

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REFLECTIONS OF HOPE, LLP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>33 DARLINGTON AVENUE WILMINGTON, NC 28403</b>
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V 000	<p><b>INITIAL COMMENTS</b></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	<p style="text-align: center;"><b>RECEIVED</b> <b>MAY 13 2024</b> <b>DHSR-MH Licensure Sect</b></p>	
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></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"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the</li> </ol>	V 367		<p>To correct this deficiency, Reflections of Hope completed IRIS training for all Clinical and Medical Staff who would be responsible for being involved in patient interactions and knowledge about patient involved incidents. The training occurred on 05.07.24 and included review of level II and III incidents, IRIS manual, time frames for notifications and report completion, with emphasis on the 72 hour submission requirement that is 72 hours and not 72 hours based on business days, IRIS incident grid and supporting documentation based on type of incident. To prevent this problem from occurring again, when an incident occurs, staff with the knowledge of incident will discuss with on-site supervisor to determine level of incident. If the incident is a level II or III per the IRIS incident matrix, the IRIS report process will be started. Upon completion, the staff will inform the supervisor and the supervisor will complete and submit within the stated time frame for the incident type. Program Director or designee will monitor IRIS submissions for each incident to ensure they are submitted</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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 , CEO  
5/9/24

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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	<p>within the stated time frames. By monitoring for each incident, this will put in place oversight to ensure that late submissions do not occur again.</p>	
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V 367	<p>Continued From page 2</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <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"> <li>-Date of Incident: 2/21/24.</li> <li>-Date Provider Learned of Incident: 2/29/24.</li> <li>-Date of Submission: 3/4/24.</li> <li>-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."</li> </ul> <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		

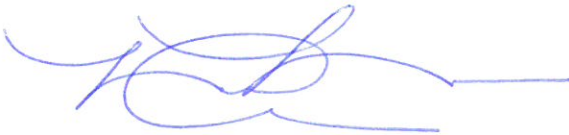
# REFLECTIONS OF HOPE

May 9, 2024

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Enclosed is our completed Plan of Correction from the Complaint and Follow Up Survey that was completed on April 12, 2024, MHL # 065-258. Please let us know if you have any additional questions or need further information.

Sincerely,



Melissa Morris, CEO, Program Sponsor

33 Darlington Avenue  
Wilmington, NC 28403  
Ph: 910.782.8752  
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