| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL059-094 | A. BUILDING: _____ B. WING _____ | C 09/03/2024 |

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| PEOPLE HELPING PEOPLE | 252 NC 126 NEBO, NC 28761 |

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| V 000 | INITIAL COMMENTS<br><br>A complaint survey was completed on 9/3/24. The complaint was substantiated (intake #NC00219665). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.<br><br>This facility has a current census of 26. The survey sample consisted of an audit of 1 current client. | V 000 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(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<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. | V 366 | | |

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| V 366 | Continued From page 1<br>(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.<br>(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:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(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:<br>(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;<br>(B) gather other information needed;<br>(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, | V 366 | | |

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| V 366 | Continued From page 2<br>if different; and<br>(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<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to implement written policies governing their responses to level I, II or III incidents. The | V 366 | | |

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| V 366 | Continued From page 3<br>findings are:<br><br>Review on 8/30/24 of Client #1's record revealed:<br>-admission date 5/13/13.<br>-diagnoses of Moderate Intellectual Developmental Disability, Dementia, Diabetes Mellitus, Hyperthyroidism, Anxiety, Attention-Deficit Hyperactivity Disorder, and Hyperlipidemia.<br><br>Review on 9/3/24 of an internal incident report dated 4/18/24 revealed:<br>-Client #1, along with other clients, were traveling in the facility van and reached their destination "around 9:00 a.m."<br>-"[Client #1] apparently laid down in the van seat and did not get out (of the van upon arrival). Staff did not notice....At around 9:30 a.m., staff went to get a tent out of the van and found client (Client #1) sitting in the van. Client was checked and he was ok - there were no visible signs of distress or trauma..."<br>-"Notification(s)...Administrator."<br>-there was no documentation the client's legal guardian and the Local Management Entity (LME) responsible for the catchment area were notified of the incident.<br><br>Interview on 8/30/24 with Client #1 revealed:<br>-he was able to answer his name, date of birth and where he lived.<br>-he was not able to answer questions about the above incident.<br><br>Interview on 8/30/24 with the Vice President revealed:<br>-he conducted the investigation regarding the incident on 4/18/24.<br>-staff did not know the time frame exactly, felt it was "not longer than 15 minutes" Client #1 was | V 366 | | |

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| V 366 | Continued From page 4<br>left alone in the van.<br>-"It was early still and cool that morning...wasn't hot...could have been a different outcome if it was hot."<br>-when Client #1 returned to the facility the Registered Nurse/Qualified Professional (RN/QP) examined him and he was "fine."<br>-Client #1's legal guardian was not contacted.<br><br>Interview on 9/3/24 with the RN/QP revealed:<br>-everything that was completed regarding the incident had been received.<br>-a level one incident report was completed.<br>-the incident was not submitted to the LME. | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident; | V 367 | | |

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| V 367 | Continued From page 5<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(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:<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:<br>(1) hospital records including confidential information;<br>(2) reports by other authorities; and<br>(3) the provider's response to the incident.<br>(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).<br>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. | V 367 | | |

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| V 367 | Continued From page 6<br>The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to report a level II incident in the Incident Response Improvement System (IRIS) within 72 hours of becoming aware of the incident. The findings are:<br><br>Review on 8/30/24 of Client #1's record revealed:<br>-admission date 5/13/13.<br>-diagnoses of Moderate Intellectual Developmental Disability, Dementia, Diabetes Mellitus, Hyperthyroidism, Anxiety, Attention-Deficit Hyperactivity Disorder, and Hyperlipidemia. | V 367 | | |

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| V 367 | Continued From page 7<br><br>Review on 9/3/24 of a level I internal incident report dated 4/18/24 revealed:<br>-Client #1, along with other clients, were traveling in the facility van and reached their destination "around 9:00 a.m."<br>-"[Client #1] apparently laid down in the van seat and did not get out (of the van upon arrival). Staff did not notice....At around 9:30 a.m., staff went to get a tent out of the van and found client (Client #1) sitting in the van. Client was checked and he was ok - there were no visible signs of distress or trauma..."<br><br>Review on 9/3/24 of the DHSR IRIS system revealed:<br>-there was no incident report for Client #1 involving the 4/18/24 incident.<br><br>Interview on 8/30/24 with Client #1 revealed:<br>-he was able to answer his name, date of birth and where he lived.<br>-he was not able to answer questions about the above incident.<br><br>Interview on 8/30/24 with the Vice President revealed:<br>-he conducted the investigation regarding the incident on 4/18/24.<br>-this was determined to be a level I incident.<br><br>Interview on 9/3/24 with the RN/QP revealed:<br>-it was her responsibility to ensure level II and III incidents were entered into IRIS. | V 367 | | |