

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-982</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>10/08/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CASCADE SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7108 WALLACE ROAD, APT 7000-A CHARLOTTE, NC 28212</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	<p><b>INITIAL COMMENTS</b></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	<p>Plan of Corrective Action:</p> <ol style="list-style-type: none"> <li>In order to correct the deficiency of Incident Report Requirements, the Program Manager will ensure that moving forward all Level II incidents are reported within the designated timeframe of 72 hours.</li> </ol>	10/11/18
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></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"> <li>reporting provider contact and identification information;</li> <li>client identification information;</li> <li>type of incident;</li> <li>description of incident;</li> <li>status of the effort to determine the cause of the incident; and</li> <li>other individuals or authorities notified or responding.</li> </ol>	V 367	<ol style="list-style-type: none"> <li>In order to prevent this deficiency from occurring again, the Program Manager will review the DHHS Incident Reporting Manual, will ensure that all Level II incidents are reported to the NC State Director for review, and the incident is entered into the IRIS system within the designated timeframe of 72 hours.</li> <li>The Program Manager, with assistance from the NC State Director, will monitor the situation to ensure the deficiency will not occur again.</li> <li>Monthly monitoring will take place during the monthly QA/QI meeting and as needed to address any issues.</li> </ol>	10/12/18  10/11/18  10/18/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Adrienne Selin, J.D., BS, MBA, MPH, CHA</i>	TITLE Program Manager	(X6) DATE 10/11/2018
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