PRINTED: 05/13/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL034-311 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 5/8/25. The complaint was unsubstantiated (intake # NC00228448). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised DHSR-MH LICENSURE Sect Living for Adults with Developmental Disabilities. 5202 LC MARK This facility is licensed for 3 beds and has a current census of 3. The survey sample BECEINED consisted audits of 3 current clients. V 366 27G .0603 Incident Response Requirements V 366 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: attending to the health and safety needs of individuals involved in the incident; determining the cause of the incident; (3)developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; assigning person(s) to be responsible for implementation of the corrections and preventive measures: adhering to confidentiality requirements

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164; and (7)

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

set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and

Subparagraphs (a)(1) through (a)(6) of this Rule.

maintaining documentation regarding

TITLE

(X6) DATE

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING MHL034-311 05/08/2025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 366 Continued From page 1 V 366 (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: immediately securing the client record (1) by: (A) obtaining the client record; (B) making a photocopy; certifying the copy's completeness; and (C) transferring the copy to an internal (D) review team; 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: review the copy of the client record to (A) determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; gather other information needed; (B) (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,

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL034-311 B. WING 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 366 Continued From page 2 V 366 if different; and issue a final written report signed by the (D) 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: (B) the LME where the client resides, if different: the provider agency with responsibility (C) for maintaining and updating the client's treatment plan, if different from the reporting provider; the Department; (D) (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.

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This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to Level II incidents as Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 05/08/2025 MHL034-311 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 366 Continued From page 3 V 366 required. The findings are: Review on 4/29/25 of the client #1's "After Visit" summaries from medical professionals revealed: On 3/11/25, client #1 was seen at her primary care physician's office and "the following issue was addressed: infected decubitus ulcer, unspecified ulcer stage Client #1's primary care physician prescribed Sulfamethoxazole-Trimethoprim 800-160 mg (a combination of two oral antibiotics also known as Bactrim) to address the infection along with wound care instructions On 3/13/25, client #1 was seen at a local hospital emergency department with the reason for the visit being listed as "wound infection" with a diagnosis of "pressure injury of right hip, unstageable." Client #1 was given "NaCl" (salt) as part of her treatment while at the hospital and released Review on 4/29/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: No Level II incident reports regarding client #1's series of visits to medical professionals to address her significant medical needs to include visits to a hospital emergency room, her primary care physician and a wound care center Interview on 5/7/25 with the House Manager revealed: In March of 2025, client #1 had been seen by several medical professionals including visits to an hospital emergency department, her primary care physician, and a physician at a wound care center Client #1 had a pressure sore which had required ongoing treatment to include medications and "packing" of the wound On 5/2/25, client #1 had been admitted to the

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	M.24 - 100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/11-100/	LE CONSTRUCTION		SURVEY PLETED
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V 366	hospital because shand/or drink - Client #1 remain Interview on 5/8/25 - She had not sul report regarding clie treatment on 3/11/2 emergency departm wound care center of the hospital on 5/ submitted a Level II regarding her hospital on the corrective incommentation to su and safety needs we determination of the corrective measures implemented to prevent the person of the corrective measures implementation of the for implementation of the corrective measures implementation of the for implementation of the corrective measures implemented to prevent the measures implementation of the for implementation of the corrective measures implementation of the for implementation of the corrective measures implementation of the formula for implementation of the corrective measures implementati	nee had begun to refuse to eat med hospitalized as of 5/7/25 with the QP revealed: omitted a Level II incident ent #1's visit to medical 5; her visit to a hospital ent on 3/13/25 and a visit to a on 3/17/25 at client #1 had been admitted 2/25; however, she had not incident report to IRIS talization as the head of the total RIS regarding these the did not have apport how client #1's health ere being attended to; a cause of the incidents; what is were developed and went similar incidents and a sassigned to be responsible of any corrective and is which were all part of a	V 366			
V 367	27G .0604 Incident I	Reporting Requirements	V 367			
	level II incidents, exc the provision of billal consumer is on the p incidents and level II	B PROVIDERS B providers shall report all cept deaths, that occur during cole services or while the croviders premises or level III deaths involving the clients r rendered any service within				

Division of Health Service Regulation

PRINTED: 05/13/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL034-311 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) V 367 V 367 Continued From page 5 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; client identification information; (2)(3)type of incident; (4)description of incident; status of the effort to determine the (5)cause of the incident; and other individuals or authorities notified (6)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: the provider has reason to believe that (1) information provided in the report may be erroneous, misleading or otherwise unreliable; or the provider obtains information (2)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

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information;

reports by other authorities; and 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

(2)

(3)

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL034-311 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) V 367 Continued From page 6 V 367 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; 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; the total number of level II and level III incidents that occurred; and 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

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ B. WING 05/08/2025 MHL034-311 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 REYNOLDS FOREST DRIVE FRIENDLY PEOPLE THAT CARE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 Continued From page 7 V 367 facility failed to submit Level II incidents report to the Local Management Entity/Managed Care Organizations (LME/MCOs) within 72 hours as required. The findings are: Review on 4/29/25 of the client #1's "After Visit" summaries from medical professionals revealed: On 3/11/25, client #1 was seen at her primary care physician's office and "the following issue was addressed: infected decubitus ulcer, unspecified ulcer stage Client #1's primary care physician prescribed Sulfamethoxazole-Trimethoprim 800-160 mg (a combination of two oral antibiotics also known as Bactrim) to address the infection along with wound care instructions On 3/13/25, client #1 was seen at a local hospital emergency department with the reason for the visit being listed as "wound infection" with a diagnosis of "pressure injury of right hip, unstageable." Client #1 was given "NaCl" (salt) as part of her treatment while at the hospital and released Review on 4/29/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: No Level II incident reports regarding client #1's series of visits to medical professionals to address her significant medical needs to include visits to a hospital emergency room, her primary care physician and a wound care center Interview on 5/7/25 with the House Manager revealed: In March of 2025, client #1 had been seen by several medical professionals including visits to an hospital emergency department, her primary

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center

care physician, and a physician at a wound care

Client #1 had a pressure sore which had

Division of Health Service Regulation STATEMENT OF DEFICIENCIES

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION IG:		E SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY	, STATE, ZIP CODE		/08/2025
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V 367	required ongoing tre medications and "pa - On 5/2/25, clien hospital because sh and/or drink - Client #1 remain Interview on 5/8/25 v - She had not sub report regarding clie treatment on 3/11/25 emergency departm wound care center o - Confirmation that to the hospital on 5/2 submitted a Level II regarding client #1's - Had not realized	eatment to include acking" of the wound t #1 had been admitted to the te had begun to refuse to eat the had hospitalized as of 5/7/25 the visit to a hospitalized ent on 3/13/25 and a visit to a the had been admitted 2/25; however, she had not incident report to IRIS	V 367			

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Please complete <u>all</u> requested informa Correction fo NC Division of Health and Hun 2718 Mail Servic Raleigh, NC 276	rm to: nan Service Regulation se Center		Partners	
Provider Name: Provider Contact	Friendly People That Care 1 1660 REYNOLDS FOREST DRIVE WINSTON SALEM, NC 27107	MHL# 034-311	Phone:	
Person for follow-up:			Fax:	
			Email:	
Address:	465 Shepherd Street, Winston-Saler	m, NC 27103		
Finding V366	Corrective Action	Steps	Responsible Party	Time Line
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	system of checks and balances to en Response Requirements for categor followed. TO PREVENT THE PROBLEM—FPTC staff are reminded to implement the to and report any and all incidents witimeframes and will complete IRIS reproper timeframes as listed in the Fiprocedures manual and per the 10A WHO WILL MONITOR—FPTC's House Professional and the Qualified Profest HOW OFTEN—FPTC House Manager throughout the month, the AP's will monthly and the QP will monitor at I	has ensured that all eir policies to respond within the specified eports within the PTC policies and NCAC 27G.0603 Rule. Se Managers, Associate ssional.	FPTC House Managers Associate Professionals Director, QP	Implementation Date: 6/1/2025 Projected Completion Date: Ongoing

Finding	Corrective Action Steps	Responsible Party	Time Line
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			1
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)			1
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			UM POC 2017

Finding	Corrective Action Steps	Responsible Party	Time Line
the activities as follows: (A) review the		responsible rarry	Time Line
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, (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			
ncident, and shall make			
recommendations for minimizing the			
occurrence of future incidents. If all			
documents needed for the report are not			
evailable within three months of the			
ncident, the LME may give the provider			
an extension of up to three months to			
submit the final report; and (3)			
mmediately notifying the following: (A)			
he LME responsible for the catchment			
rea where the services are provided			
oursuant to Rule .0604; (B) the LME			
where the client resides, if different; (C)			
he provider agency with responsibility			
For maintaining and updating the client's			
or maintaining and updating the chent's			

Finding	Corrective Action Steps	Responsible Party	Time Line
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.			
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. (b) Category A and B providers shall explain	TO CORRECT THE DEFICIENCY—FPTC has implemented a system of checks and balances to ensure that Incident Reporting Requirements for category A AND B Providers is followed. TO PREVENT THE PROBLEM—FPTC has ensured that all staff are reminded to respond to and report any and all incidents within the specified timeframes and will complete IRIS reports within the proper timeframes inclusive of submitting Level II/III incidents report to the Local Management Entity/Managed Care Organizations (LME/MCOs) within 72 hours of becoming aware as required and listed in the FPTC policies and procedures manual and per the 10A NCAC 27G.0604 Rule. WHO WILL MONITOR—FPTC's House Managers, Associate Professional and the Qualified Professional. HOW OFTEN— FPTC House Manager will monitor throughout the month, the AP's will monitor at least monthly and the QP will monitor at least quarterly.	Associate Professionals Director, QP	Implementation Date: 6/1/2025 Projected Completion Date: Ongoing

Finding	Corrective Action Steps	Responsible Party	Time a Line
any missing or incomplete information.	- Control of the position of t	nesponsible Party	Time Line
The provider shall submit an updated			
report to all required report recipients by			
he end of the next business day			
whenever: (1) the provider has reason to			
pelieve that information provided in the			
report may be erroneous, misleading or			
otherwise unreliable; or (2) the provider			
obtains information required on the			
ncident form that was previously			
nnavailable. (c) Category A and B			
providers shall submit, upon request by			
he LME, other information obtained			
regarding the incident, including: (1)			
nospital records including confidential			
nformation; (2) reports by other			
authorities; and (3) the provider's			
esponse to the incident. (d) Category A			
and B providers shall send a copy of all			
evel III incident reports to the Division of			
Mental Health, Developmental			
Disabilities and Substance Abuse Services		1	
vithin 72 hours of becoming aware of the			
ncident. Category A providers shall send			
copy of all level III incidents involving			
client death to the Division of Health			
ervice Regulation within 72 hours of			
ecoming aware of the incident. In cases			
f client death within seven days of use of			
eclusion or restraint, the provider shall			
eport the death immediately, as required			
y 10A NCAC 26C .0300 and 10A			
ICAC 27E .0104(e)(18). (e) Category A			
nd B providers shall send a report			
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atchment area where services are			

Finding	Corrective Action Steps	Responsible Party	Time Line
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; (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.	Corrective Action Steps	Responsible Faity	

Finding	Corrective Action Steps	Decrease that Decre	Control of the second second
<u> </u>	Corrective Action Steps	Responsible Party	Time Line