STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-211	A. BUILDING: _____ B. WING _____	C 07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGES OF HOPE, INC.	2303 WELLINGTON DRIVE, SW, SUITE D WILSON, NC 27893

(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 A complaint survey was completed on July 10, 2024. Two complaints were substantiated. (intake #'s NC00218824 and NC00218895). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment. This facility has a current census of 65. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 6 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 59. The survey sample consisted of audits of 5 current SACOT clients and 1 former SACOT client.	V 000		
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	V 132	RECEIVED AUG 15 2024 DHSR-MH Licensure Sect	

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

Amanda D. Willett 8/8/2024

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V 132	Continued From page 1 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 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are: Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against Former Staff (FS) #5 (of an unknown client) being	V 132		

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V 132	Continued From page 2 reported for the HCPR. Review on 6/10/24 of FS #5 's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS 56] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5.	V 132		

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V 132	Continued From page 3 Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FC #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. - She had not reported the allegation against FS #5 to the HCPR.	V 132		
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,	V 366		

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V 366	Continued From page 4 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 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	V 366		

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V 366	Continued From page 5 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 provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document their response to level II incidents. The findings are: Review on 6/10/24 of Facility Records revealed: - No evidence of an allegation against Former Staff (FS) #5 (of an unknown client) being reported for the Incident Response Improvement System (IRIS). - No submitted report of Former Client (FC) #6's incident and suspension from services. Review on 6/10/24 of FC #6's record revealed: - Admission date of 11/7/23. - Discharge date of 5/3/24. - Progress note summary dated 5/3/24...Description of Intervention: [FC#6] was informed of his discharge due to non-compliant with policy and procedures and acting "out of control" while in the building/ FC #6 was arguing wit other peers in class started yelling and screaming...Description of Effectiveness (or) Progress Note Assessment: Police was called to assure the safety of others..." - Correspondence addressed to FC #6 dated 5/3/24..."Notification of Suspension from program 6 months...This is your official notification of discharge fro the group program services...you will need to Await the 6 month suspension period and redo an intake to restart group services." Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy,	V 366		

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V 366	Continued From page 7 Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS #5] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card.	V 366		

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V 366	Continued From page 8 - FC #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. - A report of the allegation against FS #6 or FC #5's suspension had not been submitted to the IRIS.	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	V 367		

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V 367	Continued From page 9 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 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;	V 367		

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V 367	Continued From page 10 (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. 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: Review on 6/10/24 of the North Carolina Incident Response Improvement System revealed: -There were no submitted reports for the allegation against Former Staff (FS) #5. - No submitted report of Former Client (FC) #6's incident and suspension from services. Review on 6/10/24 of FC #6's record revealed: - Admission date of 11/7/23. - Discharge date of 5/3/24. - Progress note summary dated 5/3/24...Description of Intervention: [FC#6] was informed of his discharge due to non-compliant with policy and procedures and acting "out of	V 367		

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V 367	Continued From page 11 control" while in the building/ FC #6 was arguing wit other peers in class started yelling and screaming...Description of Effectiveness (or) Progress Note Assessment: Police was called to assure the safety of others..." - Correspondence addressed to FC #6 dated 5/3/24..."Notification of Suspension from program 6 months...This is your official notification of discharge fro the group program services...you will need to Await the 6 month suspension period and redo an intake to restart group services." Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against FS #5 (of an unknown client) being reported for the Incident Response Improvement System (IRIS). Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS #5] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place	V 367		

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V 367	Continued From page 12 by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FS #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. - A report of the allegation against FS #6 or FC #5's suspension had not been submitted to the IRIS.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.	V 500		

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V 500	Continued From page 13 (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-211	A. BUILDING: _____ B. WING _____	C 07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGES OF HOPE, INC.	2303 WELLINGTON DRIVE, SW, SUITE D WILSON, NC 27893

(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 500	Continued From page 15 allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS #5] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FS #6 was suspended for 2 weeks then terminated for violating policy.	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 500	Continued From page 14 (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the county department of social services. The findings are: Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against Former Staff (FS) #5 (of an unknown client) being reported to the local Department of Social Services. Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several	V 500		

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
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V 500	Continued From page 16 - There had been no further incidents that she was aware of. - She had not submitted a report of the allegation to the Department of Social Services.	V 500		

Appendix 1-B: Plan of Correction Form

Plan of Correction
Please complete all requested information and mail completed Plan of Correction form to: 2718 Mail Service Center Raleigh, NC 27699

Provider Name:	**Bridges Of Hope Inc.**	**Phone:**	**252-360-4142 Office** **252-299-8182 Cell**
Provider Contact Person for follow-up:	[redacted]	**Fax:**	**252-565-0301**
		Email:	**CEO@bridgesofhope.us**
Address:	2303 Wellington Dr. Suite D, Wilson NC, 27893 MHL#098-211	Provider NPI 1801105408	

Findings	Corrective Action Steps	Responsible Party	Timeline
V132- Deficiency: Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against Former Staff (FS) #5 (of an unknown client) being reported for the HCPR. Review on 6/10/24 of FS #5 's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS 56] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination	**Policy Revision:** Human Resource hiring policy will be revised to include expectations for incident reporting following any level I, II or III incidents to include that the responsible supervisor will report to HCPR. HR will include in the revised policy that following an incident where it is learned that a staff has harmed a client the department must be contacted. The Department must be 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 healthcare 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 healthcare facility or against a patient or client for whom the employee is providing services).	Human Resource/ Controller-[redacted] CEO-[redacted] QA/QI-[redacted]	Implementation Date: 8/12/2024 Projected Completion Date: 8/16/2023

5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FC #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. - She had not reported the allegation against FS #5 to the HCPR. **Related General Statute(s):** **V132** 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.	Facilities must have evidence that all alleged 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. Human Resource will re- educate and re-train all SAIOP, SACOT and front desk staff working in the facility of incident reporting level I, II and III, reviewing the revised policy to assure all staff are knowledgeable of incident reporting requirements for all incidents involving allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in the GS 131E-256G HCPR-Notification, Allegations, & Protection general statutes. Staff will be given new, updated policies to guide them during an incident and also re-educate them of protection of fraud, misappropriation of property as well as other allegations that could also result in investigation, termination, legal and/or criminal charges and fees. **Monitoring:** QA/QI will monitor on a frequency of no longer than quarterly to review all incidents from the former quarter and assure that all reports were filed to HCPR reporting following any incident involving a staff allegation that violates G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection and G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY. The CEO will oversee all staff allegations together with the HR administrator to determine action and report to the department within 5 days of learning of the allegation. **Technical Support Provided:** CEO will assist to guide HR policy and staff to bring the agency knowledge and guidance for incident level identification and responding/reporting with these General Statutes. The CEO will assist with any incidents to provide support to staff to oversee that incident responding will follow these statutes.		

b. Misappropriation of the property of a resident in a healthcare 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 healthcare facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged 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.			
V 366 - Deficiency: Based on record review and interview, the facility failed to document their response to level II incidents. The findings are: Review on 6/10/24 of Facility Records revealed: - No evidence of an allegation against Former Staff (FS) #5 (of an unknown client) being reported for the Incident Response Improvement System (IRIS). - No submitted report of Former Client (FC) #6's incident and suspension from services. Review on 6/10/24 of FC #6's record revealed: - Admission date of 11/7/23. - Discharge date of 5/3/24. - Progress note summary dated 5/3/24...Description of Intervention: [FC#6] was informed of his discharge due to non-compliant with policy and procedures and acting "out of control" while in the building/ FC #6 was arguing with other peers in class started yelling and screaming...Description of Effectiveness (or)	**Policy Revision:** Human Resource hiring policy will be revised to include expectations for incident reporting to IRIS following any level I, II or III incidents to include that the responsible supervisor will report to IRIS (Incident Response Improvement System). The policies shall require the provider and guide staff 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	Human Resource/ Controller-[redacted] CEO-[redacted] QA/QI-[redacted]	Implementation Date: 8/12/2024 Projected Completion Date: 8/16/2023

Progress Note Assessment: Police were called to assure the safety of others..." - Correspondence addressed to FC #6 dated 5/3/24..."Notification of Suspension from program 6 months...This is your official notification of discharge from the group program services...you will need to Await the 6 month suspension period and redo an intake to restart group services." Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS #5] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the	(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 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		

incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FC #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. **- A report of the allegation against FS #6 or FC #5's suspension had not been submitted to the IRIS.** **(V 366) Related General Statute(s):** 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	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 provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. Human Resource will re- educate and re-train all SAIOP, SACOT and front desk staff working in the facility of incident reporting level I, II and III, reviewing the revised policy to assure all staff are knowledgeable of incident reporting requirements for all incidents involving allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in the GS 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS		

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 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	**Monitoring:** QA/QI will monitor on a frequency of no longer than quarterly to review all incidents from the former quarter and assure that all reports were filed and that this policy was adhered to in reference to **(V 366) Related General Statute(s):** 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS **Technical Support Provided:** CEO will assist to guide HR policy and staff to bring the agency knowledge and guidance for incident level identification and responding/reporting with these General Statutes. The CEO will assist with any incidents to provide support to staff to oversee that incident responding will follow these statutes.		

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 provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.			

C367 - Deficiency: 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: Review on 6/10/24 of the North Carolina Incident Response Improvement System revealed: -There were no submitted reports for the allegation against Former Staff (FS) #5. - No submitted report of Former Client (FC) #6's incident and suspension from services. Review on 6/10/24 of FC #6's record revealed: - Admission date of 11/7/23. - Discharge date of 5/3/24. - Progress note summary dated 5/3/24...Description of Intervention: [FC#6] was informed of his discharge due to non-compliant with policy and procedures and acting "out of control" while in the building/ FC #6 was arguing wit other peers in class started yelling and screaming...Description of Effectiveness (or) Progress Note Assessment: Police was called to assure the safety of others..." - Correspondence addressed to FC #6 dated 5/3/24..."Notification of Suspension from program 6 months...This is your official notification of discharge fro the group program services...you will need to Await the 6 month suspension period and redo an intake to restart group services." Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against FS #5 (of an unknown client) being reported for the Incident Response Improvement System (IRIS). Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23.	**Policy Revision:** Human Resource hiring policy will be revised to include expectations for incident reporting to the LME/MCO following any level I, II or III incidents to include that the responsible supervisor will report to IRIS (Incident Response Improvement System). The policies shall require the provider and guide staff 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 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:	Human Resource/ Controller- [redacted] CEO- [redacted] QA/QI- [redacted]	Implementation Date: 8/12/2024 Projected Completion Date: 8/16/2023

- "Employee Write Up. Date of Discipline Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS #5] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were	(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 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:		

for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FS #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. - A report of the allegation against FS #6 or FC #5's suspension had not been submitted to the IRIS. **C367 - Related General Statute(s):** 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.	(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 provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. Human Resource will re- educate and re-train all SAIOP, SACOT and front desk staff working in the facility of incident reporting level I, II and III, reviewing the revised policy to assure all staff are knowledgeable of incident reporting requirements for all incidents involving allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in the GS 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS **Monitoring:** QA/QI will monitor on a frequency of no longer than quarterly to review all incidents from the former quarter and assure that all reports were filed and that this policy was adhered to in reference to **(V 366) Related General Statute(s):** 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS **Technical Support Provided:** CEO will assist to guide HR policy and staff to bring the agency knowledge and guidance for incident level identification and responding/reporting with these General Statutes. The CEO will assist with any incidents to provide support to staff to oversee that incident responding will follow these statutes.		

(b) Category A and B providers shall explain any missing or incomplete information. The provider 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.			
V500- Deficiency: Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the county department of social services. The findings are: Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against Former	**Policy Revision:** Human Resource hiring policy will be revised to include expectations for incident reporting to the DSS following any level I, II or III incidents to include that the responsible supervisor will report to IRIS (Incident Response Improvement System). The policies shall require the provider and guide staff to respond by: (1) attending to the health and safety needs of individuals involved in the incident;	Human Resource/ Controller-[redacted] CEO-[redacted] QA/QI-[redacted]	Implementation Date: 8/12/2024 Projected Completion Date: 8/16/2023

Staff (FS) #5 (of an unknown client) being reported to the local Department of Social Services. Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the county department of social services. The findings are: Review on 6/10/24 of Facility Records revealed: -No evidence of an allegation against Former Staff (FS) #5 (of an unknown client) being reported to the local Department of Social Services. Review on 6/10/24 of FS #5's personnel file revealed: - Hire date of 6/2018. - Separation date of 5/4/23. - "Employee Write Up. Date of Discipline Action Given: 4/19/23. Work Performance Challenges...Violation of ...Client Rights Policy, Client Incentive Program...Statement of Violation(s): Management addressed several allegations from clients and staff that involved professional boundaries to include cash, exchange of gift cards...[FS #5] agreed...Corrective Actions needed to take place by employee: [FS #5] placed on immediate suspension due to his agreement of crossing professional boundaries. After further review of internal interviews, [FS #5] would be given a	(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 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 were not responsible for the client's direct care or		

update of his employment status with [Facility] ...Amount of time allowed for improvement: [FS #5] is suspended for 2 weeks without pay. Suspension Period 4/19/23 to 5/3/23." - "Employee Write Up. Date of Termination 5/4/23. Corrective Actions needed to take place by employee:...[FS #5] has completed his 2-week suspension period. Amount of time allowed for improvement: There is no time allowed for improvement, management terminated effective 5/4/2023. He will be unable to return for employment..." Interview on 6/10/24 the Human Resources Controller Stated: - FS #5 admitted to exchanging money for the incentive gift card with an unknown client. - The amount amount of the money and gift card was unknown. - She witnessed the disciplinary action and termination of FS #5. Interview on 6/10/24 the Licensee/CEO stated: - The facility had a client incentive program that awarded clients gift cards for daily attendance in the programs. - The gift cards were given on Friday's and were for a local retail store. - She was aware of 1 alleged incident of money being exchanged for the incentive gift card. - FS #6 was suspended for 2 weeks then terminated for violating policy. - There had been no further incidents that she was aware of. - She had not submitted a report of the allegation to the Department of Social Services. **V500- Related General Statute(s):** 27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that	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 provider;		

assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures	(D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. Human Resource will re- educate and re-train all SAIOP, SACOT and front desk staff working in the facility of incident reporting level I, II and III, reviewing the revised policy to assure all staff are knowledgeable of incident reporting requirements for all incidents involving allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in the GS 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS **Monitoring:** QA/QI will monitor on a frequency of no longer than quarterly to review all incidents from the former quarter and assure that all reports were filed and that this policy was adhered to in reference to **(V 366) Related General Statute(s):** 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS **Technical Support Provided:** CEO will assist to guide HR policy and staff to bring the agency knowledge and guidance for incident level identification and responding/reporting with these General Statutes. The CEO will assist with any incidents to provide support to staff to oversee that incident responding will follow these statutes.		

compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.			