STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL018-008	A. BUILDING: _____ B. WING _____	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATAWBA COUNTY GROUP HOME #1	401 NORTH FOURTH AVENUE MAIDEN, NC 28650

(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 and complaint survey was completed on January 31, 2025. The complaint was substantiated (intake #NC00226463). A deficiency was 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of exploitation to the Health Care Personnel Registry (HCPR)	V 318	RECEIVED FEB 14 2025 DHSR-MH Licensure Sect	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 318	Continued From page 1 within 24 hours of becoming aware of the allegation. The findings are: Review on 1/31/25 of the Former House Manager's (FHM) personnel record revealed: -Hired: 10/10/22. -Terminated: 1/8/25. Review on 1/30/25 of the Incident Response Improvement System (IRIS) report for Clients #1-4 and #6 dated 1/10/25 revealed: -Date of incident: 1/9/25. -The FMH was terminated on 1/8/25. The Qualified Professional (QP) identified client funds were missing immediately after the FMH was terminated. The facility did not immediately report the FMH to HCPR within 24 hours of becoming aware of the incident. -1/14/25, "Resubmitting to add update and HCPR information." Review on 1/31/25 of the facility's finance report for the total amount of money missing from 11/30/24-1/9/25 revealed: -Client #1: $70. -Client #2: $15. -Client #3: $55. -Client #4: $522.25. -Client #6: $75. Attempted phone interviews on 1/30/25 and 1/31/25 with the FHM were unsuccessful as she did not answer nor call back. Interview on 1/30/25 with the QP revealed: -FHM was terminated on 1/8/25 due to performance issues. -Discovered that the clients' monies were missing on 1/9/25. -Received the facility's safe code verbally from	V 318		

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V 318	Continued From page 2 the FHM on 1/8/25 and keys to the safe on 1/9/25, "...I didn't have the safe code or keys until I got them from [FHM]." -In general, "the House Manager (HM) is responsible for managing and tracking the clients personal spending." The HM is responsible for submitting a summary sheet with receipts for each client at the beginning of the month for the previous month to the Finance Director. -Was responsible for completing the IRIS report regarding the missing funds. -The Chief Operations Officer (COO) was responsible for completing the Supervisor and HCPR sections of the IRIS report. -In the future, will review and sign the receipts the HM turns in each month to ensure the receipts are correct and no money is missing. Will also have a copy of the facility's safe keys and code to ensure easy access to the funds and records. Interview on 1/31/25 with the COO revealed: -FHM was terminated on 1/8/25 due to performance issues. -Discovered that the clients' monies were missing on 1/9/25. -"[FHM] was responsible for the clients' money, [QP] did not have access to the safe and codes until [FHM] was fired." -Was responsible for completing the Supervisor and HCPR sections of the IRIS report. -In the future, the QP will have a copy of the keys and safe code for each facility and sign the monthly receipts turned in for the clients making sure what was spent and any money left over match for each client. -Will complete both the HCPR section in IRIS and the specific HCPR notification forms to be sent directly to HCPR within 24 hours of an allegation of abuse, neglect, or exploitation so that HCPR is notified immediately moving forward.	V 318		

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2-7-2025

Correction Plan:

After discussion with DHHS representative, [redacted], on 1-31-2025 it was determined that submitting information through the IRIS system may not be the most effective way to communicate to the Healthcare Registry to meet the state's requirements. We obtained the current phone number from [redacted], DHHS, Administrative Specialist, to know how to best inform outside of the IRIS system.

In this situation, we thought that we were complying with all expectations through the steps that we took, but were incorrect. We have updated our policy to indicate contacting HCPR within 24 hours (it was not specifically stated in the policy before) and have updated it with the current phone number (919-855-4500) including HR as well as QM as possible reporting sources.

We are hiring staff to fill both vacant positions (Group Home Manager as well as Quality Management Training Director) and they will be educated on this process and expectations going forward. On 2-6-2025 there was a discussion with all of our Residential services managers including HR to reinforce the importance of communicating events within 24 hours in order to ensure that we are able to comply going forward.

[redacted]s, Chief Operating Officer

Catawba Valley Healthcare
Policy and Procedure

Title: Critical Incident and Adverse Event Reporting and Investigation **Responsible Department: Quality Management** **Last Revision: 2-5-2025**	**Policy Number: III-C-01 Effective Date: 08.01.2007** **Program Committee Approval: 07.24.2014** **QPIC Review: 07.20.2020** **Governing Board Approval: 08.07.2007**

Policy

CVH: For the purpose of this policy CVH (Catawba Valley Healthcare) will include all facilities and programs operating under *The Mental Health Fund, Inc.*

As established by Governing Board, it shall be the policy of CVH that all programs and services be delivered in a manner that:

- promotes the dignity and rights of persons served;
- is safe and therapeutic for consumers, employees, and other customers; and,
- is delivered within the guidelines specified by CVH's organizational policy and procedure.
- meets the risk management reporting requirements of purchasers of service, accrediting, and regulatory bodies.

Within this context, a Critical Incident and Adverse Event Reporting System shall be utilized to achieve the following:

1) to document an event that could or is likely to lead to adverse events and/or an event that varies from established routine practice;
2) serve as a risk management tool; and,
3) facilitate quality and performance management processes.

Based on the nature and type of incident/event, investigations/reviews may be authorized to further obtain information that will be utilized for quality and performance management purposes. This may include root cause analysis, tracking, trending, and reporting of critical incident/ adverse event information, and providing corrective action plans that are designed to improve the quality and performance of CVH's programs and services.

Policy and procedure regarding Critical Incident Reporting shall meet the standards and criteria as established by the NC Division of MH/DD/SA, NC Division of Health Service Regulation, Contracted MCOs and the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Interaction and communication with any media regarding incidents or events occurring within CVH's programs and services must be authorized and approved by the Chief Executive Officer. This is critical to assuring information shared with the public is honest, factual, and designed to promote positive interaction with CVH's consumers, purchasers of service, regulatory/ accreditation bodies, and community partners.

Procedure

Employees, Students, Interns, or Volunteers

1. Shall report all events as required by all oversight, certification and accreditation entities and all applicable CVH policies and procedures.
   a. Category A & B providers shall document Level II and III Incidents through the NC Incident Response Improvement System (NC-IRIS) located at https://iris.dhhs.state.nc.us/
   b. In the event NC-IRIS is inaccessible, Level II and III Incidents shall be reported on the NC QM02 form in its entirety and sent to the Quality Management Specialist/Department.
   c. Per 10A NCAC 27G. 0604, Category A & 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 provider's premises or level III incidents deaths involving consumers to whom CVH rendered

any service within 90 days prior to the incident to the MCO responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident.

d. The following type of Level II and III events shall be documented:
   - Any Consumer Death
   - Restrictive Interventions
   - Consumer Injury
   - Abuse/Neglect/Exploitation
   - Medication Errors
   - Consumer Behaviors
   - Suspension
   - Expulsion
   - Fire

2. All other adverse events as defined by NC Division Level I reporting requirements and events covered in (a-n) below are to be documented on the CVH Adverse Event Form to include:
   a. Any vehicle accident involving a CVH vehicle or personal vehicle in which the employee is on official agency business. *Note that a consumer death (other than death from natural causes) must be reported as a level III incident following the guidelines identified in number 1 above.
   b. Any legal charges being filed against a CVH, employee, volunteer, or practicum student related to CVH roles and responsibilities that could negatively impact job duties.
   c. Any consumer, employee, or other individual injury that occurs on property being utilized for official agency business, or during authorized travel/transportation. HR should be immediately contacted when an employee experiences an injury.
   d. Any use of Public Services as specified by Level I reporting requirements (i.e. law enforcement, fire department, EMS)
   e. Any suspected or alleged consumer rights violation.
   f. Any breach of confidentiality or violation of HIPAA.
   g. Initiation of emergency preparedness (i.e. fire, utility loss, medical assistance, etc.)
   h. Any search and seizure of consumer or consumer property for any consumer of any service.
   i. Any consumer absence, less than three hours over the time specified in the service plan, if police contact is not required (for enhanced and community-based services).
   j. Any assault (violence or aggression) or destructive act of a consumer, visitor, or employee that does involve a report to law enforcement or complaint to an oversight agency.
   k. Any report of communicable disease, infection, or bio-hazardous incident, involving a consumer, employee, or visitor.
   l. Violation of Employee Code of Ethics. This includes any complaint or action by an employee's licensure or certification board (i.e. LCSW, LPC, Medical Licensure, Certification, etc.)
   m. Corporate Compliance (Alleged or suspected record documentation/billing fraud/ abuse).
   n. Any suicidal threat or verbalization that indicates new, different, or increased behavior.
   o. Any other adverse event that is outside standard operating procedure which the employee or supervisor thinks appropriate.

3. Should the incident involve a consumer, documentation shall be made in a service note, when appropriate, that will include the following:
   a. A description of the event
   b. Actions taken on behalf of the consumer
   c. Individuals notified of event (i.e., case manager, legal guardian, MCO)
   d. The consumer condition following the event.
   e. Opinions, conclusions, and/or personnel actions relative to an event shall **not** be documented in the clinical record. This type of information is documented on the critical incident or adverse event form.

4. Adverse Event Forms (or Critical Incidents Reports {QM02} when necessary) shall not be filed in the consumer's service record. These forms are considered administrative records and will be securely maintained in the Quality Management department.
5. A copy of the service note shall be made and submitted with the Critical Incident or Adverse Event initial reporting.
6. Complete Adverse Event Forms shall be submitted to the Quality Management Specialist/Department within 1 workday of the event.
7. Shall consult the "Incident Response and Reporting Manual" located in the NC MH/DD/SA website

as questions or concerns arise to ensure accurate reporting of events occurs.

Managers/Supervisors

1. Shall maintain a working knowledge of CVH's policy and procedures related to Critical Incident and Adverse Event Reporting and Investigation.
2. Shall consult the "Incident Response and Reporting Manual" located in the NC MH/DD/SA website as questions or concerns arise to ensure accurate reporting of events occurs.
3. Shall review all adverse events and critical incidents of their assigned area of responsibility and complete supervisory documentation as required for adverse event forms or critical incident and death report forms before submitting these to the QM department.
4. Shall conduct incident debriefings with their assigned employees, as appropriate, based on the nature of the incident/event.
5. Shall complete investigations/reviews as assigned and timely submit documentation (within 5 working days) as assigned with the objective to consistently improve the quality and performance of services.
6. As appropriate and approved, will initiate procedural changes to decrease risk and improve the quality and performance of services provided to consumers/customers.
7. Shall provide and document follow-up supervision to monitor performance and implemented changes to reduce risk, especially when the incident or event results in a plan of correction or quality improvement plan.

HR Manager/ Department

1. Shall work with supervisors to effectively apply corrective and disciplinary action.
    a. Will assure compliance with NC Rule 10A NCAC 27D .0304, and the termination of employees for failure to protect consumers from harm, abuse, neglect, or exploitation.
2. In coordination with the Quality Management/ Training Director, shall schedule new employee orientation that includes training on Critical Incident and Adverse Event Reporting and Investigation.
3. Shall serve as liaison between CVH and Worker' Compensation carrier to ensure appropriate follow-up performed.
4. Shall work with manager/supervisor (and QM as applicable) in the development of a corrective action plan as necessary; shall provide consultation.
5. Shall participate in investigations related to those concerning employee behavior and practices.
6. Shall assist individuals with referral and linkage to Occupational Health.
7. Shall contact appropriate insurance companies and follow-up with applicable staff.
8. HR and QM will work together to complete HCPR reporting (919-855-4500) within 24 hours of learning of the event.

Consumer Rights Committee

1. Shall consistently work to promote, protect, and advocate for the rights of persons served/consumers.
2. Function of the committee shall be activities devoted to effectively protecting, promoting, and advocating for the rights of persons served to include:
    a. Review and make recommendations regarding consumer complaints.
    b. Review of alleged violations of consumer rights, to include abuse, neglect exploitation.
    c. Review trends of search and seizure activities.
    d. Review of data summarizing Critical Incidents, Restrictive Interventions, and Adverse Events that impact consumer care.
    e. Concerns regarding the use of restrictive interventions
    f. Failure to provide or obtain needed services

Quality Performance and Improvement Committee

1. Shall approve procedures related to CVH's Critical Incident and Adverse Event Reporting and Investigation Policy.
2. Shall review annual report from Consumer Rights Committee and revise procedures as appropriate to promote and protect the rights of consumers.
3. Shall utilize critical incident and adverse event reporting data/information to improve the quality and performance of CVH's programs/services.
4. Shall make recommendations and suggestions as appropriate to improve the quality and performance of CVH's programs and services.

Quality Management/ Training Director (or designee)

1. Shall provide assistance as needed to CVH employees in the proper completion of Adverse Event forms and/or NC-IRIS.
2. In the event a QM02 form is completed due to inaccessibility of NC-IRIS, shall enter information into NC-IRIS once website is accessible. Shall seek additional information from managers/supervisors to ensure all relevant information is reported and all appropriate authorities are notified of event.
3. As applicable, shall fax/send reports and other requested supporting evidence to the Managed Care Organization (MCO) and/or other MCOs as required.
4. Shall send a report quarterly to the MCO responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the NC Secretary via electronic means.
5. Shall enter critical incident and adverse event information into assigned data base or spreadsheet and present trended critical incident and adverse event data reports quarterly to the Quality Management/Training Director for distribution and review with CVH's professional teams.
6. Shall maintain an efficient electronic and paper filing system of critical incidents and adverse event forms to include the assignment of tracking numbers and monitoring to assure compliance with CVH procedures.

7. Shall utilize a QM & PI process and investigate reported critical incidents and/or adverse events. This shall include the development of corrective action plans and ongoing monitoring for quality/performance improvement.
8. If Critical Incident is a level III incident (as defined by 10A NCAC 27G .0603) shall assure quick response and within 24 working hours coordinate the following:
   a. Immediately securing consumer record by: Obtaining record, making a photocopy of record, certifying the record's completeness, and transfer copy to internal review team.
   b. Establish an internal review team consisting of individuals who were not involved in the incident and who were not responsible for the consumer's direct care or with professional oversight of the consumer's services at the time of the incident. At least one member of CVH's internal review team shall be a member of the Leadership Team. The internal review team shall meet within 24 working hours of incident. The internal review team shall:
   c. Review the copy of the consumer record to determine the facts and causes of the incident and make recommendations for minimizing the occurrences of future incidents
   d. Gather other information needed
   e. Issue written preliminary findings of fact within 5 working days of the incident. The preliminary findings of fact shall be sent to the MCO in whose catchment area the provider is located and to the MCO where the consumer resides, if different. The report shall include as appropriate corrective action planning to improve the quality and/or performance of CVH's programs/ services.
   f. Issue a final report within three months of the incident. The final report shall be sent to the MCO in whose catchment area the provider is located and to the MCO where the consumer resides, if different. The final 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.

   g. Shall immediately notify the following:
      - The CEO and/or other leadership team members as appropriate.
      - NC Division of MH/DD/SA as outlined in cited division requirements.
      - The MCO responsible for the catchment area where the services are provided pursuant to Rule .0604
      - The MCO where the consumer resides, if different
      - The provider agency with responsibility for maintaining and updating the consumer's treatment plan, if different from reporting provider;
      - The consumers legal guardian, as applicable; and
      - Any other authorities required by law

If there is a HCPR report that needs to be completed HR and QM will work together to complete HCPR reporting (919-855-4500) within 24 hours of learning of incident.

9. If Critical Incident is a level II incident (as defined by 1 0A NCAC 27G .0603) shall respond within 72 working hours as follows when clinically indicated:
   a. Securing records as deemed appropriate

b. Establish a peer review team with supervisor of program, director of program, and leadership team members as appropriate. Peer review team shall meet within 72 working hours of incident. The Peer Review Team shall:
c. Review the copy of the consumer record;
d. Gather the information needed; and,
e. Issue a report concerning the incident to the MCO and to the consumer's home MCO. This report shall include as appropriate corrective action planning to improve the quality and/or performance of CVH's programs/ services.
f. Shall immediately notify the following:
   - The MCO responsible for the service area where the services are provided;
   - The consumers legal guardian;
   - Or other authorities required by law.

10. If incident is a Level I incident as defined by the NC Division of MH/DD/SA or reportable using the Adverse Event Reporting Form, shall initiate intervention based on the significance of risk to consumer, agency, or community and initiate action as appropriate. This may include the following recommendations:
    a. No further action needed
    b. Routing to supervisor for investigative action
    c. Authorized investigation, i.e., consumer rights allegation, corporate compliance, violation of professional ethics or other CVH policy/procedure.
    d. Other, e.g., based on uniqueness of situation and risk; other actions may be assigned with consultation/recommendations of CEO.
11. Shall provide consultation to managers, supervisors, and employees regarding critical incident and adverse event policy and procedures.
12. Shall authorize and assign investigation based on nature/severity/location of incident/event.
13. Shall be responsible for the interpretation and application of the procedures outlined in this document.
14. Shall assure a Quality Management process is utilized to improve the performance and quality of services. This shall include: causes, trends, actions for improvement, results of performance improvement plans; necessary education and training of personnel, prevention of recurrence, and address internal and external reporting requirements.

Medical Director(s)

1. Shall provide oversight of the medical and clinical services in the agency.
2. Shall direct the clinical care of the agency.
3. Shall ensure an integration of care approach for individuals with psychiatric illnesses is the accepted standard of clinical care.
4. Shall review consumer, staff, and stakeholder health and safety concerns, including individual consumer and aggregate agency incidents and make recommendations.
5. Shall evaluate the effectiveness of the program through record reviews and evaluation of personal outcomes.
6. Participate in the identification, review, and response to individual consumer and aggregate services data, including monitoring of trend data related to agency patterns and effectiveness in consumer care.
7. Maintain a strong leadership role in the development of program Quality Management/Quality Management activities.

CABHA Leadership Team

1. Shall assure consumer rights policy and procedures are developed, maintained, and continuously revised to meet the expectations of consumers, purchasers of service, and accrediting/regulatory bodies. To include, but not limited to:
   - Federal and State Laws.
   - Current CARF (Commission on the Accreditation of Rehabilitation Facilities) Behavioral Health Standards/Criteria
   - Applicable NC Statute and Division of MH/DD/SA Area Program Standards (APSM's)
   - Managed Care Organizations (MCO's) Contract(s)
   - NC Division of Medical Assistance (DMA) requirements for behavioral health Medicaid services

Chief Executive Officer

1. Shall have final authority regarding the interpretation of this policy and procedure.
2. Shall serve as the final decision making authority within CVH's leadership and management structure.
3. Shall initiate action as deemed appropriate based on the significance of the event or incident. This may include consultation with board chair/board, leadership, and management.
4. Shall keep Governing Board advised of critical incidents and adverse events that present risk or potential liability to the agency.
5. May seek legal or other counsel as appropriate.

Governing Board

1. Shall approve policy related to CVH's Critical Incident and Adverse Event Reporting and Investigation.
2. Shall work to promote and protect the rights of consumers