Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C MHL041-852 B. WING 02/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5629 BURLINGTON ROAD** A PLACE OF THEIR OWN LLC MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A Complaint Survey was completed on February 13, 2019. The complaints were unsubstantiated (intake #NC00148058 and NC00148513), A deficiency was cited. This facility is licensed for the following service **DHSR** - Mental Health category: - 10A NCAC 27G .1700: Residential MAR 1 1 2019 Treatment-Staff Secure for Children or Adolescents Lic. & Cert. Section V 300 27G .1708 Residential Tx. Child/Adol - Trans or V 300 discha 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (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. (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

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

make service planning decisions prior to the transfer or discharge of the child or adolescent

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 02/13/2019 MHL041-852 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5629 BURLINGTON ROAD** A PLACE OF THEIR OWN LLC MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 300 V 300 Continued From page 1 from the facility. (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. (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. 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 quardian, 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. The findings are: Review on 2-11-19 of former client #3 's (fc3) facility record revealed she: - was admitted 3-15-18 - was 17 years old - was diagnosed by a psychiatrist on 4-20-18 with: - Disruptive Mood Dysregulation Disorder - Post Traumatic Stress Disorder - Problems with Primary Support Group - Educational Problems - was discharged 1-16-19

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PRINTED: 02/18/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING MHL041-852 02/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5629 BURLINGTON ROAD** A PLACE OF THEIR OWN LLC MC LEANSVILLE, NC 27301 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 300 Continued From page 2 V 300 - had a discharge summary with no "Reason for Discharge" checked or selected, and no "Status of the Person at Discharge" checked or selected Review on 2-12-19 of a note with no signature and no date, included with fc3 's discharge summary revealed: - 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**I s**t ' .' - fc3 again made a suicidal gesture at the

back to the hospital

not get an answer."

facility and the sheriff was called to transport her

Interview on 2-12-19 with the facility Director (D)

- facility director attempted to reach m/lg, "5-6 times to inform her of the current situation but did

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 02/13/2019 MHL041-852 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5629 BURLINGTON ROAD** A PLACE OF THEIR OWN LLC MC LEANSVILLE, NC 27301 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 300 V 300 Continued From page 3 revealed: - 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" Interview on 2-13-19 with the CC revealed: - 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." Interview on 2-13-19 with the D revealed: - "we requested to have a discharge CFT

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V 300 Continued From page 4		00			
meeting between the 19th of Janu 23rd." - "we asked again to have a don the 23rd (of January, 2019)" - "we couldn't hold the dischmeeting because we couldn't get [CC coordinator to schedule the emergmeeting." - "I have emails showing my eschedule the meeting" - "I have a paper to fill out for CFT meeting, but I can't just have of paper for a meeting that no one takes part in." - "We're doing everything we to be doing, but we shouldn't be something when these parents haparticipate and we take better can children and they still won't participate and they still won't participate or be a part of their child's total calls or be a part of their child's total calls."	ischarge CFT arge CFT ach her (fc3 's) I the care gency CFT afforts to the emergency e a blank piece attends or ' re supposed getting cited for ve a duty to e of their cipate or answer				

V 300 Transfer or discharge meeting A Place Of Their Own, LLC will insure that any emergency discharge/transfers will have the CFT meeting scheduled and documented within 5 days of the discharge or transfer. Emergency discharge/transfers meeting will be properly documented regardless of the proper participation involving the MCO or parents within 5 days discharge or transfer. Regardless if the meeting only evolves Director/LP/QP/AP of the A Place of Their Own, LLC. It will include who should have participated in the meeting along with date, time and other important information. An email will be sent with the emergency discharge/transfers cft meeting notes attached to the proper parties if and email has been provided by all partied. Director/QP will be responsible for notifying all of the proper party. The meeting will be monitored, completed, documented and file by the QP/AP.