

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLEAR SKY GROUP HOME

**55 RAILROAD STREET
MARION, NC 28752**

(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 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 3/20/19. The complaint was unsubstantiated (Intake #NC00148478). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
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 repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(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 interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 3/19/19 of the facility fire and disaster drills form 7/2018-12/2018 revealed: -No second shift fire drill for the quarter of 7/2018-9/2018 or 10/2018-12/2018.</p>	V 114		

DHSR - Mental Health
APR 25 2019
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1305921016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2019
NAME OF PROVIDER OR SUPPLIER CLEAR SKY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 55 RAILROAD STREET MARION, NC 28752		
(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 114	Continued From page 1 -No second shift disaster drill for the quarter of 7/2018-9/2018 or 10/2018-12/2018. Interview on 3/20/19 with the Qualified Professional revealed: -The facility had two shifts, 6am-10pm and 10pm-6am. -The facility now has a safety manager who will oversee the drills. -They are currently being conducted each month.	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.	V 118		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLEAR SKY GROUP HOME

**55 RAILROAD STREET
MARION, NC 28752**

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V 118	<p>Continued From page 2</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, and record review the facility failed to maintain the MAR current for 1 of 3 audited client (#2). The findings are:</p> <p>Observation on 3/18/19 at approximately 10:45am of the medications for Client #2 revealed:</p> <ul style="list-style-type: none"> -Concerta 54mg 1 tablet daily. -Aripiprazole 10mg 1 tablet at bedtime. -Clonidine HCLER 0.1mg 1 capsule daily. -Polyethylene Glycol 3350 17g powder in liquid daily. <p>Review on 3/18/19 of the record for Client #2 revealed:</p> <ul style="list-style-type: none"> -Admission date of 6/25/18 with diagnoses of Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder and Conduct Disorder by history. <p>Review on 3/18/19 of the January 2019, February 2019 and March 2019 MAR for Client #2 revealed:</p> <ul style="list-style-type: none"> -No documentation of Concerta 2/28/19 or Polyethylene on 2/28/19. -No documentation of Concerta on 3/18/19, Aripiprazole 3/17/19, Clonidine 3/17/19, Atomoxetine 3/18/19 or Polyethylene on 3/17/19. <p>Interview on 3/19/19 with Client #1 revealed:</p>	V 118		

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V 118	Continued From page 3 -He had not missed any of his medication. Interview on 3/19/19 with the Qualified Professional revealed: -Client #2 did receive his medications, but they were not documented. -Client #2 had some behaviors on 3/17/19 and the documentation was an oversight by staff.	V 118			

The plan of protection outlined below will be immediately implemented by Clear Sky Behavioral staff.

- Cross Reference (1) - **10A NCAC 27G .0207 (c) Emergency Plans and Supplies**

Clear Sky Behavioral has been completing monthly disaster/fire drills since January 2019. Drills have been logged with our house AP. Our direct care staff will be completing a disaster/fire drill on each shift (once a month). Since our facility is a 24-hour facility, drills will be logged on 2nd/3rd shift as outlined in the DHHS guidelines. Clear Sky Behavioral has implemented a safety manager to be following up with this expectation with the monthly.

- Cross Reference (2) - **10A NCAC 27G .0209 (e) Medication Requirements**

Clear Sky Behavioral has implemented a daily check for Staff signatures on the MARS. Medication is only administered by our group leaders and/or AP. Our AP has been implementing a "buddy check" system for in order to catch these errors from occurring in the future. The group leaders have reviewed medication administrative guidelines as outlined. Clear Sky has employed a RN for auditing purposes, who will be completing checks monthly.

Plan of Protection Implementations

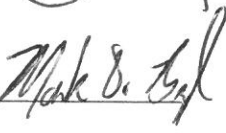
With this plan of protection, Clear Sky Behavioral Staff (Managing Partners, LP, QP, AP as well as direct care staff) will all be informed of changes outlined above. LP/QP/AP will collaborate with Managing Partners to ensure implementation of new policy and procedures. LP/QP/AP will be responsible for providing training for all direct care staff.

Facility Staff completing this form:

Amber Strif 
Printed/Signature

CSB Case Manager SP
Title

4/3/19
Date

Mark Lind 
Printed/Signature

CSB AP
Title

4/3/19
Date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 27, 2019

Scott M. Price, Managing Partner
Clear Sky Behavioral, LLC
33 Burgin Street
Marion, NC 28752

Re: Annual and Complaint Survey completed 3/20/19
Clear Sky Group Home, 55 Railroad Street, Marion, NC 28752
MHL # 059-072
E-mail Address: scott@clearskybehavioral.com
(Intake #NC00148478)

DHSR - Mental Health

APR 25 2019

Dear Mr. Price:

Lic. & Cert. Section

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed 3/20/19. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 5/19/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

March 27, 2019
Scott M. Price, Managing Partner
Clear Sky Behavioral Health, LLC

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Robin Sulfridge, Branch Manager at 336-861-7342.

Sincerely,

Sherry Waters

Sherry Waters
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
File