Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL041-666 B. WING 10/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT OAKMONT HOME GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 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 366 27G .0603 Incident Response Requirements V 366 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: attending to the health and safety needs (1) of individuals involved in the incident; determining the cause of the incident; (2)developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; assigning person(s) to be responsible for implementation of the corrections and preventive measures; RECEIVED adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, NOV 15 2024 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164: and DHSR-MH Licensure Sect maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE STATE FORM

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PRO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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V 366	Paragraph (a) of the shall address incider regulations in 42 C (c) In addition to the paragraph (a) of the providers, excluding develop and impler their response to a while the provider is or while the client is The policies shall response to a while the client is The policies shall response to a while the client is the policies shall response to a while the client is the policies shall response to a while the client is the policies shall responsive to the policies shall response to the policies shall responsive team; (2) convening review team within internal review team within internal review team who were not involved were not responsive with direct professive services at the time review team shall of the follows: (A) review the determine the fact and make recommoccurrence of futu (B) gather of (C) issue within five working preliminary finding LME in whose cate	is Rule, ICF/MR providers ents as required by the federal FR Part 483 Subpart I. The requirements set forth in is Rule, Category A and B g ICF/MR providers, shall ment written policies governing level III incident that occurs is delivering a billable service is on the provider's premises. The equire the provider to respond the client record the client record; is photocopy; if the copy's completeness; and ing the copy to an internal g a meeting of an internal g a meeting of an internal g a meeting of the incident. The mishall consist of individuals and the incident and who be for the client's direct care or ional oversight of the client's e of the incident. The internal complete all of the activities as the copy of the client record to see and causes of the incident incident incident incident for minimizing the	V 366	In response to the recent identified deficit WesCare has developed a comprehensic corrective action plan to address and prefecurrence of issues related to the report handling of Level II incidents, specifically violations noted: 1. Rule Violation 1: Failure to impolicies governing responses to Level II 2. Rule Violation 2: Failure to sull incident reports to the MCO/LME within required 72-hour window from incident at Upon investigation, it was confirmed that WesCare's direct support staff, including lead and the Program Director, diligently all significant events to the designated C Professional (QP) for proper reporting in Carolina Incident Response Improvement (IRIS). However, it was noted that our Q consistently fulfill the responsibility to en reports within the mandated time-frame. some entries were completed, delays we documented, resulting in non-compliance state requirements. Corrective Actions Taken: Retraining: The QP involved is undergone retraining on the policies, pro and timelines for Level II incident reporting MCO/LME. This retraining reinforces the importance of timely reporting and IRIS compliance. In-Service Training: We condin-service on incident reporting for all QI reinforcing our policy requirements and emphasizing accountability for timely su As well as changes to reporting requirer the state level. Enhanced Incident Review F addition to our standard weekly clinical we have implemented a specific review new or less experienced QPs. This will incidents have been entered into IRIS 72-hour requirement.	ve event the ting and very those splement incidents. It is team very team of the liver the second of the North of the team of the North of the While ere with the team of the North of the with the second of the North of the team of the North of the team of the liver these with the liver the second of the liver the team of the liver the	11/07/2024

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	owner within three r final report shall be catchment area the LME where the clier final written report s identified by the inte include all public do incident, and shall n minimizing the occu all documents need available within thre LME may give the p three months to sub (3) immediate (A) the LME re area where the serv Rule .0604; (B) the LME w different; (C) the provid for maintaining and treatment plan, if diff provider; (D) the Depart (E) the client's applicable; and	al written report signed by the months of the incident. The sent to the LME in whose provider is located and to the not resides, if different. The hall address the issues smal review team, shall cuments pertinent to the nake recommendations for rence of future incidents. If ed for the report are not e months of the incident, the rovider an extension of up to mit the final report; and say notifying the following: asponsible for the catchment ices are provided pursuant to where the client resides, if er agency with responsibility updating the client's ferent from the reporting ment; alegal guardian, as authorities required by law.	V 366	Ongoing Measures to Ensure Complia Policy Review and Update: We revisiting our policies regarding incident to clarify the responsibilities and deadline staff involved. Monitoring and Accountability Clinical Supervisors will monitor incident IRIS for compliance by addressing this to during clinical meetings 0.0 This monitoring occur on a weekly basis to confirm that a incidents are entered within the designatt timeframe. Additional Support for New Care implementing a mentorship system, pless experienced QPs with senior staff to and ensure accuracy and timeliness in all reporting tasks. These measures will address the identified deficiencies and provide a sustainable frato prevent future incidents. We are commaintaining compliance with state and Mirequirements and ensuring a safe environ our clients. Responsibility and Oversight: Qualified Professionals are responsible complying with policies and procedures at Clinical Supervisors are responsible for supervision and oversight.	Ve are reporting es for all ty: The entries in opic ng will all Level II ed amework nitted to CO nment for s stated.	
	Based on record rev facility failed to imple	iew and interviews, the ement policies governing their noidents. The findings are:				

PRINTED: 10/25/2024 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING MHL041-666 10/16/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT **OAKMONT HOME** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 366 Continued From page 3 V 366 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:

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behavior concerns:

-A treatment team meeting was originally

meeting was scheduled for 10/22/24; -Client #3 had an emergency medication management appointment on 9/24/24 due to his

scheduled for 9/27/24 but was canceled. The next

STATE FORM

PRINTED: 10/25/2024 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL041-666 B. WING 10/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT OAKMONT HOME GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 366 | Continued From page 4 V 366 -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 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

Secretary. The report may be submitted via mail,

in person, facsimile or encrypted electronic means. The report shall include the following information: reporting provider contact and (1) identification information;

be submitted on a form provided by the

client identification information; (2)

(3)type of incident;

(4)description of incident;

status of the effort to determine the (5)cause of the incident; and

other individuals or authorities notified (6)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

Division of Health Service Regulation

Division	of Health Service R	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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V 367	Continued From p	age 5	V 367			
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	day whenever: (1) the provi	ider has reason to believe that				
	information provid	ed in the report may be				
	erroneous mislea	ding or otherwise unreliable; or				
	(2) the prov	ider obtains information				
	required on the inc	required on the incident form that was previously				
	unavailable.					
	(c) Category A an	d 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					
	\ '	ider's response to the incident.				
	(3) the prov	nd B providers shall send a copy				
	of all level III incid	lent reports to the Division of				
	Mental Health, De	evelopmental Disabilities and				file a tank
	Substance Abuse	Services within 72 hours of				
	becoming aware	of the incident. Category A				
	providers shall se	nd a copy of all level III				
	incidents involving	g a client death to the Division of				
	Health Service Re	egulation within 72 hours of				
	becoming aware	of the incident. In cases of				
	client death within	seven days of use of seclusion				
	or restraint, the p	rovider shall report the death equired by 10A NCAC 26C				
	0300 and 104 No	CAC 27E .0104(e)(18).				
	(e) Category A at	nd B providers shall send a				
	report quarterly to	the LME responsible for the				
	catchment area v	vhere services are provided.				
	The report shall be	be submitted on a form provided				
	by the Secretary	via electronic means and shall				
		information as follows:				
		tion errors that do not meet the				
		el II or level III incident;				
		ve interventions that do not mee	·			
	The second secon	level II or level III incident;				
	\ \ \	es of a client or his living area; s of client property or property in				
	(4) seizure	s of client property of property in				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL041-666 B. WING 10/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT OAKMONT HOME GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 367 Continued From page 6 V 367 the possession of a client: the total number of level II and level III incidents that occurred; and 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: V 367 The answer above addresses both issues Based on record reviews and interviews, the 11/07/2024 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

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Urinary Incontinence, Constipation, Unspecified.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 10/16/2024 MHL041-666 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT OAKMONT HOME GREENSBORO, NC 27407 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 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."

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL041-666 10/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT **OAKMONT HOME** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 367 Continued From page 8 V 367 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.

Division of Health Service Regulation STATE FORM