

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2024
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NAME OF PROVIDER OR SUPPLIER MISSION 360	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HOMESTEAD STREET GIBSONVILLE, NC 27249
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 16, 2024. The complaint was unsubstantiated (Intake NC00220245). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living (AFL).</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the needs of 1 of 3 clients (#1). The findings are:</p> <p>Review on 8/16/24 of client #1's record revealed: -An admission date of 4/10/24 -Diagnoses of Schizoaffective Disorder, Bipolar Type and Borderline Personality Disorder -Age: 46 -An admission assessment dated 4/1/24 noted "is a 45 year old female who exhibits physical aggression, irritability, self-injurious behaviors, property destruction and physical/verbally threatening behaviors, hallucinations and paranoia, is currently placed in the hospital due to overdosing and attempting to take her life, she would like to increase her skills in self-care and social skills, enjoys drawing, music, coloring, and playing board games, at the time of the interview, she was very talkative and excited, she was glad to finally be out of the hospital, requires 24-hour supervision, the hospital stated that her behaviors have become out of control due to her paranoia and suspiciousness of everyone and everything, she is known to be very manipulative to get her way, she has also stated that she will try to harm herself to get to the hospital because she likes visiting the hospital, past behaviors history</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>reflects reckless behaviors that indicate a lack of regard for herself or others, defiant behaviors such as moodiness, refusing to take prescribe medications, being argumentative with authority figures, lying, history of multiple suicidal attempts and multiple hospitalizations, requires 1 on 1 direct care due to behaviors of agitation and enhanced staffing is required ."</p> <p>-A treatment plan dated 3/21/24 noted "will work on some level of independence to complete a list of activities of daily living that include household chores, cleaning her room, and completing personal hygiene with no more than 2 verbal prompts, will learnt to manage her level of behaviors by working on some skills to deescalate any negative behaviors with no more than 3 verbal prompts, will be monitored daily for any signs that she is becoming upset, frustrate or exhibiting anxiety, staff should use verbal prompts to redirect her, will work on ways to manage her money by learning some basic skills on budgeting, staff will work on some basic math skills on helping her learn to count, assist with creating a budget, and to over all of her purchases by tracking her spending, will make a simple purchase while at the store, staff with assist her with adding estimate amount of taxes, while in the community, will work on recognizing 2 safety signs, 2 caution signs and 2 hazardous signs, staff will ask if she recognizes the signs, medication management will be established for a good medication regime and will maintain a placement that is safe, stable and able to meet her daily needs, provide appropriate structure and supervision and increase her independent living skills."</p> <p>-No goals or strategies to address client #1's suicidal tendencies.</p> <p>Review on 8/16/24 of client #1's level I incident</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>reports revealed: -7/9/24, was admitted to the hospital due to harming herself in the lady's restroom during another client's appointment -4/22/24, client was hospitalized due to a conversation about being suicidal with her therapist at a local clinic.</p> <p>Observation and interview on 8/15/24 of client #1 revealed: -Had been admitted to the hospital for suicidal tendencies. -Showed FCC her right arm which had 4 superficial cuts at the wrist. -"I just want to die. I don't want to live to see my 46th birthday. My life is rough ..."</p> <p>Interview on 8/16/24 with client #1's Legal Guardian revealed: -Had only had client #1 on her caseload for approximately 1 month -"Her behaviors are mainly making threats to commit suicide ..." -Was not sure if client #1's treatment plan mentioned anything about her suicidal tendencies -"She most definitely needs that to be addressed ..."</p> <p>Interview on 8/15/24 with the AFL Provider revealed: -Ran goals from the clients' treatment plans -The Qualified Professional (QP) was responsible for writing the treatment plans -"[Client #1] has been admitted to the hospital twice for suicidal statements and cut her wrists at the hospital while another client had an appointment ...Her care coordinator stated she had been hospitalized 12 times in an eight-month period ..." -Would meet with the QP to address client #1's</p>	V 112		

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V 112	Continued From page 4 suicidal tendencies and add a goal to her treatment plan. Interview on 8/15/24 with the Qualified Professional revealed: -Was responsible for developing and implementing goals and strategies for the clients' treatment plans. -Was aware client #1 had a history of suicidal tendencies -Had not put anything in client #1's treatment plan to address her suicidal tendencies.	V 112		
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; (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	V 366		

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V 366	<p>Continued From page 5</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>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> <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 observations, record reviews and interviews, the facility failed to implement written</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>policies governing their response to incidents as required. The findings are:</p> <p>Review on 8/16/24 of client #1's level I incident reports revealed: -7/9/24, was admitted to the hospital due to harming herself in the lady's restroom during another client's appointment -4/22/24, client was hospitalized due to a conversation about being suicidal with her therapist at a local clinic.</p> <p>Observation and interview on 8/15/24 of client #1 revealed: -Had been admitted to the hospital for suicidal tendencies. -Showed FCC her right arm which had 4 superficial cuts at the wrist.</p> <p>Interview on 8/15/24 with the AFL Provider revealed: -"[Client #1] has been admitted to the hospital twice for suicidal statements and cut her wrists at the hospital while another client had an appointment ..." -Had written level I incident reports for client #1 admission to the hospital. -Had notified client #1's legal guardian about the incidents -Did not have documentation regarding attending to the health and safety needs of client #1, determining the cause of the incident, developing, and implementing corrective measures, developing, and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future.</p> <p>Interview on 8/15/24 with the Qualified</p>	V 366		

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V 366	Continued From page 8 Professional (QP) revealed: -Did not have documentation regarding attending to the health and safety needs of client #1, determining the cause of the incident, developing, and implementing corrective measures, developing, and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future.	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 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	V 367		

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V 367	<p>Continued From page 9</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>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> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to submit incident reports within 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 8/16/24 of client #1's level I incident reports revealed: -7/9/24, was admitted to the hospital due to harming herself in the lady's restroom during another client's appointment -4/22/24, client was hospitalized due to a conversation about being suicidal with her therapist at a local clinic.</p> <p>Observation and interview on 8/15/24 of client #1 revealed: -Had been admitted to the hospital for suicidal</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>tendencies.</p> <p>-Showed FCC her right arm which had 4 superficial cuts at the wrist.</p> <p>Interview on 8/15/24 with the AFL Provider revealed:</p> <p>-"[Client #1] has been admitted to the hospital twice for suicidal statements and cut her wrists at the hospital while another client had an appointment ..."</p> <p>-Had written level I incident reports for client #1 admission to the hospital.</p> <p>-Was not aware if a client was admitted to the hospital for other than first aid, a level II incident report had to be submitted into the North Carolina Incident Response Improvement System (IRIS).</p> <p>-Had not been trained on how to submit level II or level III incident reports into IRIS</p> <p>Interview on 8/15/24 with the Qualified Professional (QP) revealed:</p> <p>-Had not had to submit any level II incident reports into IRIS.</p> <p>-"The staff there (at the facility) does the incident reports. I would just review them. We have had some incidents, but no level II incidents. I know how to submit the reports into IRIS."</p>	V 367		