

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601337 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/03/2019 |
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| NAME OF PROVIDER OR SUPPLIER BONNIE'S HOME FOR YOUTH | STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NATIONS FORD ROAD CHARLOTTE, NC 28217 |
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| V 000 | INITIAL COMMENTS An annual and complaint survey was completed on 7-3-19. The complaint was unsubstantiated (#NC00152623). 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 | DHSR - Mental Health JUL 22 2019 Lic. & Cert. Section | |
| V 367 | 27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any | V 367 | Executive Director will provide oversight to ensure Qualified Professional submits incident reports in a timely manner. Any time police are called an IRIS is to be submitted within 72 hours. | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Margaret Newman Executive Director
TITLE
7/17/19
(X6) DATE

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| V 367 | <p>Continued From page 1</p> <p>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> <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</p> | V 367 | | |

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| V 367 | <p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report Level II incidents to the Local Management Entity (LME) within 72 hours of being aware of the incident. The findings are:</p> <p>Review on 6-25-19 of level I incident reports revealed: -6-8-19: "[Former client #4] attacked and choked peer...Staff intervened immediately... [Former client #4] then became physically and verbally aggressive toward staff...police had to be called to help calm the situation...." -6-16-19: "[former client #4] attacked peer...began throwing furniture...police had to be called to calm the situation."</p> <p>Review on 7-2-19 of local police reports and 911 calls revealed: -Police had been called to the facility on 6-8-19 for assault, 6-12-19 for threatening, and 6-16-19 for assault.</p> <p>Review on 7-1-19 of incident response</p> | V 367 | | |

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| V 367 | Continued From page 3 improvement system (IRIS) revealed: -No corresponding reports submitted into IRIS. Interview on 6-26-19 with client #1 revealed: -Former client #4 had attacked her twice. -Police had been called to the facility both times. Interview on 6-26-19 with client #2 revealed: -The police had been to the facility twice that she knew of, when former client #4 had attacked client #1. Interview on 6-26-19 with the facility manager revealed: -They had completed an in-house incident for the two fight in June. -It was the Qualified Professional's job to make sure something was submitted into the IRIS system. -They would make sure in the future any incidents that needed to be submitted would be. The Qualified professional was unavailable for interview. | V 367 | | | |
| V 752 | 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. | V 752 | Executive Director will ensure that temperature is between 100 and 116 degrees. A thermometer will be used to ensure temperature is accurate. Staff will record temperatures in log. This will be done on a weekly basis. | | |

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| V 752 | Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain hot water between 100 degrees and 116 degrees in areas where clients have access to water. The findings are: Observation on July 1 at approximately 2:00 PM revealed: -Kitchen sink water was 121 degrees. -Bathroom left sink and right sink was 121 degrees. -Bathtub was 122 degrees. Interview on 7-3-19 with the facility manager revealed: -She had already reported the issue and a maintenance man would be out that day to adjust the water. | V 752 | | | |