

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
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NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 1/4/18. The complaints (NC00146674 and NC00146455) was unsubstantiated. The complaint (NC00146429) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p> <p>(7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 109	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the qualified professionals failed to demonstrate knowledge, skills and abilities required by the population served affecting 1 of 5 qualified professionals (Director). The findings are:</p> <p>Review on 12/18/18 of the Director's record revealed: - Hire date of 8/1/18 - Qualified Professional</p> <p>Review on 12/18/18 of Former Client #4 (FC #4) revealed: - Admission date of 8/15/18; Discharge date of 11/13/18 - Diagnoses of Major Depression Disorder, Disruptive Mood Dysregulation Disorder, and Cannabis Use Disorder - In the custody of social services (DSS)</p> <p>Interview on 12/19/18 with FC #4 revealed: - [The Director] had taken FC #4 to see her mom at the mall on 1 occassion. They talked about her wanting to get a piercing and her getting suspended from school. "My mom bought me some shoes."</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>Interview on 12/18/18 with The Director revealed:</p> <ul style="list-style-type: none"> - FC #4 was in DSS custody - FC #4 had been skipping school to be with boyfriend who had been kicked out of school - She took FC #4 to the mall to meet with her mom due to everything that had been going on and to see if mom could talk to her. During the meeting with mom, FC #4 confessed to having sex with her boyfriend. She was upset and the Director and mom talked to her. - The Director informed FC #4's DSS worker about the meeting and conversation with mom - FC #4's mom bought her some shoes - About a week later, FC #4 ran away <p>Interview on 12/19/18 with FC #4's DSS Worker revealed:</p> <ul style="list-style-type: none"> - FC #4 was in the custody of DSS since November 2017 after FC #4's grandmother passed away. FC #4's mom was not present and did not have a case plan with DSS in place. - FC #4 was not approved to visit with mom - She did not know that the Director took FC #4 to visit with her mom until after the visit had already happened 	V 109		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 12/18/18 of the facility's emergency drills revealed: - No disaster drills completed in 2018</p> <p>Interview on 12/18/18 with Client #1 revealed: - She had been in the group home for about 3 months. She had not completed a disaster drill</p> <p>Interview on 12/18/18 with Client #2 revealed: - They practiced fire and disaster drills but she wasn't sure how often</p> <p>Attempted Interview on 12/18/18 with Client #3 unsuccessful due to Client #3 being absent without leave (AWOL) from the facility</p> <p>Interview on 12/18/18 with The Director revealed: - She didn't know where the disaster drills were. They were usually done quarterly</p> <p>Interview on 1/2/19 with the Associate Professional (AP) revealed: - He had ran fire drills when working, but hadn't ran a disaster drill - He believed disaster drills were supposed to be</p>	V 114		

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V 114	Continued From page 4 completed once per year Interview on 1/3/19 with the Qualified Professional (QP) revealed: - The drills were "an oversight on our part." - He would be overseeing the emergency drills going forward	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	<p>Continued From page 5 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician and failed to ensure a Medication Administration Record (MAR) was kept current and accurate for 3 of 3 clients (Clients #1, #2, and #3). The findings are:</p> <p>Finding #1</p> <p>Review on 12/18/18 of Client #1's record revealed: - Admission date of 8/7/18 -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Unspecified Trauma and Stress Related Disorder -December 2018 MAR with the following documented as being administered: Focalin 30mg 1 capsule in the a.m. Fluoxetine 10mg 1 tablet in the a.m. Guanfacine 4mg 1 tablet in the a.m. Quetiapine 200mg 1 tablet at 5pm Cetirizine 10mg 1 tablet in the p.m. Montelukast 5mg 1 tablet @ 1pm -No physician's orders for medications provided</p> <p>Review on 12/18/18 of Client #2's record revealed: -Admission date of 8/15/18 - Diagnoses of Major Depression Disorder -December 2018 MAR with the following documented as being administered:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Gabapentin 100mg 2 tablets PO (by mouth) at bedtime as needed Clonidine HCL .2mg 1 tablet in the P.M. Aripirazole 5mg 1/2 tablet PO in the P.M. Hydroxyzine 25mg 1 capsule PO q 6hrs as needed for anxiety - No physician's orders for medications provided</p> <p>Review on 12/18/18 of Client #3's record revealed: - Admission date of 8/7/18 - Diagnoses of Other Depressive Episode and Oppositional Defiant Disorder -December 2018 MAR with the following documented as being administered: Proair HFA Inhaler 90mg q 4hrs Fluoxetine 20mg 1 cap in PO daily Quetiapine ER 200mg 1 tab PO q evening - No physician's order for medication provided</p> <p>Finding #2</p> <p>Observation on 12/18/18 revealed: - label on medication bottle was Clonidin 0.3mg take 1 tab PO at bedtime as directed</p> <p>Review of Client #2's December 2018 MARs revealed: -Clonidine HCL .2mg 1 tablet PO in the P.M.</p> <p>Interview on 12/18/18 of Client #1 revealed: - She received her medications everyday</p> <p>Interview on 12/18/18 of Client #2 revealed: - She received her medications everyday</p> <p>Attempted Interview on 12/18/18 of Client #3 unsuccessful due to client being AWOL</p>	V 118		

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V 118	Continued From page 7 Interview on 12/18/18 of The Director revealed: - They did not have prescriptions because the doctor doesn't give it to them - Prescriptions are sent to the pharmacy - Going forward, they will create a form to get the doctor to sign	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the	V 132		

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V 132	<p>Continued From page 8</p> <p>investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry (HCPR) of allegations against 2 of 4 audited staff (#2). The findings are:</p> <p>Review on 12/18/18 of Staff #1's record revealed: -Hire date of 8/1/18 - Direct Care Staff</p> <p>Review on 12/18/18 of The Director's record revealed: - Hire date of 8/1/18</p> <p>Review on 12/18/18 of the facility's incident reports revealed: - An unsubmitted incident report dated 12/3/18 that was not sent through IRIS- "Client claimed staff scratched her. Client scratched herself while trying to attack staff. Staff advised client she could not have a knife. Client became aggressive and irrate against staff and started throwing things at staff. Client tried to attack staff. Staff guide client to prepare for school and bus."</p>	V 132		

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V 132	Continued From page 9 - Allegation against staff #1 not reported to HCPR	V 132		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's	V 296		

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V 296	<p>Continued From page 10</p> <p>individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interviews and observation the facility failed to ensure 2 staff were present when clients were present. The findings are:</p> <p>Interview on 12/18/18 with Client #1 revealed: - There were either 1 or 2 staff working in the home and sometimes 3 if something happened - She had an incident with Staff #1 in which she kept coming out of her room without permission and this incident resulted in an allegation being made against Staff #1. "[Staff #1] picked me up and tried to put me in my room." Only Staff #1 was working during the time.</p> <p>Interview on 12/18/18 with Client #2 revealed: - Two staff worked in the home on shift</p> <p>Client #3 could not be interviewed due to AWOL</p> <p>Interview on 12/19/18 with FC #4 revealed: - There were usually 1 staff working in the home during a shift - At night, Staff #1 worked by himself most times</p> <p>Interview on 12/21/18 with Staff #1 revealed:</p>	V 296		

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V 296	<p>Continued From page 11</p> <ul style="list-style-type: none"> - He had been working in the home since about July 2018 and worked 3rd shift 11pm-7am and sometimes 12am-12pm. - When the incident took place with Client #1 that morning, he was working in the home alone at that time. Staff #2 had worked with him overnight on 3rd shift, but left after the other client got onto her school bus. It was Client #1 and Staff #1 left. The staff had to leave a little early due to something that came up. <p>Interview on 12/21/18 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - She worked in the home for about 6 months and worked 3rd shift. She usually worked with Staff #1 and leaves around 8am. - On the day of incident with Client #1, Staff #2 had a family emergency and asked Staff #1 if he was ok with her leaving a little early. Staff #1 said he would be fine. Staff #2 left around 7am. Client #1 was still left in the home. <p>Interview on 1/2/19 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - There were 2 or 3 staff working on shift <p>Interview on 1/4/19 with the QP revealed:</p> <ul style="list-style-type: none"> - He was made aware that Staff #2 had left from work early due to a family emergency - Having only 1 staff in the home with clients was a rare occurrence - He understood that there should be at least 2 staff at all times 	V 296		
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</p>	V 367		

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V 367	<p>Continued From page 12</p> <p>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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</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>	V 367		

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NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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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 367	<p>Continued From page 13</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> <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>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/18/18 of the facility's incident reports revealed: - An unsubmitted incident report dated 12/3/18 that was not sent through IRIS- "Client claimed staff scratched her. Client scratched herself while trying to attack staff. Staff advised client she could not have a knife. Client became aggressive and irrate against staff and started throwing things at staff. Client tried to attack staff. Staff guide client to prepare for school and bus." - No level II Incident for FC #4's AWOL - No level II incident for FC #5 911 call, hospitalization and allegations made against staff</p> <p>Interview on 12/18/18 with The Director revealed: - She tried to submit an incident report to the LME/MCO via fax but was told she needed to submit it through the actual system...IRIS. - FC #5 went to the hospital last week due to aggression, property destruction and self-injurious behaviors. A social worker called from social services and informed the group home of allegations being made against staff</p>	V 367		