

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2019
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NAME OF PROVIDER OR SUPPLIER A PLACE OF THEIR OWN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5629 BURLINGTON ROAD MC LEANSVILLE, NC 27301
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V 000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was completed on February 13, 2019. The complaints were unsubstantiated (intake #NC00148058 and NC00148513). A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents</p>	V 000		
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent</p>	V 300		

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

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V 300	<p>Continued From page 1</p> <p>from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to meet with the child and family team or other involved persons including the legal guardian, area authority or other representatives including the department of social services, educational agency or criminal justice agency; to make service planning decisions, within five business days of an emergency transfer or discharge.</p> <p>The findings are:</p> <p>Review on 2-11-19 of former client #3 ' s (fc3) facility record revealed she:</p> <ul style="list-style-type: none"> - was admitted 3-15-18 - was 17 years old - was diagnosed by a psychiatrist on 4-20-18 <p>with:</p> <ul style="list-style-type: none"> - Disruptive Mood Dysregulation Disorder - Post Traumatic Stress Disorder - Problems with Primary Support Group - Educational Problems - was discharged 1-16-19 	V 300		

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V 300	<p>Continued From page 2</p> <ul style="list-style-type: none"> - had a discharge summary with no "Reason for Discharge" checked or selected, and no "Status of the Person at Discharge" checked or selected <p>Review on 2-12-19 of a note with no signature and no date, included with fc3 ' s discharge summary revealed:</p> <ul style="list-style-type: none"> - 1-8-19, fc3 was taken to school - while at school, fc3 made a suicidal gesture and was transported to a local behavioral health hospital - unsuccessful attempts were made to contact fc3 ' s m/lg - fc3 ' s Care Coordinator (CC) was contacted to inform of the hospitalization - when m/lg was contacted, she refused to allow the facility to have information about fc3 ' s treatment, because she wanted fc3 to be discharged to a higher level of care - no higher level of care was arranged for fc3 - fc3 was transported back to the facility on 1-15-19 - fc3 returned to school on 1-16-19, but was defiant, and subsequently picked up early by facility staff - at the facility, fc3 became "verbally aggressive" and, "stated she was going to start ' f*****g s**t up ' and she was ' tired of this b**l s**t ' . " - fc3 again made a suicidal gesture at the facility and the sheriff was called to transport her back to the hospital - facility director attempted to reach m/lg, "5-6 times to inform her of the current situation but did not get an answer." <p>Interview on 2-12-19 with the facility Director (D)</p>	V 300		

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V 300	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> - there was an emergency Child and Family Team (CFT) meeting when fc3 was hospitalized on 1-9-19 - she agreed to take fc3 back to the facility if fc3 would contract for safety - fc3 ' s m/lg was a part of that meeting, along with the CC, the facility ' s Qualified Professional (QP) and the hospital psychiatrist. - "it was also agreed that we would start looking for a higher level of care for fc3" <p>Interview on 2-13-19 with the CC revealed:</p> <ul style="list-style-type: none"> - there was an emergency CFT meeting while fc3 was hospitalized - "it was my understanding they (the facility) was going to bring her back" - he did not like how fc3 was discharged from the facility after she returned from the hospital - "They should have brought her back as a resident, updated her PCP (Person Centered Plan), have their LPC (Licensed Professional Counselor) do a CCA (Comprehensive Clinical Assessment) addendum, then send the CCA and treatment plan to other level III ' s. I requested this of them on or about the 16th (of January, 2019). We didn ' t anticipate the abrupt discharge. We expect group homes to not withdraw from the discharge process, but participate in the discharge process." - "[we] never got the updates we requested, not completely, no. [we] didn ' t get a list indicating who (other level III group homes) they called and what their outreach efforts were in getting her transferred." <p>Interview on 2-13-19 with the D revealed:</p> <ul style="list-style-type: none"> - "we requested to have a discharge CFT 	V 300		

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V 300	Continued From page 4 meeting between the 19th of January and the 23rd." - "we asked again to have a discharge CFT on the 23rd (of January, 2019)" - "we couldn ' t hold the discharge CFT meeting because we couldn ' t reach her (fc3 ' s) mother, and we couldn ' t get [CC] the care coordinator to schedule the emergency CFT meeting." - "I have emails showing my efforts to schedule the meeting" - "I have a paper to fill out for the emergency CFT meeting, but I can ' t just have a blank piece of paper for a meeting that no one attends or takes part in." - "We ' re doing everything we ' re supposed to be doing, but we shouldn ' t be getting cited for something when these parents have a duty to participate and we take better care of their children and they still won ' t participate or answer calls or be a part of their child ' s treatment."	V 300		
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