

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER FAITHFUL COMPANION GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3848 CHERRY GROVE ROAD ELON, NC 27244		
(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	INITIAL COMMENTS An annual survey was completed on December 16, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits 3 current clients.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate services with the legal guardian affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 12/11/24 of client #3's record revealed: -Date of Admission: 4/30/24; -Diagnoses: Bipolar I Disorder, Mania, Moderate; Schizoaffective Disorder, and Tobacco Abuse; -On 12/5/24, client #3 was evaluated by Emergency Medical Services (EMS). She fell while being transported back to the facility from an appointment; -She refused transportation to the hospital.</p> <p>Interview on 12/12/24 with client #3 revealed: -" ... I fell while getting out of the car to smoke. I feel unsteady on my feet after the appointments (Electroconvulsive Therapy);" -She told staff that she fell at the gas station, while with the transportation team. "Staff looked after her throughout the day;" -"EMS did come by the facility and she told them that she did not need to go to the hospital. My vital signs were good;" -No injuries were reported.</p> <p>Interview on 12/16/24 with client #3's legal guardian revealed: -"I was unaware of any incidents with client #3 on 12/5/24;"</p>	V 291		

Division of Health Service Regulation

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V 291	Continued From page 2 -"I did not see a note (documentation) for 12/5/24;" -No one from the office was aware of any incidents with client #3; -Nothing was reported to the crisis line because she carries the cellphone for emergencies; -She was going to check with the Co-Owner, who runs the office that oversees client #3's case; -The agency had guardianship over client #3 since 5/23/18. Interview on 12/16/24 with the Administrator revealed: -"I did not notify the legal guardian of the incident on 12/5/24." Interview on 12/11/24 and 12/16/24 with the Assistant Director revealed: -She was unaware of the incident on 12/5/24.	V 291		
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	V 367		

Division of Health Service Regulation

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V 367	Continued From page 3 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 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	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 4</p> <p>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:</p> <ul style="list-style-type: none"> (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 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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II incident to the local Management Entity or Managed Care Organization within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/11/24 of client #3's record revealed: -Date of Admission: 4/30/24;</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 5</p> <p>-Diagnoses: Bipolar I Disorder, Mania, Moderate; Schizoaffective Disorder, and Tobacco Abuse; -On 12/5/24, client #3 was evaluated by Emergency Medical Services (EMS). She fell while being transported back to the facility from an appointment; -She refused transportation to the hospital.</p> <p>Review on 12/16/24 of the North Carolina Incident Response Improvement System from October 11, 2024 to December 11, 2024 revealed: -No report was submitted for the incident on 12/5/24.</p> <p>Interview on 12/16/24 with staff #1 revealed: -Whenever there was an incident or issue at the facility she called "[Assistant Director or Administrator];" -Client #3 told her that the transportation driver stopped at the gas station and she fell trying to get out of the car to smoke; -The Administrator told her to call the ambulance and have "[client #3] checked out. It was for precaution;" -"[Client #3] refused to be transported to the hospital;" -No injuries were reported.</p> <p>Interview on 12/11/24 with the Administrator revealed: -No Iris report was submitted for the incident on 12/5/24; -"I did not" report the incident on 12/5/24, to the Assistant Director or the Qualified Professional; -Staff #1 notified him that client #3 fell while being transported from her Electroconvulsive Therapy appointment. -He told staff #1 to call EMS and have client #3 evaluated.</p>	V 367		

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V 367	Continued From page 6 Interview on 12/11/24 and 12/16/24 with the Assistant Director revealed: -She was unaware of the incident on 12/5/24.	V 367			