

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/06/2024
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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME-A CARING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 776 YORKSHIRE DRIVE CAMERON, NC 28326
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on August 6, 2024. The complaint was substantiated (intake #NC00220091). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client and 2 former 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</p>	V 112		

Division of Health Service Regulation 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>obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement goals and strategies in the treatment/habilitation plan to address the client's needs within 30 days of admission of 1 of 1 current client (#1). The findings are:</p> <p>Review on 8/2/24 of client #1's record revealed: -15 year old female. -Admitted on 6/2/24. -Diagnoses of Autistic Disorder, Unspecified Mood Disorder, Post-Traumatic Stress Disorder, Moderate Intellectual Disabilities and Attention-Deficit Hyperactivity Disorder. -No evidence of a treatment plan completed within 30 days of admission.</p> <p>Interview on 8/2/24 client #1 stated: -She was unsure how long she had been at the facility.</p> <p>Interview on 8/5/24 client #'1's legal guardian stated: -Client #1 was admitted to the facility on 6/2/24. -She had not received a treatment plan for client #1 since she had been admitted. -She had not signed a treatment plan for client #1.</p>	V 112		

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V 112	Continued From page 2 Interview on 8/2/24 the Alternative Family Living Provider stated: -Client #1 was admitted on 6/2/24 and had been at the facility for 60 days. -Client #1 was admitted with a treatment plan used at her previous placement. -She worked with client #1 on the goals from her previous facility. -She did not have an updated treatment plan for client #1. A verbal and written request for information was made on 8/2/24 at exit information had not been provided.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address	V 113		

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V 113	<p>Continued From page 3</p> <p>and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a complete client record for 2 of 2 audited former clients (FC) (#2, #3). The findings are:</p> <p>Review on 8/2/24 of FC #2's record revealed: -No client record was provided by facility staff to include admission date, diagnosis, documentation of emergency information and permission to seek emergency care or documentation of services provided.</p> <p>Review on 8/2/24 of FC #3's record revealed:</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>-Diagnoses of Posttraumatic Stress Disorder Chronic, Impulse Disorder Unspecified, Disruptive Mood Dysregulation Disorder, and Mild Neurocognitive Disorder due to Traumatic Brain Injury (listed on Comprehensive Clinical Assessment Addendum)</p> <p>-No client record was provided by facility staff to include admission date, documentation of emergency information and permission to seek emergency care or documentation of services provided, Medical Administration Records and Signed Physician orders.</p> <p>Interview on 8/2/24 the Alternative Family Living Provider stated:</p> <p>-FC #2 was admitted on 6/2/24.</p> <p>-FC #2 was at the facility for 1 day before she had a "melt down" and was taken to the hospital.</p> <p>-FC #3 was admitted on 6/25/24 and her "last day" at the facility was 7/2/24.</p> <p>-She never received any information on FC #2 and FC #3.</p> <p>-She had an couple of documents that she received prior to FC #3's admission that she did not have the opportunity to review.</p> <p>-She administered prescribed medications to FC #3.</p> <p>A verbal and written request for information was made on 8/2/24 at exit information had not been provided.</p>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a person authorized by law to prescribe drugs affecting 1 of 1 current client (#1). The findings are:</p> <p> </p> <p>Review on 8/2/24 of client #1's record revealed:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-15 year old female. -Admitted on 6/2/24. -Diagnoses of Autistic Disorder, Unspecified Mood Disorder, Post-Traumatic Stress Disorder, Moderate Intellectual Disability and Attention-Deficit Hyperactivity Disorder. -No signed physician orders for Quetiapine 200 milligram (mg) daily, Clonidine 0.1 mg 1/2 tablet three times daily, Divalproex 25 mg - 3 tablets at bedtime, Quetiapine 400 mg 2 tablets at bedtime, Trazodone 50 mg 1.5 tablets at bedtime and Amantadine 100 mg at bedtime.</p> <p>Review of client #1's MARs from June 2, 2024 - August 2, 2024 revealed the following medications were administered daily: -Quetiapine 200 milligram (mg) daily. -Clonidine 0.1 mg 1/2 tablet three times daily. -Divalproex 25 mg - 3 tablets at bedtime. -Quetiapine 400 mg 2 tablets at bedtime -Trazodone 50 mg 1.5 tablets at bedtime.(Sleep) -Amantadine 100 mg at bedtime.</p> <p>Observation on 8/2/24 at 11:30 am of client #1's medications revealed: -Divalproex 250 mg - 3 tablets at bedtime. -Trazodone 50 mg 1.5 tablets at bedtime as needed.</p> <p>Interview on 8/2/24 client #1 stated she received her medications daily.</p> <p>Interview on 8/2/24 the Alternative Family Living Provider stated: -Client #1 received her medications daily. -Divalproex was 250 mg not 25 mg. -Trazodone 50 mg 1.5 tablets was administered daily. -She wasn't aware Trazodone 50 mg 1.5 tablets was as needed for sleep.</p>	V 118		

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V 118	Continued From page 7 -Client #1 did not have a problem sleeping due to other medications she was administered. A verbal and written request for information was made on 8/2/24 at exit information had not been provided. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132		

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V 132	<p>Continued From page 8</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 8/2/24 of the Alternative Family Living (AFL) Providers personnel record revealed: -Hire date: 9/1/20. -Title: AFL Provider.</p> <p>Review on 8/2/24 of the facility's records revealed no documentation that HCPR was notified of an allegation of abuse for client #1 against AFL provider.</p> <p>Review of a Child Protective Services (CPS) Safety Assessment completed on 7/12/24.</p> <p>Interview on 8/5/24 the CPS social worker stated: -She spoke with the Qualified Professional (QP) about the allegations against the AFL Providers.</p> <p>Interview on 8/2/24 the AFL Provider stated: -She believed she had an open CPS investigation with FC #3. -CPS came to her home about 3 weeks ago. -The QP told her there was an allegation of mistreatment.</p>	V 132		
V 289	27G .5601 Supervised Living - Scope	V 289		

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V 289	<p>Continued From page 9</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than</p>	V 289		

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V 289	<p>Continued From page 10</p> <p>three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to operate within the scope of licensure and served as the private residence of 1 of 1 unidentified person (niece). The findings are:</p> <p>Review on 8/2/24 of Division of Health Service Regulation (DHSR) records revealed: -The facility is licensed under 10A NCAC 27G .5600F Supervised Living Alternative Family Living (AFL) in a Private Residence. -The facility had a "Game Room."</p> <p>Interview on 8/2/24 client #1 stated: -She lived in the facility with AFL provider, AFL</p>	V 289		

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V 289	<p>Continued From page 11</p> <p>Provider's son and AFL Provider's niece.</p> <p>Interview on 8/5/24 the Child Protective Services Social Worker stated: -Former Client (FC) #3 identified client #1, AFL provider, AFL Provider's son, AFL Provider's niece and an adult grandson as living in the home. -During her visit AFL provider identified the AFL Provider, AFL Provider's son and AFL Provider's niece and client #1 lived in the home.</p> <p>Interview on 8/2/24 the AFL Provider stated: -Her niece lived in the home. -Her niece did not have a bedroom and slept in the game room. -Her niece temporarily lived in the home.</p>	V 289		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>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 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:</p>	V 290		

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V 290	<p>Continued From page 12</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 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 reviews and interviews the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs, affecting 1 of 2 audited former clients (FC)(#3). The findings are:</p> <p>Review on 8/2/24 of FC #3's record revealed: -No Admission Date. -No client record.</p>	V 290		

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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME-A CARING HANDS ☺	STREET ADDRESS, CITY, STATE, ZIP CODE 776 YORKSHIRE DRIVE CAMERON, NC 28326
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V 290	<p>Continued From page 13</p> <p>Review on 8/2/24 of an Comprehensive Clinical Assessment Addendum dated 6/24/24 for FC #3 revealed: -Diagnoses of Posttraumatic Stress Disorder Chronic, Impulse Disorder Unspecified, Disruptive Mood Dysregulation Disorder, and Mild Neurocognitive Disorder due to Traumatic Brain Injury. -"...frequent emergency department and/or hospitalizations have been due to attempts to self-harm, elopements from placements, agitation, and verbal/physical aggression when triggered...she is easily triggered/dysregulated when she cannot have her way...Details...In addition, Samantha needs to reside in a Child Assisted Family Living Residential Placement that specializes in caring for children with complex developmental needs. The placement should provide a high level of structure and supervision with 24/7 awake support staff to work with her when she is having thoughts of self-injurious/erratic behaviors towards self, adults and peers..."</p> <p>Interview on 8/6/24 FC #3's legal guardian representative stated: -FC #3 was placed at with the facility at the end of June. -The goal when FC #3 was placed at the facility was to provide additional in home services and or additional staff to support the client's needs. -They had a meeting with the placement prior to admission to discuss FC #3's needs.</p> <p>Interview on 8/2/24 the Alternative Family Living Provider stated: -She was not aware of FC #3's needs prior to placement.</p>	V 290		

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V 290	Continued From page 14 A verbal and written request for information was made on 8/2/24 at exit information had not been provided.	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; (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	V 366		

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V 366	<p>Continued From page 15</p> <p>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; (B) making a photocopy; (C) certifying the copy's completeness; and (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; (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</p>	V 366		

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V 366	<p>Continued From page 16</p> <p>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 record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 8/2/24 of client #1's record revealed: -15 year old female. -Admitted on 6/2/24. -Diagnoses of Autistic Disorder, Unspecified Mood Disorder, Post-Traumatic Stress Disorder, Moderate Intellectual Disabilities and</p>	V 366		

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V 366	<p>Continued From page 17</p> <p>Attention-Deficit Hyperactivity Disorder.</p> <p>Review on 8/2/24 of FC #2's record revealed: -No documented admission date. -Unknown discharged dates documented discharge for 6/7/24 and 7/19/24. -No documented diagnosis.</p> <p>Review on 8/2/24 of FC #3's record revealed: -No documented admission date. -Discharge date 7/2/24. -Diagnoses of Posttraumatic Stress Disorder Chronic, Impulse Disorder Unspecified, Disruptive Mood Dysregulation Disorder, and Mild Neurocognitive Disorder due to Traumatic Brain Injury (listed on Comprehensive Clinical Assessment Addendum)</p> <p>Review on 8/2/24 of the facility's records revealed no incident reports provided.</p> <p>Interview on 8/2/24 the Alternative Family Living Provider (AFL) stated: -FC #2 had a behavior while AFL provider visited with a friend. -FC #2 attempted to elopement, undressed and refused to get back in the car. -She called law enforcement and FC #2 was taken to the hospital. -She completed an incident report for FC #2 and provided it to the Qualified Professional. -FC #3 eloped from the home. -She located FC #3 walking down the street. -She contacted law enforcement and FC #3 was transported to the hospital. -She had not completed an incident report for FC #3. -The QP informed her of an allegation of mistreatment about 3 weeks ago.</p>	V 366		

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V 366	Continued From page 18 A verbal and written request for information was made on 8/2/24 at exit information had not been provided.	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 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	V 367		

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V 367	<p>Continued From page 19</p> <p>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 definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 20</p> <p>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 record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 8/2/24 of client #1's record revealed: -15 year old female. -Admitted on 6/2/24. -Diagnoses of Autistic Disorder, Unspecified Mood Disorder, Post-Traumatic Stress Disorder, Moderate Intellectual Disabilities and Attention-Deficit Hyperactivity Disorder.</p> <p>Review on 8/2/24 of FC #2's record revealed: -No documented admission date. -Unknown discharged dates documented discharge for 6/7/24 and 7/19/24. -No documented diagnosis.</p> <p>Review on 8/2/24 of FC #3's record revealed: -No documented admission date. -Discharge date 7/2/24. -Diagnoses of Posttraumatic Stress Disorder</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>Chronic, Impulse Disorder Unspecified, Disruptive Mood Dysregulation Disorder, and Mild Neurocognitive Disorder due to Traumatic Brain Injury (listed on Comprehensive Clinical Assessment Addendum)</p> <p>Review on 8/2/24 of the North Carolina Incident Response Improvement System revealed: -No level II incident report for FC #2 incident that required law enforcement. -No level II incident report for FC #3 incident/elopement that required law enforcement. -No level III incident report for client #1 allegation of abuse.</p> <p>Interview on 8/2/24 the Alternative Family Living Provider stated: -FC #2 had a behavior while she visited with a friend. -FC #2 attempted to elopement, undressed and refused to get back in the car. -She called law enforcement and FC #2 was taken to the hospital. -She completed an incident report for FC #2 and provided it to the Qualified Professional. -FC #3 eloped from the home. -She located FC #3 walking down the street. -She contacted law enforcement and FC #3 was transported to the hospital. -She had not completed an incident report for FC #3. -The QP informed her of an allegation of mistreatment about 3 weeks ago.</p> <p>A verbal and written request for information was made on 8/2/24 at exit information had not been provided.</p>	V 367		

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V 368	Continued From page 22	V 368		
V 368	<p>G.S. 122C-63 Assurance for continuity of care</p> <p>§ 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION</p> <p>(a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.</p> <p>(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:</p> <p>(1) The area authority determines that the client is not in need of continuing care;</p> <p>(2) The client is moved to an alternative residential placement; or</p> <p>(3) Sixty days have elapsed;</p> <p>whichever occurs first.</p> <p>In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency</p>	V 368		

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V 368	<p>Continued From page 23</p> <p>placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.</p> <p>(c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if:</p> <p>(1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or</p> <p>(2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement.</p> <p>(d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.</p>	V 368		

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V 368	<p>Continued From page 24</p> <p>(e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility.</p> <p>(f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period.</p> <p>(g) The area authority's financial responsibility, through local and allocated State resources, is limited to:</p> <ol style="list-style-type: none"> (1) Costs relating to the identification and coordination of alternative placements; (2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and (3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release. <p>(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c.</p>	V 368		

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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME-A CARING HANDS €	STREET ADDRESS, CITY, STATE, ZIP CODE 776 YORKSHIRE DRIVE CAMERON, NC 28326
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(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 368	<p>Continued From page 25 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to notify the area authority serving the client of intent to discharge an intellectually disabled client at least 60 days prior to discharge for 2 of 3 former client (FC) (FC #2 and FC #3). The findings are:</p> <p>Finding #1 Review on 8/2/24 of FC #2's record revealed: -No documented admission date. -Documented discharge dates of 6/7/24 and 7/19/24. -No documented diagnosis.</p> <p>Review on 8/2/24 of 2 separate "Notice of Discharge & Discontinuation Services" for FC #2 revealed: -Notice #1 "Please accept this as a notice of Discharge from Caring Hands S.E.E. LLC effective June 7,2024. The reason for Discharge and the Discontinuing of Services: X Other [FC #2] was discharged from The Washington Home-A Caring Hands Site Due to eloping, physical and verbal aggression..." -Notice #2 "Please accept this as a notice of Discharge from Caring Hands S.E.E. LLC effective July 19,2024. The reason for Discharge and the Discontinuing of Services:X Other [FC #2] will be transferring to a different provide agency for residential placement and services..."</p>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/06/2024
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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME-A CARING HANDS ☺	STREET ADDRESS, CITY, STATE, ZIP CODE 776 YORKSHIRE DRIVE CAMERON, NC 28326
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(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 368	<p>Continued From page 26</p> <p>No interview with FC #2 or FC #2's guardian was completed due to no contact information or client record provided.</p> <p>Finding #2 Review on 8/2/24 of FC #3's record revealed: -No documented admission date. -Discharge date 7/2/24. -Diagnoses of Posttraumatic Stress Disorder Chronic, Impulse Disorder Unspecified, Disruptive Mood Dysregulation Disorder, and Mild Neurocognitive Disorder due to Traumatic Brain Injury (listed on Comprehensive Clinical Assessment Addendum)</p> <p>Review on 8/2/24 of a "Notice of Discharge & Discontinuation Services" for FC #3 revealed: -"Please accept this as a notice of Discharge from Caring Hands S.E.E. LLC effective July 2,2024. The reason for Discharge and the Discontinuing of Services: X Other [FC #3] was discharged from The Washington Home-A Caring Hands Site Due to eloping, verbal aggression, The placement wasn't a good for [FC #3]..."</p> <p>Interview on 8/6/24 FC #3's guardian stated: -He found out FC #3 was hospitalized a day later. -He attempted to contact the provider by phone and email but had not received a response. -He had not received a formal discharge notice from the provider. -It was difficult to secure a new placement for FC #3 as there was a lot of information needed about FC #3 for perspective placements. -There was no emergency discharge planning meeting held with the provider.</p> <p>Review on 8/2/24 of the facility's discharge policy revealed:</p>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/06/2024
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V 368	<p>Continued From page 27</p> <p>-C. Resident will have a clear understanding of their progression toward discharge throughout their stay in the AFL (Alternative Family Living) Home Facility. This documentation will be discussed routinely with the AFL Home Facility Clinician and support staff. A notification of discharge will be given at least 60 days prior to the consumers' discharge.</p> <p>-D. Upon discharge, each resident will be given a Discharge Follow-Up Care/Recommendations form by the Residential Homes Supervisor. This will define needed follow-up treatment including: therapy, medical care, educational needs and other suggestions for continued support."</p> <p>Interview on 8/2/24 the AFL Provider stated: -Once a client left the facility they were considered discharged. -The Qualified Professional handled the discharge.</p>	V 368		