

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/29/2024
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NAME OF PROVIDER OR SUPPLIER WILKINSON FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed August 29, 2024. The complaint was unsubstantiated (Intake #NC00221023). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies in the treatment/habilitation plan to address the client's needs for 1 of 2 clients (#1). The findings are:</p> <p>Review on 08/28/24 of client #1's record revealed: -16 year old male. -Admission date of 07/12/24. -Diagnoses of Autism and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 08/28/24 of client #1's Individual Support Plan dated 11/01/23 revealed: -"Long-range goal 2: I would like to reside in the least restrictive environment that will meet my needs...Where am I no: I need constant supervision and monitoring at home and in the community...I require enhanced supports to ensure my health and safety. Additional support is needed to ensure the safety of myself and others as I can become physically and verbally aggressive towards others, engage in self-harming behaviors, and intense property destruction (home and community)..."</p> <p>Review on 08/28/24 of client #2's record revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-15 year old male. -Admission date of 01/10/24. -Diagnoses of Autism, Moderate Intellectual Developmental Disorder, Attention Deficit Hyperactivity Disorder, Microdeletion Syndrome and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 08/28/24 of client #2's Individual Support Plan dated 11/01/23 revealed: -"Long-range goal 1: '[Client #2] will express himself appropriately...Then [Client #2] is upset it is helpful to provide one on one support...'Some of the behaviors observed are yelling, cursing, defiance, hitting others and verbal threats to harm others."</p> <p>During interview on 08/28/24 client #1 revealed: -One staff worked on each shift.</p> <p>During interview on 08/28/24 the House Manager revealed: -The boys are in school during the day. -Only one staff works each shift.</p> <p>During interview on 08/28/24 the Qualified Professional revealed: -The staff ratio at the facility is one staff on each shift. -She would discuss with the care coordinators to determine if the clients needed to have the one on one support and determine if the Individual Support Plans needed to be updated to reflect one staff in the home.</p>	V 112		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>(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:</p> <ul style="list-style-type: none"> 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). <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report allegations of abuse and harm to the Health Care Personnel Registry (HCPR) and failed to complete the investigation of alleged acts as required. The findings are:</p> <p>Review on 08/28/24 of client #1's record revealed:</p>	V 132		

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V 132	<p>Continued From page 4</p> <ul style="list-style-type: none"> -16 year old male. -Admission date of 07/12/24. -Diagnoses of Autism and Attention Deficit Hyperactivity Disorder. <p>Review on 08/28/24 of the North Carolina Incident Response Improvement System revealed no incident report for client #1 in reference to any allegations of abuse and no documentation that HCPR was notified of an allegation of abuse for client #1 .</p> <p>During interview on 08/28/24 client #1 revealed:</p> <ul style="list-style-type: none"> -He liked living at the facility. -The staff were good to him. -He had not lived at the facility long. -He had been restrained. -He did not know the staff's name but he was grabbed by the neck and she pulled his hair. <p>During interview on 08/28/24 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Department of Social Services (DSS) came to the facility on 08/21/24 to investigate client #1 being restrained and thrown to the ground. -She had not started or completed any investigation because she had to leave and go out of town. -She had not heard anything from DSS since they visited the facility on 08/21/24. -No incident reports or internal investigations for the facility. -No restraints had been done at the facility. -A police officer did go to the facility on 08/24/24 and checked on client #1 and client #1 did not have any marks or anything else on him. -She would complete an incident report and complete the HCPR. 	V 132		

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V 366	Continued From page 5	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>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 08/28/24 of client #1's record revealed: -16 year old male. -Admission date of 07/12/24. -Diagnoses of Autism and Attention Deficit Hyperactivity Disorder.</p> <p>Review of facility records on 08/28/24 revealed no documentation the facility documented their response to the following:</p>	V 366		

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V 366	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Attempted restraint and police assistance on 07/12/24 for client #1. -Client #1's allegation of abuse. <p>Refer to V367 regarding details of incidents that occurred at the facility.</p> <p>During interview on 08/28/24 and 08/29/24 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Department of Social Services (DSS) came to the facility on 08/21/24 to investigate client #1 being restrained and thrown to the ground. -She had not started or completed any investigation because she had to leave and go out of town. -She had not heard anything from DSS since they visited the facility on 08/21/24. -No incident reports or internal investigations for the facility. -No restraints had been done at the facility. -A police officer did go to the facility on 08/24/24 and checked on client #1 and client #1 did not have any marks or anything else on him. -She would complete an incident report and complete the HCPR. -The first or 2nd day client #1 was at the facility an incident occurred. -She did not think client #1 was restrained during the incident. -The police did go to the facility during that incident and client #1 had to be taken to the hospital. -She would ensure incident reports are completed. <p>Review on 08/28/24 of the facility's records revealed no incident reports provided.</p>	V 366		

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V 367	Continued From page 9	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>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 incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>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 submit incident reports to the Local Management Entity/Managed Care Organization (LME/MCO) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 8/28/24 of the Incident Response Improvement System (IRIS) from July 2024 to current revealed: -No documentation of a level III incident report for allegation of abuse for client #1. -No documentation of an incident report for client #1 due to police involvement. -No documentation that incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incidents.</p> <p>Review on 08/25/24 of the facility records revealed a "General Event Report" dated 07/12/24 for client #1 revealed: -"Individual (client #1) was sitting on the couch and out of no where he started rocking back and forth and began to get upset. He was stating that</p>	V 367		

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V 367	<p>Continued From page 12</p> <p>he wanted to go to the hospital and was telling staff to call the cops. Staff attempted to calm him down but he then starting stating that he was going to kill the staff. Staff continued to attempt to calm him down but he continued with the threats. Out of no where individual jumped up and started attacking staff. Staff attempted to try and restrain but individual was swinging in all directions and staff was unable to catch his hands. He started harming himself biting and scratching so staff called paramedics due to the blood where he had broken his skin. He was taken to the hospital and returned the next morning."</p> <p>During interview on 08/28/24 the Group Home Manager revealed: -She had been the manager for 2 months at the facility. -Client #1 had been restrained one time for his behaviors the first week he was at the facility. -Former Staff #2 was the staff that attempted to restrain client #1. -The police were called and client #1 was bleeding and he was taken to the hospital. -She had never heard of any allegation of the clients being grabbed by the hair. -A detective came to the facility to talk to her and she did not know anything about any allegations.</p> <p>During interview on 08/28/24 and 08/29/24 the Qualified Professional revealed: -Department of Social Services (DSS) came to the facility on 08/21/24 to investigate client #1 being restrained and thrown to the ground. -She had not started or completed any investigation because she had to leave and go out of town. -She had not heard anything from DSS since they visited the facility on 08/21/24.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/29/2024
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NAME OF PROVIDER OR SUPPLIER WILKINSON FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384
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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 367	Continued From page 13 -No incident reports or internal investigations for the facility. -No restraints had been done at the facility. -A police officer did go to the facility on 08/24/24 and checked on client #1 and client #1 did not have any marks or anything else on him. -She would complete an incident report and complete the HCPR. -The first or 2nd day client #1 was at the facility an incident occurred. -She did not think client #1 was restrained during the incident. -The police did go to the facility during that incident and client #1 had to be taken to the hospital. -She would ensure incident reports are completed.	V 367		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by:	V 774		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/29/2024
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V 774	<p>Continued From page 14</p> <p>Based on observation and interview the facility failed to have minimum furnishings for a client bedroom which included a separate bed, bedding, pillow, bedside table and storage for personal belongings. The findings are:</p> <p>Observation on 08/28/24 at approximately 11:30am of client #2's room revealed:</p> <ul style="list-style-type: none"> - Client #2's personal items were sitting on the floor in his bedroom. - No minimum furnishings to include bedside table or a dresser for personal storage. <p>Interview on 08/28/24 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #2 had destroyed his bedside table and dresser. - She would purchase new items for client #2 to use for storage of his items. 	V 774		