

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-586</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IDLEWILD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 8/7/24. The complaints were unsubstantiated (NC00220088, NC00220094). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities For Children &amp; Adolescents.</p> <p>This facility is licensed for 4 clients and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114	<p>PCS will ensure disaster drills are held at least quarterly and repeated for each shift. PCS will do an in-service on Fire and Disaster Drills requirements with staff. Monitor by: Program Manager Clinical Director and QA/QI Director Complete date: 10/6/2024 and ongoing</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Marisil Burgos, MA QP*

TITLE  
**QA/QI Director**

(X6) DATE  
**9/19/2024**

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed on each shift and quarterly. The findings are:</p> <p>Attempted review on 8/2/24, 8/5/24 and 8/7/24 of the facility's fire and disaster drills revealed: - On 8/2/24 requested fire and disaster drill documentation from Staff #2 and the Program Manager; - On 8/5/24 requested fire and disaster drill documentation from the Quality Assurance (QA)/ Quality Improvement (QI) Director; - No fire and disaster drill documentation were provided prior to survey exit on 8/7/24 at 3:55pm.</p> <p>Interview on 8/2/24 with Client #2 revealed: - Had not completed a fire or disaster drill in months; - Did not know where to go if there were a fire; - Did not know what to do if there were a disaster like a tornado.</p> <p>Interview on 8/2/24 with Client #3 revealed: - Had no fire or disaster drill since she arrived on 7/23/24.</p> <p>Interview on 8/2/24 with Client #4 revealed: - Had not completed a fire or disaster drill since she arrived on 6/6/24; - Did not know where to go if there were a fire; - Did not know what to do if there were a disaster like a tornado.</p> <p>Interview on 8/7/24 with Staff #1 revealed: - Completed a fire drill on 8/6/24; - Had not "done one lately, haven't done one in</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>quite a while;"</p> <ul style="list-style-type: none"> <li>- "To my knowledge they are done monthly ...not certain if they are done regularly."</li> </ul> <p>Interview on 8/7/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- Duties included fire drills and fire safety;</li> <li>- "Did a fire drill this month, I think."</li> </ul> <p>Interview on 8/6/24 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- "[Program Manager] has that information;"</li> <li>- "I haven't done since I've been there ...it's usually done in the morning ..."</li> </ul> <p>Interview on 8/5/24 with the QA/QI Director revealed:</p> <ul style="list-style-type: none"> <li>- The fire and disaster drills documentation were located at the facility;</li> <li>- "The Program Manager stated they found the book at the facility."</li> </ul> <p>Interview on 8/2/24 and 8/7/24 with the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>- On 8/2/24, had fire and disaster drills documentation at the office due to making copy on yesterday for the Local Management Entity/Managed Care Organization;</li> <li>- Found the fire and disaster documentation at the home over the weekend and picked it up from the facility to have on today 8/7/24;</li> <li>- Stated she had the documentation with her at the office;</li> <li>- Agreed to scan and email fire and disaster drills on 8/7/24;</li> <li>- No documentation was made available before exit at 3:55pm on 8/7/24.</li> </ul> <p>Interview on 8/7/24 with Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- Had no knowledge of whether fire/disaster drills had been done or whether there was</li> </ul>	V 114		

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V 114	Continued From page 3 documentation. - "Can't confirm it unless I get a copy of it. I send notification requesting it."	V 114		
V 118	27G .0209 (C) Medication Requirements  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 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.	V 118	PCS will confirm Med order are signed by a person authorized by law to prescribe drugs before admission. PCS will ensure a Medication Administration Record (MAR) is kept current and ensure all medications administered are recorded immediately after administration. PCS will train all staff on Medication Administration Record (MAR) and how to document immediately after medication administration. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 10/5/2024 and ongoing	

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were administered on a written order of a physician, failed to ensure medications were available for administration and failed to ensure the MAR was kept current affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 8/5/24 of Client #2's record revealed: - Admission date 10/31/23; - Age 17; - Diagnoses Post Traumatic Stress Disorder, by history; Other Disorders of Psychological Development. - No signed physician orders for Ferrous Sulfate(iron) 325 (milligrams)mg, Take 1 tablet (tab) by mouth, Monday, Wednesday &amp; Friday; Vitamin D3(supplement)5000 units, Take 1(Capsule) cap by mouth in the morning; Vraylar (antidepressant) 3mg, Take 1 cap every morning; Guanfacine (Attention Defcirt Hyperactivity Disorder) 1mg, Take 1 tab daily in morning; Lamotrigine (Bipolar) 25mg, Take 2 tabs by mouth daily.</p> <p>Review on 8/2/24 of Client #2's August 1-2, 2024 MAR revealed: - No signatures on 8/1/24 and 8/2/24 for the following medications: Ferrous Sulfate 325mg, Take 1 tab by mouth, Monday, Wednesday &amp; Friday; Vitamin D3 5000 units, Take 1 cap by mouth in the morning; Vraylar 3mg, Take 1 cap every morning; Guanfacin 1mg, Take 1 tab daily in morning; Lamotrigine 25mg, Take 2 tabs by mouth daily.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Observation on 8/2/24 of Client #2's medication revealed: - Ferrous Sulfate 325mg, Vitamin D3 5000 units; - Vraylar 3mg, Guanfacine 1mg, Lamotrigine 25mg were unavailable on 8/2/24.</p> <p>Review on 8/5/24 of Client #2's MARs from May 1, 2024- July 31, 2024 revealed the following medications were administered daily: - The following medications were administered daily from May 1, 2024- July 31, 2024: Ferrous Sulfate 325mg, Take 1 tab by mouth, Monday, Wednesday &amp; Friday; Vitamin D3 5000 units, Take 1 cap by mouth in the morning; Vraylar 3mg, Take 1 cap every morning; Guanfacine 1mg, Take 1 tab daily in morning; Lamotrigine 25mg, Take 2 tabs by mouth daily;</p> <p>Observation on 8/7/24 of Client #2's medication revealed: - The following medications were filled on 8/2/24: Vraylar 3mg, Take 1 cap every morning; Guanfacine 1mg, Take 1 tab daily in morning; Lamotrigine 25mg, Take 2 tabs by mouth daily.</p> <p>Interview on 8/2/24 with Client #2 revealed: - Had not been administered "some medications for a few days;" - "I don't know the names so I can't tell you which medicines I haven't taken."</p> <p>Interview on 8/2/24 with Staff #2 revealed: - "There was no MAR created for August ...filled out the MAR this morning" on 8/2/24; - "She (Client #2) received her medications, I don't know why they (staff) didn't sign out the MAR or fill out the form; - All staff is responsible for making sure the MAR is filled out each month.</p>	V 118		

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V 118	Continued From page 6  Interview on 8/7/24 with the Program Manager revealed: - Was in charge of the medications; - Reviewed the MARs "once or twice out of the week;" - Unaware that the MAR for August was not created until 8/2/24 for Client #2; - Stated Client #2 had rewritten physician orders that were sent electronically to the pharmacy; - Did not have physician orders signed by a physician for Client #2 at the facility; - Client #2's medications were picked up from the pharmacy on 8/2/24.	V 118		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120	PCS will ensure that all Medication stored in a securely locked cabinet at the facility. PCS will receive additional training on Medication storage. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 10/6/2024 and ongoing	

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V 120	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure medications were in a securely locked container for 2 of 3 audited clients (#2, #3). The findings are:</p> <p>Review on 8/5/24 of Client #2's record revealed: - Admission date 10/31/23; - Age 17; - Diagnoses Post Traumatic Stress Disorder, by history; Other Disorders of Psychological Development.</p> <p>Review on 8/5/24 of Client #3's record revealed: - Admission date 7/23/24; - Age 17; - Diagnoses Oppositional Defiant Disorder; Attention Deficit Hyperactivity Disorder, Combined Type; Major Depressive Disorder, Single Recurrent Moderate.</p> <p>Observation on 8/7/24 at approximately 12:38pm during a tour of the facility revealed: - The 3-drawer file cabinet were Client #2 and Client #3 medications were stored was not locked and 2 of the drawers were opened; - The medications were in individual black boxes but the locks were not locked on the boxes.</p> <p>Interview on 8/7/24 with Staff #1 revealed: - The file cabinet did not lock; - There were keys for the individual medication boxes but the boxes were broken and did not lock.</p> <p>Interview on 8/7/24 with Staff #2 revealed:</p>	V 120		



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V 120	Continued From page 8  - "We are getting something new ...a whole new cabinet, I don't have the key for that."  Interview on 8/7/24 with the Program Manager revealed: - "The grey cabinet behind the desk has a top lock and a bottom lock;" - The locks worked on the file cabinet; - The locks locked on the clients medication boxes.	V 120		
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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366	PCS staff will be re-trained on the internal incident reporting expectations. PCS staff will be re-educated on what is defined as an incident and the expectation for the completion and submission of incident reports. Monitor by: Clinical Director and QA/QI Director Complete date: 10/5/2024 and ongoing	

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V 366	<p>Continued From page 9</p> <p>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 by:</p> <p>(1) immediately securing the client record 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>	V 366		

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V 366	<p>Continued From page 10</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 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> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to level I, II incidents. The findings are:</p>	V 366		

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V 366	Continued From page 11  Review on 8/5/24 of the facility's incident reports from May 1, 2021- August 2, 2024 revealed: - No Risk/Cause/Analysis (RCA) for Client #1's aggressive behavior towards client #2. Client #2 was treated with liquid stitches on forehead and for bite marks at the local hospital on 5/26/24; - No incident reports or RCA for Client #2's Ferrous Sulfate 325mg, Vitamin D3 5000 units, Vraylar 3mg, Guanfacine 1mg; Lamotrigine 25mg were unavailable on 8/1/24; - No incident reports or RCA for Client #2's Ferrous Sulfate 325mg, Vitamin D3 5000 units, Vraylar 3mg, Guanfacine 1mg; Lamotrigine 25mg were unavailable on 8/2/24.  Interview on 8/7/24 with the Program Manager revealed: - Did not complete an incident report for Client #2's medication not being available in the home.  Interview on 8/7/24 with the Clinical Director revealed: - Complete incident reports along with the Quality Assurance/Quality Improvement Director; - Completed incident reports once learned of the incident; - "I'm doing incident training this week ...I don't go to the house like I do a Level 3"	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	V 367	PCS staff will ensure all level II and level III incidents are reported within to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. QA Director will be responsible for reporting all level II and III incidents to the LME within 72 hours of becoming aware of the incident. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 10/6/2024 and ongoing	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-586</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IDLEWILD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212</b>
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V 367	<p>Continued From page 12</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 13</p> <p>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> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol>	V 367		

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V 367	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 2 of 3 current clients (#1,#2). The findings are:</p> <p>Review on 8/5/24 of Client #1's record revealed: - Admission date 6/29/23; - Age 16; - Diagnoses Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder.</p> <p>Review on 8/5/24 of Client #2's record revealed: - Admission date 10/31/23; - Age 17; - Diagnoses Post Traumatic Stress Disorder, by history; Other Disorders of Psychological Development.</p> <p>Review on 8/5/24 of the facility's incident reports from May 1, 2024- August 2, 2024 revealed: - There were no incident reports from May 1, 2024- August 2, 2024 for the following: - Client #1's aggressive behavior towards Client #2. Client #2 was treated at the local hospital for liquid stitches and bite marks on 5/26/24. - Client #2's Ferrous Sulfate 325mg, Vitamin D3 5000 units, Vraylar 3mg, Guanfacine 1mg; Lamotrigine 25mg were unavailable on 8/1/24; - Client #2's Ferrous Sulfate 325mg, Vitamin D3 5000 units, Vraylar 3mg, Guanfacine 1mg; Lamotrigine 25mg were unavailable on 8/2/24;</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>Review on 8/5/24 of Incident Response Improvement System (IRIS) from May 1, 2024-August 2, 2024 revealed the following incidents were not reported within the required time:</p> <ul style="list-style-type: none"> <li>- Client #2 broke the door frame lock, damaging the security system. Property damage charges were filed against Client #2 on 7/3/24. The provider did not submit report until 7/8/24 into IRIS.</li> <li>- Client #2 had suicidal ideation and evaluated at the local hospital on 7/6/24. The provider did not submit report until 7/10/24 into IRIS.</li> </ul> <p>Interview on 8/7/24 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- Complete incident reports along with the Quality Assurance/Quality Improvement Director;</li> <li>- Completed incident reports once learned of the incident;</li> <li>- "I'm doing incident training this week ...I don't go to the house like I do a Level 3"</li> </ul>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 8/7/24 at approximately 12:35pm of facility's interior revealed:</p> <ul style="list-style-type: none"> <li>- Client #4's bedroom door had a hole</li> </ul>	V 736	<p>PCS will maintain the facility in a safe, clean, attractive and orderly manner. PCS will ensure all the items listed on POC are fixed by 10/6/2024 Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 10/6/2024 and ongoing</p>	



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V 736	<p>Continued From page 16</p> <p>approximately 12 inches long and 6 inches wide;</p> <ul style="list-style-type: none"> <li>- Basement/Downstairs:               <ul style="list-style-type: none"> <li>- Return vent in basement was rusted around inner rim and had no cover;</li> <li>- Filter (14x20x1) was crumpled and ill-fitted;</li> <li>- Broken metal dispenser holder was nailed to the basement wall (outside the door of Client #3's room) with metal strip extended approximately 1/2 in width, 1.5 to 2 in length.</li> </ul> </li> </ul> <p>Observation on 8/7/24 at approximately 1:05pm of the facility's exterior revealed:</p> <ul style="list-style-type: none"> <li>- Gutters were filled with debris and growing tree seedlings;</li> <li>- Back deck and patio were in disrepair with rotted wood;</li> <li>- Stairs to deck had missing handrail and rotted wood on handrail approximately 2.5 in on right side and 10-12 in on left side;</li> <li>- Extended deck near attached to cement patio had rotted wood and 2 holes approximately 2-4 in diameter;</li> <li>- Tire was on the right side of the facility on the ground;</li> <li>- Broken chair was leaned against the outside of the deck stairs</li> <li>- Broken/cracked concrete on patio of varied lengths and dimensions;</li> <li>- Concrete was uneven and sank around the perimeter where it was cracked/split;</li> <li>-Yard debris consisted of:               <ul style="list-style-type: none"> <li>- Plastic chair,</li> <li>- Piece of metal (arm from chair/furniture),</li> <li>- Water hose,</li> <li>- Piece of wire,</li> <li>- Broken bricks/pavers</li> <li>- Metal tube</li> </ul> </li> <li>- On the right side of the facility consisted of the following:               <ul style="list-style-type: none"> <li>- Uncovered electrical box with loose wires,</li> </ul> </li> </ul>	V 736		

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V 736	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>- broken industrial office copier;</li> <li>- broken piece of siding;</li> <li>- A missing waterspout was on the back corner of the facility near the deck.</li> </ul> <p>Interview on 8/2/24 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- "Last Friday (7/26/24) ...I blacked out and when I came conscious I hit the door."</li> <li>- "My door has been like that for a few weeks now. I did it when I got really mad."</li> </ul> <p>Interview on 8/7/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- "I don't like basements. I try not to come down here. I don't like nothing where there is bugs."</li> <li>- "I don't think that vent (return) has ever had a cover on it."</li> </ul> <p>Interview on 8/7/24 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- "I don't go to the house like I do a Level 3 ...this is good feedback, uncomfortable, but good feedback"</li> </ul>	V 736		