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 |
|---|---|---|---|
| | MHL0411011 | A. BUILDING: ______ B. WING ______ | 10/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FLYING START CREATIVE EXPRESSIONS, INC | 1204 STERNLY WAY<br>HIGH POINT, NC 27260 |

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| V 000 | INITIAL COMMENTS<br><br>A complaint survey was completed on 10-17-24. The complaint was unsubstantiated (intake #NC00222910). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.<br><br>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 1 current client. | V 000 | | |
| V 132 | G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:<br>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>c. Misappropriation of the property of a healthcare facility.<br>d. Diversion of drugs belonging to a health care facility or to a patient or client.<br>e. Fraud against a health care facility or against a patient or client for whom the employee is | V 132 | | |

Division of Health Service Regulation

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

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| V 132 | Continued From page 1 | V 132 | | |

providing services).
Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel and failed to ensure all alleged acts were investigated. The findings are:

Review on 10/15/24 of Assisted Family Living (AFL) Provider's employee record revealed:
-Date of Hire: 3/7/07.

Review of 10/15/24 of facility records revealed:
-No documentation of an internal investigation related to the abuse of client #1 on 10/7/24.

Interview on 10/16/24 with the Therapeutic Coach revealed:
-Client #1 reported on 10/7/24 she had urinated on the floor and was made to stand for 20 minutes for not helping to clean the urine stain carpet as punishment.
-On 10/9/24 she had called and reported the allegations of abuse to the local Department of Social Services (DSS), Adult Protection Service (APS) unit.
-Her supervisor informed the facility of the allegation of abuse was made to the local DSS office on 10/9/24.

Interview on 10/16/24 with the AFL Provider

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| V 132 | Continued From page 2 | V 132 | | |

revealed:
-Was made aware of an allegation of abuse of Client #1 on 10/9/24.
-Had spoken with APS on 10/10/24 and denied all allegation of abuse toward Client #1 on 10/7/24.
-Had spoken to the Qualified Professional (QP) regarding the incident on 10/7/24, and denied the allegation of abuse of Client #1.

Interview on 10/16/24 with the QP revealed:
-"I was made aware of the allegation of abuse of the AFL provider on 10/9/24 from an email sent by therapeutic coaching."
-"I completed an internal investigation but I did not write it up .... I had to much going on."
-She did not report the allegation of abuse of client #1 by the AFL Provider to the HCPR.

Review on 10/15/24 of Incident Response Improvement System (IRIS) revealed:
-No incident report had been submitted for the incident on 10/7/24 for client #1.

V 367 | 27G .0604 Incident Reporting Requirements | V 367

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

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| V 367 | Continued From page 3 | V 367 | | |

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 incidents involving a client death to the Division of Health Service Regulation within 72 hours of

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| V 367 | Continued From page 4<br>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).<br>(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:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to report all level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours of learning of the incident. The findings are: | V 367 | | |

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| V 367 | Continued From page 5 | V 367 | | |

Review on 10/15/24 of client #1's record revealed:
-Admission Date: 4/16/24.
-Diagnoses of Moderate Intellectual Disability Disorder, Autism Spectrum Disorder, Impulse Control Disorder, Unspecified Disruptive Conduct Disorder, Attention Hyperactivity Disorder.

Review on 10/15/24 of the Incident Response Improvement System (IRIS), from 10/6/24 to 10/15/24 revealed:
-No level II incident reports had been submitted.

Review on 10/16/24 of the email dated 10/9/24 from Therapeutic Coaching staff revealed:
-"Good afternoon. [Therapeutic Coaching] staff are mandated reporters so I wanted to make you aware that we had to send in a report for some of the concerns that were shared yesterday in regard to a bathroom situation. I was wanted to see if there is a QP (Qualified Professional) or director that we could include in planning a meeting this week or next week to discuss the APS (Adult Protective Services) report that was filed from yesterday (10-8-24).

Review on 10/15/24 of the facility's in-house progress note form dated 10/6/24 to 10/10/24 revealed:
-On 10/7/24 "was informed client #1 pee'd on the her floor and hallway carpet because she didn't wanna go to the restroom."

Interview on 10/15/24 with client #1 revealed:
-"I did make it up, I lied.." "I did not stand in the middle of the floor for a long time."
-Denied the allegation of abuse by AFL provider.

Interview on 10/16/24 with the AFL Provider

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| V 367 | Continued From page 6<br>revealed:<br>-She informed the Qualified Professional (QP) of the APS reporting on 10/9/24.<br>-She was not responsible for completing IRIS reports.<br><br>Interview on 10/16/24 with the QP revealed:<br>-Had completed a investigation but did not write up ...."I had to much going on."<br>-Was not aware level II incidents had to be entered into IRIS.<br>-Would ensure future level II incidents were entered into IRIS within the mandated time frames. | V 367 | | |