

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2024
NAME OF PROVIDER OR SUPPLIER THE ALLIANCE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 503 DABNEY DRIVE HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 30, 2024. The complaint was unsubstantiated (intake #NC00223053). Deficiencies were cited.</p> <p>This facility is licensed for 0 and has a current census of 23. The 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities has a current census of 0 and the 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups has a current census of 23. The survey sample consisted of audits of 1 current client & 1 former clients in the 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the</p>	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies for 1 of 1 former client (FC#2)'s treatment plan. The findings are:</p> <p>Review on 10/29/24 of FC#2's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/12/24 and discharged 9/5/24 - diagnosis: Moderate Intellectual Developmental Disorder - a treatment plan dated 9/1/24 with no goals or strategies to address FC#2's physical aggression <p>During interview on 10/29/24 staff #1 reported:</p> <ul style="list-style-type: none"> - she worked with FC#2 for 2 - 3 weeks from 8am - 4pm - he was physically aggressive - had broken lap tops and other property damage - he would attack staff - had pulled her hair and attempted to choke her on the facility's van - she would block and keep her distance - mom and care manager requested she hold his hand to calm him - would take him outside to calm him down 	V 112			

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V 112	<p>Continued From page 2</p> <p>During interview on 10/29/24 the facility's manager reported:</p> <ul style="list-style-type: none"> - staff #1 was FC#2's 1:1 worker - FC#2 bruised staff #1 daily - used calming mechanisms like: fidget spinners, gave him quiet space and allowed him to use a laptop - clients with aggressive behaviors she would: figure out the triggers and try to get them to talk about the problem - it was not safe for staff or clients, therefore FC#2 was discharged <p>During interview on 10/30/24 FC#2's care manager (CM) reported:</p> <ul style="list-style-type: none"> - FC#2's behaviors consisted of: physical aggression, self injurious behaviors and destruction of property - in July 2024, the behavioral analyst requested staff to complete behavioral data sheets to monitor FC#2's aggression for a behavior support plan - each team meeting the data sheets were requested and they were not received <p>During interview on 10/29/24 the Executive Director reported:</p> <ul style="list-style-type: none"> - she was aware of FC#2's aggressive behaviors at the day program - aggression consisted of property destruction and attacking staff - the day program short range goals were based on long term goals from the care managers - there were no long range goals to address FC#2's behaviors, therefore there were no short range goals that addressed physical aggression - was in the process of developing a behavior plan for FC#2 prior to discharge - behavioral data sheets were completed, 	V 112			

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V 112	Continued From page 3 would follow up with staff During interview on 10/30/24 the Corporate Compliance staff reported: - staff completed the data sheets for FC#2 - the behavioral data sheets were given to the CM when FC#2 was discharged from the program - FC#2's treatment plan should have been revised to address his physical aggression	V 112		
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	V 367		

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V 367	Continued From page 4 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 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	V 367		

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V 367	<p>Continued From page 5</p> <p>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.</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 10/29/24 of the IRIS revealed no incident reports for (Former Client) FC#2</p> <p>Review on 10/29/24 of FC#2's record revealed: - admitted 7/12/24 and discharged 9/5/24 - diagnosis: Moderate Intellectual Developmental Disorder</p> <p>Review on 10/30/24 of incident reports for FC#2 revealed: - "7/17/24...at approx (approximately) 12:15pm</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>[FC#2] expressed he was anxious and wanted to go outside to take deep breaths while outside [FC#2] asked staff if he could use 'email-computer' to search an inappropriate image, which staff firmly answered "no" This answer triggered an aggressive episode where he grabbed staff by clothing and punched staff. Staff then initiated physical restraint while trying to redirect explosive behavior..." (staff #1)</p> <ul style="list-style-type: none"> - "7/18/24...[FC#2] then began having an episode grabbing staff clothes and staff momentarily calmed him down and [FC#2] preceded to hit staff in arm which prompted staff to engage physical restraint..." (staff #1) <p>Review on 10/30/24 of the above 2 incident reports revealed:</p> <ul style="list-style-type: none"> - no clear documentation of how the physical restraint was conducted <p>During interview on 10/30/24 FC#2's care manager reported:</p> <ul style="list-style-type: none"> - FC#2 did property damage and was placed in restraints - she had not received any incident reports regarding FC#2 <p>During interview on 10/30/24 the Corporate Compliance staff reported:</p> <ul style="list-style-type: none"> - the Executive Director (ED) reviewed the incident reports - will inform the ED staff needed to document all information in the incident reports - the completed level II incident reports will be submitted in the incident response improvement system 	V 367		