Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	R-C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on September 12, 2024. the complaint was unsubstantiated (Intake #NC00220645). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G.1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 1 current client, 2 former clients.	V 000		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and	V 366	V366 Dreams and Visions staff will implement a company policy to support accurate incident reporting of level I, II, and III incidents. Dreams and Visions staff will review all supportive information needed to complete the incident report. This will alleviate any errors prior to submission All staff will receive a training refresher on IRIS requirements and documentation to ensure accuracy and accountability of all reports completed within 72 hours. All staff members will be trained on the differences from a in house report and IRIS report. RECEIVED OCT 11 2024 DHSR-MH Licensure Sect	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robin B Baker — TITLE: CEO — (X6) DATE: 10/7/24

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V 366	Continued From page 1 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	V 366	For preventive measures, all reports will be printed out as validation and filed in an IRIS system within the current year of reporting. These reports will be available for reference and upon request as needed. Dreams and Visions executive and program director will monitor all incidents prior to putting them into IRIS. The administration team will meet to debrief regarding the incident in capturing information and details to help determine the level. The program director will support the QP and work collaboratively.	

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V 366	Continued From page 2 LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on records review and interviews, the	V 366		

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V 366	Continued From page 3 facility failed to implement written policies governing their response to level I and II incidents. The findings are: -Review on 9/11/24 of the facility's incident reports from 6/1/24-9/9/24 revealed the following incident was not reported within the required time: - No Risk/Cause/Analysis (RCA) of Former Client #3 alleged Staff #1 slapped her. The provider did not submit the report until 9/10/24. Interview on 9/11/24 with the Qualified Professional (QP) revealed: - Submitted the report but "something kept happening and it wouldn;t go through" - "Last night I tried to submit the report again and everything went through" Interview on 9/11/24 with the Executive Director revealed: - Discussed with the QP about making sure the reports were in the IRIS system; - Would make sure all reports are reported in a timely manner.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

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V 367	Continued From page 4 becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III	V 367	V367 Dreams and Visions executive and program director will monitor all incidents prior to putting them into IRIS. The administration team will meet to debrief regarding the incident in capturing information and details to help determine the level. The program director will support the QP and work collaboratively. To ensure the correct information is valid, all reports will be printed and filed within the current year of incident reporting. Dreams and Visions staff will keep hard copies stored and protected in a secured place.	

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V 367	Continued From page 5 incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report al level II incidents in the Incident Response Improvement System (IRIS)	V 367	A management meeting was held to ensure all members are aware and understand the difference between in-house report vs IRIS reports. We also discussed calling the tailored plan QAQI office to inform them of any online submission errors and if there is an error with submission a paper copy can be complete and submitted. All reports that are completed a copy of the IRIS report along with any written statements from staff members pertaining to the incident will be signed my them and kept in our incident binder. Any report delays will result in a staff coaching and or a written write up.	

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V 367	Continued From page 6 and notify the Local Managment Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services as required. The findings are: Review on 9/11/24 of Incident Response Improvement System (IRIS) from 6/1/24-9/9/24 revealed the following incident was not reported within the required time: - Former Client #3 alleged Staff #1 slapped her. The provider did not submit the report until 9/10/24. Interview on 9/11/24 with the Qualified Professional (QP) revealed: -Submitted the report but "something kept happening and it wouldn;t go through" - "Last night I tried to submit the report again and everything went through" Interview on 9/11/24 with the Executive Director revealed: - Discussed with the QP about making sure the reports were in the IRIS system; - Would make sure all reports are reported in a timely manner.	V 367		