

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-678</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____ <b>DHSR-Mental Health</b>	(X3) DATE SURVEY COMPLETED  <b>04/17/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE BRUSON GROUP /NEW BEGINNINGS HE/</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4513 FOX ROAD RALEIGH, NC 27616</b>	<b>MAY 11 2018</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	V513	27E0104 Client Section Rights-Least Restrictive Alternative	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  A complaint survey was completed on April 17, 2018. The complaint was substantiated (Intake #NC000136979). A Deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Level II for Adolescents.	V 000	Measures put in place to <b>correct</b> the deficient area of practice	Upon learning of the deficiency, our agency placed the below preventative measures in place to correct the deficiency. Our agency took immediate action to ensure the quality of all homes.	
V 179	27G .1301 Residential Tx - Scope  10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.	V 179	and how we identified other areas of the facility having the potential to be affected by the same deficient practice and what corrective actions will be taken	We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. We immediately educated all of our staff with the agencies updated policies and procedure addendums/audit findings. The agency discussed best practice and their attempt to ensure the complete safety of all clients' coordination of care.	5-11-2018

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

*Gonia Ward* 5/10/2018

TBGI is currently researching if the agency can't include this measure as a part of their policies and procedures/rights restrictions and reasons for termination of services when a client refuses to participate in

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V 179	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to coordinate with other agencies within one of three audited client's (#1) system of care. The finding is:</p> <p>Review on 03/27/18 of client #1's record revealed: -Admission Date: 06/24/17 moved to Level 2 placement by same agency -Age: 15 -Diagnosis: Depressive Disorder -January-March 2018 MARs (Medication Administration Record) listed Lantus and Metformin for Diabetes</p> <p>Review on 04/02/18 of client #1's medical records from Former Endocrinologist (specializes in issues related to hormone system) office revealed: -Had been a client since October 2016. At time of her initial visit, client had been admitted to group home and staff assisted with diabetes care. -Termination of Endocrinology services 03/06/18</p> <p>I. The following are examples the facility failed to coordinate services between the Former Endocrinologist and the group home.</p> <p>Review on 04/02/18 of client #1's medical records from her Former Endocrinologist's office</p>	V 179	<p>management; as when a client refuses it's a violation of their individual rights to force them to participate. As discussed with the auditor, the agency feels that collaboration of care was provided; we also discussed (not noted in report) the ongoing conflict with the Endocrinologist office in reference to the client's sugar levels not being recorded accurately. Of course this documentation is not reflected in the clients Endocrinologist chart. There was a conflict with her levels not being correct due to the schools records not being considered (the meter used there) when the residential staff took the client to her appointment. Even though the meter may have not been present, we took her counting sheet(asked to be filled out daily by the clients Endocrinologist) that is used daily which is the same thing documenting her levels.</p> <p>DHSR has decided to go with the opinions/limited(no conversation were documented of the Director speaking with</p>

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V 179	<p>Continued From page 2</p> <p>revealed:</p> <p>-Communications between October 2017-March 2018 reflected conversations with the Program Manager and/or Director regarding client #1 no shows and blood sugar logs (BSL) need to be reviewed by either the Endocrinologist or the school nurse due to hypoglycemia (10/27/17 and 11/16/17)</p> <p>A. Attendance for medical appointments.</p> <p>Review on 03/28/18 of client #1's treatment plan dated 06/17/17 listed goal 2: Anger Management (compliant with medication management appointments- group home will monitor outpatient services such as therapy and medication management for effectiveness, efficacy and compliance)</p> <p>Review on 04/13/18 of information provided by the Director revealed:</p> <p>-Letter dated 04/27/17: "Your child [client #1] was scheduled for an appointment with [Former Endocrinologist's office] on 04/06/17 at 10:30 am, but the appointment was missed. This is the second appointment [client #1] has missed first missed appointment was 10/24/16 at 11:00 am. Our policy states that you must give us AT LEAST 24 hours's notice if you are not able to keep your scheduled appointment. This allows us to best serve our patients by giving us adequate time to fill the appointment and see another child. If you call less than 24 hours prior or fail to attend your scheduled appointment, you will be counted as a no show for the day. After 3 no shows within a rolling calendar year, the record will be reviewed by the supervisor for possible discharge from the practice. please understand that these appointments are very valuable and hard to obtain..."</p>	V 179	<p>leads concerning the conflict, no signed signature of proof/ receipt of any priority mailed) documentation of the Endocrinologist. The agency asked the school personnel directly and provided documentation stating that great communication has been and is currently going on and it was irrelevant if the group home had changed the clients Endocrinologist, as the first available appointment isn't until June and no MD will be established until the client is seen by the new person. The school personnel also stated that legally they would have to go off of the client's old Endocrinologist information. The client was seen by UNCH Children's Endocrinology Raleigh on 4/27/18 and Rolesville High School was notified on 4/27/18(Ms. Gray Pearce) by faxed information and email. Our agency placed the below preventative measures in place. We have obtained services of a calendar opt where all management can view, add</p>	

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V 179	<p>Continued From page 3</p> <p>Review on 04/02/18 of client #1's medical records from client #1's Former Endocrinologist's office revealed:</p> <ul style="list-style-type: none"> <li>-Letter dated 03/08/18 addressed to the location of the group home with attention to parent or legal guardian: "Our policy states that you must give us AT LEAST 24 hours's notice if you are not able to keep your scheduled appointment. This allows us to best serve our patients by giving us adequate time to fill the appointment and see another child. If you call less than 24 hours prior or fail to attend your scheduled appointment, you will be counted as a no show for the day. After 3 no shows within a rolling calendar year, the record will be reviewed by the supervisor for possible discharge from the practice. Due to at least 3 consecutive NO Show appointments (Wednesday 04/26/17 at 10:30a, Tuesday 05/09/17 at 9:30a, Thursday 08/10/17 at 3:00p, Monday 02/12/18 at 9:00a, and Tuesday 03/06/18 at 9:30a), we regret to inform you that it is necessary to discharge your child..."</li> </ul> <p>During interview on 04/10/18, client #1's Current Endocrinologist's office revealed:</p> <ul style="list-style-type: none"> <li>-Referral received on 03/07/18 for services from the Primary Care Physician.</li> <li>-First available appointment scheduled July 7, 2018</li> <li>-As she had not been seen by this office, any changes or concerns prior to the initial appointment should be addressed with Former Endocrinologist or Primary Care Physician. This office would not make any changes in medication or recommendations prior to assessing and physically seeing a client.</li> </ul> <p>During interview on 04/11/18, Director reported:</p> <ul style="list-style-type: none"> <li>-She did not receive letter of discharge from</li> </ul>	V 179		<p>, etc as to be on the same page with clients appointments, we have signed up for patient portal and our agency will supply the school with the login/password to also have access once the patients records have been fully documented at her new Endocrinologist office. This way the residential placement will have access to see what the clients Endocrinologist is documenting and have the ability to do the same if false documentation or omitted provided documentation isn't included. Our agency will continue to utilize the Client Appointment tracker/ follow up and print out the clients results from her visits and email to the school to be on one accord after her visits are completed.</p>
				<p>Measures put in place to <b>prevent</b> the problem from occurring again</p> <p>Upon learning of the deficiency, our agency placed the below preventative measures in place. Our agency placed the below preventative measures in place. We have obtained services of a calendar opt where all management can view, add comments/appointments etc as to be on the</p>

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V 179	<p>Continued From page 4</p> <p>the Former Endocrinologist's office...she did speak with Former Endocrinologist's office and offered to pay for the no shows, but the office had made up their minds to discharge client #1...she also tried to educate the office on mental health clients and challenges regarding getting them to appointments as well as a client's right to refuse.</p> <p>-During the interim, should a medical need arise, client #1 would be taken to the emergency room</p> <p>B. Glucometer to medical appointments.</p> <p>Review on 04/02/18 of client #1's medical records from the Former Endocrinologist's office revealed:</p> <p>-Between November 2017-March 2018, client seen in office once</p> <p>-11/10/17 office visit-client currently on Metformin 500 mg twice a day with meals and Lantus and correction insulin..."she has a habit of not bringing in her meters to appointments. Her caretakers have been told multiple times that meters must be brought to all appointments and have been asked to note this in her file at the group home. She presents today once again without her meter."</p> <p>During interview on 04/11/18, the Director reported:</p> <p>-Her agency did coordinate services with the Former Endocrinologist...she expressed concerns regarding the validity of the Former Endocrinologist's documentation regarding communication with the group home regarding the no shows as well as the issues regarding the glucometer.</p> <p>-In regards to the documentation and communication for no shows, she compared the agency's documentation with that provided by the</p>	V 179	<p>same page with clients appointments, we have signed up for patient portal and our agency will supply the school with the login/password to also have access once the patients records have been fully documented at her new Endocrinologist office. This way the residential placement will have access to see what the clients Endocrinologist is documenting and have the ability to do the same if false documentation or omitted provided documentation isn't included. Our agency will continue to utilize the Client Appointment tracker/ follow up and print out the clients results from her visits and email to the school to be on one accord after her visits are completed.</p>
			<p><b>Who will monitor the situation to ensure it will not occur again</b></p> <p>The Executive Director, Director, Quality Management/Quality Improvement Director, Residential Mangers or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again.</p>
			<p><b>How often</b></p> <p>Our agency will monitor</p>

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V 179	<p>Continued From page 5</p> <p>Former Endocrinologist. Contact was made to reschedule the appointment or the client refused to go or the client had a behavior maybe the day before that lingered over to the next day. The client could not be transported when she had a behavior. Client #1 even signed a note that she refused to go on 03/08/18 to the appointment. For the dates, she had incident reports to reflect occurrences the day before.</p> <p>-In regards to the the glucometer or blood sugar (BS) readings not taken to the appointments, staff did take the meter or the logs and provided when asked by the Former Endocrinologist. She even went with client to an appointment, so she knew that information was there. Client #1 had several glucometers (one at school, one for outings and one at the home) so the reading from one glucometer would not be accurate. When asked by the Former Endocrinologist for BSL, the group home staff dropped them off at the office.</p> <p>II. The following is an example the facility failed to assure Qualified Professionals (Nurse) at client #1's school was aware of the changes regarding the Endocrinologist.</p> <p>Review on 04/02/18 of client #1's record maintained by the Former Endocrinologist's office revealed the following communication notes with the school:</p> <p>-11/16/17: office received call from the school regarding episodes of consistent hypoglycemia (low blood sugar level). At time client received 25 units of Lantus with no meal coverage and 200 mg Metformin. School completed 3-4 blood sugars daily as client "having hypoglycemia. Morning BSL 50-60. Today BSL 64-86." Target BSL should be 90-100. "Spoke with Program Manager at group home and staff in charge of</p>	V 179	<p>monitoring will take place</p> <p>Dates the corrective action will be completed</p> <p>after each Endocrinologist Appointment to ensure compliance.</p> <p>The corrective action was completed on 4/27/18 and the portal will be set up by 5/11/18.</p>	
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V 179	Continued From page 6 medications who stated BS were within target and denied any knowledge of hypoglycemia. Staff in charge of medication was asked to bring in November BS logs tomorrow (11/17/17)." -11/21/17: BS logs from school and BS log from group home reviewed. "Review of the glucose log indicates hypoglycemia with most and frequently at school. Reviewed with [physician] who advised decreasing Lantus to 20 units...Plan: Send in BS logs on 11/27/17- Spoke with staff in charge of medication at group home. He was not able to come and pick up the paperwork regarding decrease in Lantus dose..would pick up 11/30/17. Advised to bring BS logs from past week to review and he agreed. -12/04/17: reviewed BS logs...all BSL within target (75-95) with two episodes of hypoglycemia...currently on 20 units Lantus and 1000 mg Metformin daily...plan to decrease Lantus to 10 units.  Review on 04/09/18 of the BSL documented by the school nurse between January-April 2018 revealed the occurrences of *hypoglycemia (under 70) which included but not limited to the following:  DATE      TIME      BS -01/02/18    11:20 A    64 -    "      11:45 A    66 -01/09/18    8:35 A     68 -01/10/18    12:57 P    63 -    "      1:12 P     67 -01/11/18    10:31 A    63 -    "      10:44 A    68 -02/05/18    10:05 A    69 -02/06/18    9:53 A     64 -02/07/18    10:00 A    66 -02/20/18    10:35 A    58 -02/22/18    10:33 A    65	V 179	"1. What immediate action will the facility take to ensure the safety of the consumers in your care? Upon the client being seen and being assigned a MD (Medical Doctor) at the new Endronologist office, The Director shall notify the school of the name, number, location and the appt date. The facility will continue to educate the client on the importance of keeping her appointments and bringing her log information from the group home, school. The facility will explain the school the importance of communicating any urgent info to all parties by email to avoid descreptienes in lack of communication. The facility will obtain a check off list of all expectations from the Endocrinologist to provide best practice and to avoid non-compliance. The facility will create a list of required items and require signatures by staff/mgt at each appt and document on one form why she refused to go to a pre scheduled appt. The facility will explain to the New Endicogist the clients mental health dignos & her past refusals to actively participate in her treatment.  2. Describe your plans to make sure the above happens. The facility will notify the school upon the client new MDs name, contact #, etc. The Director, Medication Mgr (Manager) will monitor to ensure this is done on a monthly basis or as needed when the client provider changes."  The facility admitted client #1 who required specialized services for Diabetes through an Endocrinologist. The group home received prior notification of the Former Endocrinologist's "no show policy" including dates of client #1's missed appointments. Notes by the Former Endocrinologist indicated neither client nor group home staff always brought her blood sugar	
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V 179	<p>Continued From page 7</p> <p>-03/09/18 10:25 A 63 -03/23/18 9:43 A 61 -03/26/18 10:33 A 67 -03/28/18 10:30 A 62 -03/29/18 10:29 A 68</p> <p>*Note: snack or juice provided as intervention for hypoglycemia</p> <p>Review on 03/28/18 of client #1's treatment plan initiated 06/19/17 and last updated 03/20/18 revealed:</p> <p>-01/19/18- team meeting notes: client struggles with diabetes management in the school setting. "School continues to call group home regarding her blood sugar levels." -02/16/18- team meeting notes: Doctor was able to work with school in order to keep her diabetes managed this reporting period with fewer incidents of sugar level dropping. Communication with doctor and school as the group home will continue in order to ensure her diabetes was managed. -03/20/18-team meeting notes: No discussion regarding Diabetes except "Group home is working with social worker to get her transitioned to [Current Endocrinologist] for her diabetes appointment."</p> <p>During interview on 04/09/18, client #1's school nurse reported: -BS checked before lunch at 10:40A &amp; 1:50P right before dismissal...Target BS level between 70-100... -Not aware how often client seen by the doctor...expressed concern if doctor was not aware of her BS numbers in the morning and throughout her day at school..the numbers never close to 100 without a snack....Mostly in the AM, she received a snack and then rechecked.... BS</p>	V 179		



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V 179	<p>Continued From page 8</p> <p>would mainly be right above 70 but she would be sluggish, etc...at 1:50p, if BS less than 100, client given snack and sent on the bus per protocol.</p> <p>-The group home staff had not shared issue regarding new physician....client #1 reported she had a new Endocrinologist...not sure if physicians orders on file at the school were valid or had been changed...not sure if she had been seen.</p> <p>During interview on 04/11/18 and 04/13/18, the Director reported:</p> <p>-She felt the group home coordinated services with the school and informed the school of things with client #1. Management Level Staff (Supervisors and the Qualified Professional) also communicated with the school. She would search for verification of these contacts.</p> <p>-Her agency did not inform the school of the change in Endocrinologist for client #1.</p> <p>*Note: On 03/28/18 and 04/12/18, the Director provided additional documentation for Division of Health Service Regulation to review which included but not limited to incident reports of behaviors around the dates of the missed doctor appointment, note written by client (not dated) stating she refused to attend doctor appointment, medical records, her follow up of appointments with receptionist at the Former Endocrinologist's office, email from the assistant principal at the school, list of BS from the school and responses from independent interviews she had conducted. These items were reviewed and considered as part of the survey process in an effort to determine compliance versus non compliance.</p> <p>Review on 04/11/18 of the facility's plan of protection dated 04/11/18 submitted by the Director revealed the following:</p>	V 179		

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V 179	<p>Continued From page 9</p> <p>"1. What immediate action will the facility take to ensure the safety of the consumers in your care? Upon the client being seen and being assigned a MD (Medical Doctor) at the new Endronologist office, The Director shall notify the school of the name, number, location and the appt date. The facility will continue to educate the client on the importance of keeping her appointments and bringing her log information from the group home, school. The facility will explain the school the importance of communicating any urgent info to all parties by email to avoid descryptienes in lack of communication. The facilitlity will obtain a check off list of all expectations from the Endocrinologist to provide best practice and to avoid non-compliance. The facility will create a list of required items and require signatures by staff/mgt at each appt and document on one form why she refused to go to a pre scheduled appt. The facility will explain to the New Endicogist the clients mental health dignos &amp; her past refusals to actively participate in her treatment.</p> <p>2. Describe your plans to make sure the above happens. The facility will notify the school upon the client new MDs name, contact #, etc. The Director, Medication Mgr (Manager) will monitor to ensure this is done on a monthly basis or as needed when the client provider changes."</p> <p>The facility admitted client #1 who required specialized services for Diabetes through an Endocrinologist. The group home received prior notification of the Former Endocrinologist's "no show policy" including dates of client #1's missed appointments. Notes by the Former Endocrinologist indicated neither client nor group home staff always brought her blood sugar</p>	V 179		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-678</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/17/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE BRUSON GROUP /NEW BEGINNINGS HE/</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4513 FOX ROAD</b> <b>RALEIGH, NC 27616</b>
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(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 179	Continued From page 10  readings to the appointments. This lack of coordination would impact the course of treatment for the client regarding strategies inclusive of medication. Because of the no shows, the client #1 was terminated from the Former Endocrinologist practice. She will not be seen by her Current Endocrinologist until July 2018. The group home did not notify the school of the transition from the Former Endocrinologist to the Current Endocrinologist. Previously, the school had contacted the Former Endocrinologist for hypoglycemic episodes and concerns regarding medication. Blood Sugar data from the school, indicated ongoing hypoglycemic occurrences an average of 4 times per month. The lack of communication regarding the Endocrinologist would impact the continuity of care which would be detrimental to the health, safety and welfare of client #1 in case of emergency as the school would not have accurate information. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 179		