

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL083-031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HAVEN OF WAGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21701 BUNDY STREET WAGRAM, NC 28396</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 05/15/18. The complaint was unsubstantiated (intake #NC00138733). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents and 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interview, the facility failed to administer medications as ordered by the physician affecting 1 of 2 current clients (client #3) audited. The findings are:</p> <p>Review on 5/15/18 of client #3's record revealed: -14 year old female admitted 4/13/18 -Diagnoses included attention deficit hyperactive disorder, major depressive disorder, post traumatic stress disorder, and borderline intellectual disorder. -Orders dated 4/20/18 and 5/4/18 for Aripiprazole 10 mg every night. (Antipsychotic)</p> <p>Review on 5/15/18 of client #3's April 2018 MAR revealed: -Aripiprazole was not documented as administered between 4/20/18 - 4/23/18.</p> <p>Observations on 5/15/18 at 11:37 am of client #3's medications on hand revealed the Aripiprazole 10 mg on hand had been filled on 4/24/18.</p> <p>Interview on 5/15/18 client #3 stated: -She took medications but could not remember what she takes -She had not had any issues with getting her medications.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Interview on 5/15/18 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-The facility did not require medication orders when clients were admitted.</li> <li>-Staff administered medications brought with newly admitted clients following the medication label instructions.</li> <li>-When client #3 was admitted she brought her Aripiprazole. She brought 7 10mg tablets.</li> <li>-They could not get the medication refilled before her appointment with the facility physician the following Friday. (The following Friday would have been 4/20/18.)</li> <li>-Her Aripiprazole was not administered 4/20/18 - 4/23/18 because the facility did not have any medications on hand.</li> <li>-The new prescription was filled 4/24/18.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including</p>	V 300		

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V 300	<p>Continued From page 3</p> <p>the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide advance written notification of a clients discharge to the treatment team and the legally responsible person, and failed to meet with the child and family team to make service planning decisions, affecting 1 of 2 former clients (FC) audited (FC#5). The findings are:</p> <p>Review on 5/14/18 and 5/15/18 of FC#5's record revealed: -17 year old female admitted 2/15/17 and discharged 3/24/18. -Diagnoses included attention deficit hyperactive disorder (ADHD), oppositional defiant disorder</p>	V 300		

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V 300	<p>Continued From page 4</p> <p>(ODD), post traumatic stress disorder (PTSD), borderline intellectual functioning, adjustment disorder with mixed anxiety and depressed mood.</p> <p>Review on 5/15/18 of FC#5's final treatment team meeting on 2/1/18 revealed: -Mother/guardian was in attendance. -Discharge/Transition Plan documented expected discharge date to be 6/1/18. -Explanation of transition plan read, "transition to home once goals are completed at Level III facility. Continue aftercare to ensure client is stable taking medication."</p> <p>Review on 5/15/18 of the Associate Professional's notes dated 3/22/18, 3/19/18, 3/16/18, 3/10/16, 3/1/18 included no documentation of discharge plans.</p> <p>Review on 5/15/18 of the Qualified Professional's (QP's) notes dated between 2/23/18 and 3/14/18 did not include any documentation of a revised plan for discharge or transfer.</p> <p>Review on 5/15/18 of FC#5's Discharge Summary dated 3/24/18 revealed: -"Client regressed due environment. CFT (child family team) recommended higher of care due to regression in behavior. Placement found at [facility]. -Condition at discharge, "Unimproved. Client regressed in home, community and facility." -Referrals, "none." -Summary signed by QP and physician.</p> <p>Interview on 5/14/15 the Group Home Manager stated: -She was not sure if FC#5's discharge was a planned or unplanned -She was told the day FC#5 was discharged that</p>	V 300		

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V 300	<p>Continued From page 5</p> <p>she was going home. She was not aware until that day the client was being discharged.</p> <p>-She transported FC#5 to her mother's home.</p> <p>-The client was upset because she was supposed to go to another place and said it would be harder to go home first, then to the other place. She was not sure if the other place was a higher level of care.</p> <p>-"I just did what I was told." She was told to take FC#5 home by the QP.</p> <p>-Typically when a child is planned to be discharged, as part of her role, she informs the school that the client would be discharged. With FC#5 she did not realize she was being discharged, she did inform the school until the following week.</p> <p>Interviews on 5/14/15 and 5/15/18 the QP stated:</p> <p>-On 5/14/18 the QP stated the facility would send a written notice and a formal letter of why clients were being discharged.</p> <p>-There was not another CFT after the meeting 2/1/18 to discuss changes in the discharge plan.</p> <p>-The client should be following up with another provider for medication management. She did not know if this had happened. There were no other referrals made at discharge.</p> <p>-The QP stated the mother did not have a telephone. The facility had to visit the home to communicate with the mother.</p> <p>Unable to interview FC#5 or FC#5's mother 5/15/18 because the facility had no telephone numbers for contact.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 300		

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V 366	Continued From page 6	V 366		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) attending to the health and safety needs of individuals involved in the incident;</li> <li>(2) determining the cause of the incident;</li> <li>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</li> <li>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</li> <li>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</li> <li>(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</li> <li>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</li> </ol> <p>(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.</p> <p>(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</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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 incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not</p>	V 366		



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V 366	<p>Continued From page 8</p> <p>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 reviews and interviews the facility failed to document their response to level I and II incidents. The findings are:</p> <p>See tag 367 for specifics.</p> <p>During interview on 05/14/18 the Qualified Professional (QP) stated: -All staff were trained to complete incident reports. - She was aware reports were to be completed for level I and II incidents.</p>	V 366		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously</li> </ol>	V 367		

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V 367	<p>Continued From page 10</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <p>(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).</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</li> </ol>	V 367		

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V 367	<p>Continued From page 11</p> <p>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 reviews and interviews the facility failed to ensure incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 04/09/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old female.</li> <li>- Admission date of 02/19/18.</li> <li>- Diagnoses of Bipolar Disorder, Oppositional Defiant Disorder, Cannabis Dependence and Pelvic Inflammatory Disease.</li> <li>- PCP dated 02/08/18 revealed, impulsive behaviors, verbal and physical aggression, bullying, legal involvement with juvenile probation, need to monitor the use of internet/communication devices and to not leave assigned areas without permission.</li> </ul> <p>Review on 05/14/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports had been generated for client #4's elopement and subsequent police involvement from 02/2018 through 05/14/2018.</p> <p>Review on 05/15/18 of local emergency services/CAD (computer-aided dispatch) log/arrest report revealed:</p> <ul style="list-style-type: none"> <li>-04/13/18 "[client #4] putting holes in wall; she is a resident of the group home.</li> <li>-04/14/18 client #4 at the "group home" "hit two members" "assault," police and EMS (emergency</li> </ul>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL083-031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HAVEN OF WAGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21701 BUNDY STREET WAGRAM, NC 28396</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 367	<p>Continued From page 12</p> <p>management services) were dispatched to the group home.</p> <p>-04/15/18 police serving papers/assault "[client #4] needs to be picked up."</p> <p>- 05/02/18 client #4 "suidal threats, shirt tied around her neck lying on the ground."</p> <p>Review on 05/14/18 and 05/15/18 of residential staff notes revealed:</p> <p>- Client #4 not in home 04/07/18 through 04/12/18; (while on home visit with foster family and client #4's biological infant, client #4 went AWOL (absent without leave) with infant and AMBER alert (child abduction emergency) was initiated).</p> <p>During interview on 05/14/18 the Qualified Professional (QP) stated:</p> <p>- The facility had not submitted Level II incidents reports as required.</p> <p>- The facility had not submitted quarterly reports to the LME due to a reported waiver.</p> <p>- The QP was unable to provide documentation of the quarterly report waiver.</p>	V 367		