STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME	226 WEST NINTH STREET LEXINGTON, NC 27292

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on June 18, 2024. The complaint was substantiated (Intake #NC218072). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (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. (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,	V 108		

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V 108	Continued From page 1 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide training to meet the MH/DD/SA needs of 1 of 3 audited clients (#1) as specified in the treatment/habilitation plan for 4 of 6 audited staff (#1, #2, #3 and #4). The findings are: Review on 6/14/24 of staff #1's record revealed: -A job description of Relief Supervisor in Charge -No documentation of training to meet the MH/DD/SA needs of client #1. Review on 6/14/24 of staff #2's record revealed: -A job description of Relief Supervisor in Charge -No documentation of training to meet the MH/DD/SA needs of client #1. Review on 6/14/24 of staff #3's record revealed: -A job description of Relief Supervisor in Charge -No documentation of training to meet the MH/DD/SA needs of client #1. Review on 6/14/24 of staff #4's record revealed: -A job description of Relief Supervisor in Charge -No documentation of training to meet the MH/DD/SA needs of client #1.	V 108		

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V 108	Continued From page 2 Interviews on 6/13/24 and 6/14/24 with staff #1, #2, #3 and #4 revealed: -Had worked at the facility as fill in staff -Had not been trained in client specific training for client #1. Interview on 6/13/24 with Qualified Professional #1 (QP #1) revealed: -"The relief staff that works at the facility on the weekends are the same staff that work at the workshop with the clients. I have had meetings with the staff, but the problem is, I have not documented that." Interview on 6/13/24 with the Executive Director (ED) revealed: -"There was no longer full-time staff at the facility. We have not had a full-time person since February (2024). I only have fill in staff." Further interview on 6/18/24 with the ED revealed: Facility staff had been trained on MR/DD/SA of the clients. -"We do not have training specifically on [client #1]."	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.	V 112		

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V 112	Continued From page 3 (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the individual needs of 1 of 3 audited clients (#1). The findings are: Review on 6/13/24 of client #1's record revealed: -An admission date of 5/9/23 -Diagnoses of Intellectual Disability, Mild, Epilepsy, Hypothyroidism, Depression Unspecified Anxiety Disorder and Attention Deficit Hyperactivity Disorder, Predominately Inattentive Presentation. -Age 29 -An admission assessment dated 5/9/23 noted	V 112		

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V 112	Continued From page 4 "needs his friends and family around to support him and needs access to these people through phone calls, requires a place of his own to go to when he needs to regulate or decompress, needs support and guidance from others at times to make healthy choices and to recognize stressful triggers that can stress him out, does well when someone remains calm when engaging with him and he is given to opportunity to speak his mind, is more likely to accept feedback and respond in a positive manner when he feels that his concerns and feelings are validated by others, requires having a person to talk to at work if any problems arise, he can communicate well by speaking, might require some assistance when trying to voice certain feelings such as frustration, us frustrated over his lack of understanding things, needs additional time to process, requires prompting at times to complete his chores and remain on task and focused, his ultimate goal is to live on his own, has epilepsy but has not had a seizure since 2017, it is important for him to be involved in route outings to contribute to his well-being, is not currently employed and would like to be in the future." -A treatment plan dated 5/22/24 noted "will remember to take his daily medications with one or less verbal prompts, will complete his chores daily with 2 or less verbal prompts, will budget his money and not spend it all at one time with 2 or less verbal prompts, and will assist staff with the preparation of one meal per week with 2 or less verbal prompts." -No goals or strategies to address client #1's need to "regulate or decompress." -No goals or strategies to address client #1's need to "recognize stressful triggers." -No goals or strategies to address client #1's need to "voice certain feelings such as frustration."	V 112		

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V 112	Continued From page 5 Interview on 6/17/24 with client #1 revealed: -"When I try to talk to staff about how I feel, no one will talk to me. They said for me to make an appointment." -"It would really help me if they would listen to me when I need to talk." Interview on 6/18/24 with the Qualified Professional (QP) revealed: -Was responsible for assessing the clients on admission -Was responsible for developing goals and strategies in the clients' treatment plans. -"If there are any issues, then that is on me." Interview on 6/18/24 with the Executive Director revealed: -"[Client #1] was a new person (to the facility). When he came in, his family told us his needs. We went off what we were told (to develop his goals and strategies). His family said he needed to learn how to do his laundry and how to cook. So, we developed his goals based on that." -Would have the QP review the clients' treatment plans to ensure goals and strategies had been developed based on the clients' assessments.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the	V 118		

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V 118	Continued From page 6 client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the MAR was kept current, and administration of medications was documented immediately following administration affecting 3 of 3 audited clients (#1, #2 & #3). The findings are: Review on 6/18/24 of client #1's record revealed: -Physician's orders dated 2/26/24 for the following medications: Depakote 250 milligrams (mgs), one by mouth (po) q (every) am (morning),, Lamictal	V 118		

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V 118	Continued From page 7 25 mgs 6 po bid (twice daily) Levothyroxine 125 mgs 1 po q d (day), Aripiprazole 5 mgs 1 po q d, Omeprazole 40 mgs 1 po before breakfast and Lithium Carbonate ER 300 mgs 1 po tid (three times daily). Review on 6/18/24 of client #1's June 2024 MARs revealed: -Blanks for the 8:00am doses on June 18, 2024 of Depakote, Lamictal, Levothyroxine, Aripiprazole, Omeprazole and Lithium Carbonate Review on 6/18/24 of client #2's record revealed: -Physician's orders dated 5/6/24 for the following medications: Buspirone 15 mgs, 1 po tid, Loratadine 10 mgs, 1 po q d, Divalproex 250 mgs, 1 po tid, Lisinopril 10 mgs, 1 po q d and Daily Vitamin 1 po q d. Review on 6/18/24 of client #2's June 2024 MARs revealed: -Blanks for the 8:00am doses on June 18, 2024 of Buspirone, Loratadine, Divalproex, Lisinopril and Daily Vitamin Review on 6/18/24 of client #3's record revealed: -Physician's orders dated 3/21/24 for the following medications: Multivitamin 1 po q d, Oxcarbazepine 150 mgs ½ po q d, Atorvastatin Calcium 10 mgs 1 po q d and Metformin 500 mgs 1 po bid with meals. Review on 6/18/24 of client #3's June 2024 MARs revealed: -Blanks for the 8am doses on June 18, 2024 of Multivitamin, Oxcarbazepine, Atorvastatin Calcium and Metformin. Interview on 6/18/24 with staff #2 revealed: -Had worked at the facility on the morning of	V 118		

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V 118	Continued From page 8 6/18/24 and administered the medications to clients #1, #2, and #3. -Had been trained on Medication Administration "recently." -"I don't document on the MARs after the clients take their medications in the morning. I usually document it at night when I do all of my paperwork." Interview on 6/18/24 with Qualified Professional #2 revealed: -"When you look at their MARs, it looks like the clients did not get their medications today (6/18/24). A stranger should be able to walk in here (the facility) and see that the medications were administered to the clients. We just had medication training." Interview on 6/18/24 with the Executive Director revealed: -Recently, the facility staff had been trained on Medication Administration.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (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. (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	V 290		

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V 290	Continued From page 9 the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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 (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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interviews, the facility staff failed to document in the client's treatment or habilitation plan their capability of remaining in the home or community without	V 290		

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V 290	Continued From page 10	V 290		

supervision for specified periods of time for 1 of 3 audited clients (#1). The findings are:

Review on 6/13/24 of client #1's record revealed:
-An admission date of 5/9/23
-Diagnoses of Intellectual Disability, Mild, Epilepsy, Hypothyroidism, Depression Unspecified Anxiety Disorder and Attention Deficit Hyperactivity Disorder, Predominately Inattentive Presentation.
-Age 29
-An admission assessment dated 5/9/23 noted "needs his friends and family around to support him and needs access to these people through phone calls, requires a place of his own to go to when he needs to regulate or decompress, needs support and guidance from others at times to make healthy choices and to recognize stressful triggers that can stress him out, does well when someone remains calm when engaging with him and he is given to opportunity to speak his mind, is more likely to accept feedback and respond in a positive manner when he feels that his concerns and feelings are validated by others, requires having a person to talk to at work if any problems arise, he can communicate well by speaking, might require some assistance when trying to voice certain feelings such as frustration, us frustrated over his lack of understanding things, needs additional time to process, requires prompting at times to complete his chores and remain on task and focused, his ultimate goal is to live on his own, has epilepsy but has not had a seizure since 2017, it is important for him to be involved in route outings to contribute to his well-being, is not currently employed and would like to be in the future."
-A treatment plan dated 5/22/24 noted "will remember to take his daily medications with one or less verbal prompts, will complete his chores

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V 290	Continued From page 11 daily with 2 or less verbal prompts, will budget his money and not spend it all at one time with 2 or less verbal prompts, and will assist staff with the preparation of one meal per week with 2 or less verbal prompts." -"Unsupervised time: [client #1] is able to be on his own up to 8 hours at a time in the community." -No documentation of specified times that client #1 could remain unsupervised in the community. Interview on 6/17/24 with client #1 revealed: -He did not know when his "curfew" was at the facility. -"It kept changing from 9 (pm) and then to 11 (pm) and then back to 9 (pm). -Did not sign in or out when he left and returned to the facility -"I just tell staff where I am going." Interview on 6/17/24 with staff #1 revealed: -"[Client #1] had unsupervised time in the community. I don't stop him. I have no idea how much time he is to have. He takes himself to appointments ...there's no sign in and out book. I didn't know that was a thing. Normally, he has been told to be in by 9pm on the weekdays and 10pm on the weekends ...I don't leave anyone by themselves (at the facility). I take them all with me. No one is ever alone at the home. I don't feel comfortable leaving them alone, due to the client that got hit at (the sister facility." -"Sometimes" client #1 was out in the community unsupervised longer than other times. -" ...He goes to church outings. He goes out a lot. I can't keep up with where all he goes. Sometimes he will stay out from the time he leaves to go to church (around 10am) and he is still gone when I leave at 4pm. So, I have no idea when he returns ..."	V 290		

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V 290	Continued From page 12 Interview on 6/14/24 with staff #2 revealed: -Client #1 had unsupervised time in the community. -The facility did not have a sign in or sign out log for unsupervised time. -" ...In my personal opinion I don't think it is a good idea ...I am not comfortable with that ...his curfew during the week is 9pm and on the weekends 10pm. If you count up the hours, it is more than 8 hours...on the weekends, he has 'free time' ...he will go to church and then come back and say he is going out. That could easily be over 8 hours. He does not sign in and out ..." Interview on 6/14/24 with the Qualified Professional #1 revealed: -Was responsible for assessments and treatment plans for the clients -"Treatment plans are completed by me. The unsupervised time assessments are done through a basic questionnaire to see where they (the clients) are with the safety protocol and their families. We make a decision (for unsupervised time) off that. Typically, our clients are with us at all times." -For client #1, "he has unsupervised time in the facility and the community. The unsupervised time is on the questionnaire and there's new template for the treatment plan and unsupervised time is highlighted in yellow ...for the most part we put it (capability to have unsupervised time) in their treatment plan and if they pass the questionnaire ...we do have a safety protocol, as what to do in an emergency, and the clients tell us what they would do ..." -Had not put a goal or strategy in client #1's treatment plan for specified time periods for unsupervised time. Interview on 6/17/24 with the Qualified	V 290		

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V 290	Continued From page 13 Professional #2 revealed: -Client #1 had unsupervised time in the community. -"[QP #1] did his unsupervised time assessment ...they really unleashed a beast (by allowing client #1 to have so much unsupervised time). We want all the clients to be independent, but with [client #1], I don't know how we are going to fix that. We need to know where he is going and when he will return. There's too much freedom for him (client #1) while he's in the community (unsupervised) ..." Interview on 6/18/24 with the Executive Director revealed: -Client #1 had unsupervised time in the community -There was no documentation of client #1 signing in or out when he went into the community unsupervised. -"I guess we will have to make it (unsupervised time) more concrete. The QPs (Qualified Professionals #1 and #2) were supposed to document his unsupervised time. I documented the clients' unsupervised time for 18 years and I never had a problem."	V 290		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident;	V 366		

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V 366	Continued From page 14 (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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	V 366		

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V 366	Continued From page 15	V 366		

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:
(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;
(B) gather other information needed;
(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
(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
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting

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V 366	Continued From page 16 provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their written policies governing their response to a level II incident. The findings are: Review on 6/13/24 of the facility's Incident Report dated 3/17/24 and written by staff #1 revealed: -The incident was for client #3 -"Describe Incident in detail, degree of injury (if any) and plan of treatment: [Client #3] had said his hip was hurting, but he had been moving a nightstand. I asked if it was a pulled muscle and he said he didn't know. I told him to lay down and prop his leg. He said his sister said the same thing. This was around 8:30. I did paper wok then locked all the outside doors. All bedroom doors were shut. I went back to my room but was still awake at 12:00am. At no point during the night did [client #3] inform me of a medical emergency. [Client #3] called the ambulance himself and left without telling me. [Client #3] called his family from the hospital. I spoke with the family in the morning. [Client #3] said and showed me and his sister how lightly he knocked on the door. We both spoke with him about the severity of leaving without staff knowing." -"How could incident have been prevented:	V 366		

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V 366	Continued From page 17 Educate persons served on protocol. Get door alarms." -"Documentation of Counseling: Talked to person served about the importance of alerting staff and not leaving without staff knowledge." -No documentation to determine the cause of the incident -No documentation of an assigned person to be responsible for the implementation or corrections and preventive measures -No documentation of the cause of the incident, or recommendations for minimizing the occurrence of future incidents -No evidence that written preliminary findings had been sent to the Local Management Entity (LME) Review on 6/13/24 of client #3's record revealed: -An admission date of 3/6/22 -Diagnoses of Mild Intellectual Disability and Cerebral Palsy -Age 49 Interview on 6/13/24 with client #3 revealed: -Had pain in his side and called 911 -The ambulance came to the facility and transported him to the hospital. -He was treated and released Interview on 6/14/24 with the Qualified Professional revealed: -There was an incident where client #3 was having pain and called the ambulance. -"The incident with [client #3] occurred, I believe in March (2024)." -"It occurred during the night. [Client #3] said he knocked on the staff's bedroom door, but staff did not respond." -"We addressed the issue with [staff #1]." -"We do not know how long [client #1] was gone. We did do an incident report. [The Executive	V 366		

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V 366	Continued From page 18 Director (ED)] took care of that." -Had not documented to determine the cause of the incident -Had not assigned person to be responsible for the implementation or corrections and preventive measures -Had not documented the cause of the incident, or recommendations for minimizing the occurrence of future incidents. -Had not submitted written preliminary findings of the incident to the LME Interview on 6/13/24 with the Executive Director revealed: -Stated the incident where the client (#3) left the facility was true to go to the hospital was true. -Was "pretty sure" that client #3 had called 911 and the ambulance came out. -"Staff working the night of the incident was [staff #1]. -Was "pretty sure" an incident report was completed as "I know we told that staff to do one." -Had not documented to determine the cause of the incident -Had not assigned person to be responsible for the implementation or corrections and preventive measures -Had not documented the cause of the incident, or recommendations for minimizing the occurrence of future incidents. -Had not submitted written preliminary findings of the incident to the LME	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 367		

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V 367	Continued From page 19 (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, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential	V 367		

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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) through (4) of this Paragraph.

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V 367	Continued From page 21 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report a Level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are: Review on 6/13/24 of the North Carolina's Incident Response Improvement System (IRIS) revealed: -No level II incident had been submitted for client #3. Review on 6/13/24 of the facility's Incident Report dated 3/17/24 and written by staff #1 revealed: -The incident was for client #3 -"Describe Incident in detail, degree of injury (if any) and plan of treatment: [Client #3] had said his hip was hurting, but he had been moving a nightstand. I asked if it was a pulled muscle and he said he didn't know. I told him to lay down and prop his leg. He said his sister said the same thing. This was around 8:30. I did paper wok then locked all the outside doors. All bedroom doors were shut. I went back to my room but was still awake at 12:00am. At no point during the night did [client #3] inform me of a medical emergency. [Client #3] called the ambulance himself and left without telling me. [Client #3] called family from the hospital. I spoke with the family in the morning. [Client #3] said and showed me and his sister how lightly he knocked on the door. We both spoke with him about the severity of leaving without staff knowing."	V 367		

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V 367	Continued From page 22 -"How could incident have been prevented: Educate persons served on protocol. Get door alarms." -"Documentation of Counseling: Talked to person served about the importance of alerting staff and not leaving without staff knowledge." Review on 6/13/24 of client #3's record revealed: -An admission date of 3/6/22 -Diagnoses of Mild Intellectual Disability and Cerebral Palsy -Age 49 Interview on 6/13/24 with client #3 revealed: -Had pain in his side and called 911 -The ambulance came to the facility and transported him to the hospital. -He was treated and released Interview on 6/14/24 with the Qualified Professional revealed: -There was an incident where client #3 was having pain and called the ambulance. -"The incident with [client #3] occurred, I believe in March (2024)." -"It occurred during the night. [Client #3] said he knocked on the staff's bedroom door, but staff did not respond." -"We addressed the issue with [staff #1]." -"We do not know how long [client #1] was gone. We did do an incident report. [The Executive Director (ED)] took care of that." -Since the facility staff were not sure how long client #3 was gone, the facility did not submit a level II incident report into IRIS Interview on 6/13/24 with the Executive Director revealed: -Stated the incident where the client (#3) left the facility was true to go to the hospital was true.	V 367		

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V 367	Continued From page 23 -Was "pretty sure" that client #3 had called 911 and the ambulance came out. -"Staff working the night of the incident was [staff #1]. -Was "pretty sure" an incident report was completed as "I know we told that staff to do one." -Was not sure if a level II incident report had been submitted into IRIS.	V 367		