STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-666	A. BUILDING: _____ B. WING _____	10/16/2024

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OAKMONT HOME	2204 OAKMONT COURT GREENSBORO, NC 27407

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V 000	INITIAL COMMENTS An annual survey was completed on October 16, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 4 current 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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366		

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V 366	Continued From page 1 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 LME in whose catchment area the provider is located and to the LME where the client resides, if different; and	V 366		

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V 366	Continued From page 2 (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 record review and interviews, the facility failed to implement policies governing their response to level II incidents. The findings are:	V 366		

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Review on 10/11/24 of client #3's record revealed:
-Date of Admission: 8/25/24;
-Diagnoses: Autism Spectrum Disorder; Mild Intellectual Developmental Disability; Attention Deficit and Hyperactivity Disorder, Unspecified type; Oppositional Defiant Disorder, Unspecified Urinary Incontinence, Constipation, Unspecified, Nocturnal Enuresis, Unspecified Asthma, Uncomplicated, Mixed Hyperlipidemia, Anemia, Unspecified;
-Age: 11.

Review on 10/11/24 of the North Carolina Incident Response Improvement System (IRIS) from August 11, 2024 through October 11, 2024 revealed:
-No documentation of a risk/cause/analysis had been reported to the Local Management Entity (LME) or Managed Care Organization (MCO) for client #3's hospitalizations on 9/7/24 and 9/8/24 due to behavior concerns.
-No documentation of a risk/cause/analysis had been reported to the LME/MCO for law enforcement being called on client #3 due to behavior concerns on 9/10/24.

Interview on 10/14/24 with client #3 revealed:
-He was hospitalized on 9/7/24 and 9/8/24 for "acting up" (his behavior);
-He was unable to provide additional details about the hospitalizations.

Interview on 10/11/24 and 10/16/24 with the Qualified Professional revealed:
-A treatment team meeting was originally scheduled for 9/27/24 but was canceled. The next meeting was scheduled for 10/22/24;
-Client #3 had an emergency medication management appointment on 9/24/24 due to his behavior concerns;

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V 366	Continued From page 4 -He notified the LME/MCO and guardian of client #3's hospitalization. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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	V 367		

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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 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

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V 367	Continued From page 6 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 ensure Level II incident reports were submitted to the Local Management Entity/Managed Care Organization within 72 hours of becoming aware of incident. The findings are: Review on 10/14/24 of client #4's record revealed: -Date of Admission: 5/18/22; -Diagnoses: Autism Spectrum Disorder, Oppositional Defiant Disorder, and Attention Deficit and Hyperactivity Disorder; -Age: 18. Review on 10/11/24 of client #3's record revealed: -Date of Admission: 8/25/24; -Diagnoses: Autism Spectrum Disorder; Mild Intellectual Developmental Disability; Attention Deficit and Hyperactivity Disorder, Unspecified type; Oppositional Defiant Disorder, Unspecified Urinary Incontinence, Constipation, Unspecified,	V 367		

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V 367	Continued From page 7 Nocturnal Enuresis, Unspecified Asthma, Uncomplicated, Mixed Hyperlipidemia, Anemia, Unspecified; -Age: 11. Review on 10/11/24 of the North Carolina Incident Response Improvement System (IRIS) from August 11, 2024 to October 11, 2024 revealed: -The Incident report dated 9/6/24 for client #4 was submitted on 9/11/24; -No level II incident reports were submitted for client #3 having been hospitalizations on 9/7/24 and 9/8/24 for elopement and behavior concerns; -No level II incident reports were submitted for law enforcement being called on client #3 for behavior concerns on 9/10/24. Review on 10/11/24 of the facility's electronic record revealed: -An internal incident report was completed dated 9/7/24 of client #3's behavior concerns including being restrained and law enforcement being called to the facility. -Law enforcement was called to the facility for client #3's behavior concerns on 9/7/24, 9/8/24, and 9/10/24. Interview on 10/14/24 with client #3 revealed: -He was hospitalized on 9/7/24 and 9/8/24 for "acting up" (his behavior); -He was unable to provide additional details about the hospitalizations. Interview on 10/15/24 with staff #1 revealed: -Staff notified the Qualified Professional (QP) of the incidents and wrote the incident report in the electronic record; -"The staff reviewed the incidents (reports) with the QP."	V 367		

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V 367	Continued From page 8 Interview on 10/15/24 with the Team Leader revealed: -During serious incidents he notified, "the supervisor (QP) or House Manager" and explained the incident. Documented the incident in the electronic record. Interview on 10/11/24 and 10/16/24 with the QP revealed: -"I don't have an answer for why the IRIS reports were not completed. The team is normally good at completing incident reports, but it's been a lot going on with him (client #3) and it must have gotten lost in the shuffle;" -He thought if the client's behaviors were identified in the behavior support plan. An IRIS report did not need to be completed; -Client #3 was Involuntarily Committed (IVC) on 9/7/24 due to elopement and behavior concerns; -He transported client #3 to the Behavioral Health Center on 9/8/24 and client #3 was evaluated and released; -Client #3 had an emergency medication management appointment on 9/24/24 due to his behavior concerns; -He was unaware that the incident report for client #4 was submitted late. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		