

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 11/7/24. The complaint was unsubstantiated (intake #NC00223131). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) 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>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assess whether or not the facility could provide services to address 1 of 1 former client (FC#3)'s needs. The findings are:</p> <p>Review on 11/6/24 of the facility's admission policy revealed:</p> <ul style="list-style-type: none"> - "the admission assessment will be conducted by the Qualified Professional (QP) designated..." <p>Review on 11/5/24 of FC#3's record revealed:</p> <ul style="list-style-type: none"> - admitted 8/14/24 and discharged 10/4/24 - diagnoses: Major Depressive Disorder, Generalized Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Klinefelter Syndrome and Nocturnal Enuresis <p>Review on 11/7/24 of an email from FC#3's Department of Social Services (DSS) guardian sent to the Division of Health Service Regulation (DHSR) dated 11/7/24 revealed:</p> <ul style="list-style-type: none"> - emails from DSS guardian to the facility's Qualified Professional (QP) between 7/12/24 - 8/5/24 regarding FC#3's acceptance into the facility revealed the following: - 7/23/24: the QP requested more information such as: recent psychiatric assessment - 7/23/24: DSS guardian: please see attachments. - 8/5/24: the QP agreed to a meet and greet with the client <p>Review on 11/7/24 of an email from FC#3's DSS</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>guardian sent to the Division of Health Service Regulation (DHSR) revealed:</p> <ul style="list-style-type: none"> - a document dated 7/16/24 from the level IV hospital FC#3 was being discharged from revealed: "...his targeted behaviors are physical and verbal aggression (defined as pulling hair, punching, hitting, kicking, biting, grabbing and scratching others)...property destruction (defined as ripping things up, putting holes in walls, smashing items, throwing items to the ground)...suicidal thoughts, impulsivity, low frustration tolerance and depression. These behaviors present when he is denied access to preferred items/activities or escape..." <p>Review on 11/6/24 of an email from the QP sent to DHSR of the facility's incident investigation dated 8/31/24 for FC#3 revealed:</p> <ul style="list-style-type: none"> - "...received a call from team member [staff #2]. [staff #2] informed QP that consumer [FC#3] attacked team member [staff #1] and in the process bit her on the arms. [Staff #2] also stated that [city police] dept (department) had been called to the house. After speaking to [staff #2], [city police] spoke to QP on the phone and informed QP that if [staff #1] wants to press (charges), she would need to go downtown to the magistrate office and fill out paperwork....[FC#3] shared with QP that [staff #1] had asked him to do chores around the house and she was asking him to do a lot, and she got upset when she thought he was not moving fast enough. [FC#3] also stated [staff #1] raised her voice at him and that is when he lost control and attacked her...he did not mean to bite her, but he got mad and when he gets mad, he cannot hold my anger..." <p>Review on 11/5/24 of an incident report for FC#3 dated 10/2/24 revealed:</p> <ul style="list-style-type: none"> - "...was approached by staff asking him to fold 	V 105		

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V 105	<p>Continued From page 4</p> <p>his clothes and clean his room...went to his room to start his task. Staff was later approached by consumer saying he was done. During the check, staff told consumer (FC#3) that it was unsatisfactory...consumer (FC#3) became irate and started screaming, cursing and threatening staff. Staff asked client to calm down and he would assist him. Consumer (FC#3) kicked the clothing basket and it hit staff #1. Consumer (FC#3) said he would kill everyone then himself because he wanted to leave earth...mobile crisis was contacted...police arrived and took him away..."</p> <p>During interview on 11/6/24 the DSS guardian reported:</p> <ul style="list-style-type: none"> - she was in contact with the facility's QP prior to FC#3's admission - FC#3's hospital discharge from the level IV hospital with his behaviors was sent to the facility prior to admission - the facility agreed to admit FC#3 <p>During interview on 11/6/24 the facility's QP reported:</p> <ul style="list-style-type: none"> - he completed the admission assessment - was not aware of all FC#3's behaviors prior to admission - was not aware he had physical aggression - the DSS guardian informed him FC#3's behaviors were: not motivated, loved to eat, would make threats of harm to get involuntary committed - management initial goals for FC#3: to monitor him closely and for staff to speak to FC#3 in a calm voice - the DSS guardian sent more information regarding FC#3's behaviors after he was admitted - FC#3 did not return to the facility after he was 	V 105		

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V 105	Continued From page 5 hospitalized 10/2/24	V 105		
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 day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

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V 367	Continued From page 6 (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 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	V 367		

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V 367	<p>Continued From page 7</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure level II incident reports were submitted in the incident response improvement system (IRIS) without missing and incomplete information. The findings are:</p> <p>Review on 11/5//24 of the IRIS for FC#3 revealed:</p> <ul style="list-style-type: none"> - submitted by the Qualified Professional (QP) - "...consumer (former client) (FC#3) got upset because he could not watch he wanted on tv (television) and did not want to do chores...staff (#1) stated that consumer attacked (attacked) her because he was mad because he was mad because she asked him to do chores and informed him that he could not watch tv until he was finish ..." - "Local Management Entity/Managed Care Organization questions and facility's answers: - "was restrictive intervention used: yes" - "include what RI (restrictive intervention) was used, length of RI and curriculum used." - "was intervention over 15 minutes? unknown" - no clear documentation on how the restraint was conducted in the information submitted in IRIS 	V 367		

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V 367	Continued From page 8 Review on 11/6/24 of an email sent to the Division of Health Service Regulation from the QP dated 8/31/24 revealed: - QP incident investigation summary - "...[staff #2] stated that [FC#3] got upset about doing chores he did not want to do...[FC#3] bit [staff #1] on the arm and they had to restrain him. QP asked [staff #2] what restrain did he use. [FC#3] and [staff #2] shared with QP that he wrapped his arm around [FC#3] from the back to get him off [staff #1]..." During interview on 11/5/24 the QP reported: - would ensure IRIS incident reports were completed with all information	V 367		
V 503	27D .0103 Client Rights - Search And Seizure Policy 10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented. Documentation shall include: (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property.	V 503		

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V 503	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 2 clients (#1 and #2) was free from unwarranted invasion of privacy. The findings are:</p> <p>Review on 11/5/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/9/24 - age 12 - diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder and Depressive Disorder <p>Review on 11/5/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 8/1/24 - age 13 - diagnoses: ADHD and Adjustment Disorder <p>During interview on 11/5/24 client #1 reported:</p> <ul style="list-style-type: none"> - came June 2024 - he was searched daily - had not seen staff search his bedroom - staff had not found anything during their search <p>During interview on 11/5/24 client #2 reported:</p> <ul style="list-style-type: none"> - been at the facility for 3 months - he was searched daily after school - staff had not found anything <p>During interview on 11/5/24 staff #1 reported:</p> <ul style="list-style-type: none"> - during her shift, she searched the clients' bedrooms - looked in the corners of the bedrooms and in their shoes - seen client #2 with a vape pen one time - when she asked for the vape, he said he did not have the vape pen - did not search him for the vape pen and did 	V 503		

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V 503	Continued From page 10 not locate the vape pen During interview on 11/5/25 staff #2 reported: - started at the facility June 2024 - he searched the clients on his shift - the clients empty their pockets to make sure no contraband - he had not found anything During interview on 11/5/24 staff #3 reported: - searched clients daily after school - clients had to empty pockets and bookbags - room search consisted of: checked closets, ceiling, mattress and in the clothes in their closet - had not found anything - the Qualified Professional (QP) requested the searches be done During interview on 11/5/24 the QP reported: - staff searched clients daily after school - staff checked their bookbags, shoes, empty pockets and pulled up pants leg - searches were done to make sure no vape pens - would not search clients any longer if a search was not warranted	V 503		
V 722	27G .0302 (a) DHSR Construction Approval 10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility.	V 722		

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V 722	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to consult with DHSR construction prior to alterations or additions to the facility. The findings are:</p> <p>Observation on 11/5/24 revealed the following:</p> <ul style="list-style-type: none"> - at 10:58am: repairmen working at the facility - at 4:32pm: renovations being done in a bathroom - a new wall was installed to separate two bathrooms <p>During interview on 11/5/24 a representative with the DHSR construction department reported:</p> <ul style="list-style-type: none"> - the Licensee needed to submit a construction transmittal form prior to any renovations to the facility <p>During interview on 11/5/24 the Licensee reported:</p> <ul style="list-style-type: none"> - the repairmen were at the facility to install a wall to separate two bathrooms that were adjoined - he did not contact DHSR construction prior to the renovations - would go to the construction website and complete the transmittal form 	V 722		