24 with the Chief Agency Officer revealed: - "We will comply with state regulatory requirements going forward."	V 114			
V 366	27G .0603 Incident Response Requirements  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366			

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V 366	Continued From page 2  (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 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;	V 366		

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V 366	Continued From page 3  (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 (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	V 366		

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V 366	<p>Continued From page 4</p> <p>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 reviews and interviews, the facility failed to implement written policies governing their response to Level I incidents. The findings are:</p> <p>Review on 3/13/24 of the facility's incident reports from December 16, 2023- March 12, 2024 revealed: No Incident Reports or Risk/Cause/Analysis (RCA) for:</p> <ul style="list-style-type: none"> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 3/9/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 3/8/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 3/1/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 2/28/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 2/2/24;</li> </ul>	V 366		

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V 366	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 2/1/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 1/28/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 1/20/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 1/15/24;</li> <li>- Client #1 refused Duac Gel 12 milligrams (mg)/50mg on 1/13/24;</li> <li>- Client #2 refused Fluticasone Nasal 50 micrograms on 1/10/24.</li> </ul> <p>Interview on 3/18/24 with Nurse #2 revealed:</p> <ul style="list-style-type: none"> <li>- "When a client refuse medications, I make a note in the comments."</li> <li>- "Thought I was only to do a write up, when its detrimental to their health."</li> </ul> <p>Interview on 3/18/24 with the Chief Agency Officer revealed:</p> <ul style="list-style-type: none"> <li>- "I will make sure the nurses complete an incident report."</li> <li>- "If a client continues to refuse then we will speak with the doctor."</li> </ul>	V 366		