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	MHL054-126	A. BUILDING: _____ B. WING _____	01/09/2019

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on January 9, 2019. The complaints were unsubstantiated (Intake #NC00146369 and #NC00146460). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105		

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V 105	Continued From page 1 recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

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V 105	Continued From page 2 Based on record review and interview, the facility failed to develop and implement a written policy for adoption of standards of practice related to federal requirements for the reporting of events that result in the use of restraint or seclusion. The findings are: Review on 1/9/19 of LME-MCO (Local Management Entity-Managed Care Organization) communication Bulletin J287, "Clarifying the Reporting Standards for Psychiatric Residential Treatment Facilities [PRTF]" dated 5/11/18 revealed: - "As a reminder, Serious Occurrences are any event that result in Restraint or Seclusion, Resident's Death, Any Serious Injury to a Resident, and a Resident's Suicide Attempt. NC [North Carolina] 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) . . . " - "DMA receives reports of Serious Occurrences via the Incident Response and Improvement System (IRIS) managed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services . . . " Review on 1/9/19 of the facility's "INCIDENT AND DEATH RESPONSE SYSTEM" policy last revised 11/1/17 revealed: "Upon learning of a Level II/III incident involving a consumer currently receiving services, [Licensee] shall document the event within the time frames specified in this policy using the DHHS [Department of Health and Human Services] Incident Response Improvement System (IRIS). Level II/III DHHS Incident and Death Report include:...b) Restrictive Intervention: additional documentation is required on the restrictive intervention details report. Level II any	V 105		

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V 105	Continued From page 3	V 105		

emergency, unplanned use or any planned use that exceeds Licensure Rules is administered by an unauthorized person, requires treatment by a licensed health professional. Level III any restrictive intervention that results in permanent physical or psychological impairment within 7 days. . ."

Review on 1/9/19 of the facility's "LEVEL I INCIDENT REPORTING" policy effective 9/1/10 revealed that it did not address reporting of restrictive interventions.

Review on 1/9/19 of the facility's "Consumer Death or Serious Occurrence/Sentinel Event" policy, last revised 11/1/17 revealed:
"It is the policy of [Licensee] to define a Serious Occurrence/Sentinel Event as the death of a Consumer or any significant impairment of the physical condition of a Consumer as determined by [Licensee's] Primary Care Medical Director or other qualified Medical Personnel. This includes, but shall not be limited to, burns, lacerations, bone fractures, substantial hematomas, and injuries to internal organs, whether self-inflicted or inflicted by another person. Any allegation of abuse, neglect or exploitation shall also be considered a Serious Occurrence and reported and documented accordingly. Each Consumer Death or Serious Occurrence shall be reported and documented in accordance with Federal and State rules . . . "

Review on 1/9/19 of the facility's "Imminent Risk Situations/Emergency Safety Situations (ESS)" policy effective 1/1/16 revealed:
". . . Procedure: 1. When an imminent risk situation or ESS exists staff should implement interventions as documented in the PCP (Person Centered Plan) . . . and consistent with NCI

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V 105	Continued From page 4 [North Carolina Interventions] and CPI [Crisis Prevention Institute] training . . . " Review on 1/3/19 of client #8's record revealed: - 17 year old male admitted to the facility 10/19/18. - Diagnoses included Conduct Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Alcohol Use Disorder, Severe, Tobacco Use Disorder, and Cannabis Use Disorder. - Person Centered Profile dated 10/19/18 included with "Crisis Prevention and Intervention Plan . . . Restrictive Interventions: Every attempt will be made to de-escalate the crisis prior to the use of physical restraint or seclusion. Restrictive Intervention should be used when at imminent risk of, or in the process of injuring self or others. Type: Physical Restraint: 1. Duration Limit: the use of physical Restraint will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors, or when 10 minutes has elapsed . . . Type: Seclusion Duration Limit: The use of Seclusion will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors or when 1 hour has elapsed. . . . " During interview on 1/3/19 client #8 stated: - He had been placed in a therapeutic hold, or "wrap" and in seclusion for fighting his peers. - He was placed in the hold and in seclusion "to calm down." - The nurse assessed him after each hold and seclusion event. Review on 1/3/19 of client #10's record revealed: - 15 year old male admitted to the facility	V 105		

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V 105	Continued From page 5 10/12/18. - Diagnoses included Disruptive Mood Dysregulation Disorder. - Documented history of suicide attempts, physical aggression, and homicidal ideation. - Person Centered Profile dated 10/12/18 with "Crisis Prevention and Intervention Plan . . . Restrictive Interventions: Every attempt will be made to de-escalate the crisis prior to the use of physical restraint or seclusion. Restrictive Intervention should be used when at imminent risk of, or in the process of injuring self or others. Type: Physical Restraint: 1. Duration Limit: the use of physical Restraint will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors, or when 10 minutes has elapsed . . . Type: Seclusion Duration Limit: The use of Seclusion will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors or when 1 hour has elapsed. . . . " During interview on 1/3/19 client #10 stated: - He had been placed in a therapeutic hold, or "wrap" for fighting his peers. - The therapeutic hold was appropriate and no excessive force was used by staff. - The nurse assessed him after the hold. Review on 1/3/19 of Former Client #1's (FC1) record revealed: - 17 year old female admitted to the facility 2/19/18, and discharged from the facility 1/2/19. - Diagnoses included Bipolar Disorder with Psychotic Features, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Delusional Disorder, and Mild Intellectual/Developmental Disability.	V 105		

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V 105	Continued From page 6 - Person Centered Profile dated 10/12/18 with "Crisis Prevention and Intervention Plan . . . Restrictive Interventions: Every attempt will be made to de-escalate the crisis prior to the use of physical restraint or seclusion. Restrictive Intervention should be used when at imminent risk of, or in the process of injuring self or others. Type: Physical Restraint: 1. Duration Limit: the use of physical Restraint will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors, or when 10 minutes has elapsed . . . Type: Seclusion Duration Limit: The use of Seclusion will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors or when 1 hour has elapsed. . . . " - "Consumer Safety Plan" dated 2/20/18 and signed by FC1, her Legal Guardian and the facility's Qualified Professional/Consumer Affairs Coordinator included "PRTF SETTING: . . . Staff will utilize restrictive interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once least restrictive interventions have been exhausted and proven ineffective. Restrictive Interventions include: NCI [North Carolina Interventions], seclusion and chemical intervention. . . " - "Order for Emergency Safety Interventions" for "Physical Restraint" dated 11/16/18, 11/27/18, 12/5/18 and 12/10/18. Review on 1/3/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports from the facility regarding FC1. During interview on 1/9/19 the Director of PRTF Services stated:	V 105		

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V 105	Continued From page 7 - FC1 was "pulled from the facility by her mother" and was discharged from the facility against the recommendation of the treatment team. - The Executive Director was in ongoing communication with officials from the Division of Mental Health regarding the planned use of restrictive interventions and the requirements for reporting events that result in the use of restraint or seclusion in PRTF's as outlined in LME-MCO Communication Bulletin J287 and corresponding federal requirements. They were awaiting clarification of the requirements. This deficiency has been cited 6 times since the original cite date on 11/2/17 and must be corrected within 30 days.	V 105		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements	V 366		

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V 366	Continued From page 8 set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed;	V 366		

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V 366	Continued From page 9 (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level II incidents. The findings are: Review on 1/9/19 of LME-MCO (Local Management Entity-Managed Care Organization) communication Bulletin J287, "Clarifying the Reporting Standards for Psychiatric Residential Treatment Facilities [PRTF]" dated 5/11/18 revealed: - "As a reminder, Serious Occurrences are any event that result in Restraint or Seclusion, Resident's Death, Any Serious Injury to a Resident, and a Resident's Suicide Attempt. NC [North Carolina] 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) . . . " - "DMA receives reports of Serious Occurrences via the Incident Response and Improvement System (IRIS) managed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services . . . " Review on 1/9/19 of the facility's "INCIDENT AND DEATH RESPONSE SYSTEM" policy last revised 11/1/17 revealed: "Upon learning of a Level II/III incident involving a consumer currently receiving services, [Licensee] shall document the event within the time frames specified in this policy using the DHHS [Department of Health and Human Services] Incident Response Improvement System (IRIS). Level II/III DHHS Incident and Death Report include:...b) Restrictive Intervention: additional documentation is required on the restrictive intervention details report. Level II any	V 366		

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emergency, unplanned use or any planned use that exceeds Licensure Rules is administered by an unauthorized person, requires treatment by a licensed health professional. Level III any restrictive intervention that results in permanent physical or psychological impairment within 7 days. . ."

Review on 1/9/19 of the facility's "LEVEL I INCIDENT REPORTING" policy effective 9/1/10 revealed that it did not address reporting of restrictive interventions.

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V 366	Continued From page 12 [North Carolina Interventions] and CPI [Crisis Prevention Institute] training . . . " Review on 1/3/19 of Former Client #1's (FC1) record revealed: - 17 year old female admitted to the facility 2/19/18, and discharged from the facility 1/2/19. - Diagnoses included Bipolar Disorder with Psychotic Features, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Delusional Disorder, and Mild Intellectual/Developmental Disability. - Person Centered Profile dated 10/12/18 with "Crisis Prevention and Intervention Plan . . . Restrictive Interventions: Every attempt will be made to de-escalate the crisis prior to the use of physical restraint or seclusion. Restrictive Intervention should be used when at imminent risk of, or in the process of injuring self or others. Type: Physical Restraint: 1. Duration Limit: the use of physical Restraint will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors, or when 10 minutes has elapsed . . . Type: Seclusion Duration Limit: The use of Seclusion will be immediately discontinued at any indication of Consumer risk or distress, or immediately when the Consumer gains control over at-risk behaviors or when 1 hour has elapsed. . . . " - "Consumer Safety Plan" dated 2/20/18 and signed by FC1, her Legal Guardian and the facility's Qualified Professional/Consumer Affairs Coordinator included "PRTF SETTING: . . . Staff will utilize restrictive interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once least restrictive interventions have been exhausted and proven ineffective. Restrictive Interventions include: NCI [North Carolina Interventions], seclusion and	V 366		

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V 366	Continued From page 13 chemical intervention. . . " - "Order for Emergency Safety Interventions" for "Physical Restraint" dated 11/16/18, 11/27/18, 12/5/18 and 12/10/18. Review on 1/3/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports from the facility regarding FC1 11/16/18 - 1/2/19. During interview on 1/9/19 the Director of PRTF Services stated: - FC1 was "pulled from the facility by her mother" and was discharged from the facility against the recommendation of the treatment team. - The Executive Director was in ongoing communication with officials from the Division of Mental Health regarding the planned use of restrictive interventions and the requirements for reporting events that result in the use of restraint or seclusion in PRTF's as outlined in LME-MCO Communication Bulletin J287 and corresponding federal requirements. They were awaiting clarification of the requirements. This deficiency has been cited 6 times since the original cite date on 11/2/17 and must be corrected within 30 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-126	A. BUILDING: _____ B. WING _____	01/09/2019

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V 367	Continued From page 14 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: (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. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 367	Continued From page 15 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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete Level II incident reports on the form provided by the Secretary as	V 367		

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V 367	Continued From page 16 required. The findings are: Refer to tag v366 for specific details. During interview on 1/9/19 the Director of PRTF Services stated the Executive Director was in ongoing communication with officials from the Division of Mental Health regarding the planned use of restrictive interventions and the requirements for reporting events that result in the use of restraint or seclusion in PRTF's as outlined in LME-MCO Communication Bulletin J287 and corresponding federal requirements. They were awaiting clarification of the requirements. This deficiency has been cited 6 times since the original cite date on 11/2/17 and must be corrected within 30 days.	V 367		