

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-836</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME AND COMMUNITY SERVICE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 NORMANDY STREET CARY, NC 27511</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on March 21, 2025. The complaint was unsubstantiated (intake #NC00228077). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally</p>	V 113		

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

TITLE

(X6) DATE

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V 113	<p>Continued From page 1</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain client records for 4 of 6 clients (#2, #4 - #6). The findings are:</p> <p>Attempted review on 3/10/25 revealed clients #2, #4 - #6 were not at the facility that contained some of the following:</p> <ul style="list-style-type: none"> <li>- an identification face sheet which includes:</li> <li>- documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</li> <li>- documentation of the screening and assessment;</li> <li>- emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of</li> </ul>	V 113		

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V 113	<p>Continued From page 2</p> <p>sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <ul style="list-style-type: none"> <li>- a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</li> <li>- documentation of services provided</li> <li>- treatment/habilitation or service plan</li> <li>- medication orders</li> </ul> <p>Review on 3/11/25 revealed the following documents were at the facility:</p> <ul style="list-style-type: none"> <li>- current treatment plans for clients #2 and #4</li> <li>- an admission assessment for client #6 only</li> <li>- entire records were not provided for clients #2, #4 - #6</li> </ul> <p>Review on 3/19/25 of client #2, #4 - #6's record's revealed:</p> <ul style="list-style-type: none"> <li>- the Qualified Professional (QP) had the clients' record with most of the documents maintained in clients' records</li> <li>- client #2 and client #5 had a few missing physician orders</li> </ul> <p>During interview on 3/10/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- only had the clients' medication administration record at the facility</li> <li>- clients #2, #4 - #6 records were not at the facility</li> </ul> <p>During interview on 3/10/25 the Licensee/Registered Nurse reported:</p> <ul style="list-style-type: none"> <li>- the QP was out for health reasons &amp; recently returned</li> <li>- she had the clients' records for review and updates</li> </ul> <p>During interview on 3/11/25 and 3/12/25 and 3/19/25 the QP reported:</p>	V 113		

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V 113	Continued From page 3  - on 3/11/25, she attempted to locate the clients' records at the off site facility's office but only found some of the clients' documents - clients #4 - #6 records should have been at the facility - looked in the facility's closet but was not able to locate the clients' records - on 3/19/25 client #2, #4 - #6's records were not completed during the 3/10/25 - 3/11/25 visits to the facility	V 113		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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V 114	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on interview the facility failed to ensure fire and disaster drills were completed quarterly and on each shift. The findings are:</p> <p>During interview on 3/10/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- been at the facility since January 2025</li> <li>- the Qualified Professional (QP) had the fire and disaster drill book for review</li> </ul> <p>During interview on 3/10/25 client #2 reported:</p> <ul style="list-style-type: none"> <li>- came to facility in December 2024</li> <li>- no fire or tornado drills were done</li> <li>- fire drills he would go outside</li> <li>- tornado drills he would get down in the hallway</li> </ul> <p>During interview on 3/10/25 client #3 reported:</p> <ul style="list-style-type: none"> <li>- been at the facility for years</li> <li>- no drills were done since staff #1 been at the facility</li> <li>- fire drills went outside to the road</li> <li>- tornado drills get down in the hallway</li> </ul> <p>During interview on 3/10/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- done 1 fire drill with the clients</li> <li>- took them outside</li> <li>- had not completed a tornado drill</li> <li>- would take in hallway</li> </ul> <p>During interview on 3/11/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- had not reviewed any fire or disaster drills</li> <li>- had not conducted any fire and disaster drills with staff #1</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		

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V 116	Continued From page 5	V 116		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p>	V 116		

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V 116	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 4 of 6 clients (#1, #2, #4 and #5)'s medications were dispensed on the written order of a physician. The findings are:</p> <p>A. Review on 3/10/25 &amp; 3/11/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/25/14</li> <li>- diagnoses: Schizophrenia and Hypertension</li> <li>- no physician's orders for the following medications:</li> <li>- Omeprazole 40mg (milligrams) daily (heartburn)</li> <li>- Polyethylene 17gm every other day (constipation)</li> <li>- Olanzapine 5mg morning (Schizophrenia)</li> <li>- Tamsulosin .4mg bedtime (prostate)</li> <li>- Mirtazapine 15mg bedtime (Depression)</li> <li>- Olanzapine 30 mg bedtime (Schizophrenia)</li> <li>- Quetiapine 25mg bedtime (Schizophrenia)</li> <li>- a FL2 dated 3/29/24: Gabapentin 100mg twice day (seizure)</li> </ul> <p>B. Review on 3/10/25 and 3/11/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/26/24</li> <li>- diagnoses: Schizophrenia</li> <li>- a FL2 dated 12/26/24 with the following medications:</li> <li>- Olanzapine 20mg everyday</li> <li>- Olanzapine 10mg bedtime</li> <li>- Divalproex 250mg 3 twice day (Bipolar)</li> <li>- Lorazepam 1mg twice day (Anxiety)</li> <li>- Risperidone 4mg twice day (Schizophrenia)</li> </ul>	V 116		

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V 116	<p>Continued From page 7</p> <p>C. Review on 3/10/25 &amp; 3/11/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/29/24</li> <li>- diagnoses: Major Depressive Disorder, Acute Psychosis and Schizoaffective Disorder</li> <li>- a FL2 dated 1/24/25 with the following medications:</li> <li>- Amlodipine 5mg everyday (blood pressure)</li> <li>- Benztropine .5mg everyday (side effects)</li> <li>- Haloperidol 5mg 3 everyday (mental disorders)</li> <li>- Olanzapine 5mg daily</li> <li>- Trazadone 50mg bedtime (Depression)</li> </ul> <p>D. Review on 3/10/25 and 3/19/25 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2/27/25</li> <li>- Unspecified Schizophrenia, Alcohol &amp; Cannabis Disorder</li> <li>- no physician's orders for the following medications:</li> <li>- Atorvastatin 80mg bedtime (cholesterol)</li> <li>- Metoprolol 100mg qhs (blood pressure)</li> <li>- a FL2 dated 12/20/24: Amlodipine 5mg daily (blood pressure)</li> </ul> <p>Observation on 3/10/25 at 2:44pm revealed the following:</p> <ul style="list-style-type: none"> <li>- 3 weekly pill planners which consisted of colors: green, blue and a double-sided weekly planner blue and purple</li> <li>- the weekly pill planners had the days of the week but did not consist of the clients' names</li> <li>- a white cup with client #1's name listed</li> <li>- the weekly pill planners had medications in it for each day of the week with different size pills and the pills were multiple colors</li> <li>- the white cup also had different size pills with multiple colors</li> </ul>	V 116		



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V 116	<p>Continued From page 8</p> <p>During interview on 3/11/25 client #4 reported:</p> <ul style="list-style-type: none"> <li>- his medications were in "a long bar thing"</li> <li>- the "bar think was green"</li> </ul> <p>During interview on 3/11/25 client #5 reported:</p> <ul style="list-style-type: none"> <li>- staff had his medications in a weekly planner "think blue and white"</li> <li>- the weekly pill planner had the days of the week but not his name</li> <li>- staff poured the pills in his hands and gave them a drink of water</li> </ul> <p>During interview on 3/10/25 and 3/11/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the Licensee/Registered Nurse informed him today (3/10/25) not to administer medications from the weekly pill planner</li> <li>- he administered from the weekly pill planners because "it was easier"</li> <li>- the weekly pill planners were at the facility when he started work</li> <li>- the weekly pill planners were color coded for each client</li> <li>- client #1's medications were in a cup, however, the other clients had weekly pill planners</li> <li>- client #2's was blue, client #4's was green and #5 had the platform (double-sided) pill planner</li> </ul> <p>During interview on 3/14/25 the Licensee/RN reported:</p> <ul style="list-style-type: none"> <li>- she provided staff #1's medication training</li> <li>- he was not trained to administer medications from a weekly pill planner</li> <li>- was not aware staff #1 administered the clients' medications from the weekly pill planner</li> <li>- she informed him to "discard the weekly pill planners"</li> </ul>	V 116		

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V 116	Continued From page 9  This deficiency is crossed referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a standard and must be corrected within 30 days.	V 116		
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	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to administer medications on the written order of a physician for 4 of 6 clients (#1, #4, #5 &amp; #6). The facility also failed to ensure medications were administered and recorded immediately after administration for 2 of 6 clients (#1 &amp; #4). The staff (#1) failed to demonstrate medication administration competency for 4 of 6 clients (#1, #2, #4 and #5). The findings are:</p> <p>Cross reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V116). Based on observation, record review and interview the facility failed to ensure 4 of 6 clients (#1, #2, #4 and #5)'s medications were dispensed on the written order of a physician.</p> <p>A. Review on 3/11/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/25/14</li> <li>- diagnoses: Schizophrenia and Hypertension</li> <li>- no physician orders for the following medications:</li> <li>- Omeprazole 40mg (milligrams) daily (heartburn)</li> <li>- Polyethylene 17gm every other day (constipation)</li> <li>- Olanzapine 5mg morning (Schizophrenia)</li> <li>- Tamsulosin .4mg bedtime (prostate)</li> <li>- Mirtazapine 15mg bedtime (Depression)</li> <li>- Olanzapine 30 mg bedtime (Schizophrenia)</li> <li>- Quetiapine 25mg bedtime (Schizophrenia)</li> <li>- a FL2 dated 3/29/24: Gabapentin 100mg</li> </ul>	V 118		

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V 118	<p>Continued From page 11</p> <p>twice day (Seizure)</p> <p>Review on 3/11/25 the of client #1's March 2025 revealed:</p> <ul style="list-style-type: none"> <li>- the Gabapentin was not signed as administered from 3/1/25 - 3/7/25</li> </ul> <p>During interview on 3/11/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the Gabapentin was his documentation error</li> </ul> <p>B. Review on 3/11/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/29/24</li> <li>- diagnoses: Major Depressive Disorder, Acute Psychosis and Schizoaffective Disorder</li> <li>- a FL2 dated 1/24/25: Trazodone 50mg bedtime (Depression)</li> </ul> <p>Review on 3/11/25 of client #4's March 2025 revealed:</p> <ul style="list-style-type: none"> <li>- at 3:06pm the Trazodone was initialed as administered by staff #1</li> </ul> <p>During interview on 3/11/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- he initialed the Trazodone in error</li> </ul> <p>C. Review on 3/19/25 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2/27/25</li> <li>- Unspecified Schizophrenia, Alcohol &amp; Cannabis Disorder</li> <li>- no physician order: Gabapentin 100mg twice day (chronic pain)</li> </ul> <p>Observation 3/10/25 at 2:34pm of client #5's medication box revealed:</p> <ul style="list-style-type: none"> <li>- no Gabapentin present at facility</li> <li>- empty medication bottle for Gabapentin last filled 1/28/25</li> </ul>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-836</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME AND COMMUNITY SERVICE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 NORMANDY STREET CARY, NC 27511</b>		
(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 118	<p>Continued From page 12</p> <p>Review on 3/19/25 of client #5's March 2025 MAR revealed:</p> <ul style="list-style-type: none"> <li>- the Gabapentin was initialed as administered by staff #1 from 3/1/25 - 3/11/25</li> </ul> <p>During interview on 3/19/25 client #1 reported:</p> <ul style="list-style-type: none"> <li>- the Gabapentin was for stomach pain</li> <li>- was not in any pain "at this time"</li> </ul> <p>During interview on 3/10/25 and 3/11/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- been out of the Gabapentin for 2 days</li> <li>- he informed the Licensee/Registered Nurse (RN) today (3/10/25) the Gabapentin was out</li> <li>- on 3/11/25 the Gabapentin was not delivered to the facility</li> <li>- was not sure what the Gabapentin was for</li> </ul> <p>During interview on 3/11/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- the agency that provided services for client #5's informed her the Gabapentin was discontinued</li> <li>- the agency representative said the Gabapentin was discontinued prior to admission to the facility</li> <li>- she (QP) had not received the discontinued order for the Gabapentin</li> </ul> <p>D. Review on 3/10/25 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2/28/25</li> <li>- diagnosis: Schizophrenia</li> <li>- a physician's order dated 2/27/25:</li> <li>- Hydroxyzine 25mg as needed (Anxiety)</li> <li>- Risperidone 2mg daily (Schizophrenia)</li> </ul> <p>Review on 3/10/25 and 3/11/25 of client #6's March 2025 MAR revealed:</p> <ul style="list-style-type: none"> <li>- on 3/10/25, no MAR at the facility</li> </ul>	V 118			

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V 118	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>- on 3/11/25, a blank MAR at the facility</li> </ul> <p>During interview on 3/10/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #6 had walked away from the facility a few days later after admission</li> <li>- the QP did not bring the medications to the facility until 3/3/25</li> <li>- client #6 had left the facility before the arrival of his medications</li> </ul> <p>During interview on 3/12/25 the pharmacist reported:</p> <ul style="list-style-type: none"> <li>- received client #6's prescription for Hydroxine 25mg (PRN) &amp; Risperdal on 2/27/25</li> <li>- the QP called her Monday (3/3/25) morning to fill the medications</li> <li>- the hospital he was discharged from, did not inform the pharmacy where to send the medications</li> </ul> <p>During interview on 3/11/25 the QP reported:</p> <ul style="list-style-type: none"> <li>- staff #1 did not inform her until 3/3/25 client #6 needed his medications filled</li> <li>- before she arrived at the facility 3/3/25, client #6 had walked away and had not returned to the facility</li> </ul> <p>During interview on 3/14/25 the Licensee/RN reported:</p> <ul style="list-style-type: none"> <li>- trained staff #1 on medication administration</li> <li>- was trained to document the MAR after he administered each clients' medications</li> <li>- thought the clients' physician's orders were at the facility</li> <li>- she was responsible for review of MAR accuracy, medications being at facility and current physician orders</li> </ul> <p>Due to the failure to accurately document medication administration, it could not be</p>	V 118			

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V 118	Continued From page 14  determined if clients received their medications as ordered by the physician.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			
V 366	27G .0603 Incident Response Requirements  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 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	V 366			

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V 366	Continued From page 15  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 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	V 366		



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V 366	<p>Continued From page 16</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their policy regarding a Level III incident report. The findings are:</p> <p>Review on 3/11/25 of the police incident/investigation report dated 3/3/25 for client #6 revealed:</p> <ul style="list-style-type: none"> <li>- time reported 6:37pm</li> <li>- "[client #6]....was recently admitted to the</li> </ul>	V 366		

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V 366	Continued From page 17  Group Home on 2/28/25...staff did not know much about [client #6]...at approximately 1600 (4pm), [client #6] had left the residence on foot with two of his three duffel bags in an unknown direction...after a couple hours without return or contact, staff had notified police of the occurrence...placed in the North Carolina (NC) for missing person..."  During interview on 3/12/25 the Qualified Professional reported: - interviewed clients and staff but did not document findings of the investigation - did not complete a level III incident report	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;	V 367		

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V 367	Continued From page 18  (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). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided.	V 367		

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V 367	<p>Continued From page 19</p> <p>The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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 review and interview the facility failed to submit a level III incident report to the Local Management Entity/Managed Care Organizations (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 3/10/25 of the Incident Response Improvement System (IRIS) revealed no incident reports</p> <p>Review on 3/11/25 of the police incident/investigation report dated 3/3/25 revealed:</p>	V 367		

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V 367	Continued From page 20  - time reported 6:37pm - "...was recently admitted to the Group Home on 2/28/25...staff did not know much about [client #6]...at approximately 1600 (4pm), [client #6] had left the residence of foot with two of his three duffel bags in an unknown direction. It is required by the Group Home to notify and be granted permission to leave, to which [client #6] failed to do...after a couple hours without return or contact, staff had notified police of the occurrence. Normally they would wait a longer time but due to little to no knowledge of [client #4] behavior they had reached out...reached out to [guardian]...she had explained that she did not believe [client #6] was a danger to himself or others but expressed that he would display odd or peculiar behaviors such as eating from trash bins...placed in the North Carolina (NC) for missing person..."  During interview on 3/12/25 the Qualified Professional reported: - she completed the missing person report for client #6 but had forgot to submit an incident report in IRIS	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:	V 736		

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V 736	<p>Continued From page 21</p> <p>Observation on 1:16pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- a screen door on the front porch prompt up against the facility's wall</li> <li>- the clients' bathroom located in the hallway had unfinished paint</li> <li>- the bathroom floor had uneven sunken spots</li> <li>- the facility's deck had detached wood railing that hung to the ground</li> </ul> <p>During interview on 3/19/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- several repairs were made since the last survey</li> <li>- management was aware there were more needed repairs</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736			