

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>20140058</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>12/14/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STRATEGIC BEHAVIORAL CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3200 WATERFIELD DRIVE<br/>GARNER, NC 27529</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                 |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X5)<br>COMPLETE<br>DATE |                                                                 |
| V 000                                                                  | INITIAL COMMENTS<br><br>A Follow Up and Complaint Survey was completed 12/14/18. The complaints were unsubstantiated (Intakes #NC00145367, #NC00144717) and substantiated (Intakes #NC00146308, #NC00145242, #NC00145244, #NC1449983, #NC00145489, #NC001475700, #NC00145230). Deficiencies were cited.<br><br>This facility is licensed in the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V 000                                                                     | Please note that the corrective action is written in the following format:<br><i>a) A description of the corrective action(s) and the systems that have been or will be implemented to correct the deficiency;</i><br><i>b) The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</i><br><i>c) The title of the person responsible for implementing the acceptable plan of correction.</i><br><i>d) The date by which all corrective action will be completed and the monitoring system in place.</i>                                                                                                                         |                          |                                                                 |
| V 314                                                                  | 27G .1901 Psych Res. Tx. Facility - Scope<br><br>10A NCAC 27G .1901 SCOPE<br>(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.<br>(b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting.<br>(c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis.<br>(d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.<br>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential | V 314                                                                     | V314<br><b>a) Corrective Actions</b><br>1. All staff, including medical staff, with court responsibilities, have been re-educated on the court process including that court dates must be met by the hospital without exception.<br><br><b>b) Monitoring Procedure</b><br>1. 100% of all PRTF admissions will be audited for compliance with court paperwork. A standard of 100% compliance has been established. This process will continue on a go-forward basis and has no end date.<br>2. The results of the audit will be aggregated and reported to the Quality/PI Council, the Medical Executive Committee, and the Governing Board at each of their respective meetings.<br><br><b>c) Title of the responsible person</b><br>Health Information Manager | d) 1/21/19               |                                                                 |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Rachel Beal*

STATE FORM

6899

5MH011

TITLE

*CEO*

DHSK-Mental Health

(X6) DATE

*1/7/19*

If continuation sheet 1 of 12

JAN 0 8 2019

Lic. & Cert. Section

Division of Health Service Regulation

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| V 314                                                                  | <p>Continued From page 1</p> <p>to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on. Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at <a href="http://www.dhhs.state.nc.us/dma/">http://www.dhhs.state.nc.us/dma/</a>.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to assure services were coordinated to meet the needs of 1 of 1 audited former clients (former client #4888). The findings are:</p> <p>Review on 12/14/18 of former client (FC) #4888's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 8/17/18 and discharge date of 12/6/18</li> <li>- a psychiatric evaluation dated 8/18/18 with diagnoses of Conduct Disorder adolescent onset and Rule out<br/>Disruptive Mood Dysregulation Disorder</li> <li>- an Order of Voluntary Admission Of Minor was filed with the county court system 8/30/18 approving a 90 day</li> </ul> | V 314                                                                        |                                                                                                                          |  |                                                                    |

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| V 314                                                                  | <p>Continued From page 2</p> <p>stay based on an 8/18/18 evaluation by a physician which noted a concern impulsivity and poor choices putting FC #4888 at risk</p> <ul style="list-style-type: none"> <li>- an Evaluation for Admission / Continued stay dated 11/21/18 recommending continued treatment for 30 days due to FC #4888 being mentally ill and needing further treatment available at the facility</li> <li>- a Consent to Medical Treatment signed by FC #4888's guardian 11/21/18</li> <li>- no evidence of further documentation from the court system for continued care</li> <li>- a Discharge Notification dated 12/6/18 for FC #4888</li> </ul> <p>During an interview on 12/14/18, the Court Liaison (CL) reported:</p> <ul style="list-style-type: none"> <li>- all clients were initially voluntarily committed to the facility</li> <li>- a Qualified Professional, initially a doctor, examined the client to determine the need for treatment and explained why the client was admitted</li> <li>- the CL assured the documentation was received by the Clerk of Court</li> <li>- the CL tracked when clients were due back in court for case review</li> <li>- on occasion, clients court cases were not reviewed in a timely manner</li> <li>- if clients missed court dates, the facility either had the guardian sign another consent for voluntary commitment or the client was discharged.</li> <li>- the CL identified FC #4888 as having missed a court date.</li> </ul> | V 314                                                                                            |                                                                                                                          |  |                                                                    |
| V 536                                                                  | 27E .0107 Client Rights - Training on Alt to Rest. Int.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V 536                                                                                            | V536 Begins on next page                                                                                                 |  |                                                                    |

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| V 536                                                                  | Continued From page 3<br><br>10A NCAC 27E .0107 TRAINING ON<br>ALTERNATIVES TO RESTRICTIVE<br>INTERVENTIONS<br>(a) Facilities shall implement policies and<br>practices that emphasize the use of alternatives<br>to restrictive interventions.<br>(b) Prior to providing services to people with<br>disabilities, staff including service providers,<br>employees, students or volunteers, shall<br>demonstrate competence by successfully<br>completing training in communication skills and<br>other strategies for creating an environment in<br>which the likelihood of imminent danger of abuse<br>or injury to a person with disabilities or others or<br>property damage is prevented.<br>(c) Provider agencies shall establish training<br>based on state competencies, monitor for internal<br>compliance and demonstrate they acted on data<br>gathered.<br>(d) The training shall be competency-based,<br>include measurable learning objectives,<br>measurable testing (written and by observation of<br>behavior) on those objectives and measurable<br>methods to determine passing or failing the<br>course.<br>(e) Formal refresher training must be completed<br>by each service provider periodically (minimum<br>annually).<br>(f) Content of the training that the service<br>provider wishes to employ must be approved by<br>the Division of MH/DD/SAS pursuant to<br>Paragraph (g) of this Rule.<br>(g) Staff shall demonstrate competence in the<br>following core areas:<br>(1) knowledge and understanding of the<br>people being served;<br>(2) recognizing and interpreting human<br>behavior; | V 536                                                                        | V536<br><b>a) Corrective Actions</b><br>1. The Hospital's Governing Board will ensure<br>that training on Alternative to Restrictive<br>Interventions is not only completed, as required,<br>but recorded and evidence of this training<br>retained in the appropriate Human Resource<br>files on a consistent basis for all employees with<br>patient care responsibilities.<br><br>2. A Human Resources (HR) checklist has been<br>established whereby the HR Director must<br>complete the checklist to assess for any deficient<br>HR file items and report on findings, as<br>delineated below.<br><br><b>b) Monitoring Procedure</b><br>1. 100% of HR files are being audited every 60<br>days for evidence that they contain all required<br>items.<br>A standard of 100% compliance has been<br>established. This process shall be continued to<br>four reporting periods. If the results are below<br>the 100% compliance rate, this review process<br>will be increased to a 30-day frequency until the<br>files are brought, again, into compliance.<br><br>2. The findings of the audit are being aggregated<br>and reported to the Quality/PI Council, the<br>Medical Executive Committee, and the<br>Governing Board at each of their respective<br>meetings.<br><br><b>c) Title of Responsible Person</b><br>Human Resources Director | <b>d)</b><br>1. 2/14/19  |                                                                    |

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| V 536                    | Continued From page 4<br><br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. | V 536               |                                                                                                                          |                          |

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| V 536                                                                  | Continued From page 5<br><br>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time. | V 536                                                                        |                                                                                                                          |                          |                                                                    |

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| V 536                                                                  | <p>Continued From page 6</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the governing body failed to assure 2 of 8 audited staff (Registered Nurse #1, Registered Nurse #2) maintained current training in alternatives to restrictive intervention training. The findings are:</p> <p>Review on 12/14/18 of Registered Nurse (RN) #1 revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 7/29/18</li> <li>- Handle With Care training with an expiration date of July 2018</li> </ul> <p>Review on 12/14/18 of RN #1 revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 11/14/16</li> <li>- Handle With Care training with an expiration date of July 2018</li> </ul> <p>During an interview on 12/14/18, the Administrator reported the training may have been completed but was not in the files yet.</p> | V 536                                                                                            |                                                                                                                          |                                                                    |

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| V 537                                                                  | Continued From page 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | V 537                                                                        | V537                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                    |
| V 537                                                                  | <p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to</p> | V 537                                                                        | <p><b>a) Corrective Actions</b></p> <p>1. The Governing Board will ensure that training on Seclusion, Physical Restraint, and Isolation time-out is not only completed, as required, but recorded and evidence of this training retained in the appropriate Human Resource files on a consistent basis for all employees with patient care responsibilities.</p> <p>2. A Human Resources (HR) checklist has been established whereby the HR Director must complete the checklist to assess for any deficient HR file items, including evidence of training on Seclusion, Physical Restraint, and Isolation Time-out and report on findings, as delineated below.</p> <p><b>b) Monitoring Procedure</b></p> <p>1. 100% of HR files are being audited every 60 days for evidence that they contain all required items.</p> <p>A standard of 100% compliance has been established. This process shall be continued to four reporting periods. If the results are below the 100% compliance rate, this review process will be increased to a 30-day frequency until the files are brought, again, into compliance.</p> <p>2. The findings of the audit are being aggregated and reported to the Quality/PI Council, the Medical Executive Committee, and the Governing Board at each of their respective meetings.</p> <p><b>c) Title of Responsible Person</b></p> <p>Human Resources Director</p> | d)<br>1. 2/14/19         |                                                                    |



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| V 537                                                                  | Continued From page 8<br><br>Paragraph (g) of this Rule.<br>(g) Acceptable training programs shall include, but are not limited to, presentation of:<br>(1) refresher information on alternatives to the use of restrictive interventions;<br>(2) guidelines on when to intervene (understanding imminent danger to self and others);<br>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);<br>(4) strategies for the safe implementation of restrictive interventions;<br>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;<br>(6) prohibited procedures;<br>(7) debriefing strategies, including their importance and purpose; and<br>(8) documentation methods/procedures.<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualification and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the | V 537                                                                        |                                                                                                                          |                          |                                                                    |

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| V 537                    | Continued From page 9<br><br>need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.<br>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.<br>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) evaluation of trainee performance; and<br>(D) documentation procedures.<br>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.<br>(8) Trainers shall be currently trained in CPR.<br>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.<br>(10) Trainers shall teach a program on the use of restrictive interventions at least once | V 537               |                                                                                                                          |                          |

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| V 537                    | <p>Continued From page 10</p> <p>annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p><br/></p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the governing body failed to assure 2 of 8 audited staff (Registered Nurse #1, Registered Nurse #2) maintained current training in restrictive intervention training. The findings are:</p> <p><br/></p> <p>Review on 12/14/18 of Registered Nurse (RN) #1 revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 7/29/18</li> <li>- Handle With Care training with an expiration date of July 2018</li> </ul> | V 537               |                                                                                                                          |                          |

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| V 537                                                                  | Continued From page 11<br><br>Review on 12/14/18 of RN #1 revealed:<br>- a hire date of 11/14/16<br>- Handle With Care training with an expiration<br>date of July 2018<br><br>During an interview on 12/14/18, the<br>Administrator reported the training may have<br>been completed but was not in the files yet. | V 537                                                                        |                                                                                                                          |                          |                                                                    |