

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/12/2024
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NAME OF PROVIDER OR SUPPLIER REFLECTIONS OF HOPE, LLP	STREET ADDRESS, CITY, STATE, ZIP CODE 33 DARLINGTON AVENUE WILMINGTON, NC 28403
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed April 12, 2024. The complaint was unsubstantiated (intake #NC00209308). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 368. The survey sample consisted of audits of 4 current clients and 1 former client.</p>	V 000		
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> <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 	V 367		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 367	<p>Continued From page 1</p> <p>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 .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>include summary information as follows:</p> <ul 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 facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Finding #1: Review on 4/11/24 of client #0070 's record revealed: -40 year old male. -Admission date: 11/20/23. -Date of death: 2/21/24. -Diagnosis of Opioid Use Disorder - Moderate.</p> <p>Review on 4/11/24 of a North Carolina Incident</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>Response Improvement System (IRIS) report completed by the facility for client # 0070 revealed:</p> <ul style="list-style-type: none"> -Date of Incident: 2/21/24. -Date Provider Learned of Incident: 2/29/24. -Date of Submission: 3/4/24. -Provider Comments: "The patient met with his counselor on 02/01/24 and did not report any health issues or new health concerns at that time. Patient last dosed at the clinic on 02/09/24, 24 mg Buprenorphine. The patient missed 3 days, 2/10 to 2/13/24 and the counselor called his phone to check in and was not able to leave a message due to the phone "no longer being in service". The patient continued to be absent from dosing and Counselor called on 2/21 and 2/26/24 with the same message that the phone was no longer in service. On 2/29/24, patient had continued to be absent from dosing and the counselor called the identified Emergency Contact. The emergency contact was the patient's mother and she informed the counselor that the patient, her son, had been admitted to Novant NHRMC the week prior and had passed away from an aggressive form of cancer. We do not have any medical documentation as to how or what medical condition the patient passed from. He was admitted to the hospital for a medical condition. An obituary search on 03/01/24 stated that the patient passed away on 02/21/24. No other details are available at this time." <p>Interview on 4/12/24 the Chief Executive Officer stated they would ensure all reports were completed within the 72 hour timeframe.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 367		