

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/17/2024
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 625 N MEBANE STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 17, 2024. The complaints were unsubstantiated (intake #NC00217925, #NC00217976). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #6). The findings are:</p> <p>Review on 6/13/24 of Staff #6's personnel record revealed: -Hire date of 10/24/12. -He was hired as a Paraprofessional. -Certificate from the American Red Cross expired on 1/29/24. -No evidence of a current certification in CPR/First Aid.</p> <p>Interview on 6/13/24 with Staff #6 revealed: -He was not aware that his certification on First Aid and CPR had expired. -He would inform the Owner about the expired certificate.</p> <p>Interview on 6/17/24 with the Owner revealed: -Staff #6 had informed him that his First Aid/CPR certificate had expired. -He was arranging for Staff #6 to take the training again.</p>	V 108		

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V 108	Continued From page 2 -Staff #6 would get retrained within the next few days. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be	V 109		

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V 109	<p>Continued From page 3</p> <p>supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the Qualified Professionals (QP) and the Owner failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/13/24 of Staff #5's personnel record revealed: -Hire date of 7/14/24. -He was hired as a Paraprofessional. -There was no record of an individualized supervision plan with the Qualified Professional with the population served.</p> <p>Review on 6/13/24 of Staff #6's personnel record revealed: -Hire date of 10/24/12. -He was hired as a Paraprofessional. -There was no record of an individualized supervision plan with the Qualified Professional with the population served.</p> <p>Review on 6/13/24 of Staff #7's personnel record revealed: -He was hired on 11/2022. -He was hired as a Residential Counselor. -There was no record of an individualized supervision plan with the Qualified Professional with the population served.</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>Review on 6/13/24 of the QP personnel record revealed: -A personnel record for the QP was not provided.</p> <p>Interview on 6/13/24 with the Qualified Professional (QP) revealed: -He did not consider himself the QP from the facility. -The Owner had asked him to help him out while he was searching for a new QP. -He had helped the Owner with some documentation, but he was working pretty much on an "as needed basis."</p> <p>Interview on 6/13/24 with the Qualified Professional (QP) revealed: -He did not consider himself the QP for the facility. -He had been contacted by the facility's Owner a couple of months ago to help him get some of the required documentation. -The Owner had asked him to help him out while he was searching for a new QP. -He had helped the Owner with some documentation, but he was working pretty much on an "as needed basis." -He had not meet with staff at the facility individually for supervision regarding population served. -He had heard last week of the incident between Client #3 and Former Client #4. -He was under the impression that the Owner had completed an internal incident report. -He had not completed an incident report on the North Carolina Incident Response Improvement System (IRIS).</p> <p>Interview on 6/17/24 with the Owner revealed: -He considered the QP to be his current QP.</p>	V 109		

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V 109	Continued From page 5 -He recently had to switch QP's as his former one had to be let go. -It was the QP's department to complete the incident reports. -He was not aware that the QP needed to meet with facility staff for individualized supervision regarding population served. -He was not aware that an incident report needed to be completed on IRIS. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter	V 111		

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V 111	<p>Continued From page 6</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 2 of 3 audited clients (Client #2 and Former Client #4 (FC #4)). The findings are:</p> <p>Review on 6/13/24 of Client #2's record revealed: -Client #2 did not have a complete client record. -FL-2 form with an admission date of 4/30/24. -Diagnoses of Renal Disorder; Hypertension; Schizophrenia, Paranoid Type, Chronic; Mild Intellectual Disability; Mental and Behavioral Problem. -There was no admission assessment on file.</p> <p>Review on 6/13/24 of FC #4's record revealed: -FC #4 did not have a complete client record. -FL-2 form with an admission date of 4/12/24. -Diagnoses of Schizophrenia; Substance Induced Mood Disorder; Amphetamine Use Disorder; Hyperprolactinemia; Seizure Disorder; Bipolar; Cocaine, Cannabis and Opioid Disorder; Psychotic Disorder. -There was no admission assessment on file</p>	V 111		

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V 111	<p>Continued From page 7</p> <p>Interview on 6/13/24 with the Qualified Professional (QP) revealed: -He did not consider himself the QP for the facility. -He had been contacted by the facility's Owner a couple of months ago to help him get some of the required documentation. -He had been working for the facility on an "as needed basis." -There had been times when the Owner may had accepted and brought in a client to the facility prior of being assessed. -He had not done an admission assessment for Client #2 or FC #4.</p> <p>Interview on 6/13/24 and 6/17/24 with the Owner revealed: 6/13/24: -He considered the QP to be his current QP. -He recently had to switch QP's as his former one had to be let go. -It was the QP's department to complete the assessments. -Client's information may had been electronic and was not printed out to be placed in their record. -He was not aware that the records for Client #2 and FC #4 were missing information. 6/17/24: -He was not aware that an assessment had to be completed prior of clients receiving services from the facility. -He would make sure client's information was completed and placed in their records at the facility. -He acknowledged Client #2 and FC #4 did not have an admission assessment completed prior to receiving services at the facility in their record.</p>	V 111		

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V 290	Continued From page 8	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 9</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the home and community for two of four audited clients (Client #2 and Former Client #4 (FC #4)). The findings are:</p> <p>Review on 6/13/24 of Client #2's record revealed: -Client #2 did not have a complete client record. -FL-2 form with an admission date of 4/30/24. -Diagnoses of Renal Disorder; Hypertension; Schizophrenia, Paranoid Type, Chronic; Mild Intellectual Disability; Mental and Behavioral Problem. -There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Review on 6/13/24 of FC #4's record revealed: -FC #4 did not have a complete client record. -FL-2 form with an admission date of 4/12/24. -Diagnoses of Schizophrenia; Substance Induced Mood Disorder; Amphetamine Use Disorder; Hyperprolactinemia; Seizure Disorder; Bipolar; Cocaine, Cannabis and Opioid Disorder; Psychotic Disorder. -There was no assessment to determine client's</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>capability of unsupervised time in the home or the community.</p> <p>Interview on 6/13/24 with Staff #6 revealed: -Client #2 and FC #4 had unsupervised time. -He believed they were able to be outside for about one hour each. -They were allowed to walk to the gas station located about a 5 minute walk from the facility. -He was not aware that Client #2 and FC #4 did not have an unsupervised time assessment.</p> <p>Interview on 6/13/24 with the Qualified Professional (QP) revealed: -He did not consider himself the QP from the facility. -The Owner had asked him to help him out while he was serching for a new QP. -He had helped the Owner with some documentation, but he was working pretty much on an "as needed basis." -He had not completed an unsupervised time assessment for Client #2 or FC #4.</p> <p>Interview on 6/17/24 with the Owner revealed: -Client #2 and FC #4's paperwork had been granted unsupervised time by their legal guardians. -He was not aware that the facility needed to complete an unsupervised time assessment separate from what their legal guardians had approved. -He acknowledged the facility failed to assess and document client's capability of having unsupervised time in the home and community.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		

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V 366	Continued From page 11	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 12</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 13</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 responses to level II and level III incidents. The findings are:</p> <p>Review on 6/13/24 of Client #3's record revealed: -Admission date of 10/18/23. -Diagnoses of Schizophrenia, Intellectual Developmental Disability, Seizure Disorders, Substance Disorder.</p> <p>Review on 6/13/24 of Former Client #4 (FC #4)'s record revealed: -FC #4 did not have a complete client record. -FL-2 form with an admission date of 4/12/24.</p>	V 366		

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V 366	<p>Continued From page 14</p> <p>-Diagnoses of Schizophrenia; Substance Induced Mood Disorder; Amphetamine Use Disorder; Hyperprolactinemia; Seizure Disorder; Bipolar; Cocaine, Cannabis and Opioid Disorder; Psychotic Disorder.</p> <p>Review on 6/13/24 of the facility's incident report log revealed: -There was no incident report documented of the alleged sexual abuse from FC #4 to Client #3.</p> <p>Review on 6/13/24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no IRIS report, risk/cause analysis or documentation to support submission of written preliminary findings of fact to the Local Management Entity (LME)/Managed Care Organization (MCO) within 5 working days for the allegation of sexual abuse from FC #4 to Client #3.</p> <p>Review on 6/13/24 of local law enforcement event reports revealed: -Event ID: 24-050701. -Report dated 6/4/24 - 10:20 am. -Services Involved: Law. -Nature: "Sexual Assault." -Notes: "Resident claiming to staff that another resident assaulted him." -Event ID-24-050733. -Report date 6/4/24 - 12:10 pm. -Services Involved: "FIRE/EMS". -Nature: Assault- "EMS Category." -Notes: "Chief complaint: Sexual assault." -Event ID: 24-050788. -Report dated 6/4/24 - 2:50 pm. -Services Involved: Law. -Nature ; "Assist."</p> <p>Interview on 6/11/24 with Client #3 revealed:</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>-He did not wish to talk about the incident that occurred on 6/4/24.</p> <p>Interview on 6/11/24 with Staff #5 revealed: -He did not know what may had happened, but he was informed that Client #3 had made the allegation that FC #4 had sexually molested him. -He found out about it last week. -He had never seen FC #4 being inappropriate with Client #3. -"I had not seen anyone messing with anyone. But I just don't know." -FC #4 was also discharged from the facility. -FC #4 also went to the hospital. He did not know if he ws still there. -Client #3 was also taken to the hospital to be checked. -Client #3 did not spend anytime in the hospital. He was checked and returned to the home same day. -An ambulance was contacted to take Client #3 to the hospital. He believes Staff #6 had called for the ambulance.</p> <p>Interview on 6/13/24 with Staff #6 revealed: -On 6/4/24, Client #3 told him that FC #4 had violated while he was asleep. -He asked Client #3 how he knew it was FC #4 if he was asleep? -Client #3 replied that FC #4 had been in his room the night before. -When he heard about the allegation, he called and spoke with the Owner. -Police was called. -An ambulance was called and requested as well. -Client #3 was taken to the hospital to be checked. -FC #4 was also taken to the hospital on an involuntary commitment. -FC #4 was transported to the hospital by police.</p>	V 366		

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V 366	<p>Continued From page 16</p> <ul style="list-style-type: none"> -He had not completed an incident report about the allegation. <p>Interview on 6/13/24 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -He did not consider himself the QP for the facility. -He had been contacted by the facility's Owner a couple of months ago to help him get some of the required documentation. -The Owner had asked him to help him out while he was searching for a new QP. -He had helped the Owner with some documentation, but he was working pretty much on an "as needed basis." -He had heard last week of the incident between Client #3 and Former Client #4. -He was under the impression that the Owner had completed an internal incident report. -He had not completed an incident report on the North Carolina Incident Response Improvement System (IRIS). <p>Interviews on 6/11/24 and 6/17/24 with the Owner revealed:</p> <p>6/11/24:</p> <ul style="list-style-type: none"> -"We are not sure what happened between Client #3 and FC #4." -Client #3 was taken to the hospital when he made the allegation. -Client #3 was checked and he was informed that there was no evidence of penetration on Client #3. -He felt that Client #3 was uncomfortable with FC #4, but did not believe FC #4 may had done what Client #3 said he did. -FC #4 was removed from the home. -FC #4's guardian completed an Involuntary Commitment (IVC) on him and was sent to the hospital. 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/17/2024
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V 366	Continued From page 17 -Reason for the IVC was because FC #4 was a threat to others in the house. -When they found out about the allegations, each of the client's guardians were contacted and informed. -He worked together with the guardians and had FC #4 removed. -Protective Services also came and investigated. They also worked with the client's guardians. -Client #3 was transported to the hospital to be checked. -There was no physical evidence of rape. -FC #4 was removed from the home as a preventive measure. -Client #3 was returned home and said things were good now. -Regarding completing incident reports, it was the Qualified Professional's department to complete them. -No incident reports had been completed regarding the allegation. 6/17/24: -He acknowledged the facility failed to implement policies governing their response to level II and level III incidents.	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	V 367		

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V 367	<p>Continued From page 18</p> <p>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> <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</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>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:</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 review and interview, the facility failed to ensure incidents were reported to the</p>	V 367		

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V 367	<p>Continued From page 20</p> <p>Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 6/13/24 of Client #3's record revealed: -Admission date of 10/18/23. -Diagnoses of Schizophrenia, Intellectual Developmental Disability, Seizure Disorders, Substance Disorder.</p> <p>Review on 6/13/24 of Former Client #4 (FC #4)'s record revealed: -FC #4 did not have a complete client record. -FL-2 form with an admission date of 4/12/24. -Diagnoses of Schizophrenia; Substance Induced Mood Disorder; Amphetamine Use Disorder; Hyperprolactinemia; Seizure Disorder; Bipolar; Cocaine, Cannabis and Opioid Disorder; Psychotic Disorder.</p> <p>Review on 6/13/24 of the facility's incident report log revealed: -There was no incident report documented of the alleged sexual abuse from FC #4 to Client #3.</p> <p>Review on 6/13/24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no IRIS report, risk/cause analysis or documentation to support submission of written preliminary findings of fact to the Local Management Entity (LME)/Managed Care Organization (MCO) within 5 working days for the allegation of sexual abuse from FC #4 to Client #3.</p> <p>Review on 6/13/24 of local law enforcement event reports revealed: -Event ID: 24-050701. -Report dated 6/4/24 - 10:20 am.</p>	V 367		

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V 367	<p>Continued From page 21</p> <ul style="list-style-type: none"> -Services Involved: Law. -Nature: "Sexual Assault." -Notes: "Resident claiming to staff that another resident assaulted him." <p>-Event ID-24-050733.</p> <ul style="list-style-type: none"> -Report date 6/4/24 - 12:10 pm. -Services Involved: "FIRE/EMS". -Nature: Assault- "EMS Category." -Notes: "Chief complaint: Sexual assault." <p>-Event ID: 24-050788.</p> <ul style="list-style-type: none"> -Report dated 6/4/24 - 2:50 pm. -Services Involved: Law. -Nature ; "Assist." <p>Interview on 6/11/24 with Client #3 revealed: -He did not wish to talk about the incident that occurred on 6/4/24.</p> <p>Interview on 6/11/24 with Staff #5 revealed: -He did not know what may had happened, but he was informed that Client #3 had made the allegation that FC #4 had sexually molested him. -He found out about it last week. -He had never seen FC #4 being inappropriate with Client #3. -"I had not seen anyone messing with anyone. But I just don't know." -FC #4 was also discharged from the facility. -FC #4 also went to the hospital. He did not know if he ws still there. -Client #3 was also taken to the hospital to be checked. -Client #3 did not spend anytime in the hospital. He was checked and returned to the home same day. -An ambulance was contacted to take Client #3 to the hospital. He believes Staff #6 had called for the ambulance.</p> <p>Interview on 6/13/24 with Staff #6 revealed:</p>	V 367		

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V 367	<p>Continued From page 22</p> <ul style="list-style-type: none"> -On 6/4/24, Client #3 told him that FC #4 had violated while he was asleep. -He asked Client #3 how he knew it was FC #4 if he was asleep? -Client #3 replied that FC #4 had been in his room the night before. -When he heard about the allegation, he called and spoke with the Owner. -Police was called. -An ambulance was called and requested as well. -Client #3 was taken to the hospital to be checked. -FC #4 was also taken to the hospital on an involuntary commitment. -FC #4 was transported to the hospital by police. -He had not completed an incident report about the allegation. <p>Interview on 6/13/24 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -He did not consider himself the QP for the facility. -He had been contacted by the facility's Owner a couple of months ago to help him get some of the required documentation. -The Owner had asked him to help him out while he was searching for a new QP. -He had helped the Owner with some documentation, but he was working pretty much on an "as needed basis." -He had heard last week of the incident between Client #3 and Former Client #4. -He was under the impression that the Owner had completed an internal incident report. -He had not completed an incident report on the North Carolina Incident Response Improvement System (IRIS). <p>Interviews on 6/11/24 and 6/17/24 with the Owner revealed:</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>6/11/24: -"We are not sure what happened between Client #3 and FC #4." -Client #3 was taken to the hospital when he made the allegation. -Client #3 was checked and he was informed that there was no evidence of penetration on Client #3. -He felt that Client #3 was uncomfortable with FC #4, but did not believe FC #4 may had done what Client #3 said he did. -FC #4 was removed from the home. -FC #4's guardian completed an Involuntary Commitment (IVC) on him and was sent to the hospital. -Reason for the IVC was because FC #4 was a threat to others in the house. -When they found out about the allegations, each of the client's guardians were contacted and informed. -He worked together with the guardians and had FC #4 removed. -Protective Services also came and investigated. They also worked with the client's guardians. -Client #3 was transported to the hospital to be checked. -There was no physical evidence of rape. -FC #4 was removed from the home as a preventive measure. -Client #3 was returned home and said things were good now. -Regarding completing incident reports, it was the Qualified Professional's department to complete them. -No incident reports had been completed regarding the allegation.</p> <p>6/17/24: -He acknowledged the facility failed to implement policies governing their response to level II and level III incidents.</p>	V 367		

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V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/17/2024
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 625 N MEBANE STREET BURLINGTON, NC 27217
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V 536	<p>Continued From page 25</p> <p>behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an</p>	V 536		

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V 536	<p>Continued From page 26</p> <p>instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may</p>	V 536		

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V 536	<p>Continued From page 27</p> <p>request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three of three audited staff (#5, #6 and #7) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 6/13/24 of Staff #5's personnel record revealed: -Hire date of 7/14/24. -He was hired as a Paraprofessional. -There was no current training updates in alternatives to restrictive interventions.</p> <p>Review on 6/13/24 of Staff #6's personnel record revealed: -Hire date of 10/24/12. -He was hired as a Paraprofessional. -Evidence Based Protective Interventions (EBPI) Base Plus training in alternatives to restrictive</p>	V 536		

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V 536	<p>Continued From page 28</p> <p>interventions expired 6/9/24. -No current training updates in alternatives to restrictive interventions.</p> <p>Review on 6/13/24 of Staff #7's personnel record revealed: -He was hired on 11/2022. -He was hired as a Paraprofessional -Evidence Based Protective Interventions (EBPI) Base Plus training in alternatives to restrictive interventions expired 6/9/24. -No current training updates in alternatives to restrictive interventions.</p> <p>Interview on 6/13/24 with Staff #6 revealed: -He was not aware that his EBPI training had just expired. -He had not completed any recent training updates on alternatives to restrictive interventions. -He would have notified the Owner about updating his EBPI.</p> <p>Interview on 6/17/24 with the Owner revealed: -He was not aware that the EBPI training for facility staff had just expired. -He would have have staff take the EBPI retraining course in the next few days. -He acknowledged Staff #5, #6 and #7's EBPI certificates had not been updated.</p>	V 536		
V9999	<p>Final Observations</p> <p>Based on record reviews and interviews the facility failed to follow North Carolina General Statute (NCGS) 122C and admitted one client (#2) while a Suspension of Admission (SOA) was in effect. The findings are:</p>	V9999		

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V9999	<p>Continued From page 29</p> <p>Per North Carolina General Stature (NCGS) 122-23(g) Article 2, licensure of Facilities for the Mentally Ill, Developmentally Disabled, and substance Abusers. The Secretary may suspend the admission of any new clients to a facility under this Article where the conditions of the facility are determined to the health and safety of the clients. This suspension shall be for the period determined by the Secretary and shall remain in effect until the Secretary is satisfied that conditions or circumstances merit removal of the suspension.</p> <p>Review on 6/13/24 of Client #2's record revealed: -Client's record was incomplete. -FL-2 with an admission date of 4/30/24. -Diagnoses of Renal Disorder; Hypertension; Schizophrenia, Paranoid Type, Chronic; Mild Intellectual Disability; Mental and Behavioral Problem.</p> <p>Review on 6/11/24 of the facility's public record maintained by the Division of Health Service Regulation revealed: -A SOA letter dated 4/17/24.</p> <p>Interview on 6/11/24 with Staff #5 revealed: -Client #5 had been at the facility since end of April.</p> <p>Interview on 6/13/24 with Staff #6 revealed" -Client #6 had been at the facility since end of April.</p> <p>Interview on 6/17/24 with the Qualified Professional revealed: -He was not aware the facility had received a SOA letter. -Facility's Owner had not informed him that he had received a SOA letter.</p>	V9999		

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V9999	Continued From page 30 Interview on 6/13/24 with the Owner revealed: -He admitted Client #5 to the facility at the end of April 2024. -He was not aware that a SOA letter had been mailed out to him. -He had received the letter informing him of the Type A, but did not remember receiving anything regarding the SOA. -He would have all deficiencies noted brought up to compliance as fast as he can in order to lift the SOA as he would be losing money by not having new clients at the facility.	V9999		