

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 30, 2024. One complaint was substantiated (NC#00220132) and one complaint was unsubstantiated (NC#00220137). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client and 3 former clients.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including</p>	V 106		

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

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V 106	<p>Continued From page 1</p> <p>nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their policy of the medical preparedness plan to be utilized in a medical emergency affecting 1 of 3 former clients (Former Client (FC) #2). The findings are:</p> <p>Review on 8-13-24 of FC #2's record revealed: -Admission Date: 7-25-24. -Discharge Date: 7-28-24. -Diagnoses: Mild Intellectual Developmental Disability and Autism.</p> <p>Review on 8-28-24 of policy titled "Community Alternatives (Licensee) - North Carolina Policy & Procedure Manual (1/03) REV 9/12 C5.17 - Medical Emergency Plans" revealed: -"Policy: Community Alternatives North Carolina (CANC) will assure that pertinent medical emergency information and consents for emergency medical services are present as part of every service record. This information will be available for use in the event of a medical emergency where the individual or guardian is unable to provide input into emergency medical</p>	V 106		

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V 106	<p>Continued From page 2</p> <p>treatment decisions..."</p> <p>"...Procedure: When an individual enters into services with CANC, a face sheet will be completed which will include contact information to be utilized whenever the individual has a medical emergency, including emergencies related to the use of medications. The face sheet will contain the following information.</p> <ul style="list-style-type: none"> - Individual's name, address and phone - Emergency Contact name, address and phone - Primary Physician name, address and phone..." <p>Review on 8-12-24 of a Department of Social Services (DSS) document dated 7-25-24 revealed:</p> <ul style="list-style-type: none"> -DSS was the legal guardian of FC #2. "...In the event of an emergency, [AFL (Alternative Family Living) Staff #1] is authorized to obtain any such medical assistance deemed necessary for this adult..." <p>Review on 8-19-24 of local Emergency Medical Services (EMS) Patient Care Record dated 7-28-24 revealed:</p> <ul style="list-style-type: none"> -Reason for dispatch was overdose. -Responded to the address of the facility. -Emergent services provided to FC #2. "...Pt's (patient) current caregiver (AFL Staff #1) reports that the Pt is currently under her care for respite care...She was unable to give any information on the Pt including her birthday, allergies or previous medical history. Pt's medication list was only able to be obtained due to the medications being accessible to the EMS crew on scene. Pt's caregiver reports that the Pt had only been under her care for 24 hours and that she did not have any information or documentation on her..." -Transported to local hospital emergency room. 	V 106		

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V 106	<p>Continued From page 3</p> <p>Interviews on 8-19-24 with the local EMS revealed: -AFL Staff #1 "...didn't have any documentation on her (FC #2)." -"She (AFL Staff #1) only had her (FC #2) first and last name and approximate age."</p> <p>Interview on 8-19-24 with the local fire chief revealed: -The AFL Staff #1 could not give any information other than the clients' name.</p> <p>Interview on 8-12-24 with the AFL Staff #1 revealed: -Did not have any documentation on FC #2. -Did not know what medications FC #2 was taking. -Allowed FC #2 to keep her medication in her room unsecured and to self-administer medications based on what she had been told FC #2's primary care provider. -"When they (Program Manager #2) called me, they said it (placement of FC #2) was an emergency (placement)." -"She (FC #2) came on a Thursday about 5 pm...I had no paperwork." -"[Program Manager #2] was going to send me some paperwork, but my printer ran out of ink." -Did not print any of the paperwork sent by Program Manager #2 until after FC #2 was taken to the hospital. -On 7-28-24, "She (FC #2) said she didn't want to get up. I was going to give her 30 more minutes. She locked the door...She took all of her pills...They (EMS) asked me questions, but I didn't have any information..." -"I didn't know anything to tell the doctor."</p> <p>Interview on 8-18-24 with FC #2's primary care provider revealed:</p>	V 106		

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V 106	<p>Continued From page 4</p> <p>-FC #2 had been placed with her on 7-18-24. -When she took FC #2 to the facility for respite on 7-25-24, she did not have any paperwork to give AFL Staff #1. -Did not receive any information or paperwork regarding FC #2 until after her discharge from the hospital on 7-30-24.</p> <p>Interviews on 8-12-24 and 8-28-24 with the Qualified Professional (QP) revealed: -Had been on vacation while FC #2 was in the facility and had been unaware of that placement. -Did not have any information about FC #2 or her placement in the facility. -"Everything intake is through [Program Manager #2]." -"When it comes to respite or placement, I get notified and 'hey this client is going to this home (facility)...'. They (the facility) should have everything (paperwork and client information) with them from [Program Manager #2]. If not, I get them everything they need at that point..."</p> <p>Interview on 8-27-24 with Program Manager #1 revealed: -FC #2 was an emergency placement. -"We were dependent on the guardian...we couldn't get any information." -AFL Staff #1 had been supplied with the medication list for FC #2.</p> <p>Interview on 8-14-24 with Program Manager #2 revealed: -The guardian had written a letter about FC #2 receiving respite so she could get medical treatment. -The letter regarding medical treatment "...came on July 25th (2024) from guardian at 4:35 pm" to the licensee. It was later forwarded to AFL Staff #1.</p>	V 106		

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V 106	Continued From page 5 -Reviewed background and clinical information via telephone with AFL Staff #1 and then emailed the information to her. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 106		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	<p>Continued From page 6</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients affecting 1 of 2 staff (AFL (Alternative Family Living) Staff #1). The findings are:</p> <p>Reviews on 8-22-24 and 8-27-24 of AFL Staff #1's record revealed: -Date of Hire: 3-19-18. -No client specific training for Former Client (FC) #3. -No training to meet the psychiatric/behavioral needs (suicidal ideation) of FC #3.</p> <p>Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed: -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder, Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Disruptive Mood Dysregulation. -Person Centered Plan (PCP) dated 3-5-24 revealed: -"...visits to the local ER (emergency room) frequently. In the month of January, he visited the ER 13 times..." -Reasons for ER visits were Psychiatric issues x8</p>	V 108		

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V 108	<p>Continued From page 7</p> <p>and Physical issues x5.</p> <p>Interview 8-20-24 with AFL Staff #1 revealed: -Did not have specific training on FC #3. -Was not trained on how to handle FC #3's behaviors. -"I had no information on him (FC #3)." -"He (FC #3) called the ambulance 3 times in 7 days...it was a pattern with him (FC #3) and [Program Manager #1] told him it (placement in this facility) was his last resort and from then on they would put him in the street..." -"They (licensee) had nowhere to put him (FC #3) so he stayed a little longer. Just for respite." -"He (FC #3) was not allowed in a lot of the restaurants in [local town] because of his behaviors..."</p> <p>Interview on 8-28-24 with the Qualified Professional (QP) revealed: -Program Managers #1 and #2 "...are the ones who call the AFL (providers) to tell them about the client and review the client specifics ..." -There was not a specific training on diagnoses or population served. -There was no specific training related to FC #3 and his psychiatric/suicidal behaviors. -"To my knowledge, I am not sure. Did she (AFL Staff #1) know what to do to best suit him (FC #3), I am not sure..." -"Sometimes I don't know (about the client) until I go into the home (facility)." -"Sometimes I have to reach out (to the Program Managers) and say 'what kind of client did you give me.'"</p> <p>Interview on 8-26-24 with Program Manager #1 revealed: -There should be client specific training completed by AFL Staff #1 in FC #3's client</p>	V 108		

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V 108	Continued From page 8 record. -FC #3 "...had individual supports and was just there for short term care." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes;	V 113		

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V 113	<p>Continued From page 9</p> <p>(9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain client records affecting 1 of 1 current client (#1) and 3 or 3 former clients (FC) (#2, #3, and #4). The findings are:</p> <p>Reviews on 8-12-24, 8-13-24, and 8-27-24 of Client #1's record revealed: -No identification face sheet specific to the facility.</p> <p>Reviews on 8-13-24 and 8-27-24 of FC #2 record revealed: -No identification face sheet specific to the facility.</p> <p>Reviews on 8-13-24 and 8-27-24 of FC #3 record revealed: -No identification face sheet specific to the facility.</p> <p>Reviews on 8-13-24 and 8-27-24 of FC #4 record revealed: -No identification face sheet specific to the facility.</p>	V 113		

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V 113	Continued From page 10 Interview on 8-28-24 with the Qualified Professional revealed: -Was not responsible for completing face sheets. -"Every year to two it (client profile) is updated by the program manager." Interview on 8-27-24 with the Program Manager #1 revealed: -"I did not do the face sheets (for each facility)." -Recently learned about the requirement for face sheets but it had not been implemented yet.	V 113		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of	V 116		

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V 116	<p>Continued From page 11</p> <p>methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure dispensing of medications was limited to pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 8-12-13 and 8-13-24 of Client #1's record revealed: -Admission Date: 4-25-23. -Diagnoses: Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Anxiety, Post Traumatic Stress Disorder, and Gastroesophageal Reflux Disease. -Physicians' Orders: 4-4-24: -Risperidone 0.25mg (milligram) (schizophrenia); Take 1 tablet by mouth at bedtime. 4-8-24: -Senna-S 8.6-50mg (laxative); Take 2 tablets by mouth once daily as needed if no bowel</p>	V 116		

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V 116	<p>Continued From page 12</p> <p>movement for 2 days.</p> <ul style="list-style-type: none"> -Sertraline HCL (hydrochloric acid) 100mg (depression); Take 1 tablet by mouth every day. -No physicians' orders for Famotidine. <p>Observation on 8-12-24 at approximately 12:12 pm of Client #1's medication revealed:</p> <ul style="list-style-type: none"> -Risperidone 0.25mg; Take 1 tablet by mouth at bedtime. Quantity dispensed on 8-5-24: 30 tablets; 50 tablets remained in that bottle. -Sertraline HCL 100mg; Take 1 tablet by mouth every day. Quantity dispensed on 8-5-24: 30 tablets; 41 tablets remained in that bottle. -Senna-S 8.6-50mg; Take 2 tablets by mouth once daily as needed if no bowel movement for 2 days. Quantity dispensed on 5-1-24: 60 tablets; 61 tablets remained in that bottle. -Famotidine 20mg (stomach acid). Take 2 tablets by mouth once daily. Quantity dispensed on 5-1-24: 60 tablets; 126 tablets remained in that bottle. <p>Interviews on 8-12-24 and 8-13-24 with AFL (Alternative Family Living) Staff #1 revealed:</p> <ul style="list-style-type: none"> -Would call in refills early and then pour one bottle into the other. -Wouldn't pay attention to the dates so it was possible that she poured the newest dispensed bottle of medication into an older dated bottle. -"If I get a new bottle, and there are 10 in the old bottle, I will pour it in." -"I've been doing this for 17 years. I am not gonna mess up like that..." -"I'm not as sharp as I used to be." <p>Interview on 8-12-24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -AFL Staff #1 was responsible for every day oversight of medication administration. -The facility's Registered Nurse (RN) would come 	V 116		

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V 116	<p>Continued From page 13</p> <p>out if there were problems related to medication administration.</p> <p>-QPs were responsible for reviewing medications monthly, including comparing the bottles to the Medication Administration Records (MARs). -"We don't do counts on the medications."</p> <p>Interview on 8-13-24 with the facility's RN revealed: -The AFL Staff #1 should not be pouring medications from one bottle to another. -Combining medications was not part of medication administration training.</p> <p>Interview on 8-27-24 with the Program Manager #1 revealed: -"I certainly had no idea we had the difficulty we were having (regarding medication)" -"Historically she (AFL Staff #1) has always needed help (with medication administration)."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 116		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to administer medications on the written order of a physician, failed to keep the MAR current, and failed to assess a client for self administration of medications for 1 of 1 current client (#1) and 1 of 3 former clients (FC #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (Tag V116). Based on observations, record review, and interviews, the facility failed to ensure dispensing of medications was limited to pharmacists, physicians, or other</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 1 client (#1).</p> <p>Review on 8-12-24 of Client #1's record revealed:</p> <p>-Physicians' Orders:</p> <p>12-20-23: -Calcium Citrate 950mg (milligrams) (osteoporosis); Take 1 tablet by mouth 3 times a day with meals.</p> <p>4-4-24: -Benztropine Mesylate 0.5mg (Parkinson disease); Take 1 tablet by mouth at bedtime. -Westab plus 27 1mg (vitamin deficiency); Take 1 tablet by mouth every day.</p> <p>8-5-24: -Raloxifene HCL (hydrochloride) 60mg (osteoporosis); Take 1 tablet by mouth once daily. -Pantoprazole SOD (sodium) DR (delayed release) 20mg (stomach acid); Take 1 tablet by mouth once daily. -No physicians' orders for Levothyroxine Sodium, Polyethylene Glycol 3350 Powder, or Lovastatin.</p> <p>Observation on 8-12-24 at approximately 12:12 pm of Client #1's medication revealed:</p> <p>-Calcium Citrate 950mg; Take 1 tablet by mouth 3 times a day with meals. 2 blister packs. Both blister packs dispensed 6-3-24: 25 tablets remained in the first blister pack and 30 tablets remained in the second blister pack. -Benztropine Mesylate 0.5mg; Take 1 tablet by mouth at bedtime. 2 bottles. Quantity dispensed on 5-29-24: 30 tablets; 24 tablets remained. Quantity dispensed on 8-5-24: 30 tablets; 29 tablets remained. -Raloxifene HCL 60mg; Take 1 tablet by mouth once daily. 2 bottles. Quantity dispensed on 5-1-24: 30 tablets; 28 tablets remained. Quantity dispensed on 8-5-24: 30 tablets; 3 tablets</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>remained.</p> <p>-Lovastatin 20mg (cholesterol); Take 1 tablet by mouth once daily. Quantity dispensed on 5-1-24: 30 tablets; 28 tablets remained.</p> <p>-Westab plus 27 1mg; Take 1 tablet by mouth every day. 2 bottles. Quantity dispensed on 3-21-24: 30 tablets; 16 tablets remained. Quantity dispensed on 5-13-24: 30 tablets; 19 tablets remained.</p> <p>-Pantoprazole SOD DR 20mg; Take 1 tablet by mouth once daily. Quantity dispensed on 8-5-24: 30 tablets; 29 tablets remained.</p> <p>-Levothyroxine Sodium 75mcg (micrograms) (thyroid); Take 1 tablet by mouth once daily. Quantity dispensed 3-21-24: 90 tablets; 55 tablets remained.</p> <p>-Polyethylene Glycol 3350 Powder (laxative); Mix 17 grams in water or juice and drink daily. Dispensed 9-20-23.</p> <p>Review on 8-12-24 of Client #1's MAR dated 5-1-24 to 5-31-24 revealed:</p> <p>-Famotidine 20mg; Take 2 tablets by mouth once daily. Signed as administered daily at 7 am and 9 pm.</p> <p>-Risperidone 0.25mg; Take 1 tablet by mouth at bedtime. No signatures for administration.</p> <p>-Calcium Citrate 950mg; Take 1 tablet by mouth 2 times a day. Signed as administered daily at 7 am and 9 pm.</p> <p>Review on 8-12-24 of Client #1's MAR dated 6-1-24 to 6-30-24 revealed:</p> <p>-Calcium Citrate 950mg; Take 1 tablet by mouth 2 times a day. Signed as administered daily at 7 am and 9 pm.</p> <p>Review on 8-12-24 of Client #1's MAR dated 7-1-24 to 7-31-24 revealed:</p> <p>-Famotidine 20mg; Take 2 tablets by mouth once</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>daily. Signed as administered daily at 7 am and 9pm.</p> <p>Review on 8-13-24 of FC #2's record revealed: -Admission Date: 7-25-24. -Discharge Date: 7-28-24. -Diagnoses: Mild Intellectual Developmental Disability and Autism. -Physicians' Orders: None. -No assessment or order to self-administer medications.</p> <p>Review on 8-14-24 of facility "Consent for Medication" for FC #2 revealed: -Signed by the guardian and dated 7-18-24. -Medications listed: -"Vyvanse 70mg capsule take in the morning" -"Prazosin 1mg take one in evening" -"Risperidone 1mg take one in morning" -"Mirtazapine 30mg take one in evening" -"Benzotropine 1mg take one in evening" -"Guanfacine 3mg take one in morning" -"Omeprazole 20mg one daily in the morning"</p> <p>Attempted review on 8-12-24 of FC #2's MARs for the period 7-18-24 to 7-28-24 revealed: -No MARs were available for review.</p> <p>Review on 8-19-24 of local Emergency Medical Services (EMS) Patient Care Record dated 7-28-24 revealed: -Emergent services provided to FC #2. -Medications listed: Ambien, Geodon, and Prozac.</p> <p>Interview on 8-19-24 with the local EMS provider revealed: -The medications listed on the report dated 7-28-24 were observed on scene but were not an exhaustive list of all the medications observed.</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>-Did not list all of the medications due to the emergent situation but felt "...the ones listed were important."</p> <p>Interview on 8-12-24 with the dispensing pharmacist for Client #1 revealed: -Concerned medications were not being administered to Client #1 as prescribed due to lack of refills. -Levothyroxine sodium last filled on 3-21-24. -Lovastatin and Famotidine last filled on 5-1-24. -Westab last filled on 5-13-24. -Calcium Citrate last filled on 6-3-24. -Medications cannot be filled more than 7 days early. -Based on the last fill dates, "...would say that the medication has not been administered." -There were no current discontinue or suspend orders in the system.</p> <p>Interview on 8-13-24 with Client #1's physician assistant revealed: -"It is very important for her (Client #1) to receive medications daily..." specifically for cholesterol and thyroid.</p> <p>Interview on 8-15-24 with the pharmacy technician for the dispensing pharmacist for FC #2 revealed: -Prescription for Zolpidem 10mg tablet was filled on 7-21-24. -Prescriptions for Fluoxetine 20mg capsule and Divalproex DR 500mg tablets (90 tablets for 30 days) were filled on 7-1-24. -All prescriptions were picked up by FC #2.</p> <p>Interview on 8-14-24 with FC #2 revealed: -Medications were unlocked in her room while at the facility. -Did not know the names of all of her medications</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>but stated she knew she took Depakote, Lorazepam, Ambien, and Vyvanse.</p> <p>-Self-administered her own medications while at the facility.</p> <p>-AFL Staff #1 observed her self-administer her medications only one time.</p> <p>Interviews on 8-12-24 and 8-13-24 with AFL (Alternative Family Living) Staff #1 revealed:</p> <p>-Would combine the medication bottles for Client #1 when a new prescription was filled.</p> <p>"I know it looks like I am not giving her (Client #1) her medication, but I am."</p> <p>-Could not give an explanation of the extended lapse in time since several medications had been filled.</p> <p>"She (FC #2's primary care provider) gave me her (FC #2) clothes and a box with the medication. She (FC #2's primary care provider) walked off and left. She was in a hurry. I had no paperwork. I was told she (FC #2) takes her own medicine and I didn't have to worry about it."</p> <p>-Did not have any MARs or orders for FC #2.</p> <p>Interview on 8-14-24 with FC #2's primary care provider revealed:</p> <p>-Did not have any paperwork to provide AFL Staff #1 upon admittance to the facility.</p> <p>Interview on 8-13-24 with the facility's Registered Nurse revealed:</p> <p>-Would come to the facility if there was an issue or problem and help make corrections.</p> <p>-Had been coming out to this facility quarterly but "...stopped about a year ago."</p> <p>-The Qualified Professional (QP) would look at meds regularly. "I think monthly."</p> <p>-Had been scheduled to complete an updated medication administration training and check medications and orders with AFL Staff #1.</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>Interviews on 8-12-24 and 8-28-24 with the QP revealed: -Was responsible for reviewing medications in the facility. -The AFLs was responsible for contacting the pharmacy if there were issues with the MARs or medications. -When a client was admitted to the facility, the AFL Staff #1 "...should have a release of responsibility releasing medications from one person to next." -Was on vacation when FC #2 was admitted to the facility.</p> <p>Interviews on 8-14-24 and 8-15-24 with Program Manager #2 revealed: -AFL Staff #1 informed him on 7-25-24 that she didn't have MARs for FC #2. -A blank MAR was sent to AFL Staff #1 on 7-25-24. -Nothing was discussed about self-administration of medications. -The licensee did not have physicians' orders for FC #2. -"I can tell you that I did not (double check medications upon intake for FC #2)."</p> <p>Interview on 8-27-24 with Program Manager #1 revealed: -Clients should have physicians' orders upon admission. -The Licensee has someone that specifically does admissions and "...that is his job." -It was difficult to get physicians' orders for FC #2. The guardian was listed at the pharmacy. "... We were dependent on the guardian... We couldn't get any information (from the pharmacy)." -AFL Staff #1 was given a medication list and MARs for FC #2 by Program Manager #2.</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>"I believe [AFL Staff #1] was provided with the information (regarding FC #2)."</p> <p>"I certainly had no idea we had the difficulty we were having (regarding medication)."</p> <p>"Historically she (AFL Staff #1) has always needed help (with medication administration)."</p> <p>-FC #2 could have arrived with more medications than we were aware of.</p> <p>"The QP was supposed to be matching bottles to orders to MARs..."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 8-14-24 of a Plan of Protection dated 8-14-24 completed and submitted by the Program Manger #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> Will be removing consumer ASAP (as soon as possible) from home. Nurse to monitor medications one time a week while the consumer remains in the home. QP to monitor home, medications and treatment one time a week separate to nurse until consumer moves from the home. <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> Guardian informed on August 13, 2024 that home to be closed. She requested we begin looking at homes. Two potential AFL providers approached and presented with consumer case and to let us know no later than 8/14, 2024. Guardian will be presented with options immediately upon agreement of potential homes. Nurse already set up to start at least weekly visits. 	V 118		

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V 118	<p>Continued From page 22</p> <p>5. QP already set up to start at least weekly visits."</p> <p>Review on 8-29-24 of the an amended Plan of Protection dated 8-29-24 completed and submitted by the Program Manager #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ol style="list-style-type: none"> 1. Removed consumer ASAP from home. Upon being informed of medication errors, guardian was contacted and informed of our need to move ASAP. Guardian identified home that she would like consumer placed in but that individual will need to be trained. Consumer moved to a certified home on 8/21/2024. 2. Nurse visited home on the second day of the DHSR visit. Conducted medication review (as she was already scheduled to do) and then reconducted Medication Administration class. She visited the home one more time before consumer moved. At that time she again went through medications and checked for accuracy. 3. QP was scheduled to check on consumer and contractor and did so two additional times before consumer was moved. 4. Training scheduled with nurse and QPs for a training on how to effectively check medications in the home. Scheduled for the afternoon of 9/10/2024. Emphasis will be matching the prescriptions to the bottles (while noting the date filled of prescription bottles) and the MARs. 5. In process when investigation began but to continue, gaining access to EMRs (electronic medical record) to assure most up to date doctor information is scheduled. 6. Medication Requirement section of DHSR policies for AFLs sent to nurse on 8/29/2024 in preparation for fine tuning of training. Describe your plans to make sure the above happens. 	V 118		

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V 118	<p>Continued From page 23</p> <ol style="list-style-type: none"> 1. Has occurred. 2. Has occurred. 3. Has occurred. 4. Scheduled on 9/10/2024 at mandatory face to face QP meeting. Program Manager has arranged already. 5. QPs are in process with working with AFL providers and guardians to obtain access. Target date for completion is 10/1/2024. 6. Has occurred." <p>Clients at the facility had diagnoses that included Mild and Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Anxiety, Post Traumatic Stress Disorder, Autism and Gastroesophageal Reflux Disease. Clients took a variety of different medications for control and stabilization of medical and psychiatric disorders. There were no physicians' orders for Client #1's Levothyroxine sodium, Polyethylene Glycol 3350 Powder, Famotidine or Lovastatin. The MARs for Client #1 did not match physicians' orders and/or medication labels. There was a discrepancy with many of Client #1's medications in regards to how many tablets were dispensed by the pharmacy and how many tablets remained in the pharmacy bottles as the AFL Staff #1 combined medication bottles. It could not be determined if Client #1 was receiving the correct dosage of medication or if the medication administered to Client #1 was expired due to the mixing of pharmacy dispensed bottles of medications. There were no physicians' orders for any of FC #2's medications. An assessment and self-administration order for FC #2 to self-administer her medications was not present. FC #2 was admitted to the facility with a list of seven medications which she was prescribed; however, an additional three medications were identified by the dispensing pharmacy as well as one additional medication</p>	V 118		

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V 118	Continued From page 24 identified by the EMS first responder. Due to the discrepancies between the list completed by FC #2's guardian, the reports provided by the dispensing pharmacy and the EMS first responder, it could not be determined what medications FC #2 was prescribed and what medication she may have had in her possession when admitted to the facility. There were no MARs for FC #2. This deficiency constitutes a Type A1 rule violation for serious neglect and harm and must be corrected within 23 days.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a	V 289		

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V 289	<p>Continued From page 25</p> <p>developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p>	V 289		

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V 289	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope for which it was licensed affecting 2 of 3 former clients (Former Clients (FC) #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0201 Governing Body Policies (Tag V106). Based on record reviews and interviews, the facility failed to implement their policy of the medical preparedness plan to be utilized in a medical emergency affecting 1 of 3 former clients (Former Client (FC) #2).</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (Tag V108). Based on record review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients affecting 1 of 2 staff (AFL (Alternative Family Living) Staff #1).</p> <p>Review on 8-12-24 of the facility's Division of Health Service Regulation's license revealed: -The facility was not licensed to provide respite services.</p> <p>Review on 8-12-24 of a Department of Social Services (DSS) document dated 7-25-24 revealed: -DSS was the legal guardian of FC #2. -"[FC #2] is currently placed with [AFL (Alternative Family Living) Staff #1], a Community Alternative licensed respite provider..." -"Any information in regards to this adult's health (FC #2)...may be released to [FC#2's primary care provider as this individual is the direct caregiver of this adult while doing respite."</p>	V 289		

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V 289	<p>Continued From page 27</p> <p>Review on 8-12-24 of a licensee document titled "Payment Schedule" revealed: -Addressed to the guardian of FC #2. -"...3. that you will be responsible for [FC #2] on July 25th through July 28th if respite can not be worked out with the Overton Home who are current contractors with CANC (Community Alternatives of North Carolina)..."</p> <p>Interview on 8-12-24 with FC #2 revealed: -Knew she was not staying permanently at the facility with AFL Staff #1. -Her placement was just for the weekend.</p> <p>Interview on 8-15-24 with FC #2's DSS guardian revealed: -Wrote the letter and sent it to Program Manager #2 regarding respite care for FC #2 at the facility.</p> <p>Interview on 8-14-24 with FC #2's primary care provider revealed: -Upon admission of FC #2, the licensee was aware of the upcoming need for respite the following week. -The plan was for FC #2 to return to her care upon return from vacation.</p> <p>Review on 8-22-24 and 8-27-24 of FC #3's record revealed: -Qualified Professional (QP) note signed and dated by the Program Manager #1 on 6-28-24 revealed: "I received a call last night from [FC #3]. He had been in jail awaiting trial on a secured bond since the end of May. They unsecured his bond at 5pm. He notified us after 7 (pm) wanting to know where he would be sleeping. [Program Manager #2] and I contact [AFL Staff #1] ...picking him up in [local town] and taking him home for the night..."</p>	V 289		

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V 289	<p>Continued From page 28</p> <p>Review on 8-22-24 of the discharge plan for FC #3 revealed: -Was not specific to the facility. -"service site: 8 homes in 4 months" -"...[FC #3] last there for about 2 weeks before he lunged...and police were called...discovered multiple outstanding warrants...he did over 30 days in jail. He went to another home where he lasted less than a week before he called police to move him...slept in the CANC office that night...to a third home that last 4 days and then to a fourth home. Police were called...outstanding warrants were found in that county. He was placed in jail...a fifth home...until he blew out of that home, then a sixth & a seventh. He attempted to set fire in home." -"Recommendations...Placement in higher level of care..." -Signed and dated by Program Manager #1 on 7-17-24.</p> <p>Interviews on 8-12-24 and 8-20-24 with AFL Staff #1 revealed: -FC #2 was dropped off on a Thursday and was to be picked up on the Sunday. -FC #3 was in the facility for "about a week". -Both FC #2 and #3 was placed in the facility for "respite". -"He (FC #3) called the ambulance 3 times in 7 days...it was a pattern with him (FC #3) and [Program Manager #1] told him it (placement in this facility) was his last resort and from then on they would put him in the street..." -"They (licensee) had no where to put him (FC #3) so he stayed a little longer. Just for respite."</p> <p>Interviews on 8-13-24 and 8-20-24 with the QP revealed: -"I wasn't really filled in on the respite placement (for FC #2)."</p>	V 289		

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V 289	<p>Continued From page 29</p> <ul style="list-style-type: none"> -FC #3 was in the facility for respite "I believe for only one day..." -FC #2 and FC #3 received respite services from the facility. -Program Manager #2 made decisions on placement. -Program Managers #1 and #2 "...put that client (FC #3) there." -Did not know that the home had to be specifically licensed for respite. "I thought it had to per the clients' plan. If they have preapproved respite in their plan, they can use it." <p>Interviews on 8-14-24 and 8-15-24 with Program Manager #2 revealed:</p> <ul style="list-style-type: none"> -Was responsible for completing intakes and placements for the licensee. -FC #2 was initially admitted into a different facility knowing that there was a need for "respite" a week later. -The guardian wrote a letter that AFL Staff #1 could provide "respite" and obtain emergency medical services if needed. -FC #2 only went to the facility for "respite". That placement was never intended as a long-term placement. <p>Interview on 8-27-24 with Program Manager #1 revealed:</p> <ul style="list-style-type: none"> -"[FC #2] did not have a service at that time. She was an emergency placement. [The DSS guardian] knew she had to go somewhere for a few days." -FC #3 was in the facility "for short term care" not respite. He received individual supports. -Neither FC #2 nor #3 were billed as respite. FC #3 was private pay. <p>Review on 8-29-24 of a Plan of Protection dated 8-29-24 completed and submitted by the Program</p>	V 289		

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V 289	<p>Continued From page 30</p> <p>Manger #1 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> Consumer moved from that home on 8/21/2024. Review with Program Managers and QPs the need for up-to-date disaster plans, which provide information needed in emergencies, for each client in place on the day that consumer is placed. This to begin immediately. Person Specific Competencies completed and faxed to Human Resources on day of admission to be placed in AFL providers and Direct Care Professional files that day. Checklist for admissions to be developed 8/30/2024 for new consumers that is stored with consumer's electronic record. Checklist will be to make sure that everything is in place before and at the time of admission. It will cover Person Specific Competencies, Disaster Plans, Admission's documents, and other necessary paperwork. Begun by the Program Manager working on admission, it will then be reviewed and finished by the home's supervising QP. During QA (Quality Assurance) reviews, this checklist will be compared to documentation. QPs or the Program Manager will be responsible for internal transfers. Program Managers will assure that no consumers are placed in licensed homes beyond the scope is licensed for. Describe your plans to make sure the above happens. <ol style="list-style-type: none"> Has occurred. Calls set up with QPs today to review and begin. Program Manager to assure completion. Discussing with Human Resources a way to assure that on the day of admission they receive all relevant paperwork. Both Program Mangers to work together to 	V 289		

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V 289	<p>Continued From page 31</p> <p>complete tomorrow.</p> <p>5. This will be part of the checklist created for when transfers or admissions occur."</p> <p>Clients had diagnoses that included Intellectual Development Disabilities, Autism, Attention Deficit Hyperactivity Disorder, Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Disruptive Mood Dysregulation. The facility was licensed for Alternative Family Living; the facility was providing respite services and was not licensed for such. In one emergent event on 7-28-24, FC #2 overdosed on multiple prescription medications and the AFL Staff #1 was unable to provide medical information to EMS staff. The only information that was able to be provided to EMS regarding FC #2 was her name and age. First responders were limited in their ability to provide emergency medical treatment for the overdose due to no information being made available. Training was not provided to prepare AFL Staff #1 to meet the needs of the clients. FC #3 had an extensive history of calling 911 and multiple hospital visits both related to psychiatric issues prior to admission to the licensee and the facility. Training was not provided regarding that client, his behaviors or diagnoses, and how to address his psychiatric needs. FC# 3 was discharged from the facility after one week due to his multiple calls to 911 and his aggressive behaviors.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 289		

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V 366	Continued From page 32	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 33</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 34</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 responses to level I and II incidents as required. The findings are:</p> <p>Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed: -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder (PTSD), and Disruptive Mood Dysregulation.</p>	V 366		

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V 366	<p>Continued From page 35</p> <p>Review on 8-22-24 and 8-27-24 of FC #4's record revealed: -Admission date: 2-1-24. -Discharge date: 4-13-24. -Diagnoses: Mild Intellectual Developmental Disabilities, ADHD, Bipolar Disorder, PTSD, Conduct Disorder and Other persistent mood disorder. -Discharge summary specific to the licensee signed and dated 6-3-24: -"One evening he attempted to set fire to the kitchen..." -Qualified Professional notes: -Note not dated or signed; "...[FC #4] had tried to set the house on fire...911 was called..."</p> <p>Review on 8-20-24 of local county sheriff communications log revealed: -Local Emergency Medical Services (EMS) and local Sheriff 's department responded to the facility: -5-19-24 - Psychiatric/suicide attempt. -6-30-24 - Psychiatric/suicide attempt. -7-6-24 - Psychiatric/suicide attempt.</p> <p>Reviews on 8-19-24, 8-20-24, and 8-28-24 of Incident Response Improvement System (IRIS) revealed: -There were no level II incidents for FC #3 or FC #4.</p> <p>Review on 8-27-24 of facility's internal incident reports revealed: -Dated 6-30-24; completed by AFL Staff #1; Emergency Medical Services (EMS) was called by FC #3 due to suicidal ideations; -no documentation of the following: -attending to health and safety needs; -determining the cause;</p>	V 366		

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V 366	<p>Continued From page 36</p> <ul style="list-style-type: none"> -developing and implementing corrective measures; -developing and implementing measures to prevent; -assigning persons to be responsible for implementation; -adhering to confidentiality requirements; and -maintaining documentation. <p>-Dated 7-5-24; completed by Qualified Professional (QP); EMS was called; FC #3 attempted to run out of the home and into traffic:</p> <ul style="list-style-type: none"> -no documentation of the following: -determining the cause; -developing and implementing corrective measures; -developing and implementing measures to prevent; -assigning persons to be responsible for implementation; -adhering to confidentiality requirements; and -maintaining documentation. <p>Interview on 8-12-24 with AFL Staff #1 revealed:</p> <ul style="list-style-type: none"> -EMS and Sheriff's department had not been called to the facility. -No clients had suicidal ideation. <p>Interview on 8-20-24 with AFL Staff #1 revealed:</p> <ul style="list-style-type: none"> -"He (FC #3) said he was his own guardian and could do what he wanted to do." -"He (FC #3) called the ambulance 3 times in 7 days..." -Both EMS and the Sheriff's department would come out when FC #3 called. -FC #4 was discharged because he attempted to set the facility on fire. <p>Interviews on 8-13-24, 8-20-24 and 8-28-24 with the QP revealed:</p> <ul style="list-style-type: none"> -Was not aware of any EMS and Sheriff's 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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V 366	<p>Continued From page 37</p> <p>department response to the facility prior to 7-28-24.</p> <p>- "There should be incident reports and IRIS reports for those (when EMS and Sheriff's department responded)."</p> <p>- "I am not sure (about the incident on 6-30-24)."</p> <p>- "Definitely a lack of communication. I did not know some of those (incidents)..."</p> <p>Interview on 8-20-24 from Program Manager #1 revealed:</p> <p>- "I do not have incident reports."</p> <p>Interview on 8-27-24 from Program Manager #1 revealed:</p> <p>- "When I go through a safety committee and there are no incidents, I am concerned."</p> <p>- "He (FC #4) tried to set to set fire to the kitchen and I can't find incident reports."</p> <p>- "There should be within 24 hours (incident reports) sent up to [Executive Director] and I..."</p> <p>- "I don't have any idea (communication between the QP and the facility regarding incidents)."</p>	V 366		
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</p>	V 367		

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V 367	<p>Continued From page 38</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 39</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents in the Incident Response Improvement System (IRIS) within 72 hours of becoming aware of the</p>	V 367		

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V 367	<p>Continued From page 40</p> <p>incident. The findings are:</p> <p>Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed: -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder (PTSD), and Disruptive Mood Dysregulation.</p> <p>Review on 8-22-24 and 8-27-24 of FC #4's record revealed: -Admission date: 2-1-24. -Discharge date: 4-13-24. -Diagnoses: Mild Intellectual Developmental Disabilities, ADHD, Bipolar Disorder, PTSD, Conduct Disorder and Other persistent mood disorder. -Discharge summary specific to the licensee signed and dated 6-3-24: -"One evening he attempted to set fire to the kitchen..." -Qualified Professional notes: -Note not dated or signed; "...[FC #4] had tried to set the house on fire ...911 was called..."</p> <p>Review on 8-27-24 of facility's internal incident reports revealed: -Dated 6-30-24; completed by AFL Staff #1; Emergency Medical Services (EMS) was called by FC #3 due to suicidal ideations; no documentation of notifications. -Dated 7-5-24; completed by Qualified Professional (QP); EMS was called; FC #3 attempted to run out of the home and into traffic, only licensee internal notification documented.</p>	V 367		

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V 367	<p>Continued From page 41</p> <p>Review on 8-20-24 of local county sheriff communications log revealed: -Local Emergency Medical Services (EMS) and local Sheriff 's department responded to the facility: -5-19-24 - Psychiatric/suicide attempt. -6-30-24 - Psychiatric/suicide attempt. -7-6-24 - Psychiatric/suicide attempt.</p> <p>Reviews on 8-19-24, 8-20-24, and 8-28-24 of IRIS revealed: -There were no level II incidents for FC #3 or FC #4.</p> <p>Interview on 8-20-24 with AFL Staff #1 revealed: -"He (FC #3) called the ambulance 3 times in 7 days..." -Both EMS and the Sheriff's department would come out when FC #3 called. -FC #4 was discharged because he attempted to set the facility on fire.</p> <p>Interviews on 8-13-24, 8-20-24 and 8-28-24 with the QP revealed: -Was not aware of any EMS and Sheriff's department response to the facility prior to 7-28-24. -"We get incident reports when staff call about an incident or when someone has gotten hurt or if we are knowledgeable..." -"When we know, staff is supposed to write it and turn it in..." -"There should be incident reports and IRIS (Incident Response Improvement System) reports for those (when EMS and Sheriff's department responded)." -"Whoever knows about it (an incident) is responsible for making sure that paperwork (IRIS) is followed up on." -"I am not sure (about the incident on 6-30-24)."</p>	V 367		

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V 367	Continued From page 42 -"Definitely a lack of communication. I did not know some of those (incidents)..." Interview on 8-20-24 from Program Manager #1 revealed: -"I do not have incident reports." Interview on 8-27-24 from Program Manager #1 revealed: -"When I go through a safety committee and there are no incidents, I am concerned." -"He (FC #4) tried to set to set fire to the kitchen and I can't find incident reports." -"There should be within 24 hours (incident reports) sent up to [Executive Director] and I and uploaded into IRIS."	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe manner. The findings are: Observation on 8-12-24 at approximately 2:50 pm of the facility revealed: -Three fire extinguishers were in the facility. -All three fire extinguishers were certified in July of 2023 with an expiration date of one year. Interview on 8-12-24 with the AFL Staff #1 revealed:	V 736		

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V 736	<p>Continued From page 43</p> <p>-The company that serviced the fire extinguishers came out last month "...but I wasn't home, and they said they would come back." -I haven't heard from them (the service company)."</p> <p>Interview on 8-28-24 with the Qualified Professional (QP) revealed: -"When we walk through the home, we go to the clients' room, living space, kitchen and bathroom...make sure they have everything for their annual (Division of Health Service Regulation survey)..." -Did not check expiration dates on fire extinguishers.</p> <p>Interview on 8-27-24 with the Program Manager #1 revealed: -The QP was responsible for making sure the facility was safe and orderly.</p>	V 736		