STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601306	A. BUILDING: _____ B. WING _____	R 09/22/2023

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HINDS' FEET FARM, INC-HART COTTAGE	14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9-22-23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults With Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews the facility failed to develop and implement treatment strategies to address the needs of clients affecting 1 of 3 clients (client #1). The findings are:

Review on 9-15-23 of client #1's record revealed:
-Date of admission: 6-14-21.
-Diagnoses: Traumatic Brain Injury (TBI) with Sequelae, Hyperlipidemia.
-Admission assessment dated 4-19-21: "Right side weakness causes unsteady walking." Recommends use of a quad cane but client refuses to use.
-Treatment plan signed 6-27-23 revealed the following goals: 1) Complete his basic ADLs (activities of daily living) in a safe manner. 2) Focus on safety when performing his ADLs. 3) Respond to a heart friendly diet and home exercise program to support his goal of maintaining his overall health and wellness. 4) Utilize medical equipment and orthotics (wheelchair, rollator and ankle foot orthotic) as support to decrease his fall risk and prevent further injury each day with moderate cueing of 3 to 4 verbal prompts.
-MAR for September 2023 revealed client #1 was taking Eliquis (anticoagulant).

-Review on 9-21-23 of client #1's ABI/TBI (Acquired Brain Injury/Traumatic Brain Injury)

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V 112	Continued From page 2 functional assessment of support needs provided by the Director of Member Services revealed: -An undated assessment attached to client #1's treatment plan. -Mobility/Endurance: rated as needing maximum support with the comment "DME (durable medical equipment) required and safety is an issue." -Balance/Coordination: rated as needing maximum support with the comment "Impaired and unsafe." -Ambulates: rated as needing maximum support with the comment "Needs stand by assistance at all times." -"[Client #1] remains a high fall risk. He can have sudden movements and wheels fast when using a rollator or wheelchair increasing the safety risk." Review on 9-15-23 of the facility's incident and accident reports for June 1, 2023 to September 15, 2023 revealed the following incidents for client #1: -9-14-23: "getting out of bed and fell. First aid given." -9-10-23 "coming out of his room with his walker, stumbled and fell hitting his head on vent." -9-9-23 "Sitting in his room with the door shut staff heard a fall an went to see what happened. [client #1] said he was trying to stand up and fell. Hit his head on the wall and scraped his knee." -9-1-23 "Staff found [client #1] sitting on the bathroom floor next to his wheelchair." -8-26-23 "Staff heard a loud noise went into his room [client #1's] head was in between the crossbar that's on his walker, he was on his back yelling for help, leg possibly hit table and broke the table." 8-12-23 "Heard loud noise in [client #1's] room found him laying on the floor with head lifted off the floor, consumer states he did not hit his head."	V 112		

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V 112	Continued From page 3	V 112		

-8-2-23 "fell off his wheelchair while going to the day program first aid given."
-7-27-23 "Loud noise heard in room [client #1] fell he was sitting on the floor with left knee scrapped and bleeding."
-7-21-23 7:10 "after shower was in his room. Staff heard a noise. He fell into his bookcase and cut his lower back. First aid applied."
-7-21-23 6 am "staff heard a loud noise and went into his room. [client #1's] knee was scrapped staff asked him what happened he replied he fell getting out of bed. He had an abrasion/scrap on his right knee and the top of his head."
-7-8-23 "In his room and fell hitting his left side and elbow."
-6-7-23 "fell off the bed while getting dressed in his room. Cut on left knee and left elbow."

Observation on 9-15-23 at approximately 1:30 pm of the message board above the staff work area revealed:
-An undated note posted on the wall which instructed staff to immediately call 911 if client #1 fell and hit his head.

Observation on 9-15-23 at approximately 3pm of client #1's bedroom revealed client #1's AFO (ankle-foot-orthoses) on his nightstand beside his bed.
-Client #1 was not present in the home at time of the observation.

Interview on 9-15-23 with staff #1 revealed:
-"He (client #1) falls a lot."
-"We (staff), monitor him but he still falls."
-"We have eyes on him all the time."
-Client #1 did not like to wear his AFO's.
-He refused to wear his AFO that morning.
-Staff did not document when client #1 refuses to wear his AFO.

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V 112	Continued From page 4 Interview on 7-20-23 with staff #3 revealed: -Client #1's falls are a "concern." -She has addressed her concerns with her supervisor. -"Because of his brain injury, he thinks he can still do things on his own and he will not wait for staff assistance." Interview on 9-18-23 with the Qualified Professional (QP) revealed: -Not sure what else can be done to prevent client #1's falls. -Client #1 does not like to be told what to do. "He will not wait for staff to assist him, he thinks he can do these things on his own so he jumps up without his walker or his chair (wheelchair) and falls before staff can get to him." -:"Staff are supposed to have a birdseye view of him and be within arms length of him at all times." -"We asked his mom to get the wheelchair so he could use it to go from place to place and prevent his falls but he does not like to use the wheelchair. His walker, he does not like it, it gets away from him he is not good at operating his walker." - Client #1 fell on August 26, 2023 and hit his head. -The fall (8-26-23) required transport to the local emergency room by ambulance. -Client #1 recieved stitches to treat a head injury at the local emergency room. -The QP was on vacation when the fall occurred. -"I came back and he already had his stitches. I think it happened on a Sunday night August 26 (2023), I'm not sure." Interview on 9-15-23 and 9-21-23 with the Director of Member Services revealed: -Client #1 is a high fall risk. "His gait is impaired	V 112		

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V 112	Continued From page 5 and his right side is weak this causes him to fall." -Falls have improved over time. "This is actually the second time we have had him. He was discharged the first time because of the falls. We asked his family to get the wheelchair thinking he could use the wheelchair to get around in the house and that would decrease the falls but he does not like using the wheelchair and that rollator is too fast, it gets away from him." -"That note is old (directing staff to call 911 if client #1 fell and hit his head). I should have already taken that down. His doctor had him on a medication that acted like a blood thinner and he told us we had to be careful of bleeds if he fell. He is no longer on that medication, I just didn't take it (the note) down." -"[Client #1] is very independent he does not like accepting help from staff. He thinks he can still do things on his own and unfortunately because of his gait issues his feet and brain don't work in sync sometime." -"He is getting PT/OT (physical therapy/occupational therapy) 3 times a week here (at the facility) and at the day program. We encourage him to wear his orthotics everyday and to use the wheelchair." -"Stand by assistance means staff should be within arms reach of him at all times." Review of a plan of protection dated 9-22-23 and written by the Director of Member Services revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The immediate action plan to be taken regarding the substantial risk secondary to repeated falls posed by one of our residents is as follows: To minimize the falls incurred by our member. 1. HFF (Hinds Feet Farm) Director of Member Services has reviewed current allied health	V 112		

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V 112	Continued From page 6 (Physical and Occupational therapy) recommendations for improved safety measures when working with this member. 2. HFF Director will assure that these recommendations are clearly posted in members room, bathroom and are available in his daily note sheet and the inter-facility communication book for all staff working in the house to have available along with 3. Have a sign-off sheet to be sure they have read and understand the recommendations. 4. HFF Director and Operations Coordinator will be sure that withing 36 hours (9-25-23) all staff have read and understood some of the safety/ precaution to use with this member for safety and fall prevention. 5. HFF Director and Staff will provide reminders to call for help during the night when the bathroom is needed. 6. Staff will be supervised on what standby/contact guard assistance is (HAVING ONE OR TWO HANDS ON) and being available at member's request to get up or go to the bathroom; along with his desire to be independent; staff has to be present at all times when he needs to get up out of bed and move about without the AFO. 7. Assuring member is adequately using the recently acquired AFO provided for stability and again cueing member to use this when ambulating along w/(with) the walker. Prevention and Protocol (attached). Describe your plans to make sure the above happens. 1. Provide communication log to all staff and acknowledge understanding, do spot checks with staff and question what safety measures they are using and what contact guard is.	V 112		

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V 112	Continued From page 7 2. Post protocol in house, bedroom, and bathroom for staff to be reminded. 3. Consult with professionals working with visually impaired individuals to communicate when impulsivity and cognition/ memory are impaired." Review on 9-22-23 of the facility's Prevention and Protocol revealed: -A handout for the staff titled "[Client #1's] Fall Protocol" which listed tips on how to prevent client #1 from falling and instruction with assisting client #1 when a fall occurs. -A handout for the staff titled "[client #1's] Precautions PT (physical Therapy)" listing tips on assisting client #1 with walking, transfers and "after surgery" care. -A "Residential Communication Log" requesting staff to read the handouts and sign the communication log to acknowledge understanding of the protocol. The facility served 3 clients with diagnoses of TBI. Client #1 had an impaired gait as a result of right side weakness from his injury. Between the review period of June 1, 2023 and September 15, 2023 client #1 had 12 documented falls. 3 falls documented a head injury, one of which required client #1 being transported by ambulance to the local emergency room where he received stitches to close a head wound. After 12 falls in a 3 and a half month period, the facility did not develop and implement new strategies to address the concerns of client #1's falls. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days an administrative penalty of $500.00 per day will be imposed for each day the facility is out	V 112		

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V 112	Continued From page 8 of compliance beyond the 23rd day.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs affecting 3 of 3 clients (client's #1, #2, and #3). The findings are: Review on 9-15-23 of client #1's record revealed: -Date of admission: 6-14-21. -Diagnoses: Traumatic Brain Injury (TBI) with Sequalae, Hyperlipidemia. -MAR for September 2023 revealed the following medications as being administered between September 1, 2023 and September 14, 2023: Eliquis (anticoagulant) 5 mg (milligram) tablets: give one tablet by mouth twice daily, fenofibrate (cholesterol) 160 mg tablets: give one tablet by mouth every day, fluvoxamine maleate (obsessive compulsive disorder) 100 mg: take one tablet orally once daily in the morning, levocetirizine dihydrochloride (antihistamine)5 mg: give one tablet by mouth once daily at night, naltrexone (alcohol dependence) HCL (hydrochloric acid) 50 mg: give one tablet by mouth once daily, Prevident 5000 (prevent cavities) 1.1% Sodium Fluoride Paste: brush with a pea size amount at bedtime, Risperdal (schizophrenia) 3 mg tablets: give one tablet by mouth nightly, risperidone (schizophrenia) 1 mg tablet: give one tablet by mouth once daily, trazodone (antidepressant) HCL 100 mg tablets: give 2 tablets (200 mg) by mouth every night at bedtime, -No physician's orders available for the medications listed above. Review on 9-15-23 of client #2's record revealed:	V 118		

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V 118	Continued From page 10 -Date of admission: 9-10-18. -Diagnosis: TBI. -MAR for September 2023 revealed the following medications as being administered between September 1, 2023 and September 14, 2023: atorvastatin calcium (cholesterol) 40 mg tablets: give one tablet by mouth every day, Citracal Calcium (bone health) supplement +D3 gummies: chew and swallow one gummies daily, clotrimazole-betamethasone (fungus infection) 1-0.5%: apply one application topically to affected area twice daily, fluticasone propionate (allergies) 50 mcg (micrograms)/ACT (actuation): instill one spray into each nostril twice a day, furosemide (diuretic) 20 mg tablets: give one tablet by mouth daily, Symbicort (bronchodilator)160-4.5 mcg/ACT: inhale 2 puffs by mouth twice a day, Trokendi XR(anticonvulsant) 100 mg capsule: one capsule orally twice a day, vitamin B-12 (metabolism) 1000 mcg tablets: give one tablet by mouth every day, Wellbutrin SR (antidepressant) 150mg tablets: Give one tablet by mouth twice a day, right leg stump sleeve: to be worn daily with prosthetic. -No physician's order available for Trokendi XR (extended release) 100mg capsule. Review on 9-15-23 of client #3's record revealed: -Date of admission: 3-8-20. -Diagnoses: TBI, Anxiety, Depression, Delusions. -MAR for September 2023 revealed the following medications as being administered between September 1, 2023 and September 14, 2023: aspirin (stroke prevention) 81 mg chew: give one tablet by mouth every day (chew and swallow), benztropine mesylate (anti-tremor) 0.5 mg tablets: give one tablet by mouth once daily, Ensure light: drink 8 ounces by mouth once daily, loratadine (antihistamine) 10 mg: give one tablet by mouth every day, Mirtazapine (antidepressant)	V 118		

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V 118	Continued From page 11 15 mg tablets: dissolve one tablet on tongue nightly, Niacinamide (dietary supplement) 500 tablet: one tablet by mouth twice daily, omeprazole (acid reflux) 20 mg capsule: take one capsule (20 mg) by mouth daily, Prozac (depression) 20 mg/5ml (milliliters) give 15 ml (60 mg) by mouth once daily, Rosuvastatin Calcium (cholesterol) 20 mg tablet: give one tablet by mouth once daily at bedtime, Sodium Chloride (sodium loss) 1gm (gram) tablets: give 2 tablets by mouth twice daily after or with meal, Trazodone (antidepressant) HCL 100 mg tablets: give one tablet by mouth nightly at bedtime, Triamcinolone Acetonide (skin conditions)0.1% ointment: apply topically twice daily to wound on chest, Valproic Acid (epilepsy) 250 mg/5 ml: give 5 ml by mouth twice daily, Zyprexa Zydis (schizophrenia) 10 mg: dissolve one tablet by mouth in the evening. -No physician's orders for client #3 provided for review. Interview on 9-20-23 with client #1 revealed: -He was receiving his medications daily. -"Yes" he takes medications, "Yes", he gets his medications daily. Interview on 9-20-23 with client #2 revealed: -He takes his medications. -"No" he has not missed any of his medications. Interview on 9-15-23 with client #3 revealed: -He is getting his medications daily. -He has not missed any medications. -"Staff give them to me everyday." Interview on 9-15-23 with staff #1 revealed: -Medications are administered daily per the MAR. -She did not know what client #1 and client #2's medications were being administered for.	V 118		

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V 118	Continued From page 12 -She was not sure where to find the physician's orders for the medication. -"The MARs are electronic. I sign in (to the electronic MAR) and the client's pictures come up. I click on the one that I'm doing (administering medications) and their MAR comes up." -She did not administer medications for client #3. Interview on 9-20-23 with staff #2 revealed: -She was the one on one staff for client #3. -She administered client #3's medications when she worked. -She was not sure what client #3's medications were administered for. -"There is a book we can look them up." -She was unable to locate the "book" (physician's desk reference) upon request. Interview on 9-18-23 and 9-20-23 with the Qualified Professional (QP) revealed: -She thought all the orders were in the records. "I think [Director of Member Services] has the book." -"We use the MAR to look at the orders. If we need to see it everything is in the MAR." -"The doctors send the orders directly to the pharmacy now. We don't get them from the doctor any more." -She is responsible for communicating new or changed orders to the staff. -"I will note it (the new order) in the communication book and I will send them (staff) a note in [electronic record] sometimes I tell them in person." -"We have a book (physian's desk reference) that they (staff) can look up any medication the clients take. It tells them what the medication is for and any side affects." It is at [sister facility]. She (staff #2) is gone to get it."	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601306	A. BUILDING: _____ B. WING _____	R 09/22/2023

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V 118	Continued From page 13 -"They (staff) should know what (medications) they are giving them (clients). All staff get medication training and I go over the new medications with them. If they don't know it is lazy (the staff are lazy) because they should know what they are giving before they give it to them." Interview on 9-15-23, 9-17-23 and 9-21-23 with the Director of Member Services revealed: -Used a long term care pharmacy for their pharmacy needs. -Medical records are electronic. -Thought the MAR was the medication order. -"We go by the MAR to administer the medications. If we have a question we always go to the MAR and follow the MAR." -"There is a medical orders tab that the orders are recorded under." -"The doctors use to give us paper copies but they don't do that any longer. Now they (the doctors) do everything electronically. The orders are sent directly to the pharmacy." -"[Pharmacy] would fax us a copy of the order when they got it from the doctor and we would put it in the client's record. I don't know why they stopped doing that" -She would call the pharmacy and get clarification on the physian's orders. -After speaking with a pharmacy representative on 9-22-23 the Director of Member Services reported she was informed that physician's orders were not accessible to the provider because they were not completely integrated into the pharmacy system due to the type system the provider used. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

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V 120	Continued From page 14	V 120		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure that internal and external medications were stored separately affecting 2 of 3 clients (client #2 and client #3). The findings are: Review on 9-15-23 of client #2's record revealed: -Date of admission: 9-10-2018. -Diagnosis: Traumatic Brain Injury (TBI) with Sequalae, Hyperlipidemia.	V 120		

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V 120	Continued From page 15 Review on 9-15-23 of client #3's record revealed: -Date of admission: 3-8-20. -Diagnoses: TBI, Anxiety, Depression, Delusions. Observation on 9-15-23 at approximately 2:11pm of client #2's medication bin revealed: -Clotrimazole Betamethasone 1-0.5% cream, fluticasone propionate 50mcg nasal spray, and Symbicort 160-4.5 mcg/ACT stored in the same bin as client #2's internal medications. Observation on 9-15-23 at approximately 2:30pm of client #3's medication bin revealed: -Triamcinolone Acetonide cream 0.1% stored in the same bin as client #3's internal medications. Interview on 9-15-23 with staff #1 revealed: - Staff keep the medications in the same bin so the staff will not forget to administer the medications. -"We keep them together because it's easier for the staff when they are giving the meds (medications), so we don't forget." Interview on 9-22-23 with the Director of Member Services revealed: -"That is an area (medications) that I am constantly reminding them (staff) of." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 120		
V 366	27G .0603 Incident Response Requirments 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	V 366		

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V 366	Continued From page 16 response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal	V 366		

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V 366	Continued From page 17 review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;	V 366		

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V 366	Continued From page 18 (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level II incidents. The findings are: Review on 9-15-23 of client #1's record revealed: Date of Admission: 6-14-21 Diagnosis: Traumatic Brain Injury with Sequalae, Hyperlipidemia. Review on 9-15-23 of facility records for June 1, 2023-September 15, 2023 revealed: -No IRIS (North Carolina Incident Reporting Improvement Response System) reports or LME/MCO (Local Management Entity/Managed Care Organization) notification documenting client #1's fall which required an emergency room visit where he received stitches to a wound to his head. Review on 9-15-23 of IRIS for June 1, 2023 to September 15, 2023 revealed:	V 366		

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V 366	Continued From page 19 -No IRIS, risk, cause analysis or documentation to support submission of written preliminary findings of fact to the LME/MCO within 5 working days of client #1's fall which required stitches to his head at a local emergency room. Interview on 9-15-23 and 9-18-23 with the Director of Member Services revealed: -After staff completes an incident report, all incident reports go to the compliance officer who reviews them for compliance and accuracy. -The Qualified Professional (QP) completes the IRIS reports if needed. -Incident reports are reviewed for trends. - "Not sure if it's (the review) weekly, monthly or quarterly." Interview on 9-18-23 and 9-20-23 with the Qualified Professional (QP) revealed: -"We used to do the IRIS report but now all we do is the incident report level one incident report." -"I have done IRIS reports when I was in [sister facility] but when I came here I've only done 2 or 3. No one talks about the IRIS report because things keep changing. We have a compliance officer... when we do the level one we turn them in to [compliance officer], she reviews them and lets us know if we need to do an IRIS. Since she did not let me know I did not think we had to do an IRIS. No one has talked about IRIS reports in a while. I thought they had changed them." - Client #1's fall happened when she was on vacation. -"I came back and he already had his stitches. I think it happened on a Sunday night, I think it was on August 26 (2023). I'm not sure." Interview on 9-21-23 with the Residential Coordinator/Compliance Administrator revealed: -When she receives a incident report she will	V 366		

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V 366	Continued From page 20 review it for accuracy. If it needs to be corrected or additional information is needed she will send it back to the staff that completed the original report. -The Director of Member services or the QP is responsible for completing an IRIS if it is required. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
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.	V 367		

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V 367	Continued From page 21 (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 definition of a level II or level III incident;	V 367		

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V 367	Continued From page 22 (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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report all level II incidents as required. The findings are: Review on 9-15-23 of client #1's record revealed: Date of Admission: 6-14-21 Diagnoses: Traumatic Brain Injury (TBI) with Sequalae, Hyperlipidemia. Review on 9-15-23 of facility records for June 1, 2023-September 15, 2023 revealed: -No IRIS (North Carolina Incident Reporting Improvement Response System) reports or LME/MCO (Local Management Entity/Managed Care Organization) notification documenting client #1's fall which required an emergency room visit where he received stitches to a wound to his head.	V 367		

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V 367	Continued From page 23 Interview on 9-15-23 and 9-18-23 with the Director of Member Services revealed: -After staff completes an incident report, all incident reports go to the compliance officer who reviews them for compliance and accuracy. -The Qualified Professional (QP) completes the IRIS reports if needed. Interview on 9-18-23 and 9-20-23 with the Qualified Professional (QP) revealed: -"We used to do the IRIS report but now all we do is the incident report level one incident report." -"I have done IRIS reports when I was in [sister facility] but when I came here I've only done 2 or 3. No one talks about the IRIS report because things keep changing. We have a compliance officer... when we do the level one we turn them in to [compliance officer], she reviews them and lets us know if we need to do an IRIS. Since she did not let me know I did not think we had to do an IRIS. No one has talked about IRIS reports in a while. I thought they had changed them." - Client #1's fall happened while she was on vacation. -"I came back and he already had his stitches. I think it happened on a Sunday night August 26 (2023), I'm not sure." Interview on 9-21-23 with the Residential Coordinator/Compliance Administrator revealed: -When she receives a incident report she will review it for accuracy. If it needs to be corrected or additional information is needed she will send it back to the staff that completed the original report. -The Director of Member services or the QP is responsible for completing an IRIS if it is required.	V 367		