

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>A BETTER YOU OF NC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3434 COOPERATIVE WAY, UNIT F FARMVILLE, NC 27828</b>		
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V 000	INITIAL COMMENTS  A complaint survey was completed on December 11, 2024. The complaints were unsubstantiated (intake #NC00224273 & NC00224463). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.  This facility has a current census of 46. The survey sample consisted of audits of 4 current clients.	V 000	*A Better You of NC will be compliant with the submission of Level 2 and 3 incidents by using the IRIS system. All incidents with Level 2 and 3 will be submitted by 72 hours of the occurrences.  *All incidents will be submitted to IRIS and HCPR within 72 hours by the program director or qualified professional of A Better You of NC.  *Staff have been given training concerning the incident and will be trained in Incident reporting yearly, which will be monitored by the program director or qualified professional of A Better You of NC.	
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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. 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. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client.	V 132	*Staff has been given training on incident and will be trained in proper interactions between client and staff yearly, which will be monitored by the program director or qualified professional of A Better You of NC.  *Staff will be given yearly training in abuse, neglect, exploitation which will be monitored by the program director or qualified professional of A Better You of NC.  *During the quarterly meetings, all incidents and reports will be reviewed for compliance by the program director or qualified professional of A Better You of NC.	

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Division of Health Service Regulation

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

TITLE

DHSR-MH Licensure Sect

(X6) DATE

William Adams

12/30/2024

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is 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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of an allegation against facility staff and ensure that the allegation was investigated and submitted to the HCPR within 5 working days affecting 1 of 1 former staff (FS) (#1). The findings are:</p> <p>Review on 12/11/24 of client #5's record revealed: -Admitted on 2/14/24. -Diagnoses of Moderate Intellectual Development Disorder, Paranoid Schizophrenia, Intermittent Explosive Disorder, Major Depressive Disorder.</p> <p>Review on 12/11/24 of FS #1's record revealed: -Date of hire: 6/24/24. -Date of separation: 11/15/24. -Client Rights training 6/26/24. -General Orientation 6/26/24.</p> <p>Review on 12/10/24 of a level I facility incident report signed by the Qualified Professional (QP) on 11/15/24 revealed: -Date: Unknown. -Time: Unknown. -Location: "Per guardian report, the use of the cell phone was the source." -"Description of the Incident: "The guardian of</p>	V 132			

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V 132	<p>Continued From page 2</p> <p>[client #5] came into the center to report the "possible" relationship with [client #5], who lives at the home. When questioned, the member stated that she and [FS #1] have been in a relationship for months. They have been exchanging texts and video calls..."</p> <p>-No documentation the HCPR was notified of an allegation of abuse against FS #1 on 11/15/24.</p> <p>-No documentation the investigation was submitted to HCPR within 5 working days subsequent to an allegation of abuse against FS #1 on 11/15/24.</p> <p>Interview on 12/11/24 a representative of the HCPR stated no notification had been submitted regarding the incident on 11/15/24.</p> <p>Interview on 12/11/24 the QP stated:</p> <p>-She was one of the staff responsible for completing internal investigations, HCPR notifications and Incident Response Improvement System (IRIS) reporting.</p> <p>-She had not sent FC #1's allegation of abuse to HCPR.</p> <p>-The information had not been properly submitted to HCPR through IRIS.</p> <p>Interview on 12/10/24 and 12/11/24 the Chief Executive Officer (CEO) stated:</p> <p>-He had a meeting with client #1 and her guardian on 11/15/24.</p> <p>-A facility internal investigation was completed on 11/15/24.</p> <p>-He had contacted the local Department of Social Services.</p> <p>-The police had been notified.</p> <p>-He had contacted the Division of Health Service Regulation Complaint Intake Unit regarding the allegation against FS #1.</p> <p>-He thought he had notified the HCPR about the</p>	V 132		

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V 132	Continued From page 3  allegation against FS#1. -He must have not submitted the information properly to HCPR regaring FS #1. -He had submitted all the reports to HCPR today (12/11/24).	V 132			
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	V 367			



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V 367	Continued From page 4  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 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	V 367		

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V 367	<p>Continued From page 5</p> <p>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 reviews and interviews, the facility failed to report a level III incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/10/24 of the North Carolina Incident Response Improvement System (IRIS) revealed no level 3 report for client #5's allegation against Fomer Staff (FS) #1.</p> <p>Review on 12/10/24 of a level I facility incident report signed by the Qualified Professional (QP) on 11/15/24 revealed: -Date: Unknown. -Time: Unknown. -Location: "Per guaridian report, the use of the cell phone was the source." -Description of the Incident: "The guardian of [client #5] came into the center to report the 'possible' relationship with [client #5], who lives at the home. When questioned, the member stated</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>that she and [FS #1] have been in a relationship for months. They have been exchanging texts and video calls..."</p> <p>Interview on 12/11/24 the Qualified Professional/Program Director stated: -She was one of the staff responsible for the completion of incident reports. -An incident report was completed and investigation completed. -The Chief Operating Officer (CEO) had put information in the IRIS system but had not saved the documentation. -The incident report information was not submitted properly as required.</p> <p>Interview on 12/11/24 the CEO stated: -The IRIS report was done but not "fully submitted." -He had spoken with a LME/MCO representative about the incident. -He submitted a report to the LME/MCO representative on 11/25/24. -He had contacted the Division of Health Service Regulation Complaint Intake Unit regarding the allegation against FS #1. -He had someone from IRIS to assist with the completion of the report on 12/11/24. -Our facility will ensure that the incident report is fully submitted from now on.</p>	V 367			