STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-852	A. BUILDING: _____ B. WING _____	R 01/23/2019

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V 000	INITIAL COMMENTS An Annual, Complaint and Follow-Up Survey was completed on January 23, 2019. The complaint was substantiated (intake #NC00142766). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents	V 000		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.	V 295		

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V 295	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional, who at a minimum manages the day-to-day operations of the facility, supervises paraprofessionals and participates in service planning meetings. The findings are: Review on 1-22-19 of the personnel record of the staff identified as the Associate Professional (I-AP) revealed: - hire date 5-8-14 - signed job description for Associate Professional 1-9-15 - Job Description: - "Requirements: Bachelor ' s Degree in Human Service Field ..." - an Associate of Science degree was awarded in 2014 - Interview Question #6 asked about short and long-term goals, to which the I-AP replied: - finish her Associate Degree, then attain a Bachelor ' s Degree in Criminal Justice Interview on 1-18-19 with the I-AP revealed she performed the following duties: - grocery shopping for the facility - liaison with the department of social services - attended Child and Family Team meetings - liaison with each client ' s school personnel	V 295		

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V 295	Continued From page 2 - liaison with client ' s court counselors/requirements - day to day operations Interview on 1-23-19 with the facility Director (D) revealed: - the I-AP has been "identified as the AP (Associate Professional) all this time (since January, 2015)." - she wanted to know if the requirements for AP had changed - the consultant who created her personnel documentation, "must have put that (educational requirements) in there." - she had another staff that met the educational requirements, that could satisfy the state rules	V 295		
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.	V 296		

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V 296	Continued From page 3 (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 individual needs as specified in the treatment plan. (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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure there were two direct care staff present when one, two, three or four clients were present and awake; or two direct care staff present during client sleep hours. The findings are:	V 296		

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V 296	Continued From page 4 Review on 1-22-19 of client #1 ' s facility record revealed she was: - admitted 8-24-18 - 15 years old - diagnosed with: - Bipolar Disorder - Conduct Disorder - Attention-Deficit/Hyperactivity Disorder - Major Depressive Disorder Review on 1-22-19 of client #2 ' s facility record revealed she was: - admitted 12-21-18 - 17 years old - diagnosed with: - Post Traumatic Stress Disorder - Cannabis Use Disorder -Moderate Review on 1-22-19 of client #3 ' s facility record revealed she was: - admitted 12-14-18 - 15 years old - diagnosed with: - Attention-Deficit/Hyperactivity Disorder -Combined Type - Oppositional-Defiant Disorder - Disruptive Mood Dysregulation Disorder Interview on 1-18-19 with client #1 revealed: - usually there were 2 staff on duty - "on weekends, Saturdays and Sundays, it just depends, there ' s sometimes only one (staff)." Interview on 1-18-19 with client #2 revealed: - most of the time two staff are working	V 296		

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V 296	Continued From page 5 - "sometimes in the mornings, there ' s only been one" Interview on 1-22-19 with client #3 revealed: - there have been times when only one staff was working - "like if someone can ' t make it to work." When asked how often that occurred, client #3 stated: - "maybe once or twice" since she had been admitted Interview on 1-18-19 with the Qualified Professional (QP) revealed: - there had been occasions when there were not two staff working - it happened, "not that often" - "not every month, not that often" Interview on 1-23-19 with the Director revealed: - "I ' ll always get cited for that" - "If a staff calls out, the QP has 30 minutes to get here ..." - "or, if a staff quits I came in or my QP comes in." - "You can ' t hardly find qualified people these days and you can ' t pay them what they want." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. This deficiency was cited four previous times on 3-8-18, 12-18-17, 1-7-16 and 10-16-15.	V 296		

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V 366	Continued From page 6	V 366		
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 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	V 366		

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V 366	Continued From page 7 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; (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	V 366		

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V 366	Continued From page 8 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. This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to implement policies governing the facility ' s response to Level I incidents that included; determining the cause of the incident, developing corrective measures, developing measures to prevent similar incidents, assigning person(s) responsible for implementation of the corrections and prevention, and not maintaining documentation of these measures heretofore. The findings are: Review on 1-22-19 of the facilities incident report logs revealed: - a collection of documents identified as level	V 366		

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V 366	Continued From page 9 I reports - the documents were titled, "DHHS Incident and Death Report" and was last revised 3-8-06 - The DHHS Incident and Death Report was a 6 page document formerly used as a paper report for level II and level III incidences. - the facility was using page of 2, of 6 pages, to record information for their level I incidences - the information being collected on page 2 of the outdated report did not capture: - the cause of the incident - developed corrective measures - developed measures to prevent similar incidents - or the assigned person(s) responsible for implementation of the corrections and prevention Interview on 1-22-19 with the Director of the facility revealed: - they ' ve been using the old form for level Is - they ' ve been documenting other information from incidences in their service notes - after reviewing the state rules reports, "nobody ' s ever told her about the requirements for her level I reports. - she acknowledges the information that has not been recorded, but states that, "she was never told the old report (forms) weren ' t okay to use." - she was afraid that if she developed her own form, she may not collect all the information she is required to capture	V 366		