STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601529	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGSBY HOME	7239 WALDEN PARK LANE CHARLOTTE, NC 28214

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 5-1-24. The complaint was unsubstantiated (Intake # NC00215914). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living. This facility is licensed for two and currently has a census of one. The survey sample consisted of audits of one current client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is	V 132		

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V 132	Continued From page 1 providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report allegations against health care personnel to the Health Care Personnel Registry for 1 of 1 Alternative Family Living (AFL) Provider. The findings are: Review on 4-22-24 and 4-29-24 of the North Carolina Incident Response Improvement System (IRIS) report submitted by the Clinical Director dated 4-23-24 and updated on 4-26-24 revealed: -No documentation of an allegation that the Alternative Family Living (AFL) Provider had hit Client #1 or knocked her down. Interview on 4-26-24 with Client #1 revealed: -The AFL Provider had hit her and knocked her down on several occasions (dates unknown).	V 132		

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V 132	Continued From page 2 -The AFL Provider had also had forgotten to feed her. -She thought that she would go back with her family when she left the hospital. -She did not like the AFL Provider and did not want to go back to her house. Interview on 5-1-24 with the Clinical Director revealed: -They learned about the allegation (that the AFL Provider had hit Client #1) from Client #1's Department of Social Services Guardian. -The report just "fell through the cracks." (not reported) -Either she or the Qualified Professional should have reported the allegation in the IRIS report.	V 132		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).	V 318		

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V 318	Continued From page 3 This Rule is not met as evidenced by: Based on interviews the facility failed to report all allegations against health care personnel within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department. The findings are: Interview on 4-26-24 with Client #1 revealed: -The AFL Provider had hit her and knocked her down on several occasions (dates unknown). -The AFL Provider had also forgotten to feed her. -She thought that she would go back with her family when she left the hospital. -She did not like the AFL Provider and did not want to go back to her house. Interview on 4-23-24 with the AFL Provider revealed: -She had been made aware of the allegation (date unknown) that she had hit Client #1 by the Department of Social Services guardian for Client #1. Interview on 5-1-24 with the Clinical Director revealed: -They learned about the allegation (that the AFL Provider had hit Client #1) from Client #1's Department of Social Services Guardian. -The report just "fell through the cracks." (not reported) -Either she or the Qualified Professional should have reported the allegation in the IRIS report and done an internal investigation.	V 318		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	Continued From page 4 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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. (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: (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. (c) Category A and B providers shall submit,	V 367		

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V 367	Continued From page 5	V 367		

upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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).
(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:
(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)

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V 367	Continued From page 6 through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all Level 2 incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 4-29-24 of North Carolina Incident Response Improvement System (IRIS) revealed: -Incident dated 4-11-24 entered on 4-23-24 and updated on 4-26-24. -Client #1 was eating with her Alternative Family Living (AFL) Provider and soda spilled on her accidentally. Client #1 became extremely upset aggressive. When the AFL Provider attempted to take Client #1 home Client #1 started saying she was going to kill herself. The AFL Provider took Client #1 to the local emergency room, police were called. When the police arrived Client #1 pulled out a disposable shaver to attack the AFL Provider. Police handcuffed Client #1 and she was admitted to a local behavioral health unit. Interview on 4-26-24 with Client #1 revealed: -Client #1 would not talk about trying to attack her AFL Provider with a disposable razor. Interview on 5-1-24 with the Clinical Director revealed:	V 367		

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V 367	Continued From page 7 -The report "fell through the cracks." (not reported) -The report should have been filed in a timely manner, as soon as they knew that police were involved.	V 367		