

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/16/2025
NAME OF PROVIDER OR SUPPLIER WEST MARION SUPERVISED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 145 LUKIN STREET MARION, NC 28752		
(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>An annual and follow up survey was completed on 1/16/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 3 audited staff (Staff #2 and Qualified Professional (QP)). The findings are:</p> <p>Review on 1/15/25 of Staff #2's record revealed: -Date of Hire: 11/26/24</p>	V 131	<p>All new hires will have a Healthcare Registry Check completed prior to their first date of employment or scheduled orientation date. To ensure this requirement is met, the HR Manager will run the HCPR check when an offer of employment is made. Prior to each new employee's start date, the Supervising QP will review any New Employee Files to ensure that all requirements are met prior to the scheduled orientation/start date. If the requirements are not met, the employee's start date will be postponed until the required guidelines are met as defined in G.S. 131E-256 (D2) Health Care Personnel Registry.</p> <p>RECEIVED JAN 27 2025 DHSR-MH Licensure Sect</p>	01/22/2025

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

7UFZ11

TITLE

MSN, RN, QP

(X6) DATE

1/22/2025

If continuation sheet 1 of 5

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V 131	Continued From page 1 -Date of HCPR check: 1/16/25 Review on 1/15/25 of the QP's record revealed: -Date of Hire: 8/5/24 -Date of HCPR check: 8/15/24 Interview on 1/15/25 with the Residential Supervisor revealed: -New owners officially took over as Licensee in August 2024. -She was responsible for the Human Resources (HR) hiring processes for the QP. "[The previous owner] was confused about the 5-day grace period with background checks for new employees and gave me the wrong information." -The new HR person was not aware of HCPR requirements for new hires.	V 131		
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	V 367	Starting 1/17/2025, QP's entering IRIS reports will follow up with an email to all members of management with the IRIS report number and the client's initials. At that time, the Supervising QP will enter the IRIS system to verify the following: 1) all required sections are complete, and 2) the IRIS was fully submitted. If additional information or corrections are required, the Supervising QP will enter the required information and then submit the IRIS to the required entities within the designated time frames as defined in 10A NCAC 27G - Incident Reporting Requirements for category A and B Providers.	1/22/2025

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V 367	Continued From page 2 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 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).	V 367		

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V 367	<p>Continued From page 3</p> <p>(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 review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Review on 1/15/25 of Incident Response Improvement System (IRIS) reports for November 2024-January 2025 for the facility revealed:</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>-No reports for the past 3 months.</p> <p>Review on 1/16/25 of IRIS reports November 2024- January 2025 revealed:</p> <p>-incident 11/2/24- Client #2- restraint to prevent self injury...no details regarding the restraint.</p> <p>-incident 11/4/24-Client #2- elopement...police notified.</p> <p>-incident 12/31/24-Client #2- elopement to neighbor's home to call 911 due to not liking dinner choice.</p> <p>Interview on 1/16/25 with IRIS Customer Service Representative revealed:</p> <p>-Reports for incidents on 11/2/24, 11/4/24 and 12/31/24 were all submitted on 1/15/24.</p> <p>Interview on 1/16/25 with the QP supervisor revealed:</p> <p>-Was not aware the IRIS reports had not been completed until this survey.</p> <p>-The previous supervising QP (Vice President) was responsible for completing the supervisor's sections of the IRIS and making sure to complete submission. "I went in last night to complete the supervisor section. I don't know why it wasn't submitted even without that part."</p>	V 367		