

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2024
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NAME OF PROVIDER OR SUPPLIER NO LIMITS RESIDENTIAL CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 208 LONGCREEK ROAD BESSEMER CITY, NC 28016
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 8, 2024. The complaint was unsubstantiated (intake #NC00214476). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 2. 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 reviews and interviews, the facility failed to conduct fire drills once per shift</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	<p>Continued From page 1</p> <p>per quarter. The findings are:</p> <p>Review on 3/18/24 of the facility's fire and disaster drills log, from March 2023 to March 2024 revealed:</p> <ul style="list-style-type: none"> -No documentation of fire drills conducted on each shift for the 4th quarter of 2023. <p>Interview on 3/18/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Sometimes staff practiced fire drills. -"When there is a fire drill, we meet across the street at the neighbor's mailbox." <p>Interview on 3/18/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Did not recall practicing fire and disaster drills. <p>Interview on with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She did not practice fire and safety drills with the clients. -She was at the facility once a week. -The facility administrator did fire and safety drills with the clients. <p>Interview on 4/4/24 with the Director/ Associate Professional revealed:</p> <ul style="list-style-type: none"> -"We received our license in 2022, but we did not get clients until July of 2023." -Unaware the required fire drills had not been completed. -She would inform staff to make sure they are documenting fire drills. <p>Interview on 4/8/24 with Facility Administrator revealed:</p> <ul style="list-style-type: none"> -The facility did not get its first client until 7/12/23. -"We do fire and disaster drills on the same day, staff probably just forgot to document them." 	V 114		

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V 366	Continued From page 2	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <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</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>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 reviews and interviews, the facility failed to implement written policies governing their response to level II incidents as required. The findings are:</p> <p>Review on 3/25/24 of the Local Police Department's "Call for Service" report revealed:</p> <ul style="list-style-type: none"> -On 10/19/23 there was a call for service from the facility in reference to a missing person (Client #1). -On 10/19/23 there was a call for service from the facility in reference to a missing person (Client #2). -On 2/6/24 there was a call for service from the facility in reference to a missing person (Former 	V 366		

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V 366	<p>Continued From page 5</p> <p>Client (FC) #3). -On 2/17/24 there was a call for service from the facility in reference to a missing person (Client #1).</p> <p>Review on 3/18/24 of the facility's incident reports from July 2023 through February 2024 revealed: -There were no incident reports from July 2023 through February 2024. -No Incident Reports or Risk/Cause/Analysis (RCA) for: -Client #1 running away from the facility on 10/19/23. -Client #2 running away from the facility on 10/19/23. -FC #3 running away from the facility and being hospitalized for suicidal ideation on 2/6/24 according to the "Calls for Service Report". -Client #1 leaving out of her bedroom window and being located an hour later on 2/17/24 according to the "Calls for Service Report".</p> <p>Interview on 4/8/24 with the Facility Administrator revealed: -She was not aware of Clients #1 and #2 running away on 10/19/23. -She thought an incident report was completed on 2/6/24 for FC #3. -"[Client #1] was not missing on 2/17/24. The police responded but we canceled the call because [Client #1] returned. She was just across the street. I didn't know that was still considered an incident."</p> <p>Interview on 4/4/24 with the Director revealed: -Internal incident reports were done for incidents. -Did not put incident reports in IRIS. -"We always call the police and the guardian when a client runs away and do an incident report."</p>	V 366		

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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 cause of the incident; and (6) other individuals or authorities notified or responding. <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> <ol style="list-style-type: none"> (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. 	V 367		

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V 367	<p>Continued From page 7</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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 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 	V 367		

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V 367	<p>Continued From page 8</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report all Level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/18/24 of the facility's internal incident reports from July 2023 through February 2024 revealed: - There were no incident reports July 2023 through February 2024.</p> <p>Review on 2/7/24 of the Incident Response Improvement System (IRIS) revealed: -There was no incident report regarding Client #1 running away from the facility on 10/19/23 and 2/17/24. -There was no incident report regarding Client #2 running away from the facility on 10/19/23. -There was no incident report regarding Former Client (FC) #3 running away from the facility then being transported to the hospital on 2/6/24.</p> <p>Interview on 4/8/24 with the Facility Administrator revealed: -She was not aware of Clients #1 and #2 running away on 10/19/23.</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>-She thought an incident report was completed on 2/6/24 for FC #3.</p> <p>-"[Client #1] was not missing on 2/17/24. The police responded but we canceled the call because [Client #1] returned. She was just across the street. I didn't know that was still considered an incident."</p> <p>Interview on 4/4/24 with the Director revealed:</p> <p>-Internal incident reports were done for incidents.</p> <p>-Did not put incident reports in IRIS.</p> <p>-"I will make sure all incidents are put in IRIS from now on."</p>	V 367		