

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/08/2018
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NAME OF PROVIDER OR SUPPLIER CASCADE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 7108 WALLACE ROAD, APT 7000-A CHARLOTTE, NC 28212
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 10/8/18. The complaint was unsubstantiated (NC#00141496). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Therapeutic Homes for Individuals with Substance Abuse Disorders and Their Children.</p>	V 000		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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 information:</p> <ol style="list-style-type: none"> (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. 	V 367		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 367	<p>Continued From page 1</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents that occurred during the provision of billable services 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 9/12/18 client #1's record revealed: -Admission date of 4/13/18; -Discharge date of 7/27/18; -Diagnoses of Cocaine Use Disorder, Cannabis Use Disorder Severe, Other Stimulant Use Disorder Mild, Post-traumatic Stress Disorder with panic attack and Major Depressive Disorder Recurrent Moderate per Comprehensive Clinical Assessment dated 4/16/18; -History of drug abuse, self harm, homelessness, unemployment, family dysfunction, legal issues and Department of Social Services involvement with children.</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>Review on 9/12-13/18 of the facility's Incident Reports from 7/2018 through 9/2018 revealed: -Level I incident report for client #1 dated 7/27/18 "...Aggressive behavior...911 called...As of 7/26/18 client #1 had been placed on four contracts. On 7/26/18 client #1 behavior escalated during treatment, she became disruptive, storming out of group, disrespecting staff, and refusing to complete assignments. On the evening of 7/26/18 client #1 made threats toward another consumer on [social media]. She was also observed exhibiting inappropriate behavior with another consumer...The decision was made by her team to staff her for discharge, due to non-compliance, threatening peers, and defiant behaviors. On 7/27/18, shortly after the discharge staffing began client #1 stormed out of the meeting, slamming doors, cursing at staff and making more threats to attack consumers...stated that she was going to wait until consumers were out of treatment and she was going to attack one of her peers. She proceeded to kick over flowers pots...kicking the treatment doors...making threats...Staff attempted to calm client #1...continued threatening staff and peers, and threatened to turn over tables and damage more property, so the police were called. When the police arrived client #1 had already left the property. She (client #1) later returned and continued with her disruptive and destructive behavior. Police were called again; when they arrived, client #1 was in the lobby. The police instructed the Program Director to tell her she was banned from the property, so if she returned, she would/could be arrested. The Program Director then informed client #1 that she was banned from treatment and residential property; at that point client #1 left treatment grounds..."</p> <p>Review on 9/13/18 of the North Carolina Incident</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>Response Improvement System (NC IRIS) for facility incident reports dated from 7/2018 through 9/2018 revealed: -No IRIS report completed for the incident on 9/27/18 involving client #1.</p> <p>Review on 10/8/18 of a Call Report from the local Police Department for calls received from 7/27/18 through 9/18/18 revealed: - One call to the residential facility on 7/27/18 and two calls to the facility's administrative office on 7/27/18, all involving client #1; - None of the police calls on 7/27/18 involving client #1 had been documented in NC IRIS.</p> <p>Interview on 9/12/18 with the Program Director revealed: -On 9/27/18 client #1 displayed disruptive behaviors in treatment groups, including but not limited to, making verbal and physical threats to peers and staff and destroying property, as a result police were called and responded on site; - No IRIS report had been completed for the incident involving client #1 on 9/27/18; - She was not aware she needed to complete IRIS for the 9/27/18 incident.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		