

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-415	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2018
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NAME OF PROVIDER OR SUPPLIER TAPESTRY-ASHEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 TUNNEL ROAD, SUITE G ASHEVILLE, NC 28805
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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
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V 000	INITIAL COMMENTS An annual and complaint up survey was completed on 8/8/18. The complaint was unsubstantiated (Intake # NC140091). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1100 Partial Hospitalization Program.	V 000	<p>DHSR - Mental Health</p> <p>SEP 18 2018</p> <p>Lic. & Cert. Section</p>	
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,	V 108		

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

TITLE (X6) DATE

Grace L. ...
Debra 7/7/18

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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide training to meet the mh/sa/dd needs of each client as specified in their treatment plans and failed to ensure at least one staff was available at all times who was trained in First Aid for 1 of 3 current sampled staff (Behavioral Health Technician (BHT)#1). The findings are:</p> <p>Record review on 8/2/18 for BHT #1 revealed: -Date of Hire was 10/4/17. -No documentation of First Aid was available in record. -No documentation of client specific training or training in eating disorders was available in record.</p> <p>Interview on 8/2/18 with BHT #1 revealed: -She had completed on line trainings for the program, NCI and training in motivational interviewing. She had not had training in Eating Disorders or specific trainings in mental health disorders.</p> <p>Interview on 8/2/18 with the Human Resources Director revealed: -She arranged for staff to take Basic Life Support Training which included CPR. -She was not aware BLS did not also include First Aid training.</p>	V 108		

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V 108	Continued From page 2 Interview on 8/8/18 with Executive Director revealed: -A comprehensive training curriculum regarding Eating Disorders and Co-Occurring Disorders had been put together and introduced to all staff following concerns at sister facility.	V 108		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 sampled staff (Site Coordinator). The findings are: Record review on 8/2/18 for Site Coordinator revealed: -Date of hire- 12/1/17 -HCPR review completed 3/28/18, not prior to hire date. Interview on 8/2/18 with Human Resources Director revealed:	V 131		

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V 131	Continued From page 3 -She was not aware that HCPR had to be completed prior to hire. -Will clarify with staff that HCPR checks must be completed prior to hire date moving forward.	V 131		
V 173	<p>27G .1103 Partial Hospitalization - Operations</p> <p>10A NCAC 27G .1103 OPERATIONS (a) A physician shall participate in diagnosis, treatment planning, and admission and discharge decisions. This physician shall be a psychiatrist unless a psychiatrist is unavailable or for other good cause cannot be obtained. (b) Each facility shall operate for a minimum of four hours per day (exclusive of transportation time), five days per week, excluding legal or governing body designated holidays.</p> <p>This Rule is not met as evidenced by: Base on record reviews and interviews, the facility failed to include a psychiatrist in diagnosis, treatment planning, and admission and discharge decisions. The findings are:</p> <p>Record review on 8/2/18 of contract with psychiatrist revealed: -Contract effective date of 7/1/17 although Doctor signed 9/26/17.</p> <p>Interview on 8/2/18 with Nurse Practitioner (NP) revealed: -He participated in admissions-determining appropriateness. -He was involved with treatment teams and</p>	V 173		

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V 173	<p>Continued From page 4</p> <p>treatment planning- read notes and provided feedback.</p> <ul style="list-style-type: none"> -He met with his supervising psychiatrist monthly and would sometimes review complex client issues. They did not discuss each Partial Hospitalization Program (PHP) client. -He did not have any involvement in discharges as it was up to the treatment team. <p>Interview on 8/2/18 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The Licensee contracted with local psychiatrist. He chose set up the procedure for his NP to provide services for the facilities. -The contracted psychiatrist provided the supervision for the NP. -The contracted psychiatrist was not on site. -She was not aware how involved he contracted psychiatrist was in decisions made by NP. -The Licensee already had psychiatrists at a local office and would likely transition to their 	V 173		
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Plan of Corrections- Tapestry Asheville

27G .0202 (F-I) Personnel Requirements (v108): This Rule is not met as evidenced by:

Based on record review and interviews, the facility failed to provide training to meet the mh/sa/dd needs of each client as specified in their treatment plans and failed to ensure at least one staff was available at all times who was trained in First Aid.

Corrective Measures:

- As a result of the deficiencies cited above, all staff will be trained in the following by 9/29/18:
 - CPR and First Aid
 - NCI
 - Eating Disorder and Trauma Specific Treatment
 - Mental Health Treatment
 - Substance Use Disorder Treatment
 - Incident Response and Reporting training is scheduled for 7/13/18 and 7/17/18. All staff will attend.
- CPR/First Aide/NCI Trainings for all staff required on 6/13/18, 6/14/18, 6/21/18 and 6/27/18. Completed by 9/29/18.
- As a result of deficiencies cited above, management of the Personnel Files was moved to the Regional HR Director as of 7/10/18. Personnel Files will be maintained by Director of Human Resources and will include:
 - Up to date job description signed by staff member and supervisor
 - Minimum level of education
 - Competency
 - Work experience
 - Duties and responsibilities of position
 - Evidence of all training for employee, verification of licenses, certifications, and other qualifications.
 - Documentation of all continuing education
 - Documentation/ Evidence of:
 - New Employee Orientation
 - Client Rights and Confidentiality (10A NCAC 27C, 27D, 27E, 27F, and 10 NCAC 26B)
 - Specific Eating Disorder, Trauma Related Disorders, and Co-occurring Conditions Training for each Tapestry employee.
 - Infections Disease and Blood Borne Pathogen Training
 - First Aid and CPR certification
 - All staff members will be trained in Basic First Aid (including seizure management)
 - All staff members will receive in person CPR training by the Red Cross, American Heart Association, or their equivalency.

Compliance and Prevention

- It is the responsibility of the Regional HR Director to ensure that all new hires are scheduled for required trainings on their first day of employment.

- Regional HR Director will communicate training dates and times to employee and Program Director.
- Employees are not permitted to provide direct care to clients before completion of training requirements. Employees are permitted to observe other fully trained employees during the training process and/or within the first 90 days of employment.
- Employees are not be alone with clients until fully trained and must be with a fully trained staff member at all times prior to completion of all initial training. All staff will be trained in Eating Disorder and Trauma treatment at time of hire through My Learning Pointe in addition to ongoing training throughout the year through treatment team consultation with Executive Director, individual supervision with consultant, and monthly access to Certified Eating Disorder Specialist Training.
 - All new staff will receive client specific training on new admissions in the treatment team meeting prior to admission. Information will be documented in the treatment team notes in the client's medical record. Monitoring is the responsibility of the Site Coordinator.
- Executive Director will organize four population specific trainings per year for program and provide opportunities for individual team members to seek out their own individualize treatment.

Monitoring

- Site Coordinator will monitor new hire compliance with specific trainings.
- Executive Director and Regional HR Director will review personnel files for all new hires after 60 days of employment to ensure compliance.
- All new hire training is expected to be completed or scheduled at 60 days of employment.
- As a result of the deficiencies stated above, Executive Director and Vice President of Operations will meet and review personnel files with HR Director on 7/29/18 to ensure compliance with this correction.
- Site Coordinator and HR Director will conduct routine personnel file audits four times per year.

G.S. 131E-256 (D2) HCPR - Prior Employment Verification: This Rule is not met as evidenced by:

Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR).

Corrective Measures

- All current employee files will be audited by HR Director to ensure that all employees are checked in the NC Health Care Personnel Registry (HCPR) by 9/29/18.

Compliance and Prevention

- Prior to hiring, all potential employees will be checked in the NC Health Care Personnel Registry by HR Director as part of the potential new hire protocol.

Monitoring

- Director of HR is responsible for personnel files and background checks.
- Site Coordinator and Director of HR will meet to review and audit new hire personnel file, trainings, and background checks prior to new hire start date.
- Site Coordinator and HR Director will conduct routine personnel file audits four times per year.

27G .1103 Partial Hospitalization – Operations: This Rule is not met as evidenced by:

Base on record reviews and interviews, the facility failed to include a psychiatrist in diagnosis, treatment planning, and admission and discharge decisions.

Corrective Measures

- Based on the deficiencies of the MD/NP noted in survey, the medical team for Tapestry is being replaced by superior medical providers. The transition of medical services for Tapestry Asheville will be complete by 10/1/18.
- At time of transition, the new MD for Tapestry will be updated on all treatment planning and will have full access to treatment team members, treatment team clinical notes, client medical record, and supervision meetings.

Compliance and Prevention

- MD is a significant member of the treatment team and is consulted and included in all aspects of admissions, treatment planning, diagnosis, discharge planning, clinical programming and all components of medical management.
- All potential clients are screen by MD prior to admission to assess for medical appropriateness.
- Medical team, including MD, nurses, and ED, meet monthly for supervision.
- Regional Medical Team meets monthly for supervision of medical services.

Monitoring

- Executive Director and Vice President are responsible for monitoring of MD and adherence to rule and will meet monthly with MD to monitor engagement and compliance.
- Site Coordinator will complete weekly chart audits to ensure documentation of MD consultation in treatment.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 31, 2018

Jessie Alexander, Executive Director
Appalachian Outpatient Services, LLC
119 Tunnel Road, Suite G
Asheville, NC 28805

Re: Annual and Complaint Survey completed August 8, 2018
Tapestry-Asheville, 119 Tunnel Road, Suite G, Asheville, NC 28805
MHL # 011-415
E-mail Address: jalexander@silverridgerecovery.com
(Complaint Intake #NC140091)

DHSR - Mental Health

SEP 18 2018

Lic. & Cert. Section

Dear Ms. Alexander:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed 8/8/18. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 10/7/18.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Robin Sulfridge, Branch Manager at 336-861-7342.

Sincerely,



Cathy Samford
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File