Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL032-568 | A. BUILDING: _____ B. WING _____ | 12/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENHANCEMENT HEALTH CARE | 917 LANCASTER STREET DURHAM, NC 27701 |

| (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 |
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| V 000 | INITIAL COMMENTS<br><br>An annual survey was completed on December 17, 2024. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.<br><br>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 deceased client. | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.<br>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.<br>(d) Each facility shall have a first aid kit accessible for use. | V 114 | RECEIVED<br>FEB 17 2025<br>DHSR-MH Licensure Sect | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Robert Jones | Director | 1/16/2025 |

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| V 118 | Continued From page 5<br><br>-She was not working on those days clients #1 and #2 had blank spaces on his MAR.<br>-She wasn't sure why staff did not put their initials to indicate the medication was administered.<br>-She confirmed the MARs were not kept current for clients #1 and #2.<br><br>Interview on 12/16/24 with the Residential Supervisor revealed:<br>-"There was a lot going on in this facility with [Deceased Client #3] being sick a few months ago."<br>-"[Former Staff #3] also quit the facility without giving any notice that she was leaving."<br>-The clients did get their medication.<br>-Staff didn't consistently put their initials on the MARs to indicate the medication was administered.<br>-She confirmed the MARs were not kept current for clients #1 and #2. | V 118 | All staff will be train on administering medication and documentation on the MAR. Supervisor will monitor all staff administering medication to residents and documentation on the MAR. | 1/16/25 |
| V 128 | 26C .0303(A-D) Death Reporting Requirements<br><br>10A NCAC 26C .0303 DEATH REPORTING REQUIREMENTS.<br>(a) Upon learning of the death of a client currently receiving services, a facility shall file a report in accordance with G.S. 122C-31 and these Rules. A facility shall be deemed to have learned of a death when any facility staff obtains information that the death occurred.<br>(b) A written notice containing the information listed under Paragraph (d) of this Rule shall be made immediately for deaths occurring within seven days of physical restraint or seclusion of a client.<br>(c) A written notice containing the information under Paragraph (d) of this Rule shall be made within three days of any death resulting from | V 128 | | |

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| V 128 | Continued From page 8<br>-He filled out the incident report document for DC #3's death but did not submit it to anyone.<br>-DC #3 passed away at the hospital and he thought they were not required to file a report related to her death.<br><br>Interview on 12/13/24 with the Residential Manager revealed.<br>-She didn't file a report after DC #3 passed away on 8/27/24.<br>-She thought the QP filed a report for DC #3's death. | V 128 | Iris report completed on 12/15/24 | 1/16/25 |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the | V 367 | | |

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| V 367 | Continued From page 11<br>-She died on 8/27/24.<br><br>Review on 12/16/24 of a Level I incident report for DC #3 dated 8/27/24 revealed:<br>-"Death due to complications during surgery for Pancreatic Cancer."<br><br>Review on 12/16/24 of the North Carolina (NC) Incident Response Improvement System (IRIS) revealed:<br>-There was no level II incident report submitted by the facility for DC #3's death on 8/27/24.<br><br>Interview on 12/13/24 with the Qualified Professional (QP) revealed:<br>-He filled out the incident report document for DC #3's death but did not put it in IRIS.<br>-He was told in the past that the facility was not required to do a report in IRIS if the death did not occur at the facility.<br>-DC #3 passed away at the hospital and he thought they were not required to file a report related to her death.<br>-He confirmed the facility failed to report DC #3's death to the LME/MCO within 72 hours.<br><br>Interview on 12/13/24 with the Residential Manager revealed.<br>-She didn't know she should have done an incident report in IRIS for DC #3's death on 8/27/24.<br>-She thought the QP did the report in IRIS for DC #3's death.<br>-She confirmed the facility failed to report DC #3's death to the LME/MCO within 72 hours. | V 367 | Director will follow up with QP in 24 hrs. for all levels incidents to be reported within 72 hrs to be reported to the proper agency, and IRIS, LME/MCO Manager will conduct on investigation in 72 hrs after an Incident on report is to all proper agency | 1/16/25 |