

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 06/01/2018

NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 000

INITIAL COMMENTS

V 000

Revised

RECEIVED
By MH Lic & Cert Section at 11:01 am, Jul 02, 2018

A complaint survey was completed on 6/1/18. The complaints were substantiated (Intake NC# 00138483 and 00139274). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.

Previous Survey: Exit 4/18/18
Citations and Administrative Actions:
10A NCAC 27E .0102 Prohibited Procedures (V514) - Type A1
10A NCAC 27g .0201 Governing Body Policies (V105), 10A NCAC 27G .0202 Personnel Requirements (V107, 108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), General Statute 131E-256 Health Care Personnel Registry (V131), General Statute 122C -80 Criminal History Record Check Required for Certain Applicants for Employment (V133), 10A NCAC 27G .1902 Staff (V315), General Statute 122C-62 Additional Rights in a 24-Hour Facility (V364), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536), and 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time Out (V537) cross referenced to 10A NCAC 27G .1901 Scope (V314) - Type B

Suspension of Admissions and Intent to Revoke

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Alfred Owens

TITLE
CEO

(X6) DATE
6-29-18

Division of Health Service Regulation

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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 6/1/18. The complaints were substantiated (Intake NC# 00138483 and 00139274). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>Previous Survey: Exit 4/18/18 Citations and Administrative Actions: 10A NCAC 27E .0102 Prohibited Procedures (V514) - Type A1 10A NCAC 27g .0201 Governing Body Policies (V105), 10A NCAC 27G .0202 Personnel Requirements (V107, 108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), General Statute 131E-256 Health Care Personnel Registry (V131), General Statute 122C -80 Criminal History Record Check Required for Certain Applicants for Employment (V133), 10A NCAC 27G .1902 Staff (V315), General Statute 122C-62 Additional Rights in a 24-Hour Facility (V364), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536), and 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time Out (V537) cross referenced to 10A NCAC 27G .1901 Scope (V314) - Type B</p> <p>Suspension of Admissions and Intent to Revoke</p>	V 000	Revised	
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V 000	Continued From page 1 the License was issued as a result of the 4/18/18 survey. Summary Suspension of License to Operate was issued on 6/1/18.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108	Anderson Health Services continues to ensure trainings are provided to meet the needs of the clients as specified in the treatment plan. Staff #14, Staff #15, Marketing (former volunteer), and Registered Nurse #13 have completed their training, and the completion has been documented. Anderson Health Services has developed an Individualized Training Plan to ensure each staff member meets federal, state and MCO training requirements. Anderson Health Services will ensure staff will complete all required training programs with appropriate documentation (certificates) placed in the employee's files for review. Training includes BBP, CPR/ 1 st Aide, Crisis Management, CBT, MI, documentation writing, client rights, HIPPA, cultural competency, and trauma informed care. A Staff Training & Development Coordinator position has been created and filled to provide	5/30/18

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V 108	<p>Continued From page 2</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide training to meet the needs of the clients as specified in the treatment plan affecting 4 of 7 audited staff (Staff #14, Staff #15, Operations Manager (Former Volunteer), and Registered Nurse #13). The findings are:</p> <p>Review on 5/17/18 and 5/22/18 of Client #1's record revealed: -History of self-injurious behaviors, suicidal/homicidal ideation, victim of neglect and abuse, multiple inpatient behavioral health hospitalizations, attempted overdose, chronic suicidal ideation upon mention of residential treatment placement.</p> <p>Review on 5/17/18 and 5/22/18 of Client #2's record revealed: -History of superficial scratching of arms, face, neck and picking at lesions and cutting body, victim of physical, sexual and emotional abuse, adoptive father sexually abuse her resulting in a pregnancy, inpatient behavioral health hospitalizations.</p> <p>Review on 5/17/18 and 5/22/18 of Client #3's record revealed: -History of bulimic episodes, inpatient behavioral health hospitalizations, "abused" by father,</p>	V 108	<p>educational training and in-service within Anderson Health Services. The Staff Training & Development Coordinator will work with Human Resources to ensure compliance monthly. QA/QI will monitor for compliance monthly.</p> <p>Responsible Persons: Staff Training & Development Coordinator</p> <p>Areas with associated responsibilities: Human Resources QA/QI Department Qualified Professional Clinical Director and/or Qualified Designee</p>	

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V 108	Continued From page 3 sexually assaulted. Review on 5/17/18 and 5/22/18 of Client #4's record revealed: -History of drug and alcohol abuse, verbally and physically aggressive, running away from residential placements and returning under the influence of drugs/alcohol, "patient recently took 13 Xanax in 24 hours with the goal of getting high to forget everything ...patient is at risk for future victimization including sex trafficking." Review on 5/17/18 and 5/22/18 of Client #5's record revealed: -History of verbal aggression, authority defiance, breaking rules, auditory and visual hallucinations, self-harm, thoughts and plans of suicide. Review on 5/17/18 and 5/22/18 of Client #6's record revealed: - History of 6 inpatient behavioral health hospitalizations in one year, combative and defiant to anyone who presents authority, cutting self, setting self on fire, making false accusations of drinking poisonous liquids for attention. Review on 5/17/18 and 5/22/18 of Client #7's record revealed: -History of suicidal and homicidal ideation, running away, multiple inpatient behavioral health hospitalizations. Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -History of running away, physical assault, threats	V 108			

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V 108	<p>Continued From page 4</p> <p>of suicide, multiple inpatient behavioral health hospitalizations.</p> <p>Review on 5/17/18 and 5/22/18 of Client #9's record revealed: -History of self-harm through cutting, auditory hallucinations, property destruction, physical assault, multiple inpatient behavioral health hospitalizations.</p> <p>Review on 5/22/18 of Staff #14's record revealed: -Hire date of 8/7/17; -Employed as Residence Counselor; -No documentation of training on client-specific needs; -No documentation of training on client treatment plans.</p> <p>Review on 5/22/18 of Staff #15's record revealed: -Hire date of 2/15/18; -Employed as Residence Counselor; -No documentation of training on client-specific needs; -No documentation of training on client treatment plans.</p> <p>Review on 5/22/18 of Operations Manager's (Formerly Volunteer) record revealed: -Start date of 9/22/17; -No documentation of training on client-specific needs; -No documentation of training on client treatment plans.</p> <p>Review on 5/22/18 of the Registered Nurse #13's</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>record revealed: -Hire date of 3/15/18; -No documentation of training on client-specific needs; -No documentation of training on client treatment plans.</p> <p>Interview on 5/17/18 with the local Police Lieutenant and Police Chief revealed: -" ... (They) don't understand the process (at Anderson Health Services - Licensee) ... (staff) verbally challenge the kids (clients) ... (staff are) unaware how to talk to them (clients) ... (the) lack of rules is such a problem (at Anderson Health Services) ... We (police) are not here to take people (clients) to the hospital from a (mental health) facility ...;" -Operation Manager (Formerly Volunteer) and Licensee want to meet to discuss how to complete an involuntary commitment process.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Left the exit conference to take a telephone call; -Did not offer an explanation as to the lack of training for facility staff.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.</p>	V 108		

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V 109 V 109	Continued From page 6 27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109 V 109	Anderson Health Services will ensure qualified professionals and associate professionals are displaying the knowledge, skills and abilities required by the population being served. Anderson will ensure hired RN staff will have a minimum of two years of experience. Nurses will be trained upon employment. Anderson has hired an interim Director of Nursing and has installed an automatic self-closing device to the medication room door. Anderson Health Services has hired a new Clinical Director and Licensed Professionals. Anderson Health Services will ensure all QP and AP associates will receive clinical supervision from the clinical director and/or designee. The clinical director and/or qualified designee will meet with staff as required, and documentation of the supervision will be placed in the employee's file for review. The Staff Training & Development Coordinator will provide training for staff as required and needed, and the required documentation will be placed in the employee's file for review. QA/QI will monitor for compliance monthly.	6/25/18

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V 109	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, 5 of 5 audited qualified professionals (Licensed Therapist #10, Licensed Therapist #11/Clinical Director, Registered Nurse #13, Registered Nurse/Nurse Practitioner, and Medical Doctor/Child Psychiatrist/Medical Director) failed to demonstrate the knowledge, skills and abilities of the population served. The findings are:</p> <p>Finding #1 Review on 5/22/18 of the Licensed Therapist #10 record revealed: -Hire date of 4/23/18. -Job Description signed 4/28/18 with job responsibilities of: "Facilitates individual therapy sessions for adolescent clients ages 12 through 18 ...maintains service records ..."</p> <p>Review on 5/17/18 and 5/22/18 of Clients #1, #2, #3, #4, #5, #6, #7, #8, and #9's records for period 4/18/18 - 5/22/18 revealed: -Documentation of one therapy session completed by the Licensed Therapist #10 provided to Clients #1, #4, and #5 on 5/1/18; -Documentation of one therapy session completed by the Licensed Therapist #10 provided to Client #9 on 4/27/18 and 5/1/18; -No documentation of therapy sessions completed by the Licensed Therapist #10 for Clients #2, #3, #6, #7, and #8.</p> <p>Attempted Interview on 5/17/18 with Client #1 revealed: -Was upset and requested to speak with a</p>	V 109	<p>AHS policy requires that all staff have a written job description for all staff in accordance with the NCAC. Prior to the 1st day of employment education, licensure, experience, & criminal background are verified and the Health Care Registry is checked to confirm eligibility for employment.</p> <p>Responsible Persons: Clinical Director and Staff Training & Development Coordinator</p> <p>Areas with associated responsibilities: QA/QI Department Qualified Professional Clinical Director and/or Qualified Designee</p>	

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V 109	<p>Continued From page 8</p> <p>therapist as opposed to continuing the interview.</p> <p>Interview on 5/17/18 and 5/31/18 with Client #2 revealed: -Unsure when she last met with the Licensed Therapist #10 for therapy, but believed it was three weeks ago.</p> <p>Interview on 5/22/18 with Client #3 revealed: - Not sure how often she met with Licensed Therapist #10, but did speak with him briefly on 5/21/18 but "not a full session." The Licensed Therapist #10 only spoke with her because she was upset in class. Believed she last saw Licensed Therapist #10 for a full session during the previous week.</p> <p>Interview on 5/17/18 with Client #4 revealed: -Last spoke with Licensed Therapist #10 for approximately 25 minutes last week.</p> <p>Interview on 5/22/18 with Client #5 revealed: - "Don't know how often" she met with Licensed Therapist #10, but thought she last spoke with him on 5/18/18.</p> <p>Interview on 5/17/18 with Client #6 revealed: - Saw Licensed Therapist #10 "whenever I need to talk to him."</p> <p>Interview on 5/17/18 with Client #7 revealed: - Licensed Therapist #10 had only met with Client #7 one time - "maybe on 5/10/18."</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Interview on 5/17/18 and 5/31/18 with Client #8 revealed: -The therapists were too busy to talk with the clients; -Had not seen Licensed Therapist #10 for a few weeks.</p> <p>Interview on 5/17/18 and 5/31/18 with Client #9 revealed: -Saw the Licensed Therapist #10 weekly; -Last saw Licensed Therapist #10 on Monday or Tuesday of the week of 5/14/18; -Cannot identify how long each session lasts with Licensed Therapist #10; -Had not had therapy during the week of 5/21/18 or 5/28/18.</p> <p>Interview on 5/17/18 with the Licensed Therapist #10 revealed: -Started work at the facility on 4/23/18; -Had not had a full week at the facility due to training; -Direct supervisor was Licensed Therapist #11/Clinical Director; -Ideally planned on seeing 4 clients per day for approximately 45 minutes per session.</p> <p>Finding #2 Review on 5/22/18 of Licensed Therapist #11/Clinical Director's record revealed: -Hire date of 3/1/18; -Job description signed 3/1/18 with responsibilities of: "...Maintain a caseload, provide care management and deliver individual, family, group therapy ...complete and submit clinical documents that are accurate, timely and</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>Interview on 5/17/18 with Client #6 revealed: - Had not spoken to Licensed Therapist #11/Clinical Director "in a long time" and maybe never by herself; -Had one session of group therapy with Licensed Therapist #11/Clinical Director maybe two to three weeks ago;</p> <p>Interview on 5/17/18 with Client #7 revealed: -Licensed Therapist #11/Clinical Director had been at the facility, but Client #7 had not had therapy with Licensed Therapist #11/Clinical Director; -Client #7 had not participated in group therapy;</p> <p>Interview on 5/17/18 and 5/31/18 with Client #8 revealed: -The therapists were too busy to talk with the clients; -Spoke to Licensed Therapist #11/Clinical Director "a little after second escape (running away)" from the facility; -Met with Licensed Therapist #11/Clinical Director for a family session, but had not seen Licensed Therapist #10 for a few weeks.</p> <p>Interview on 5/17/18 and 5/31/18 with Client #9 revealed: -Had not had therapy during the week of 5/21/18 or 5/28/18.</p> <p>Finding #3 Review on 5/22/18 of the Medical Doctor/Child Psychiatrist/Medical Director record revealed: -Hire date of 3/13/18.</p>	V 109		

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V 109	Continued From page 12 Review on 5/17/18 of the facility's Incident Reports revealed: -Incident report dated 5/14/18 regarding Client #9 throwing a microwave, wrapping the microwave cord around her neck in an incident of attempted self-harm, throwing garbage, pulling furniture from the walls, and damaging flooring and molding requiring police assistance. (Client #9 was transported to the local emergency department for psychiatric evaluation.) Review on 5/22/18 of the local Emergency Department Consultation Report for Client #9 dated 5/14/18 - 5/15/18 revealed: -The emergency department physician spoke with the Medical Doctor/Child Psychiatrist/Medical Director who "...initially made clear that the patient (Client #9) would not be welcome back ..." to the facility; -The emergency department Registered Nurse spoke with the Medical Doctor/Child Psychiatrist/Medical Director who informed the emergency department Registered Nurse that "...the patient may not come back to their facility, and then hung up the phone on her ...;" -The emergency department physician contacted the Medical Doctor/Child Psychiatrist/Medical Director and "...after multiple tries was successful in speaking with him. He informed me that the patient broke things in their facility and was not welcome back. I asked if he felt she met criteria for IVC (involuntary commitment) in NC (North Carolina) and he told me 'that's my job.' I discussed that based on her current state and evaluation in the ED (emergency department) she did not seem to meet criteria for IVC, I attempted to discuss that if he felt differently he had a duty	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
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V 109	<p>Continued From page 13</p> <p>to report and file paperwork to such, to which he informed me that was not his job and it was my job to 'do the paperwork.' He refused to provide any detail aside from the property damage that would concern me for suicidal/homicidal/ acutely psychotic behaviors. I again reiterated my findings in the ED. After being hung up on multiple times I was able to discuss her treatment plan ...Spoke with [Operations Manager (Former Volunteer)] who apologized and states that [Medical Doctor/Child Psychiatrist/Medical Director] does not speak for their facility, that the patient is in their care, and they are not refusing her back to their facility...requested that if possible we help facilitate a psychiatric evaluation on a voluntary basis to determine if there are any additional therapeutic measures that can help with the patient's mood instability..."</p> <p>Finding #4 Review on 5/22/18 of the Registered Nurse #13's record revealed: -Hire date of 3/15/18; -Multistate Nursing License with expiration date of 6/30/18.</p> <p>Review on 5/17/18 of the facility's Incident Reports revealed: -Incident Report dated 4/23/18 at 8:00pm when Client #9 purposefully ingested another client's medication.</p> <p>Interview on 5/17/18 with Client #9 revealed: - Took Client #8's medication one evening in April, 2018 when Registered Nurse #13 was administering medication. Cannot identify how many pills she consumed. Cannot identify how</p>	V 109			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
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V 109	<p>Continued From page 14</p> <p>she felt after she consumed Client #8's medications.</p> <p>Interview on 5/18/18 with Registered Nurse #13 revealed: -Had administered Client #9 her evening medication and then Client #9 reached past Registered Nurse #13 grabbing Client #8's medication and Client #9 purposefully ingested Client #8's medication; -Could not stop Client #9 from purposefully ingesting Client #8's medications; -Cannot identify Client #8 or Client #9's medication regime; -Cannot identify which medications Client #9 purposefully ingested which were meant for Client #8; -Contacted the Medical Doctor/Child Psychiatrist/Medical Director and was advised to monitor Client #9's vital signs throughout the night and to hold all of Client #9's medication for 24 hours.</p> <p>Despite multiple requests for information on 5/17/18, 5/22/18, 5/31/18 and 6/1/18 to the Licensee regarding which medications Client #9 purposefully ingested which were meant for Client #8, no information was ever provided.</p> <p>Finding #5 Observation on 5/17/18 at approximately 9:35am of Client #9's hand and wrist revealed: -Sutures in wrist and hand; -Skin immediately surrounding area was black; -The immediate area surrounding the black skin was red.</p>	V 109			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
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V 109	<p>Continued From page 15</p> <p>Observation on 5/22/18 at approximately 9:25am of Client #9's hand and wrist revealed: -Sutures in wrist and hand; -Skin immediately surrounding the area was black.</p> <p>Observation on 5/31/18 at approximately 9:45am of Client #9's hand and wrist revealed: -Stitches removed from area; -Area appeared to have skin cut away and was oozing.</p> <p>Review on 5/22/18 of the Registered Nurse/Nurse Practitioner's record revealed: -Hire date of 5/7/17; -Licensed as a Family Nurse Practitioner; -Job Description signed 9/17/17 with responsibilities of: " ...The Nurse Practitioner will be responsible for caring for patients, maintain accurate and current patient records and scheduling and administering follow-up appointments to patients as required ..."</p> <p>Review on 5/22/18 of the local Emergency Department Consultation Report for Client #9 dated 5/9/18 revealed: -Client #9 had a "...laceration to the hand (and wrist) ...was 5-6 hours old ...follow-up for suture removal in 7-10 days ...discussed signs, symptoms that should immediately prompt return to the emergency department ..."</p> <p>Review on 5/22/18 of the local Emergency Department Consultation Report for Client #9 dated 5/15/18 revealed: -Client #9 was seen for a psychiatric evaluation in the emergency department and at that time the</p>	V 109		

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V 109	<p>Continued From page 16</p> <p>emergency department physician noted " ...she (Client #9) does have some mild cellulitis to her laceration repairshe will need very close monitoring of this and if it worsens the stitches will need to be removed ..."</p> <p>Review on 5/22/18 of Telephone Order given by Registered Nurse/Nurse Practitioner regarding Client #9 dated 5/9/18 at 8:30pm revealed: -" ...R (right) hand/wrist sutures to be removed in 7-10 days ...;" -" ...Monitor for s/s (signs and symptoms) of infection ..."</p> <p>Review on 5/22/18 of Nursing Documentation Note completed by the Registered Nurse/Nurse Practitioner dated 5/21/18 at 1:00am revealed: - Client #9 was complaining of right hand pain and was medicated with Tylenol 650mg at 1:30am; - Registered Nurse/Nurse Practitioner recorded " ...will send out in am (morning) ..."</p> <p>Review on 5/22/18 of Telephone Order given by Registered Nurse/Nurse Practitioner regarding Client #9 dated 5/21/18 at 2:15am revealed: -" ...Transfer to [local emergency department] for evaluation of right hand s/p (status post) laceration and sutures ..."</p> <p>Attempted review on 5/31/18 of documentation of suture removal for Client #9 was unsuccessful. No documentation could be located.</p> <p>Interview on 5/17/18 with Client #9 revealed: - Client #9 received cuts to her hand and wrist</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 06/01/2018
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NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 109	<p>Continued From page 17</p> <p>requiring several sutures as a result of the attempt to climb over the fence to run away from the facility on 5/9/18; -Did not receive medical attention on 5/9/18 "for several hours" after cutting her hand because staff were worried about Client #8 who had run away from the facility.</p> <p>Interview on 5/22/18 with Client #9 revealed: - Had stitches in her hand still and "was supposed to go yesterday but nobody took me - the nurse (Client #9 could not identify which nurse) said I was supposed to go yesterday;" -The Registered Nurse/Nurse Practitioner was present at the facility in the morning but did not remove her sutures or check her hand/wrist.</p> <p>Interview on 5/31/18 with Client #9 revealed: -The injury began bleeding on 5/30/18 and ointment was applied as needed and the area wrapped; -Had not been evaluated by any medical personnel outside of the facility to assess the healing process of the hand/wrist since injury.</p> <p>Attempted interviews on 5/17/18 and 5/22/18 with the Licensed Therapist #11/Clinical Director, Registered Nurse/Nurse Practitioner and the Medical Doctor/Child Psychiatrist/Medical Director were unsuccessful. On 5/17/18, the Licensed Therapist #11/Clinical Director, Registered Nurse/Nurse Practitioner and the Medical Director/Child Psychiatrist/Medical Director were off work. At 7:15pm, the Division of Health Service Regulation (DHSR) surveyors requested to have them available for interview on 5/22/18 between 9am and 12pm. The Licensee agreed</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 06/01/2018
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NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 109	<p>Continued From page 18</p> <p>to have the staff available. This request was followed up with a reminder email to the Licensee on 5/18/18 at 2:35pm. However, on 5/22/18, the Licensed Therapist #11/Clinical Director, the Registered Nurse/Nurse Practitioner, and the Medical Doctor/Child Psychiatrist/Medical Director were not available for interview as requested. The Licensee was off-site at a training and spoke with the DHSR surveyors and acknowledged receipt of the email of 5/18/18 at 2:35pm regarding the need to interview the Licensed Therapist #11/Clinical Director, Register Nurse/Nurse Practitioner and Medical Doctor/Child Psychiatrist/Medical Director. The Licensee advised DHSR surveyors through a telephone interview at approximately 11:30am that the clinical staff would be made available for interview. Attempts between 11:45am to 3:00pm to have the Quality Assurance/Quality Improvement Director coordinate the telephone calls for interviews per the Licensee's instruction were unsuccessful. By 4:00pm, no telephone calls were received by the DHSR surveyors from the Licensee, the Licensed Therapist #11/Clinical Director, the Registered Nurse/Nurse Practitioner, or the Medical Doctor/Child Psychiatrist/Medical Director.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Left the exit conference to take a telephone call; -Did not offer an explanation as to the actions of the qualified professionals.</p> <p>This deficiency constitutes a re-cited deficiency.</p>	V 109		

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V 109	Continued From page 19 This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 109			
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on interview, record review, and	V 112	This plan has been corrected. Anderson Health Services has hired a new Clinical Director and therapists. Anderson has developed new clinical programs. Consumers receiving treatment at AHS will be assessed at 30 and 90-day intervals and also prior to discharge from the facility. If an additional evaluation is clinically justified, then assessments will be completed more frequently. Anderson Health Services will ensure treatment plans strategies are developed and implemented. Anderson will ensure all treatment plans are reviewed during intake. Anderson will ensure all treatment plans are signed by the legally responsible party and filed in the client's record for review. Medical Records personnel will review client's records on a monthly or as needed basis. QA/QI will monitor for compliance monthly. Responsible Person: Clinical Director	5/30/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:		(X3) DATE SURVEY COMPLETED 06/01/2018
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V 112	<p>Continued From page 20</p> <p>observation, the facility failed to develop and implement treatment plan strategies affecting 9 of 9 clients (Clients #1, #2, #3, #4, #5, #6, #7, #8 and #9). The findings are:</p> <p>Review on 5/17/18 and 5/22/18 of Client #1's record revealed: -Admission date of 4/3/18; -15 year old female; -Diagnoses of Borderline Personality Disorder, Bipolar Disorder, Intellectual Developmental Disability - Mild, Disruptive Mood Dysregulation Disorder; -History of self-injurious behaviors, suicidal/homicidal ideation, victim of neglect and abuse, multiple inpatient behavioral health hospitalizations, attempted overdose, chronic suicidal ideation upon mention of residential treatment placement.</p> <p>Review on 5/17/18 and 5/22/18 of Client #2's record revealed: -Admission date of 2/15/18; -16 year old female; -Diagnoses of Reactive Attachment Disorder, Victim of Sexual and Physical Abuse; -History of superficial scratching of arms, face, neck and picking at lesions and cutting body, victim of physical, sexual and emotional abuse, adoptive father sexually abuse her resulting in a pregnancy, inpatient behavioral health hospitalizations.</p> <p>Review on 5/17/18 and 5/22/18 of Client #3's record revealed: -Admission date of 3/21/18; -14 year old female;</p>	V 112	<p>Areas with Associated Responsibilities: Medical Director Licensed Professionals Medical Records QA/QI Department</p>	

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V 112	<p>Continued From page 21</p> <p>-Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -History of bulimic episodes, inpatient behavioral health hospitalizations, "abused" by father, sexually assaulted.</p> <p>Review on 5/17/18 and 5/22/18 of Client #4's record revealed: -Admission date of 2/15/18; -16 year old female; -Diagnoses of Unspecified Depressive Disorder, Sedative, Hypnotic or Anxiolytic Dependence with Intoxication, Cannabis Dependence; -History of drug and alcohol abuse, verbally and physically aggressive, running away from residential placements and returning under the influence of drugs/alcohol, "patient recently took 13 Xanax in 24 hours with the goal of getting high to forget everything ...patient is at risk for future victimization including sex trafficking."</p> <p>Review on 5/17/18 and 5/22/18 of Client #5's record revealed: -Admission date of 4/5/18; -15 year old female; -Diagnoses of Autism Spectrum Disorder without Intellectual or Language Impairment, Unspecified Personality Disorder Traits; -History of verbal aggression, authority defiance, breaking rules, auditory and visual hallucinations, self-harm, thoughts and plans of suicide.</p> <p>Review on 5/17/18 and 5/22/18 of Client #6's record revealed: -Admission date of 2/22/18; -16 year old female; -Diagnoses of Recurrent Major Depressive</p>	V 112		

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V 112	<p>Continued From page 22</p> <p>Disorder, Previous Suicide Attempts, Post-Traumatic Stress Disorder, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Unspecified Trauma; - History of 6 inpatient behavioral health hospitalizations in one year, combative and defiant to anyone who presents authority, cutting self, setting self on fire, making false accusations of drinking poisonous liquids for attention.</p> <p>Review on 5/17/18 and 5/22/18 of Client #7's record revealed: -Admission date of 5/3/18; -15 year old female; -Diagnoses of Schizophreniform Disorder, Generalized Anxiety Disorder; -History of suicidal and homicidal ideation, running away, multiple inpatient behavioral health hospitalizations.</p> <p>Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -Admission date of 4/17/18; -13 year old female; -Diagnoses of Major Depressive Disorder without Psychosis, Disruptive Mood Dysregulation Disorder, Autistic Disorder, Bipolar Affective Disorder, Post-Traumatic Stress Disorder, Conduct Disorder Childhood Onset, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder; -History of running away, physical assault, threats of Suicide, multiple inpatient behavioral health hospitalizations.</p> <p>Review on 5/17/18 and 5/22/18 of Client #9's record revealed:</p>	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 06/01/2018
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V 112	<p>Continued From page 23</p> <ul style="list-style-type: none"> -Admission date of 4/12/18; -15 year old female; -Diagnoses of Post-Traumatic Stress Disorder, Other Specified Depressive Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder; -History of self-harm through cutting, auditory hallucinations, property destruction, physical assault, multiple inpatient behavioral health hospitalizations. <p>Finding #1: Review on 5/17/18 and 5/22/18 of Client #1, #2, #3, #4, #5, #6, #7, #8, and #9's record for period 4/18/18 through 5/22/18 revealed:</p> <ul style="list-style-type: none"> -Treatment plan revealed "individual therapy at a minimum of 1 hour per week as well as group therapy;" -Documentation of one therapy session on 4/27/18 completed by Licensed Therapist #10 for Client #9; -Documentation of one therapy session on 5/1/18 completed by Licensed Therapist #10 for Clients #1, #4, #5, and #9; -No documentation of therapy notes completed by Licensed Therapist #11/Clinical Director. <p>Attempted Interview on 5/17/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Was upset and requested to speak with a therapist as opposed to continuing the interview. <p>Interview on 5/17/18 and 5/31/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Unsure when she last met with the Licensed Therapist #10 for therapy, but believed it was three weeks ago; 	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103		
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V 112	<p>Continued From page 24</p> <p>-Group therapy was sometimes led by a therapist and sometimes led by a staff, but could not provide detail; -Cannot identify when the last session with Licensed Therapist #11/Clinical Director was held.</p> <p>Interview on 5/22/18 with Client #3 revealed: - Not sure how often she met with Licensed Therapist #10, but did speak with him briefly on 5/21/18 but "not a full session." The Licensed Therapist #10 only spoke with her because she was upset in class. Believed she last saw Licensed Therapist #10 for a full session during the previous week; -Saw the Licensed Therapist #11/Clinical Director "not that often." The last session was last week.</p> <p>Interview on 5/17/18 with Client #4 revealed: -Last spoke with Licensed Therapist #10 for approximately 25 minutes last week; -Last group therapy session with Licensed Therapist #11/Clinical Director was held on 5/7/18.</p> <p>Interview on 5/22/18 with Client #5 revealed: - "Don't know how often" she met with Licensed Therapist #10, but thought she last spoke with him on 5/18/18; -In regards to Licensed Therapist #11/Clinical Director, "I don't see her often." Last spoke with Licensed Therapist #11/Clinical Director on 5/9/18 when they walked the track together.</p> <p>Interview on 5/17/18 with Client #6 revealed: - Had not spoken to Licensed Therapist #11/Clinical Director "in a long time" and maybe</p>	V 112			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
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V 112	<p>Continued From page 25</p> <p>never by herself; -Saw Licensed Therapist #10 "whenever I need to talk to him;" -Had one session of group therapy with Licensed Therapist #11/Clinical Director maybe two to three weeks ago.</p> <p>Interview on 5/17/18 with Client #7 revealed: -Licensed Therapist #11/Clinical Director had been at the facility, but Client #7 had not had therapy with Licensed Therapist #11/Clinical Director; -Client #7 had not participated in group therapy; - Licensed Therapist #10 had only met with Client #7 one time - maybe on 5/10/18.</p> <p>Interview on 5/17/18 and 5/31/18 with Client #8 revealed: -The therapists were too busy to talk with the clients; -Spoke to Licensed Therapist #11/Clinical Director "a little after second escape (running away)" from the facility; -Met with Licensed Therapist #11/Clinical Director for a family session, but had not seen Licensed Therapist #10 for a few weeks.</p> <p>Interview on 5/17/18 and 5/31/18 with Client #9 revealed: -Saw the Licensed Therapist #10 weekly; -Last saw Licensed Therapist #10 on Monday or Tuesday of the week of 5/14/18; -Cannot identify how long each session lasts with Licensed Therapist #10; -Had not had therapy during the week of 5/21/18 or 5/28/18.</p>	V 112			

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V 112	<p>Continued From page 26</p> <p>Interview on 5/17/18 with the Licensed Therapist #10 revealed: -Started work at the facility on 4/28/18; -Had not had a full week at the facility due to training; -Direct supervisor was Licensed Therapist #11/Clinical Director; -Ideally planned on seeing 4 clients per day for approximately 45 minutes per session.</p> <p>Interview on 5/31/18 with the Licensee revealed: -Licensed Therapist #10 had not been at the facility for a couple of weeks due to an on-going investigation at a sister facility.</p> <p>Finding #2 Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -Treatment plan dated 4/9/18 revealed no treatment strategies to address running away.</p> <p>Review of a note written by Client #8 dated 5/21/18 revealed: -"I was stressed annoyed, and I was sick of being here. No one ever listens to me and I get sick of it. This is very stressful people cut and talk about smoking and drugs they swear they yell and scream and self harm every day. I tried talking to staff but they wouldn't listen I've been using coping skills for days now Im sick of it its not helping so I couldnt help myself I ran for it. In other words I couldn't do anything else no one would listen."</p> <p>Interview on 5/17/18 and 5/22/18 with Client #8</p>	V 112		

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V 112	<p>Continued From page 27</p> <p>revealed:</p> <ul style="list-style-type: none"> -Climbed over the fence and ran away from the facility on 5/8/18, 5/9/18, and 5/19/18; -Ran away due to increased anxiety as a result of lack of staff response to other clients' behaviors; - Assistance from local police departments and the use of bloodhounds was required each time she ran away from the facility; -Hid in the woods each time she ran away from the facility. <p>Finding #3 Review on 5/17/18 and 5/22/18 of the facility's Incident Reports revealed:</p> <ul style="list-style-type: none"> -Clients #1, #2 and #5 locked themselves in the bathroom away from staff to engage in self-harm behaviors (cuts, scratches and abrasions); - Clients #2, #3, #5 and #9 were able to secure contraband items (screws, paper clips, razor from pencil sharpener) to engage in self-harm behaviors on 9 separate occasions between 4/29/18 and 5/12/18; <p>Review on 5/17/18 and 5/22/18 of Client #1', #2, #3, #5, and #9's record revealed: - Treatment plans revealed no treatment strategies for self-harm behaviors.</p> <p>Attempted Interview on 5/17/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Was upset and requested to speak with a therapist as opposed to continuing the interview. <p>Interview/Observation on 5/17/18 at approximately 9:30am with Client #2 revealed: - "It is nobody's business what happened" in the</p>	V 112			

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V 112	<p>Continued From page 28</p> <p>facility bathrooms; -Bruising and open wounds on the right hand and left upper arm.</p> <p>Interview on 5/22/18 with Client #3 revealed: - Was able to sneak a paper clip away from Licensed Therapist #10 and used the paper clip to cause self-harm to her left forearm.</p> <p>Interview on 5/17/18 with Client #5 revealed: -Locked herself in the bathroom and caused self-harm to her neck and arms;</p> <p>Interview/Observation on 5/17/18 at approximately 10:45am with Client #8 revealed: -Clients lock themselves in the facility bathrooms to engage in self-harm; -Staff cannot immediately respond to prevent self-harm behaviors because they do not have quick access to unlock the facility's bathrooms; - Staff cannot immediately open the facility bathroom doors because they do not carry coins in the pockets while they work so they have no tools to open the doors; -Staff allowed Client #8 to carry coins to provide to staff so the facility bathroom doors can be opened when clients lock themselves in the bathrooms to cause self-harm; -Client #8 removed a penny and a dime from her pocket to illustrate that she is allowed to carry coins on her person.</p> <p>Interview on 5/17/18 with Client #9 revealed: - Took a nail, screws and the razor from a pencil sharpener from the room where staff allow clients to make telephone calls;</p>	V 112		

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V 112	Continued From page 29 -Used the nail, screws and the razor from a pencil sharpener to cut her left wrist and forearm; - Had gathered rocks from outside and had attempted to cut herself using the rocks. Attempted interviews on 5/17/18 and 5/22/18 with the Licensed Therapist #11/Clinical Director, Registered Nurse/Nurse Practitioner and the Medical Doctor/Child Psychiatrist/Medical Director were unsuccessful. On 5/17/18, the Licensed Therapist #11/Clinical Director, Registered Nurse/Nurse Practitioner and the Medical Director/Child Psychiatrist/Medical Director were off work. At 7:15pm, the Division of Health Service Regulation (DHSR) surveyors requested to have them available for interview on 5/22/18 between 9am and 12pm. The Licensee agreed to have the staff available. This request was followed up with a reminder email to the Licensee on 5/18/18 at 2:35pm. However, on 5/22/18, the Licensed Therapist #11/Clinical Director, the Registered Nurse/Nurse Practitioner, and the Medical Doctor/Child Psychiatrist/Medical Director were not available for interview as requested. The Licensee was off-site at a training and spoke with the DHSR surveyors and acknowledged receipt of the email of 5/18/18 at 2:35pm regarding the need to interview the Licensed Therapist #11/Clinical Director, Register Nurse/Nurse Practitioner and Medical Doctor/Child Psychiatrist/Medical Director. The Licensee advised DHSR surveyors through a telephone interview at approximately 11:30am that the clinical staff would be made available for interview. Attempts between 11:45am to 3:00pm to have the Quality Assurance/Quality Improvement Director coordinate the telephone calls for interviews per the Licensee's instruction were unsuccessful. By 4:00pm, no telephone	V 112		

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NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 112	<p>Continued From page 30</p> <p>calls were received by the DHSR surveyors from the Licensee, the Licensed Therapist #11/Clinical Director, the Registered Nurse/Nurse Practitioner, or the Medical Doctor/Child Psychiatrist/Medical Director.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed:</p> <ul style="list-style-type: none"> -Left the exit conference to take a telephone call; -As a reactive measure to Client #8's running away, contacted and arranged for the removal of a cross-bar from the fence which was being used by Client #8 to scale and climb over the fence; - Did not offer an explanation as to why the treatment plan for Client #8 was not updated to include strategies to address running away from the facility; -Did not offer an explanation why clients were not receiving therapy services as outlined in their treatment plan; -The facility's bathroom door locks were designed in such a manner that they can be opened from the outside using a flat item such as a coin; -Did not offer an explanation as to why the treatment plans for Clients #1, #2, #3, #5, and #9 were not updated to include strategies to address self-harm behaviors; -Did not offer an explanation as to why environmental modifications were not made to protect the clients from entering the facility's bathrooms and locking themselves inside to cause self-harm. <p>Observation on 5/22/18 at approximately 9:05am of the facility's perimeter fence revealed:</p> <ul style="list-style-type: none"> -The fence measured 8 feet high. 	V 112		

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V 112	Continued From page 31 Observation on 5/22/18 at approximately 11:30am of the facility's bathrooms revealed: - Door handle can be locked from the inside and opened using a small flat item such as a coin to turn the lock. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 112			
V 113	27G .0206 Client Records 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	V 113	Anderson Health Services will ensure a client's record is maintained for each individual admitted to the facility upon admission. Client's records will be maintained to the specifications outlined in the NCAC. Medical records staff will conduct periodic internal reviews to ensure compliance with written standards. The Medical Records Coordinator will monitor client's records for compliance monthly. QA/QI will monitor for compliance monthly. Responsible Person: Medical Records Coordinator	6/25/18	

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V 113	<p>Continued From page 32</p> <p>physician; (6) a signed statement from the client or legally 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 interview, record review, and observation, the facility failed to maintain client records affecting 9 of 9 current clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, and #9). The findings are:</p> <p>Review on 5/17/18 and 5/22/18 of Client #1's record revealed: -Admission date of 4/3/18; -15 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #2's</p>	V 113	<p>Areas with associated responsibilities: Qualified Professionals Clinical Director and/or Qualified Designee QA/QI Department</p>	

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NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103		
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V 113	<p>Continued From page 33</p> <p>record revealed: -Admission date of 2/15/18; -16 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #3's record revealed: -Admission date of 3/21/18; -14 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #4's record revealed: -Admission date of 2/15/18; -16 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #5's record revealed: -Admission date of 4/5/18; -15 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #6's record revealed: -Admission date of 2/22/18; -16 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #7's</p>	V 113		

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V 113	<p>Continued From page 34</p> <p>record revealed: -Admission date of 5/3/18; -15 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -Admission date of 4/17/18; -13 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #9's record revealed: -Admission date of 4/12/18; -15 year old female; -No April, 2018 Medication Administration Record available for review.</p> <p>Interview on 5/22/18 with the Medical Records Coordinator revealed: -Had provided all of the clients' records for review; -Does not know where the April, 2018 Medication Administration Records are located.</p> <p>Interview on 5/22/18 with the Quality Assurance/Quality Improvement Director revealed: -Has assisted the Medical Records Coordinator with providing all of the clients' records for review; -Does not know where the April, 2018 Medication Administration Records are located.</p>	V 113		

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V 113	Continued From page 35 Interview on 5/22/18 with the Registered Nurse #12 revealed: -Does not know where the April, 2018 Medication Administration Records are located. Attempted interviews on 5/17/18 and 5/22/18 with the Registered Nurse/Nurse Practitioner and the Medical Doctor/Child Psychiatrist/Medical Director were unsuccessful. On 5/17/18, the Registered Nurse/Nurse Practitioner and the Medical Director/Child Psychiatrist/Medical Director were off work. At 7:15pm, the Division of Health Service Regulation (DHSR) surveyors requested to have them available for interview on 5/22/18 between 9am and 12pm. The Licensee agreed to have the staff available. This request was followed up with a reminder email to the Licensee on 5/18/18 at 2:35pm. However, on 5/22/18, neither the Registered Nurse/Nurse Practitioner nor the Medical Doctor/Child Psychiatrist/Medical Director were available for interview as requested. The Licensee was off-site at a training and spoke with the DHSR surveyors and acknowledged receipt of the email of 5/18/18 at 2:35pm regarding the need to interview the Register Nurse/Nurse Practitioner and Medical Doctor/Child Psychiatrist/Medical Director. The Licensee advised DHSR surveyors through a telephone interview at approximately 11:30am that the clinical staff would be made available for interview. Attempts between 11:45am to 3:00pm to have the Quality Assurance/Quality Improvement Director coordinate the telephone calls for interviews per the Licensee's instruction were unsuccessful. By 4:00pm, no telephone calls were received by the DHSR surveyors from the Licensee, the Registered Nurse/Nurse Practitioner, or the Medical Doctor/Child Psychiatrist/Medical Director.	V 113		

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V 113	Continued From page 36 Interview on 5/31/18 with the Licensee revealed: -Will attempt to locate the April, 2018 Medication Administration Records. Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Left the exit conference to take a telephone call; -Did not offer an explanation as to the location of the April, 2018 Medication Administration Records. This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 113		
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	V 118	Anderson Health Services will ensure medication is administered on the written order of a physician. A charge nurse will monitor physician's orders to ensure that medication is administered correctly. Anderson Health Services has installed an automatic self-closing device to the medication room door. Nurses will be trained upon employment. QA/QI will monitor for compliance monthly. Responsible Persons: Charge Nurse and Medical Director Areas with associated responsibilities: Qualified Professionals Clinical Director and/or Qualified Designee Director of Nursing QA/QI Department	6/25/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103		
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V 118	<p>Continued From page 37</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</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 interview, record review, and observation, the facility failed to ensure medication was administered on the written order of a physician affecting 1 of 9 clients (Client #9). The findings are:</p> <p>Review on 5/17/18 of the facility's Incident Reports revealed:</p> <p>-Client #9 purposefully ingested another client's medication on 4/23/18 at 8:00pm.</p> <p>Review on 5/17/18 and 5/22/18 of Client #9's record revealed:</p> <p>-Admission date of 4/12/18;</p> <p>-15 year old female;</p> <p>-Diagnoses of Post-Traumatic Stress Disorder, Other Specified Depressive Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder;</p>	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
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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 118	<p>Continued From page 38</p> <p>-History of self-harm through cutting, auditory hallucinations, property destruction, physical assault, and multiple inpatient behavioral health hospitalizations;</p> <p>-No April, 2018 MAR available for review; -May, 2018 MAR revealed Client #9 was receiving the following evening medications: Invega Extended Release 12 mg (antipsychotic), Prazosin 1mg (urinary retention medication and antihypertensive drug), Cephalexin 500mg (antibiotic - started on 5/9/18), Depakote Extended Release 1500mg (mood stabilizer - increased on 5/14/18 - had been 1000mg prior), and Cogentin 1mg (anti-tremor).</p> <p>Review on 5/17/18 and 5/22/18 of Client #8's record revealed:</p> <p>-Diagnoses of Major Depressive Disorder without Psychosis, Disruptive Mood Dysregulation Disorder, Autistic Disorder, Bipolar Affective Disorder, Post-Traumatic Stress Disorder, Conduct Disorder Childhood Onset, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder;</p> <p>-No April, 2018 Medication Administration Record (MAR) available for review;</p> <p>-May, 2018 MAR revealed Client #8 was receiving the following evening medications: Latuda 120mg (antipsychotic), Lithium 1200 mg (manic episodes), and Vraylar 3mg (antipsychotic/bipolar mania).</p> <p>Review on 5/22/18 of the Registered Nurse #13's record revealed:</p> <p>-Hire date of 3/15/18;</p> <p>-Multistate Nursing License with expiration date of 6/30/18.</p>	V 118		

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V 118	<p>Continued From page 39</p> <p>Interview on 5/17/18 with Client #9 revealed: - Took Client #8's medication one evening in April, 2018 when Registered Nurse #13 was administering medication. Cannot identify how many pills she consumed. Cannot identify how she felt after she consumed Client #8's medications.</p> <p>Interview on 5/18/18 with Registered Nurse #13 revealed: -Had administered Client #9 her evening medication and then Client #9 reached past Registered Nurse #13 grabbing Client #8's medication and Client #9 purposefully ingested Client #8's medication; -Could not stop Client #9 from purposefully ingesting Client #8's medications; -Cannot identify Client #8 or Client #9's medication regime; -Cannot identify which medications Client #9 purposefully ingested which were meant for Client #8; -Contacted the Medical Doctor/Child Psychiatrist/Medical Director and was advised to monitor Client #9's vital signs throughout the night and to hold all of Client #9's medication for 24 hours.</p> <p>Attempted interviews on 5/17/18 and 5/22/18 with the Registered Nurse/Nurse Practitioner and the Medical Doctor/Child Psychiatrist/Medical Director were unsuccessful. On 5/17/18, the Registered Nurse/Nurse Practitioner and the Medical Director/Child Psychiatrist/Medical Director were off work. At 7:15pm, the Division of Health Service Regulation (DHSR) surveyors requested to have them available for interview on 5/22/18</p>	V 118			

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V 118	<p>Continued From page 40</p> <p>between 9am and 12pm. The Licensee agreed to have the staff available. This request was followed up with a reminder email to the Licensee on 5/18/18 at 2:35pm. However, on 5/22/18, neither the Registered Nurse/Nurse Practitioner nor the Medical Doctor/Child Psychiatrist/Medical Director were available for interview as requested. The Licensee was off-site at a training and spoke with the DHSR surveyors and acknowledged receipt of the email of 5/18/18 at 2:35pm regarding the need to interview the Register Nurse/Nurse Practitioner and Medical Doctor/Child Psychiatrist/Medical Director. The Licensee advised DHSR surveyors through a telephone interview at approximately 11:30am that the clinical staff would be made available for interview. Attempts between 11:45am to 3:00pm to have the Quality Assurance/Quality Improvement Director coordinate the telephone calls for interviews per the Licensee's instruction were unsuccessful. By 4:00pm, no telephone calls were received by the DHSR surveyors from the Licensee, the Registered Nurse/Nurse Practitioner, or the Medical Doctor/Child Psychiatrist/Medical Director.</p> <p>Despite multiple requests for information on 5/17/18, 5/22/18, 5/31/18 and 6/1/18 to the Licensee regarding which medications Client #9 purposefully ingested which were meant for Client #8, no information was ever provided.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Left the exit conference to take a telephone call; -Unable to identify the names of the medications Client #9 took when she purposefully ingested</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 118	Continued From page 41 Client #8's medications on 4/23/18; -Did not offer an explanation about Client #9 purposefully ingesting Client #8's medication or if any training was completed as a result of the incident. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 118		
V 314	27G .1901 Psych Res. Tx. Facility - Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a	V 314	Anderson Health Services disagrees with the summary that concludes that it is in violation of this rule. Anderson Health Services will continue to ensure that services are designed to meet the individual needs of its consumers. Through cognitive behavioral interventions outlined in the consumer's person centered plan that addresses the needs identified by the consumer and treatment team, Anderson Health Services will ensure services are designed to provide therapeutic interventions to address functional deficits associated with the adolescent's diagnosis and coordinate with other individuals and agencies.	5/30/18

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V 314	<p>Continued From page 42</p> <p>community-based residential setting is essential to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide a structured living environment with therapeutic interventions to address the functional deficits associated with the clients' diagnoses affecting 9 of 9 clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, and #9) and failed to coordinate with other individual and agencies affecting 2 of 9 clients (Clients #2 and #9). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview, record review, and observation, the facility failed to provide training</p>	V 314	<p>Anderson will provide additional training to staff on consumer's diagnosis as needed. Weekly staff meetings with the medical director will be conducted and documented per the statute to monitor the consumer's progress or lack thereof while in treatment.</p> <p>The Clinical Director and/or qualified designee will provide clinical supervision to staff. Clinical Supervision will be documented.</p> <p>An orientation, annual, and continuing education training schedule has been created to ensure that all staff members are thoroughly trained prior to their first day of employment. Training includes special populations, crisis management, CBT, client rights, CPI, BBP. Documentation of trainings will be placed in employee's file for review. Human Resources will review for compliance on a monthly basis or as needed. QA/QI will monitor for compliance monthly.</p>	

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V 314	<p>Continued From page 43</p> <p>to meet the needs of the clients as specified in the treatment plan affecting 4 of 7 staff (Staff #14, Staff #15, Operations Manager (Former Volunteer), and Registered Nurse # 13).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview, record review, and observation, 5 of 5 audited qualified professionals (Licensed Therapist #10, Licensed Therapist #11/Clinical Director, Registered Nurse #13, Registered Nurse/Nurse Practitioner, and Medical Doctor/Child Psychiatrist/Medical Director) failed to demonstrate the knowledge, skills and abilities of the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview, record review, and observation, the facility failed to develop and implement treatment plan strategies affecting 9 of 9 clients (Clients #1, #2, #3, #4, #5, #6, #7, #8 and #9).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0206 Client Records (V113) Based on interview, record review, and observation, the facility failed to maintain client records affecting 9 of 9 current clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, and #9).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interview, record review, and</p>	V 314	<p>Responsible Persons: Qualified Professionals</p> <p>Areas with associated responsibilities: Clinical Director and/or Qualified Designee Medical Records QA/QI Department Human Resources</p>	

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V 314	<p>Continued From page 44</p> <p>observation, the facility failed to ensure that medication was administered on the written order of a physician affecting 1 of 9 clients (Client #9). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .1902 Staff (V315) Based on interview, record review, and observation, the facility failed to ensure that proper staff to client ratios were maintained to ensure that at all times at least two direct care staff members were present with up to six clients affecting 1 of 9 clients (Client #8).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1903 Operations (V316) Based on interview, record review, and observation, the facility failed to ensure that all children residing in the facility received educational services which met the applicable standards of state law affecting 9 of 9 clients (Clients #1, #2, #3, #4, #5, #6, #7, #8 and #9).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting (V367) Based on interview, record review, and observation, the facility failed to report all level II incidents to the LME (Local Management Entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Based on interview, record review, and observation, the facility was not maintained in a</p>	V 314		

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V 314	Continued From page 45 safe manner. Finding #1 Interview on 5/30/18 of Client #2's Legal Guardian revealed: -Has concerns that Client #2's phone calls are not being monitored; -Concerned that Client #2 has been in contact with her boyfriend while at the facility. Client #2's boyfriend housed Client #2 last year when she ran away from a Level III facility and there was involvement of possible sex trafficking at that time; -Concerned that Client #2 has been monitoring her Instagram account and social media through a computer or cellular device while at the facility; -Concerned that Client #2 is not receiving appropriate supervision while at the facility during phone calls and had accessed internet services to update her social media accounts. Interview/Observation on 5/31/18 at approximately 10:15am with Client #2 revealed: - Had no internet access and had not updated social media accounts while at the facility; -Can use the telephone every night but "refuse to answer questions about phone calls to family and friends;" -"Why would I tell you how I get in touch with my boyfriend while I live here;" -Client #2 became upset and angry with the interview and refused to answer further questions about her family and contact to others and left the area referring to the DHSR surveyor as a "f*****g b***h;" - Client #2 later requested an additional interview with the DHSR surveyor and revealed: "If I hear something else about my boyfriend being brought	V 314			

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V 314	<p>Continued From page 46</p> <p>up it ain't going to be nice." At approximately 10:15am, Client #2 reached across the table, lunged toward the DHSR surveyor, and grabbed the DHSR surveyor's paperwork to crumble and rip it up. Client #2 left the room.</p> <p>Finding #2 Review on 5/22/18 of the facility's Resident Family Handbook revealed: -" ...While at Anderson (Licensee), you will be rewarded for you behavior and performance in what is called 'Anderson Rewards' ...you will earn program rewards for following the program rules, working on your target goals and the resident 'Code of Conduct.' The rewards you earn can be used to 'purchase' extra privileges at the designated times ...Each day, you will have the opportunity to earn rewards ...You will begin each morning with a clean slate/zero rewards and you will be credited the rewards you have earned at the designated times through the day ...Twice a day, you will be given the opportunity to benefit from the rewards you have earned ..." -Clients are to be given the opportunity to "cash in "their reward points twice daily (at 3:00pm and 7:00pm) for rewards.</p> <p>Interview on 5/31/18 with Client #2 revealed: -Was upset and suddenly left the room terminating the interview.</p> <p>Interview on 5/22/18 with Client #3 revealed: - Heard that there is a point system at the facility, "but we don't really follow that."</p> <p>Interview on 5/17/18 with Client #4 revealed:</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 06/01/2018
		B. WING:	

NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 314	<p>Continued From page 47</p> <p>-The level system outlined that if a client follows the rules and gets up on time in the morning to complete hygiene and was nice during the day, points would be rewarded. The points could be turned in for a snack.</p> <p>-Once asked if she could turn her points in but staff did not respond to her request.</p> <p>Interview on 5/22/18 with Client #5 revealed: -Did not know about a level system or point system; -Did know that people who misbehave are not allowed to do things such as attend a cookout.</p> <p>Interview on 5/17/18 with Client #6 revealed: -Did not have a "clue" about a level system.</p> <p>Interview on 5/17/18 with Client #7 revealed: - There was no level system or point system at the facility.</p> <p>Interview on 5/17/18 with Client #8 revealed: -There was a level system at the facility.</p> <p>Interview on 5/17/18 with Client #9 revealed: -If clients have a good day, staff reward them with something.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Took notes during the exit conference; -Left the exit conference to take a telephone call; -Did not offer an explanation as to the lack of</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 06/01/2018
	MHL090-192	B. WING	

NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 314	<p>Continued From page 48</p> <p>coordination of care for Client #9 during an emergency psychiatric assessment or why proper/immediate medical care was not provided after Client #9 cut her wrist and hand;</p> <ul style="list-style-type: none"> -Did not offer an explanation as to the lack of supervision which allowed clients access to contraband items; -Did not offer an explanation as to the lack of proactive treatment approaches in the implementation of the "Anderson Rewards" level system or point system; -Did not offer an explanation as to the repeated calls to the police for assistance with client behaviors; -Did not offer an explanation about the lack of supervision enabling clients to update social media accounts while at the facility. <p>Upon completion of the exit conference between the Licensee and Division of Health Service Regulation (DHSR) surveyors, the Licensee was asked to complete a Plan of Protection outlining the safety measures to be taken until the clients could be properly discharged from the facility. This occurred on 6/1/18 at 6:01pm. At 7:10pm, DHSR surveyors checked on the status of the Plan of Protection and were informed the Licensee left the facility immediately after the exit conference. The Plan of Protection was being completed by the Case Manager and Consulting Psychologist. At 7:20pm, the Plan of Protection was presented to the DHSR surveyors.</p> <p>Review on 6/1/18 of the Plan of Protection dated 6/1/18 with the Licensee's signature on the Plan of Protection form revealed:</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 06/01/2018
	MHL090-192	B. WING:	

NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 314	<p>Continued From page 49</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Anderson Health Services (AHS) (Licensee) will hereby ensure the safety of the consumers in Ashford cottage (facility) encompassing the health and safety of the 9 female consumers according to the DHHS (Department of Health and Human Services) Governing Body Policies. Collaboration with the local MCO's (Managed Care Organizations) to provide assistance with the discharge planning and placement for the residents.</p> <p>Medical, residential, clinical, culinary and educational staff will adhere to the individual needs of the residents.</p> <p>Describe your plans to make sure the above happens.</p> <p>Under direction and approval of the medical director, AHS will consent to the health and safety of the residents by providing a residential staff ratio consist of maintaining the state regulation of 2 residential staff to 6 consumers per shift and 1 registered nurse."</p> <p>Systemic failures of the facility endangered the health, safety, and welfare of the clients resulting in serious harm and neglect. There was imminent danger for the nine clients in the facility who ranged in age from 13 to 16 years. The clients had multiple mental health diagnoses including but not limited to Borderline Personality Disorder, Bipolar Disorder, Disruptive Mood Dysregulation Disorder, Sexual and Physical Abuse and substance abuse needs. The clients had histories of cutting, setting self on fire, suicide attempts, assault, property destruction, running away, and sex trafficking. Proper and immediate</p>	V 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:		(X3) DATE SURVEY COMPLETED 06/01/2018
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V 314	Continued From page 50 medical attention was not secured for a client who cut her wrist/hand requiring 15 sutures after attempting to scale an 8 foot fence to run from the facility. The client's wound area turned black and sutures were not removed within 7 to 10 days as ordered by the treating physician. The client reported the wound began to bleed on 5/30/18 and did not appear to have healed properly. The client was not re-evaluated by a physician. Four clients were able to secure contraband on 9 separate occasions between 4/29/18 and 5/12/18 and lock themselves in the bathroom to use the contraband to cause self-harm (cuts, scratches, and abrasions). There were no treatment plan strategies to address the use of contraband to cause self-harm and no environmental modifications to ensure increased safety. One client lost the privilege of attending school and was instructed to stay in her bedroom in bed wearing pajamas for three days due to her behavior of running away. One client was able to grab and purposefully ingest another client's medication, though there is no documentation identifying which medications were involved. Therapy was not provided as indicated in treatment plans and strategies were not developed to address maladaptive behaviors including a client who ran away from the facility on three occasions between 5/8/18 and 5/19/18 requiring police intervention and the use of bloodhounds to locate the client. Staff had not received specialized population training and were calling the local police department to assist in dealing with client behaviors. Required staff to client ratios were not maintained resulting in limited supervision. Clients were only receiving educational services three hours per day due to limited educational staffing. Qualified professional staff members did not display the competencies required for the population served.	V 314			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 06/01/2018
NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103		
(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 314	Continued From page 51 Documentation, tracking, and follow up to incidents was limited. This deficiency constitutes a Type A1 rule violation for serious harm and neglect. An administrative penalty of \$3,000.00 is imposed.	V 314		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure that proper staff to client ratios were maintained to ensure that at all times at least two direct care staff members were present with up to six clients affecting 1 of 9 clients (Client #8). The findings	V 315	Anderson Health Services has employed additional direct care staff to ensure at least two direct care staff members are present with every six adolescents. Anderson Health Services will ensure at least minimum staffing requirements are met. When necessary, based on the consumer(s) behavioral needs, additional staff will be scheduled. Documentation and work schedule will reflect staff presence at the facility. QA/QI will monitor for compliance monthly. Responsible Person: Residential Supervisor/Lead Areas with associated responsibilities: Human Resources Qualified Professionals Clinical Director and/or Qualified Designee QA/QI Department	5/30/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 06/01/2018
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V 315	<p>Continued From page 52 are:</p> <p>Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -Admission date of 4/17/18; -13 year old female; -Diagnoses of Major Depressive Disorder without Psychosis, Disruptive Mood Dysregulation Disorder, Autistic Disorder, Bipolar Affective Disorder, Post-Traumatic Stress Disorder, Conduct Disorder Childhood Onset, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder; -History of running away, physical assault, threats of Suicide, multiple inpatient behavioral health hospitalizations.</p> <p>Review on 5/22/18 of the facility's Policy and Procedure Manual revealed: -No policy existed on loss of privileges for clients;</p> <p>Review on 5/22/18 of Staff #14's record revealed: -Hire date of 8/7/17; -Employed as Residence Counselor; -No documentation of training on loss of privileges for clients.</p> <p>Review on 5/22/18 of Staff #15's record revealed: -Hire date of 2/15/18; -Employed as Residence Counselor; -No documentation of training on loss of privileges for clients.</p> <p>Review on 5/22/18 of Operations Manager's (Formerly Volunteer) record revealed:</p>	V 315		

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V 315	<p>Continued From page 53</p> <ul style="list-style-type: none"> -Start date of 9/22/17; -No documentation of training on loss of privileges for clients. <p>Review on 5/22/18 of the Registered Nurse #13's record revealed:</p> <ul style="list-style-type: none"> -Hire date of 3/15/18; -No documentation of training on loss of privileges for clients. <p>Interview on 5/22/18 and 5/31/18 with Client #8 revealed:</p> <ul style="list-style-type: none"> -Ran away from the facility on 5/19/18 and was currently on "Loss of Privileges" and was instructed to stay in her pajamas in her bed until Wednesday 5/23/18; -Had been left alone in the facility with Staff #13 on 5/21/18, 5/22/18, and 5/23/18 while the other clients and staff left the facility to go to the school. <p>Interview on 5/22/18 with Staff #14 revealed: -</p> <ul style="list-style-type: none"> -Was assigned to work with Client #8 because Client #8 could not leave the facility as she was currently on "Loss of Privileges" due to running away from the facility; -Staff #13 worked alone with Client #8 on 5/21/18 and 5/22/18. <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed:</p> <ul style="list-style-type: none"> -Took notes during the exit conference; -Left the exit conference to take a telephone call; -Acknowledged that a minimum of two staff must be present in the facility when up to 6 clients are in the facility; 	V 315		

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V 315	Continued From page 54 -Did not offer an explanation as to why Client #8 did not have the appropriate level of supervision of two staff on 5/21/18, 5/22/18, and 5/23/18. Observation on 5/22/18 at approximately 11:15am - 11:30am of the facility revealed: -Staff #13 and Client #8 were the only individuals in the facility; -Client #8 was alone in her bedroom in her bed eating an apple. This deficiency constitutes a re-cited deficiency. This deficiency is cross reference into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 315		
V 316	27G .1903 Psych. Res. Tx. Facility - Operations 10A NCAC 27G .1903 OPERATIONS (a) A PRTF may have more than one residential unit. Each unit of a PRTF shall serve no more than 12 children or adolescents except as set out in Paragraph (b) of this Rule. Each residential unit shall be administered, staffed, and located to function separately from all other residential units in the facility. (b) A facility licensed to provide PRTF services with a unit capacity of greater than 12, as of the effective date of these Rules may continue to provide these services at that greater capacity and may continue to renew its license at that greater capacity. (c) Discharge planning shall begin on the day of admission. Efforts for discharge to a less restrictive community residential setting shall be	V 316	Anderson Academy began serving all students for five and one-half hours each day beginning on September 18, 2017. A brief interruption of services occurred due to an illness. The educational services have been corrected. Anderson Health Services provides at least five and one half (5 ½) hours of facility-based educational services to each client. The educational services are provided by a North Carolina Licensed EC Teacher. Anderson Health Services will ensure all children residing in the facility receive educational services which meet the applicable standards of state law. Each client will receive at a minimum of 5 ½ hours of education, Monday through Friday per school schedule. QA/QI will monitor for compliance monthly.	6/8/18

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V 316	<p>Continued From page 55</p> <p>documented from the date of admission. Legally responsible persons, family members or both and the child or adolescent shall be present at discharge planning meetings.</p> <p>(d) Each facility shall operate 24-hours a day, seven days a week and each day of the year.</p> <p>(e) Family members or other legally responsible persons shall be involved in the development and implementation of treatment plans in order to assure a smooth transition to a less restrictive setting.</p> <p>(f) Children or adolescents residing in a PRTF shall receive educational services through a facility-based school. Educational services shall meet applicable standards as required by federal and State law.</p> <p>(g) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure that all children residing in the facility received educational services which met the applicable standards of state law affecting 9 of 9 clients (Clients #1, #2, #3, #4, #5, #6, #7, #8 and #9). The findings are:</p> <p>Finding #1 Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -13 year old female.</p>	V 316	<p>Responsible Person: Principal</p> <p>Areas with associated responsibilities: Clinical Director and/or Qualified Designee Qualified Professionals QA/QI Department</p>	

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V 316	<p>Continued From page 56</p> <p>Interview on 5/22/18 and 5/31/18 with Client #8 revealed: -Ran away from the facility on 5/19/18 and was currently on "Loss of Privileges" and was instructed to stay in her pajamas in her bed until Wednesday 5/23/18; -Had not been allowed to attend school and no academic work was provided to her during the "Loss of Privileges" period on 5/21/18, 5/22/18, and 5/23/18.</p> <p>Interview on 5/22/18 with Staff #13 revealed: - Was assigned to work with Client #8 because Client #8 could not leave the facility to attend school as she was currently on "Loss of Privileges" due to running away from the facility.</p> <p>Observation on 5/22/18 at approximately 11:15am - 11:30am of the facility revealed: -Staff #13 and Client #8 were the only individuals in the facility; -Client #8 was alone in her bedroom in her bed eating an apple; -All other clients were in school in the main building of the facility.</p> <p>Finding #2 Observation on 5/17/18 and 5/22/18 from approximately 9:00am and 11:15am of the facility's educational classrooms revealed: - Clients attended classes only during the morning hours and the classes were terminated at lunchtime.</p>	V 316			

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V 316	<p>Continued From page 57</p> <p>Review on 5/17/18 and 5/22/18 of Client #1, #2, #3, #4, #5, #6, #7, #8, and #9's record revealed: -Clients ranged in age from 13 years to 16 years old.</p> <p>Review on 5/22/18 of the facility's Policy and Procedure Handbook revealed: -Daily schedule indicated school was scheduled Monday through Friday from 8:00am until 2:00pm with two 30 minutes lunch periods from 12:00pm until 12:30pm and 12:30pm until 1:00pm.</p> <p>Interview on 5/31/18 with Client #9 revealed: - Attended school 3 hours per day on school days.</p> <p>Interview on 6/1/18 with the Department of Public Instruction representative revealed: -Classroom instruction at a Psychiatric Residential Treatment Facility is recommended to be a minimum of 5 1/2 hours of instruction per school day.</p> <p>Interview on 5/31/18 with the Licensee revealed: -Since the population at the facility and the sister facility had increased, the clients were only receiving 3 hours of educational services per school day; -Received a telephone call on 5/24/18 or 5/25/18 from a Department of Public Instruction representative informing him that as a result of the Division of Health Service Regulation (DHSR) administrative actions taken on 4/18/18, the educational services for the facility have been revoked until DHSR reverses their action.</p>	V 316		

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V 316	Continued From page 58 Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Left the exit conference to take a telephone call; -Acknowledged that clients needed to receive a minimum of 5 1/2 hours of educational services per school day; -Did not offer an explanation as to why Client #8 lost the privilege of attending school on 5/21/18, 5/22/15, and 5/23/18; -Offered the explanation that since the population at the facility and the sister facility had increased, the clients were only receiving 3 hours of educations services per school day. This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 316		
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	V 367	Anderson Health Services has implemented a formal reporting plan and will ensure all Level II and Level III incident reports are reported to the Local Management Entity/Managed Care Organization within 72 hours of becoming aware of the incident. All incident reports will be sent to the Qualified Professional within 24 hours of the incident occurring. All Level II and Level III incidents will be submitted timely into the IRIS data base as required. QA/QI will monitor for compliance monthly.	5/30/18

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V 367	Continued From page 59 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 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		Responsible Person: Qualified Professional Areas with associated responsibilities: Medical Director Clinical Director and/or Designee Director of Nursing Qualified Professionals Residential Supervisor/Lead QA/QI Department	

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V 367	<p>Continued From page 60</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to report all level II incidents to the LME (Local Management Entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 5/17/18 and 5/22/18 of Client #8's record revealed: -Admission date of 4/17/18;</p>	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 06/01/2018
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V 367	<p>Continued From page 61</p> <p>-13 year-old female; -Diagnoses of Major Depressive Disorder without Psychosis, Disruptive Mood Dysregulation Disorder, Autistic Disorder, Bipolar Affective Disorder, Post-Traumatic Stress Disorder, Conduct Disorder Childhood Onset, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder; -History of running away, physical assault, threats of Suicide, multiple inpatient behavioral health hospitalizations; -April, 2018 Medication Administration Record was not available for review.</p> <p>Review on 5/17/18 and 5/22/18 of Client #9's record revealed: -Admission date of 4/12/18; -15 year-old female; -Diagnoses of Post-Traumatic Stress Disorder, Other Specified Depressive Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder; -History of self-harm through cutting, auditory hallucinations, property destruction, physical assault, and multiple inpatient behavioral health hospitalizations; -April, 2018 Medication Administration Record was not available for review.</p> <p>Review on 5/17/18 and 5/22/18 of the facility's Incident Reports revealed: -No incident report regarding Client #9 cutting her hand and wrist while attempting to climb and jump over the fence to run away from the facility on 5/9/18. -No incident report regarding Client #8's running away behaviors on 5/8/18, 5/9/18, and 5/19/18 when she climbed and jumped over the fence</p>	V 367		

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V 367	<p>Continued From page 62</p> <p>and ran into the woods.</p> <p>-No level two incident report when Client #9 destroyed property and threatened self harm by wrapping a microwave cord around her neck requiring police assistance on 5/14/18; - Level One incident report dated 4/23/18 at 8:00pm completed when Client #9 purposefully ingested another client's medication. The report did not identify which client's medication was ingested or the names and purposes of the medications.</p> <p>Interview on 5/22/18 with Client #8 revealed: - Does not know how long she was gone from the facility on 5/8/18 and 5/9/18 but was gone for several hours and was hiding in the local woods; -Was gone from the facility from approximately 4pm until approximately 9pm on 5/19/18. It began to grow dark when she decided to walk out of the woods.</p> <p>Interview on 5/17/18 with Client #9 revealed: - Took Client #8's medication one evening in April, 2018 when Registered Nurse #13 was administering medication. Cannot identify how many pills she consumed which were meant for Client #8. Cannot identify how she felt after she consumed Client #8's medications. -Client #9 received cuts to her hand and wrist requiring several sutures as a result of the attempt to climb over the fence to run away from the facility on 5/9/18.</p> <p>Interview on 5/17/18 with the Chief and Lieutenant for the local police department revealed: -Client #8 was gone for "several hours" on 5/9/18;</p>	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103		
(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 63</p> <p>-Called a local neighboring police department for assistance and required the use of bloodhounds to track Client #8 on 5/9/18;</p> <p>Interview on 5/18/18 with Registered Nurse #13 revealed:</p> <p>-Had administered Client #9 her evening medication. Client #9 reached past Registered Nurse #13 grabbing Client #8's medication and Client #9 purposefully ingested Client #8's medication;</p> <p>-Cannot identify Client #8 or Client #9's medication regime;</p> <p>-Cannot identify which medications Client #9 purposefully ingested which were meant for Client #8;</p> <p>-Contacted the Medical Doctor/Child Psychiatrist/Medical Director and was advised to monitor Client #9's vital signs throughout the night and to hold all of Client #9's medication for 24 hours.</p> <p>Attempted interviews on 5/17/18 and 5/22/18 with the Registered Nurse/Nurse Practitioner and the Medical Doctor/Child Psychiatrist/Medical Director were unsuccessful. On 5/17/18, the Registered Nurse/Nurse Practitioner and the Medical Director/Child Psychiatrist/Medical Director were off work. At 7:15pm, the Division of Health Service Regulation (DHSR) surveyors requested to have them available for interview on 5/22/18 between 9am and 12pm. The Licensee agreed to have the staff available. This request was followed up with a reminder email to the Licensee on 5/18/18 at 2:35pm. However, on 5/22/18, neither the Registered Nurse/Nurse Practitioner nor the Medical Doctor/Child Psychiatrist/Medical Director were available for interview as</p>	V 367			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/01/2018
NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103		
(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 64</p> <p>requested. The Licensee was off-site at a training and spoke with the DHSR surveyors and acknowledged receipt of the email of 5/18/18 at 2:35pm regarding the need to interview the Register Nurse/Nurse Practitioner and Medical Doctor/Child Psychiatrist/Medical Director. The Licensee advised DHSR surveyors through a telephone interview at approximately 11:30am that the clinical staff would be made available for interview. Attempts between 11:45am to 3:00pm to have the Quality Assurance/Quality Improvement Director coordinate the telephone calls for interviews per the Licensee's instruction were unsuccessful. By 4:00pm, no telephone calls were received by the DHSR surveyors from the Licensee, the Registered Nurse/Nurse Practitioner, or the Medical Doctor/Child Psychiatrist/Medical Director.</p> <p>Despite multiple requests for information on 5/17/18, 5/22/18, 5/31/18 and 6/1/18 to the Licensee regarding which medications Client #9 purposefully ingested which were meant for Client #8, no information was ever provided.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed:</p> <ul style="list-style-type: none"> -Left the exit conference to take a telephone call; -Unable to identify the names of the medications Client #9 took when she purposefully ingested Client #8's medications on 4/23/18; -Did not offer an explanation as to why incident reports had not been completed properly. <p>This deficiency constitutes a re-cited deficiency.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 06/01/2018

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ANDERSON HEALTH SERVICES-ASHFORD

**1915-B HASTY ROAD
MARSHVILLE, NC 28103**

(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	Continued From page 65 This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	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 interview, record review, and observation, the facility was not maintained in a safe manner. The findings are: Review on 5/17/18 and 5/22/18 of the facility's Incident Reports revealed: -Clients #1, #2 and #5 locked themselves in the bathroom away from staff to engage in self-harm behaviors. Attempted Interview on 5/17/18 with Client #1 revealed: -She was upset and requested to speak with a therapist as opposed to continuing the interview. Interview/Observation on 5/31/18 at approximately 9:15am with Client #2 revealed: -"It is nobody's business what happened" in the facility bathrooms;	V 736	Anderson Health Services will continue to ensure the facility is maintained in a safe, clean, attractive, and orderly manner. Anderson has given each staff member coins that will be utilized to unlock bathroom doors as needed. The coins are placed with the staff members' ID badges. Residential supervisors will monitor staff to ensure that they have their coins so clients are not locked in bathrooms. QA/QI will monitor for compliance monthly. Responsible Persons: Residential Supervisors Areas with associated responsibilities: Qualified Professionals Clinical Director and/or Qualified Designee Medical Director QA/QI Department Direct Care Staff Residential Supervisor/Lead	5/30/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 06/01/2018
		B. WING	

NAME OF PROVIDER OR SUPPLIER ANDERSON HEALTH SERVICES-ASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1915-B HASTY ROAD MARSHVILLE, NC 28103
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V 736	<p>Continued From page 66</p> <p>-Bruising and open wounds on the right hand and left upper arm.</p> <p>Interview on 5/17/18 with Client #5 revealed: -Locked herself in the bathroom and caused self-harm to her neck and arms.</p> <p>Interview/Observation on 5/17/18 at approximately 10:45am with Client #8 revealed: -Clients lock themselves in the facility bathrooms to engage in self-harm; -Staff cannot immediately respond to prevent self-harm behaviors because they do not have quick access to unlock the facility's bathrooms; - Staff cannot immediately open the facility bathroom doors because they do not carry coins in the pockets while they work so they have no tools to open the doors; -Staff allowed Client #8 to carry coins to provide to staff so the facility bathroom doors can be opened when clients lock themselves in the bathrooms to cause self-harm; -Client #8 removed a penny and a dime from her pocket to illustrate that she is allowed to carry coins on her person.</p> <p>Interview/Observation on 6/1/18 from approximately 5:20pm through 6:00pm of the Licensee revealed: -Left the exit conference to take a telephone call; -The facility's bathroom door locks were designed in such a manner that they can be opened from the outside using a flat item such as a coin; -Did not offer an explanation as to why environmental modifications were not made to protect the clients from entering the facility's bathrooms and locking themselves inside to</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 67 cause self-harm. Observation on 5/22/18 at approximately 11:30am of the facility's bathrooms revealed: - Door handle can be locked from the inside and opened using a small flat item such as a coin to turn the lock. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation.	V 736		