

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2024
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NAME OF PROVIDER OR SUPPLIER DAVIS AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 711 DAVIS AVENUE WHITEVILLE, NC 28472
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 9, 2024. The complaint was unsubstantiated (intake #NC00216149). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and 	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the paraprofessional staff audited (staff #4) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 5/8/24 of client #1's record revealed: -18 year old male. -Admitted on 9/6/05. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Bipolar Disorder, Attention Deficiet Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder, Mixed Expressive Receptive.</p> <p>Review on 5/8/24 of client #3's record revealed: -18 year old female. -Admitted on 8/16/23. -Diagnoses of ADHD, Anxiety Disorder, Depressive Disorder, Cerebral Palsy, Seizure Disorder and Eczema.</p> <p>Review on 5/8/24 staff #2 revealed: -Hire date: 10/16/19. -Job: Direct Care Staff</p> <p>Interview on 5/9/24 client #1 stated:</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>-Staff #2 requested he get his own medication box. -Staff #2 would administer the medication.</p> <p>Interview on 5/8/24 client #3 stated: -Staff would request client's bring their medication box. -She would only take her medication box to the staff. -"Any staff", staff #2 or staff #3 would request client's bring their medication box to them.</p> <p>Interview on 5/9/24 staff #2 stated: -She worked at the facility for 4 to 5 years. -She had not requested any clients bring their own medication boxes for medication administration.</p> <p>Interview on 5/9/24 the Qualified Professional stated: -She did not have knowledge of staff asking clients to bring their medication box for medication administration. -Staff were trained to call each client to the office for medication administration.</p>	V 110		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment</p>	V 120		

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V 120	<p>Continued From page 3</p> <p>or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were stored in a locked container for 3 of 3 audited current clients (#1, #3, #4). The findings are:</p> <p>Finding #1 Review on 5/8/24 of client #1's record revealed: -18 year old male. -Admitted on 9/6/05. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Bipolar Disorder, Attention Deficiet Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder, Mixed Expressive Receptive.</p> <p>Review on 5/8/24 of client #1's Medication Administration Record revealed the following medications: -Lithium Carbonate 300 milligram (mg) (Depression) -Lithium Carbonate 450 mg -Levothyroxine 100 microgram (mcg)(Synthroid) -Colace 100 mg (Stool)</p>	V 120		

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V 120	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Clind PH Benzoyl Peroxide Gel 1.2% - 5% (Acne) -Quetiapine 100 mg (Mood) -Imipramine 25 mg (Depression) -Intuniv 2 mg (ADHD) -Quetiapine 200 mg (Mood) -Dulcolax 5 mg (constipation) -Linzess 145 mcg (constipation) <p>Finding #2 Review on 5/8/24 of client #3's record revealed: -18 year old female. -Admitted on 8/16/23. -Diagnoses of ADHD, Anxiety Disorder, Depressive Disorder, Cerebral Palsy, Seizure Disorder and Eczema.</p> <p>Review on 5/8/24 of client #3's Medication Administration Record revealed the following medications: -Claritin 10 mg -Lisinopril 10 mg (Hypertension) -Flonase 50 mcg (allergies) -Melatonin 5 mg (Sleep) -Keppra 1000mg (Seizures) -Sertraline HCL 100 mg -Hydroxyzine PAM 25 mg (Itching/Mood) Triamcinolone Ointment 0.1% (Eczema)</p> <p>Finding #3 Review on 5/8/24 of client #4's record revealed: -14 year old male. -Admitted on 5/2/24. -Diagnoses of ADHD and Generalized Anxiety Disorder.</p> <p>Review on 5/8/24 of client #4's Medication Administration Record revealed the following medications: -Clonidine 0.5 mg (ADHD)</p>	V 120		

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V 120	<p>Continued From page 5</p> <p>-Vyvanse 40 mg (ADHD) -Zyrtec 10 mg (allergies)</p> <p>Observation on 5/8/24 at 10am during a tour of the facility revealed: -There were no locks on the individual tool boxes used for client medications. -The file cabinet where the client medications were stored was not locked. -There were individual locks located behind the tool boxes.</p> <p>Interview on 5/8/24 staff #3 stated: -She was unsure why the medications were not locked and secured. -The medication tool boxes had locks.</p> <p>Interview on 5/9/24 the Qualified Professional stated: -She was not sure when the client medications were not locked and secured. -There were locks for the medication tool boxes and the file cabinet also locked.</p>	V 120		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients.</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate within the scope of licensure and served minor and adult clients in the same facility for 2 of 3 audited current clients (#1, #3). The findings are:</p> <p>Review on 5/8/24 of Division of Health Service Regulation (DHSR) records revealed: -The facility was licensed under 10A NCAC 27G .5600B Supervised Living for Minor with Developmental Disability. -No waiver was requested or approved to serve adult clients.</p> <p>Review on 5/8/24 of client #1's record revealed: -18 year old male. -Admitted on 9/6/05. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Bipolar Disorder, Attention Deficient Hyperactivity Disorder, and Oppositional Defiant Disorder, Mixed Expressive Receptive.</p> <p>Interview on 5/9/24 client #1 stated: -He was 18 years old and would turn 19 on September 6. -He graduated High School in 2023.</p>	V 289		

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V 289	<p>Continued From page 8</p> <p>Review on 5/8/24 of client #3's record revealed: -18 year old female. -Admitted on 8/16/23. -Diagnoses of ADHD, Anxiety Disorder, Depressive Disorder, Cerebral Palsy, Seizure Disorder and Eczema.</p> <p>Interview on 5/8/24 client #3 stated: -She lived at the facility since August/September 2023. -She turned 18 years old last month. -She wanted to know when she could "get out" because it was hard being "in the house on the weekends"</p> <p>Interview on 5/8/24 and 5/9/24 the Qualified Professional stated: -Both client #1 and client #3 were 18 years old. -The facility was working on a transition plan for client #1. -Client #3 had 6 months before she had to transition.</p> <p>Interview on 5/9/24 the Director stated: -The facility had not requested a waiver to serve adult clients.</p>	V 289		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate medical services with other professionals responsible for client's treatment for one of three audited current clients (#3). The findings are:</p> <p>Review on 5/8/24 of client #3's record revealed: -18 year old female. -Admitted on 8/16/23. -Diagnoses of Attention Deficient Hyperactivity Disorder, Anxiety Disorder, Depressive Disorder, Cerebral Palsy, Seizure Disorder and Eczema.</p> <p>Review on 5/8/24 of client #3's treatment plan dated 5/1/24 revealed:</p>	V 291		

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V 291	<p>Continued From page 10</p> <p>- "Meeting Date 2/8/24"</p> <p>- "What ' s not working?...[Client #3] is obese and needs supports to reduce weight and make more healthy food choices...needs glasses to be repaired..."</p> <p>Interview on 5/8/24 client #3 stated:</p> <p>-She wore glasses but "they broke"</p> <p>-Her glasses broke last year. The glasses were in her pants pocket and broke when the pants were put into the dryer.</p> <p>-She had not had glasses since they broke.</p> <p>-She was not seen at the eye doctor after breaking her glasses.</p> <p>-She saw dots of colors when she closes her eyes and it takes her eyes a while to adjust when she opens them.</p> <p>Interview on 5/8/24 and 5/9/24 the Qualified Professional stated:</p> <p>-Client #3's Medicaid only paid for glasses once a year.</p> <p>-Client #3 did not want her glasses "right now"</p> <p>-Client #3 broke her glasses.</p> <p>-She contacted the eye doctor to see if client #3 needed the glasses daily and was informed the glasses were not prescribed to be worn daily.</p> <p>-She did not have any documentation of the contact with the eye doctor.</p> <p>-She was unsure when she made contact with the eye doctor and the name of the eye doctor.</p>	V 291		
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</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>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 by:</p> <p>(1) immediately securing the client record 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</p>	V 366		

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V 366	<p>Continued From page 12</p> <p>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 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>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2024
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NAME OF PROVIDER OR SUPPLIER DAVIS AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 711 DAVIS AVENUE WHITEVILLE, NC 28472
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V 366	<p>Continued From page 13</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 review and interview the facility failed to implement policies for responding to incidents as required. The findings are:</p> <p>Review on 5/8/24 of client #3's record revealed: -18 year old female. -Admitted on 8/16/23. -Diagnoses of Attention Deficient Hyperactivity Disorder, Anxiety Disorder, Depressive Disorder, Cerebral Palsy, Seizure Disorder and Eczema.</p> <p>Review on 5/9/24 of a hand written note on lined notebook paper dated 3/22/24 completed by staff #3 revealed: -"Staff prompt client to not go into clients bedroom. Client did not listen, she open the door to enter, staff closed door, then client hit staff in face. Staff then took client by both hand and sat her down on couch, and holded her down until she calmed down, staff then talked to client and told her that she was going to lett her go. Client then stood up and hit staff in the face again. Staff</p>	V 366		

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V 366	Continued From page 14 grab client hands again and just hold the client's hand. Client finally calmed down and walked outside until she cooled off." Interview on 5/9/24 staff #3 stated: -The facility did not use restrictive interventions. -She held client #3 wrists and sat her on the couch until she calmed down. -She documented the incident on her progress note. Interview on 5/8/24 the Qualified Professional stated: -There were no incident reports for the facility from 3/1/24 - 5/8/24. Interview on 5/9/24 the Director stated: -Incident reports were to be completed on the facility incident report.	V 366		
V 367	27G .0604 Incident Reporting Requirements 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	V 367		

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V 367	<p>Continued From page 15</p> <p>information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the 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</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2024
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V 367	<p>Continued From page 16</p> <p>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:</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 (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 an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 5/8/24 of client #3's record revealed: -18 year old female.</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>-Admitted on 8/16/23.</p> <p>-Diagnoses of Attention Deficiet Hyperactivity Disorder, Anxiety Disorder, Depressive Disorder, Cerebral Palsy, Seizure Disorder and Eczema.</p> <p>Review on 5/9/24 of a hand written progress note dated 3/22/24 completed by staff #3 revealed: -"Staff prompt client to not go into clients bedroom. Client did not listen, she open the door to enter, staff closed door, then client hit staff in face. Staff then took client by both hand and sat her down on couch, and holded her down until she calmed down, staff then talked to client and told her that she was going to lett her go. Client then stood up and hit staff in the face again. Staff grab client hands again and just hold the client's hand. Client finally calmed down and walked outside until she cooled off."</p> <p>Review on 5/8/24 of the North Carolina Improvement Response Improvement System revealed: -There were no incident reports submitted between March 2024- 5/8/24.</p> <p>Interview on 5/9/24 staff #3 stated: -The facility did not use restrictive interventions. -She held client #3 wrists and sat her on the couch until she calmed down.</p> <p>Interview on 5/9/24 the Qualified Professional stated: -There were no incident reports completed for the restrictive intervention. -She was not aware staff used a restrictive intervention.</p>	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 18</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, manner. The findings are:</p> <p>Observation on 5/8/24 between 10am - 10:30am during a tour of the facility revealed:</p> <ul style="list-style-type: none"> -There was no drywall in the laundry room, wood beams were exposed. -There was no door knob on client #1's closet door. -The closet door in client #2 and client #3 shared bedroom was off the hinge and sat next to the closet. -The kitchen countertop was not secure to the counter and could be lifted. -The air vent in the kitchen had broken vents. <p>Interview on 5/8/24 and 5/9/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The facility would ensure repairs were completed. -The facility had a repair man scheduled to come the following day. <p>This deficiency constitutes a recited deficiency and must be corrected within 30 day.</p>	V 736		