

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/20/2018
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NAME OF PROVIDER OR SUPPLIER TAPESTRY ADOLESCENT RESIDENTIAL PRO	STREET ADDRESS, CITY, STATE, ZIP CODE 5030 HENDERSONVILLE ROAD FLETCHER, NC 28732
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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}	<p>INITIAL COMMENTS</p> <p>A follow up survey to a Type A1 violation with the 23rd day of correction being July 7, 2018, was completed on August 20, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children and Adolescents.</p>	{V 000}	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">SEP 27 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
{V 108}	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	{V 108}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Joni Alexander Executive Dir
9/21/18

Tapestry Residential Plan of Corrections- Resurvey Visit on 8/20/18

NCAC 27G .0202 Personnel Requirements (V108)

Immediate Corrective Measure

- All staff will be trained in the following:
 - 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 have attended.
- CPR/First Aide/NCI Trainings for all staff required on 6/13/18, 6/14/18, 6/21/18 and 6/27/18.
- 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.
- Site Coordinator will monitor new hire compliance with specific trainings and will develop plans for lapses in training for all current employees. Employees that have not received appropriate training will not be permitted to work until training is complete.
- Executive Director reviewed personnel files with HR Director on 7/29/18 to ensure compliance with this process. Plans for specific staff training needs were developed.

Corrective Measures:

- As a result of the deficiencies cited above, all staff will be trained in the following by 8/26/18:
 - 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.
- As a result of deficiencies cited above, management of the Personnel Files was moved to the Regional HR Director. 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.
- 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 to ensure compliance with this correction.
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10A NCAC 27G .0209 Medication Requirements (V118) (V123)

- RN/ Executive Director is no longer working for the organization and new leadership is established in the program.
- Effective immediately, all medications, including standing orders, will only be dispensed with MD order.
 - Program Nurse, in consultation with program MD, developed medical records with medical notes, medical orders, and initial evaluations.
 - All copies of orders will be uploaded into Carelogic and stored in the Document Library of the eCR in addition to the paper copy located in the medical chart.
- All staff involved in medication administration will be trained in medication administration by state standards and program/ facility. No untrained staff will provide med services.
 - New RN started on 9/4/18.
- Tapestry nursing staff will ensure that medications provided for clients will only be dispensed with an order from a person authorized to prescribe medications by State of North Carolina.
- All current staff will be trained in medication administration by Blue Ridge Pharmacy or RN. All new hires will be fully trained by an authorized medication administration trainer prior to providing client services associated with medications.
- All staff will be retrained in state approved medication administration on an annual basis.
- Development of a new MAR system to ensure the following:
 - Client's name
 - Name, strength, and quantity of the drug
 - Instructions for the administering the drug
 - Date and time of the administration of the drug
 - Name or initials of person administering the drug
- Development of system for management of medical records to ensure competent review of medical orders
 - Medication orders will be reviewed immediately following MD visits.
- Any and all medication errors will be documented on the Medical Error Incident Form and communicated to RN and MD and/or pharmacy. MD will advise on any actions needed as a result of the error and nurse will execute actions accordingly.
 - All Medical Error Incident Forms are located in the MAR.

Compliance and Prevention:

- All new hires will be scheduled for state approved medication administration training at time of hire by Site Coordinator.
- No staff member will be permitted to pass medications until they have received medical administration training that is up to state standards by an approved trainer.

- Program nurse will engage in routine observation of MAR process with each client/ trained staff member.
- MD will provide consultation progress notes for each medical visit and program nurse will review documentation to initiate any orders in a timely manner.
- The nurse will obtain written consent for all medication orders for minors.

Monitoring:

- It is the responsibility of the Program RN to routinely monitor the MAR for accuracy. Monitoring will occur on a daily basis.
- It is the responsibility of the Site Coordinator to schedule all new hires for state approved medication administration training. Staff will not permitted provide any services related to medication prior to receiving state approved training.
- It is responsibility of the Program Nurse to ensure that all medications provided are only administered with an MD order.
- It is the responsibility of the nurse to ensure that all MD orders are initiated within 24 hours. Daily MD order and MAR check is the responsibility of the Program Nurse.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 13, 2018

Jessie Alexander, Executive Director
Appalachian Outpatient Services, LLC
5030 Hendersonville Road
Fletcher, NC 28732

DHSR - Mental Health

SEP 27 2018

Lic. & Cert. Section

Re: Follow up Survey completed August 20, 2018
Tapestry Adolescent Residential Program, 5030 Hendersonville Rd., Fletcher, NC 28732
MHL # 045-133
E-mail Address: jalexander@silverridgerecovery.com

Dear Ms. Alexander:

Thank you for the cooperation and courtesy extended during the follow up survey completed August 20, 2018.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Type A1 rule violation(s) are **continued** for 10A NCAC 27G .1301 Scope (V179) with cross referenced rule violations in 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0603 Incident Response Requirements (V366) and 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). The A1 rule violations are continued for 26 days.
- The other tag cited is a standard level deficiency.

It was determined that the following deficiencies were found to be in compliance as of 8-3-18, which is reflected on the enclosed Revisit Report.

- 10A NCAC 27G .1301 Scope (V179)- Type A1
- 10A NCAC 27G .0209 Medication Requirements (V118)

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

September 13, 2018
Jessie alexander
Appalachian Outpatient Services, LLC

- 10A NCAC 27G .0202 Personnel Requirements (V108)
- 10A NCAC 27G .0603 Incident Response Requirements (V366)
- 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536)

Although the reviewed deficiencies are now in compliance, you remain responsible for payment of penalties levied against Appalachian Outpatient Services, LLC during the complaint survey completed June 14, 2018.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 19, 2018.

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 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, Team Leader at 336-861-7342.

Sincerely,

Kem Roberts

Kem Roberts
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@dhhs.nc.gov, DMH/DD/SAS
Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
Jerrie McFalls, Director, Henderson County DSS
Pam Pridgen, Administrative Assistant
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