

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHADOWRIDGE RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 SILVERLEAF DRIVE JACKSONVILLE, NC 28546</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual survey was completed August 15, 2018. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff-Secure for Children and Adolescents.	V 000		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO  10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of	V 521		

DHSR-Mental Health  
AUG 30 2018  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Cindy Cooke TITLE Program Mgr (X6) DATE 8/30/18

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V 521	<p>Continued From page 1</p> <p>restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting one of three audited clients (#3). The findings are:</p> <p>Review on 08/14/18 of client #3's record revealed: - 12 year old female. - Admission date of 04/05/17. - Diagnoses of Neurodevelopment Disorder, Unspecified Anxiety Disorder, Attention Deficit Hyperactivity Disorder-Combined Type and Intermittent Explosive Disorder. - Treatment Plan dated 10/01/17. - Treatment Planned contained planned strategies to utilize restrictive interventions as needed for safety.</p> <p>Review on 08/14/18 of a facility incident report for client #3 and dated 07/04/18 revealed: - A restrictive intervention was initiated at 7:18pm and ended at 7:28pm. No documentation of a description of the debriefing and planning with the client and the legally responsible person after the planned restrictive intervention. - No documentation of a description of debriefing and planning with the client and the legally</p>	V 521	<p>On 8/22/18 at a staff meeting, staff were retrained on incident report completion.</p> <p>The incident report will be completed correctly in the client's record for the restrictive intervention, 7:18-7:28pm.</p> <p>A new incident report will be submitted into the client record for the restraint occurring 4:28-5:08pm.</p>	

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V 521	Continued From page 2 responsible person after a second restrictive intervention.  Review on 08/14/18 of a facility service note for client #3 dated 07/04/18 revealed: - "...She (client #3) then grabbed staff's hair and began punching staff. Staff used a two person restraint to control [Client #3]. [Client #3] was restrained from 4:28pm-5:08pm. QP (Qualified Professional) [Staff Name] debriefed...[Client #3] charged staff, kicking and attempting to bite. Staff restrained [Client #3] using a two person restraint. The restraint was from 7:18pm-7:28pm. After the restrain, [Client #3] complied with the corrective interaction for Emotional Impulse Control and the re-directive for Accepting Feedback and debriefed with QP [Staff Name]..."  Interview on 08/14/18 the Program Coordinator stated: - Staff documented 2 restrictive interventions had been implemented with client #3 on 07/04/18. - Staff wrote in the progress not a debriefing was completed but did not document information on the incident report. - Staff should have completed the incident report and documented the debriefing for both restrictive intervention.	V 521	Program Coordinator will review incident report documentation on a daily basis to ensure it has been completed correctly to meet the standard and facility policy.	