STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL063-100	B. WING		07/		
					077	24/2018	
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST. FMAN ROAD	ATE, ZIP CODE			
ACKSO	N SPRINGS TREATM		ID, NC 27376				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	ſS	V 000				
	on July 24, 2018. T substantiated (Intak was cited.	ke #NC0014032). A deficiency					
	category: 10A NCAC 27G 19	sed for the following services 00 Psychiatric Residential ren and Adolescents.					
V 367	27G .0604 Incident	Reporting Requirements	V 367				
	level II incidents, ex the provision of billa consumer is on the incidents and level to whom the provid 90 days prior to the responsible for the services are provid becoming aware of be submitted on a f Secretary. The rep in person, facsimile means. The report information: (1) reporting identification inform (2) client ider (3) type of ind (4) descriptio (5) status of t	UIREMENTS FOR B PROVIDERS B providers shall report all accept deaths, that occur during able services or while the providers premises or level III II deaths involving the clients er rendered any service within incident to the LME catchment area where ed within 72 hours of the incident. The report shall orm provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and ation; cident; n of incident; the effort to determine the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER		Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CONNECTION	IDENTIFICATION NOMIDER.	A. BUILDING:		COMPLETED	
	MHL063-100		B. WING		07/2	24/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ACKSO	N SPRINGS TREATM	ENT CENTER 778 HOF	FMAN ROAD			
ACKOO	N SFRINGS TREATIN	WEST EI	ND, NC 27376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From pa	ige 1	V 367			
	(b) Category A and B providers shall explain any					
		ete information. The provider				
		lated report to all required				
	report recipients by	the end of the next business				
	day whenever:					
	(1) the provider has reason to believe that					
		d in the report may be				
		ling or otherwise unreliable; or ler 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					
		the incident, including:				
		ecords including confidential				
	information;					
	.,	y other authorities; and				
		ler's response to the incident. I B providers shall send a copy	,			
			,			
	of all level III incident reports to the Division of Mental Health, Developmental Disabilities and					
		Services within 72 hours of				
		the incident. Category A				
		d a copy of all level III				
	incidents involving	a client death to the Division of	f			
		julation within 72 hours of				
		the incident. In cases of				
	client death within seven days of use of seclusion					
	or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C					
		AC 27E .0104(e)(18).				
		B providers shall send a				
		he LME responsible for the				
		ere services are provided.				
		submitted on a form provided				
	by the Secretary via	a electronic means and shall				
		formation as follows:				
	()	n errors that do not meet the				
	definition of a level	II or level III incident;				1

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 07/24/2018	
		MHL063-100	B. WING			
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			24/2010
	N SPRINGS TREATM	778 HOF	FMAN ROAD			
ACKSU		WESTE	ND, NC 27376			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From pa	age 2	V 367			
	 the definition of a let (3) searches (4) seizures (5) the total r (6) a statement been no reportable incidents have occur meet any of the critical 	number of level II and level III rred; and ent indicating that there have incidents whenever no urred during the quarter that teria as set forth in Paragraphs Rule and Subparagraphs (1)				
	Based on interview failed to assure tha reported to the LMI	et as evidenced by: and record review, the facility and record review, the facility t all Level II incidents were E (Local Management Entity) becoming aware of the inciden ndings are:	t			
	(Incident Response	of the North Carolina IRIS e Improvement System) the last incident report for the ed on 5/16/18.				
	Review on 7/13/18 the following inform Admitted to the fa Age 17 years old Diagnoses includ	acility 12/8/17. I.				
		rder, Conduct Disorder and				
	book revealed the f	of the facility's incident report following information; - Client #2 and Client #1 ran				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL063-100			07/	07/24/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IACKSC	N SPRINGS TREATM	ENTCENTER	FMAN ROAD ND, NC 27376			
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V 367	Continued From pa	ge 3	V 367			
	notified of the missi returned them to th morning. Both clier destruction and Clie until 5/11/18 and re appeared in court. 3/12/18 8:09 pm #3 with her fist. Cli charged on Client # 4/21/18, 6:10 pm in a physical fight d and kicked in the st 4/21/18 9:00 pm unidentified client w altercation, this clie in the left cheek and her fist. This staff p charges on this clie 7/4/18 2:50 pm - in a physical fight. headlock, began hi arm. 68/18 2:53 pm - 0 physically aggressiv During the scuffle 0 member, and both Client refused nurs 4/20/18 5:15 pm altercation with an u was observed. Review on 7/17/18 the following inform Admitted to the fa Age 17 years old Diagnoses includ	 Client #3 and Client #1 were uring which Client #3 was hit somach. Client #1 attacked an <i>v</i>ith her closed fist. During this nt also punched a staff persord upper mouth two times with berson pressed assault int. Client #2 and Client #1 were Client #2 put Client #1 were Client #2 put Client #1 in a tting her and bit her upper Client #1 was trying to become ve with an unidentified client. Client #1 pushed a staff the client and staff fell over. ing assessment. Client #1 was in a physical unidentified client. No injury of Client #2's record revealed vation; acility 11/13/17. e Disruptive Mood rder, Conduct Disorder and 	t			

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		MHL063-100	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IACKSO	N SPRINGS TREATM	IENT CENTER	FMAN ROAD ND, NC 27376			
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V 367	Continued From pa	age 4	V 367			
	book revealed the f 5/6/18, 10:00 pm from the facility. Th notified of the miss returned them to th morning. Both clied destruction, and Cli until 5/11/18 and re appeared in court. 4/27/18, 10:55 ar unidentified client w Client #2 sustained her lip. This client the two-man therapeut 3/12/18 8:45 am manipulating the im that was implanted told by the Nurse to behavior, and that the emergency requiring the facility to be see that she was going was going to remove client was placed o 7/4/18 2:50 pm - in a physical fight. headlock, began hi arm. Review on 7/17/18 the following inform	Client #2 and Client #1 were Client #2 put Client #1 in a tting her and bit her upper of Client #3's record revealed nation;	f			
	Related Disorder, OUse Disorder-Mild,	5				
	Deview en 7/40/40	of the facility's incident report				

STATE FORM

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL063-100	B. WING		07/	24/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	<u>.</u>	
ACKSO	N SPRINGS TREATM		FMAN ROAD ND, NC 27376			
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V 367	Continued From pa	age 5	V 367			
	4/21/18, 6:10 pm in a physical fight d and kicked in the s 3/12/18 8:09 pm #3 with her fist. Cli charged on Client # Review on 7/13/18 the following inform Admitted to the fa Age 17 years old Diagnoses includ	 Client #1 repeatedly hit Clien ent #3 pressed assault #1. of Client #4's record revealed nation; acility 4/6/18. Ie Disruptive Mood 				
	Impulse Control an Deficit Hyperactivity Developmental Dis Review on 7/12/18 book revealed the f 6/7/18, 5:30 pm - disruptive behavior	rder, Unspecified Disruptive d Conduct Disorder, Attention y Disorder and Intellectual order-Mild. of the facility's incident report following information; Client #4 was displaying , hit a wall with his fist, and rar door. This client was				
	minutes. When thi prompted to go to h the hall and hit a wa again put in a two-r released, he becan again was placed in and as he was figh aggressive, a team	two-man therapeutic hold for 2 s client was released and his room he again ran down all with his fist. This client was man therapeutic hold. When he aggressive with staff and h a two-man therapeutic hold, ting the hold and remained control position was utilized. Client #4 was displaying				
aion of H	disruptive behavior aggressive to staff restrained in a two- minutes. 6/30/18, 9:45 am fight with Client #5	, and was physically . This client had to be man therapeutic hold for 4 - Client #4 was in a physical during which this client scratches on his neck and				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 07/24/2018	
		MHL063-100			07/		
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	• •		
ACKSO	N SPRINGS TREATM	ENTCENTER	FMAN ROAD ND, NC 27376				
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V 367	department was ca Review on 7/17/18 the following inform Admitted to the fa Age 16 years old Diagnoses includ Use Disorder-Seve Hyperactivity Disord Review on 7/12/18 book revealed the f 6/30/18, 9:45 am fight with Client #5 of sustained multiple s clavicle area. Durir department was ca Interview on 7/13/18 revealed the followi When an incidem	ng this incident the Sheriff's lled for assistance. of Client #5's record revealed action; acility 5/31/18. e Conduct Disorder, Cannabis re and Attention Deficit der. of the facility's incident report ollowing information; - Client #4 was in a physical during which Client #4 scratches on his neck and ng this incident the Sheriff's lled for assistance. 8 with the Program Director ng information; t occurs staff document the it to the Vice President of					
	reports into the IRIS Interview on 7/24/13 her responsibility to system, however so the facility for additi additional document the incident. She s	8 with the VPA revealed it was input information into the IRIS ometimes she has to contact onal information, or wait for itation to be able to respond to tated that this responsibility is red to each of the Program	3				