

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20140058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>06/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**STRATEGIC BEHAVIORAL CENTER**

**3200 WATERFIELD DRIVE  
GARNER, NC 27529**

(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	<b>INITIAL COMMENTS</b>  A Complaint and Follow Up Survey was completed on June 13, 2019. The complaints were substantiated (Intake #NC00152500, #NC00152011, #NC00152014 and #NC00151983). Deficiencies were cited.  This facility is licensed in the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Center for Children and Adolescents.	V 000	Please note that Strategic Behavioral Center Raleigh takes these findings seriously and is fully committed towards developing effective strategies for compliance with regulations and monitoring and evaluation activities to ensure compliance with same.  Pursuant to your request, the corrective actions are delineated in the following pattern:  <b>A)</b> The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified;  <b>B)</b> The date by which all corrective actions will be completed, and the monitoring system will be in place.  <b>C)</b> The title of the person responsible for implementing the acceptable plan of correction.  <b>D)</b> The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.	
V 105	<b>27G .0201 (A) (1-7) Governing Body Policies</b>  <b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b> (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

**DHSR - Mental Health**

**AUG 13 2019**

**Lic. & Cert. Section**

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Rachel Beal*

*CEO*

*8/13/19*

STATEFORM

6899

KB2011

If continuation sheet 1 of 36

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V 105	Continued From page 1  (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105	Begin V105  <b>A)</b> The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:  <b>1)</b> The DQCR has been re-educated on requirements related to reporting serious occurrences to both the State Medicaid agency and DRNC. It has been emphasized that this report must be made no later than close of business the next business day after each serious occurrence, as defined in 483.352.  <b>2)</b> The DQCR will present information on any serious occurrences, as defined in 483.352, to the CEO on a M-F basis. The DQCR shall present evidence to the CEO that the report to the State Medicaid Agency and DRNC has been made no later than close of business the next business day by comparing and showing the date/time the hospital was made aware of the incident to the date/time the report was made. The DQCR will document that this review has occurred. Compliance with this requirement will be addressed through the progressive disciplinary action process.  <b>3)</b> The DQCR will utilize all reporting methods to include fax, phone and or emails to ensure compliance.	b) 6/13/19	

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure serious occurrences were reported to the Protection and Advocacy system as required. The findings are:</p> <p>Per the Code of Federal Regulations (CFR) 483.374(b), the facility "must report to both the State Medicaid agency and the Protection and Advocacy system (Disability Rights of North Carolina (DRNC) ) no later than close of business the next business day after each serious occurrence. Reportable serious occurrences include...b. A serious injury to a resident as defined in 483.352 (Any significant impairment of the physical condition to the resident as determined by the qualified medical personnel. This includes, but is not limited to, burns lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self inflicted or inflicted someone else.)...Staff must document that each serious occurrence was reported to both the state Medicaid agency and the state designated Protection and Advocacy system."</p> <p>Review on 6/5/19 of the North Carolina Incident Reporting Improvement System and facility records revealed an incident dated 5/17/19 for client #002956-4: -admitted: 5/11/19 -diagnoses: Schizoaffective Disorder and Bipolar -age: 17 -"Patient received a phone call at the unit that apparently disturbed her, after the call she asked the staff if she could go in her room to change her shirt and staff agreed, a couple minutes later the staff went in her room to check on her and she was found in the bathroom with a shirt tied</p>	V 105	<p>V105 Continued</p> <p><b>c) The title of the person responsible for implementing the acceptable plan of correction:</b></p> <p>The Director of Quality, Compliance, and Risk Management.</p> <p><b>d) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b></p> <p><b>1) Compliance with the requirement to report to the State Medicaid Agency and DRNC no later than close of business the next business day will be monitored as follows:</b></p> <p>The DQCR will present information on any serious occurrences, as defined in 483.352, to the CEO on a Mon.-Fri. basis.</p> <p>The DQCR shall present evidence to the CEO that the report to the State Medicaid Agency and DRNC has been made no later than close of business the next business day by comparing and showing the date/time the hospital was made aware of the incident to the date/time the report was made.</p> <p>The DQCR will document that this review has occurred. Compliance with this requirement will be addressed through the progressive disciplinary action process.</p>	

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V 105	Continued From page 3  around her neck. Following the suicide attempt incident patient's observation level was changed by Dr. [name] to 1:1 at all times."  Review on 6/10/19 of the facility's "investigation reporting form" revealed the following regarding the 5/17/19 occurrence with client #002956-4: -time of incident: 10:38 AM -notifications: "Licensure...Office closed d/t (due to) holiday. Will report on 5/28/19 Disability Rights...5/27/19.. 2:00 PM via Fax"  During interview on 6/10/19, the Director of QA (Quality Assurance) Risk reported: -a 10 day lapse in reporting incident to outside entities -delay attributed was attributed to increase in workload related to staffing and increase client activities/investigations. She took responsibility for the delay in reporting of incident. -would utilize other reporting methods inclusive of faxing, and emailing to reduce risks of delays moving forward as well as seek guidance from various entities regarding specifics of what needed to be reported.	V 105	<b>V105 Continued</b>  <b>2)</b> Evidence of the DQCR's compliance with reporting requirements will be reported daily in the Hospital's Morning Meeting.  The findings, conclusions, recommendations, and actions taken will be aggregated and forwarded by the Director of Quality/ Compliance/ Risk to the Hospital's monthly Quality/PI Council, Medical Executive Committee and quarterly Governing Board at each of their respective meetings.  This process will continue as presented on a go-forward basis and has no end date.  <b>Begin V106</b>  <b>A)</b> The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:  It was determined that staff failed to follow the internal process for reporting incidents.  Staff was immediately re-educated on the Incident reporting procedure. The CNO has incorporated this re-education into her on-going monthly nursing meetings.  Staff not meeting these requirements will be addressed on a progressive disciplinary basis.		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES  10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed	V 106		6/10/19- 6/13/19	

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V 106	<p>Continued From page 4</p> <p>by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure incident reporting procedures regarding an unusual occurrence were followed for 1 of 4 audited former clients (#005619-1). The findings are:</p> <p>Review on 6/6/19 and 6/10/19 of Mental Health Technician #1's (MHT#1) record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 2/5/19</li> <li>- post test on Therapeutic Boundaries completed 2/15/19 with a score of 12 correct out of 12</li> <li>- post test on Therapeutic Milieu completed 2/13/19 with a score of 15 correct out of 15</li> </ul>	V 106	<p><b>C) The title of the person responsible for implementing the acceptable plan of correction:</b></p> <p>The Director of Quality, Compliance, and Risk Management.</p> <p><b>D) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b></p> <p><b>1)</b> Compliance with the requirement to ensure reporting of unusual occurrences will be monitored as follows:</p> <p>The DQCR will review daily incident reports in comparison to the Administrator on Call (AOC) daily reports in morning meetings. Any reports by the AOC that don't have a corresponding incident report will be given the CNO to follow up to ensure an incident report is completed.</p> <p>Compliance with this requirement will be addressed through the progressive disciplinary action process.</p> <p><b>2)</b> Evidence of the DQCR's compliance with reporting requirements will be reported daily in the Hospital's Morning Meeting. The findings, conclusions, recommendations, and actions taken will be aggregated and forwarded by the Director of Quality/Compliance/ Risk to the Hospital's monthly Quality/PI Council, Medical Executive Committee and quarterly Governing Board at each of their respective meetings.</p> <p>This process will continue as presented on a go-forward basis and has no end date.</p>	b)	

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V 106	<p>Continued From page 5</p> <p>During an interview on 6/7/19 MHT #1 reported:</p> <ul style="list-style-type: none"> <li>- she had worked at the facility since April 2019 and had previously worked at an out of state psychiatric hospital</li> <li>- she had received no training on boundary issues or what issues to look out for</li> <li>- she worked on the 600 Hall until last week</li> <li>- there was an incident involving a former client (FC#005619-1) that exhibited "some fondness" toward her and she was moved to other halls to work</li> <li>- the FC#005619-1 had a "boy crush" on her and he would tell her he "liked" her and though she "was pretty"; "typical boy stuff"</li> <li>- the "crush" started the week prior to FC#005619-1's discharge</li> <li>- a week or two prior to FC#005619-1's discharge, staff #1 would use Community Refocus (CR) forms to redirect him; the CR forms would handled the behavior for awhile before she would need to redirect him again</li> <li>- she told the Program Coordinator (PC) FC#005619-1's roommate made her uncomfortable because of his boundary issues; the House Supervisor (HS) and FC#005619-1's Therapist were also made aware of issues with FC#005619-1 and his roommate</li> <li>- the PC met with her and explained that she was placed on rotation to other halls to "maintain therapeutic relationship"</li> </ul> <p>During an interview on 6/7/19, HS reported:</p> <ul style="list-style-type: none"> <li>- she was a Registered Nurse as well as the HS</li> <li>- MHT #2 told her and Milieu Manager (MM) about MHT #1 crossing boundaries on 5/23/19</li> <li>- MHT #2 reported MHT #1 spent too much time in FC#005619-1 room and showed favoritism; FC#005619-1 gave MHT #1 a poem and instead of her turning it in, she kept it</li> </ul>	V 106			

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V 106	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- HS, MM, Therapist and Program Coordinator met with MHT #1 and explained that for her safety and due to the poem issue, she would be moved to another hall</li> <li>- MHT#1 denied knowing about the poem</li> <li>- HS planned to conduct additional boundary training with MHT #1</li> <li>- HS reported she informed the Chief of Nursing of the issue and had documentation of the meeting held with MHT #1</li> </ul> <p>During an interview on 6/7/19, the PC reported:</p> <ul style="list-style-type: none"> <li>- he had worked at the facility since 2012 in various positions and became the PC about 6 months ago</li> <li>- his job duties included training staff, providing safety and structure, monitoring the milieu and teaching restrictive interventions</li> <li>- a week or so ago, he responded to a situation of MHT #1 and FC#005619-1 may have crossed boundaries</li> <li>- he talked to MHT #1 about boundary issues and "transference"</li> <li>- he moved MHT #1 to another hall to "stay on top of boundaries"</li> <li>- he did not document his talk with MHT #1 or her transfer from the hall</li> </ul> <p>During interviews on 6/7/19 and 6/10/19, the Director of QA (Quality Assurance) Risk reported the issue between FC#005619-1 and MHT #1 was never brought to her attention prior to the survey. No documentation was forwarded to her. Any unusual behavior involving a client should have resulted in the completion of an internal incident report.</p>	V 106			
V 108	27G .0202 (F-I) Personnel Requirements	V 108	V108 Begins here		

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V 108	<p>Continued From page 7</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 4 of audited 8 audited staff (Mental Health Technician #21, Mental Health</p>	V 108	<p><b>A) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:</b></p> <p>Once a week and as needed, the CNO will ensure that the clients' PCPs are discussed in shift report meetings facilitated by the Nurse. During their week of shadowing with the MHTs, new employees will attend the shift report meetings and receive education on the clients' PCPs.</p> <p><b>C) The title of the person responsible for implementing the acceptable plan of correction:</b> Chief Nursing Officer</p> <p><b>D) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b></p> <p>a. To ensure evidence of compliance with this requirement, the CNO &amp; Compliance Director will receive the Hand-off communication form with required signatures on a daily basis. This new process will be monitored for the next 90 days or greater until compliance is at 98%.</p> <p>b. These concurrent findings are being presented daily at the Hospital's Morning Meeting (Monday-Friday). A summary of the findings is being forwarded to the Quality/PI Council, Medical Executive Committee and Governing Board at each of their respective meetings. c. Staff remaining out of compliance with the requirements are being addressed through the progressive disciplinary process.</p>	b)8/23/19	

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V 108	<p>Continued From page 8</p> <p>Technician #22, Licensed Practical Nurse #1, Milieu Manager #1) were trained to meet the mh/dd/sa needs of the clients. The findings are:</p> <p>Review between 6/5/19 and 6/12/19 of the facility's personnel records revealed:</p> <ul style="list-style-type: none"> <li>-Mental Health Technician (MHT) #21- hired: 5/9/16</li> <li>-MHT #22- hired: 2/3/15</li> <li>-licensed practical nurse (LPN) #1- hired: 3/6/17</li> <li>-milieu manager (MM) #1-hired: 7/10/17</li> </ul> <p>Review on 6/5/19 of former client #006024-1's record revealed:</p> <ul style="list-style-type: none"> <li>-admitted 5/10/19</li> <li>-discharged 5/28/19</li> <li>-diagnoses: Oppositional Defiant Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, Trauma and Stress Related Disorder and Bipolar</li> <li>-age: 16</li> <li>-facility's "comprehensive psychosocial assessment tool" dated 5/10/19 listed "events that occurred in previous 72 hours which prompted assessment: high speed chases, stealing, spitting @social workers &amp; court counselors..per parents; [client #006024-1] struggles with increased aggression &amp; impulsive actions causing legal charges, physical aggression, property destruction &amp; risky behaviors...runaways admits 10 X (times) from home, group home &amp; school"</li> <li>-facility's "New Admission Data Sheet" not dated listed "behaviors: Prior to his current detention placement in NC, [client #006024-1] was in a Juvenile Detention Center in [another state] for two weeks after running away from a level 3 group home."</li> <li>-facility's client observation sheets between 5/10/19 and 5/28/19 noted several highlighted</li> </ul>	V 108			

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V 108	<p>Continued From page 9</p> <p>precautions for elopement before and after 5/24/19.</p> <p>Review on 6/5/19 of the North Carolina Incident Reporting Improvement System listed the following occurrence dated 5/24/19, which involved former client #006024-1 was:</p> <ul style="list-style-type: none"> <li>-at an off-site podiatry appointment with MHT #21, #22...he eloped while on the appointment</li> <li>-out of staff sight for about 10-15 minutes. Local Police were called.</li> <li>-located by MHT#22 and returned to the facility without incident. Guardian notified.</li> </ul> <p>During interview on 6/7/19, former client #006024-1 reported:</p> <ul style="list-style-type: none"> <li>-estimated he was out of staff's sight 25-30 minutes when he eloped from Podiatrist's office on 5/24/19</li> </ul> <p>During interview on 6/7/19, former client #006024-1's mother reported:</p> <ul style="list-style-type: none"> <li>-her son was a "flight risk" and had a history of elopement.</li> <li>-facility was aware of his history as he was jailed prior to his admission due to runaway behaviors and stealing vehicles.</li> </ul> <p>During interview on 6/6/19, MHT #21 reported:</p> <ul style="list-style-type: none"> <li>-worked for agency a total of 4 years...</li> <li>transported clients for last 2 years...transported average 3 times per week...otherwise rotated on each hall</li> <li>-received email from person in charge of transportation the day before of all appointments scheduled</li> <li>-the day of 05/24/19 when former client #006024-1 eloped, was in the doctor's examination room with another client...found out from a nurse of the elopement...he did not exhibit</li> </ul>	V 108			

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V 108	<p>Continued From page 10</p> <p>any behaviors prior to arrival at the doctor's office -didn't know much about former client #006024-1 as "this was my first time transporting him."</p> <p>During interview on 6/6/19, MHT #22 reported: -worked at agency a total of 4 years..been a driver in the transportation department for the past year -also worked on different halls rotationally covering breaks and fill in -had not been trained on clients diagnoses, behaviors. "Most of the kids that I transport I know because I come from the floor." -prior to 5/24/19," I had worked with him before on the hall..he was unpredictable behaviorally (shanks, urine in cup threatened to pour on staff, disruption with others on the hall, kicked off the hall)... he was not 1:1, he was every 15 minutes for everyone which is standard." -not aware he had elopement behaviors -the day of 5/24/19, she was in the doctor's office lobby area with former client #006024-1 when he eloped.</p> <p>During interview on 6/7/19, LPN #1 reported she: -rotated on different halls -was not aware former client #006024-1 had elopement behaviors -was on duty 5/24/19 and participated in discussion for client #006024-1 to be transported to his podiatry appointment...until this interview, she was not aware another client also was transported at the same time to their appointment at the same Podiatrist's office. -if she had known of history, it may have changed the discussion</p> <p>During interview on 6/7/19, MM #1 reported he: -worked at agency for 2 years -duties included education of staff regarding</p>	V 108			

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V 108	<p>Continued From page 11</p> <p>safety</p> <p>-was involved in the discussion for former client #006024-1 to go on Podiatry appointment on 5/24/19...he did not make the final decision but was involved in the discussion</p> <p>-was not aware client had elopement history nor was he aware two clients had appointments at that time</p> <p>During interviews between 6/5/19 and 6/11/19, the Director of QA (Quality Assurance) Risk reported:</p> <p>-a subcommittee had begun the process of reviewing transportation procedures and policies regarding the 5/24/19 elopement. No final decisions had been reached but a meeting was scheduled within the upcoming few weeks.</p> <p>-increase in number of drivers specifically males pairing with male clients, staffing/client ratios for outing, re-iterating of nurses capabilities to increase supervision, as well as development of a transport team and overseer were a few suggestions identified.</p> <p>-drivers had been retrained</p> <p>During interview on 6/11/19, the facility's Chief Executive Officer reported:</p> <p>-training for staff of client specific diagnoses and behaviors was ongoing</p>	V 108			
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified</p>	V 110			

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V 110	<p>Continued From page 12</p> <p>professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, 1 of 8 audited staff (Mental Health Technician #1) failed to demonstrate competence in core skills to meet the needs of the population served. The findings are:</p> <p>Review on 6/6/19 and 6/10/19 of Mental Health Technician #1's (MHT#1) record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 2/5/19</li> <li>- post test on Therapeutic Boundaries completed</li> </ul>	V 110	<p>V110 Begins here</p> <p><b>A) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:</b></p> <p>a) Upon hire, annually, and as needed, employees' direct Supervisor will sit down with them to develop an individualized supervision plan. Staff who does not have Plans developed by the end of the projected completion date, will be taken off the schedule until plans are completed.</p> <p>b) 100% of current employee files will be audited by the CNO, or delegate, and any supervision plans that are not in compliance are required to be brought into compliance by the projected completion date to prevent from being taken off the schedule.</p> <p><b>c) The title of the person responsible for implementing the acceptable plan of correction:</b></p> <p style="text-align: center;"><b>Director of Nursing</b></p>	<p>b)</p> <p>8/31/19</p>

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V 110	<p>Continued From page 13</p> <p>2/15/19 with a score of 12 correct out of 12 - post test on Therapeutic Milieu completed 2/13/19 with a score of 15 correct out of 15</p> <p>During an interview on 6/7/19 MHT #1 reported: - she had worked at the facility since April 2019 and had previously worked at an out of state psychiatric hospital - she had received no training on boundary issues or what issues to look out for - she worked on the 600 Hall until last week - there was an incident involving a former client (FC#005619-1) that exhibited "some fondness" toward her and she was moved to other halls to work - the FC#005619-1 had a "boy crush" on her and he would tell her he "liked" her and though she "was pretty"; "typical boy stuff" - the "crush" started the week prior to FC#005619-1's discharge - a week or two prior to FC#005619-1's discharge, staff #1 would use Community Refocus (CR) forms to redirect him; the CR forms would handled the behavior for awhile before she would need to redirect him again - she told the Program Coordinator (PC) FC#005619-1's roommate made her uncomfortable because of his boundary issues; the House Supervisor (HS) and FC#005619-1's Therapist were also made aware of issues with FC#005619-1 and his roommate - the PC met with her and explained that she was placed on rotation to other halls to "maintain therapeutic relationship"</p> <p>During an interview on 6/7/19, the PC reported: - he had worked at the facility since 2012 in various positions and became the PC about 6 months ago - his job duties included training staff, providing</p>	V 110	<p><b>D) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b></p> <p><b>A.</b> To ensure compliance with this requirement, an audit of staff supervision is being conducted monthly to ensure compliance rate of 98%.</p> <p><b>B.</b> These concurrent findings are being presented at the Hospital's Morning Meeting (Monday-Friday). A summary of the findings is being forwarded to the Quality/QI Council, Medical Executive Committee and Governing Board at each of their respective meetings.</p> <p><b>C.</b> Staff remaining out of compliance with the requirements is being addressed through the progressive disciplinary process. The findings from the review will be continued at the Morning Meeting for a period of 3 months. If at a compliance rate of 95% and above, the results will be reduced to a review at the monthly Quality/PI Council meeting for ongoing compliance review.</p>		

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STREET ADDRESS, CITY, STATE, ZIP CODE

**STRATEGIC BEHAVIORAL CENTER**

**3200 WATERFIELD DRIVE  
GARNER, NC 27529**

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V 110	<p>Continued From page 14</p> <p>safety and structure, monitoring the milieu and teaching restrictive interventions</p> <ul style="list-style-type: none"> <li>- a week or so ago, he responded to a situation of MHT #1 and FC#005619-1 may have crossed boundaries</li> <li>- he talked to MHT #1 about boundary issues and "transference"</li> <li>- he moved MHT #1 to another hall to "stay on top of boundaries"</li> <li>- he did not document his talk with MHT #1 or her transfer from the hall</li> <li>- CR forms were used as a writing assignment if a client was cursing or being disrespectful</li> <li>- the facility was moving away from consequences and he was not aware of any staff still using CR's</li> </ul> <p>During an interview on 6/7/19, HS reported:</p> <ul style="list-style-type: none"> <li>- she was a Registered Nurse as well as the HS</li> <li>- CR's were assignments given to clients to write about a struggle they were having and what staff could do to assist them</li> <li>- CR's would go to the client's therapist or in the client's chart</li> <li>- she was not aware of any clients receiving a CR</li> <li>- MHT Moody told her and Milieu Manager about MHT #1 crossing boundaries on 5/23/19</li> <li>- MHT Moody reported MHT #1 spent too much time in FC#005619-1's room and showed favoritism; FC#005619-1 gave MHT #1 a poem and instead of her turning it in, she kept it</li> <li>- HS, MM, Therapist and RC met with MHT #1 and explained that for her safety and due to the poem issue, she would be moved to another hall</li> <li>- MHT#1 denied knowing about the poem</li> <li>- HS planned to conduct additional boundary training with MHT #1</li> <li>- HS reported she informed the Chief of Nursing of the issue and had documentation of the meeting held with MHT #1</li> </ul>	V 110		

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STATE FORM

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KB2011

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V 110	<p>Continued From page 15</p> <p>During an interview on 6/7/19, MHT #2 reported:</p> <ul style="list-style-type: none"> <li>- he had worked at the facility since December 2018, primarily on 600 Hall</li> <li>- he observed an "inappropriate disposition" with MHT #1 in regard to FC#005619-1</li> <li>- MHT #1 would position herself in front of FC#005619-1's room door, be in his room and would sit beside him on the hall and in school</li> <li>- he observed FC#005619-1 give MHT #1 a piece of paper and asked her if she read it</li> <li>- he took a picture of what turned out to be a poem and reported the incident to the MM</li> </ul> <p>During an interview on 6/7/19 the MM reported a few weeks ago the Residential Counselor (RC) on 600 Hall informed him he gave some coaching to MHT #1 about being a female staff member on the male hall and entering a client's room without a co-worker as a witness. MM also showed surveyors a poem that had been found. The MM reported the poem was not signed and there was no clear reference to MHT #1.</p> <p>During an interview on 6/10/19, the RC for 600 Hall reported:</p> <ul style="list-style-type: none"> <li>- he had worked at the facility a year and had been an RC for about 6 months</li> <li>- he worked the shift opposite MHT #1 but when he filled in on her shift, he observed she was in FC#005619-1's room a lot (FC#005619-1 had a roommate)</li> <li>- he coached her on the behaviors of FC#005619-1's roommate</li> <li>- a couple of weeks later, he observed that FC#005619-1 followed MHT #1 around and found FC#1 sitting unusually close to MHT #1 in the class room and had FC#005619-1 move away from her</li> <li>- he spoke with MHT#1 again and told her to</li> </ul>	V 110			

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V 110	<p>Continued From page 16</p> <p>direct FC#005619-1 to male staff members if he approached her for anything</p> <ul style="list-style-type: none"> <li>- he shared his observations and coaching with MHT #1 with the MM.</li> </ul> <p>During an interview on 6/10/19 with FC#005619-1's Therapist, he reported:</p> <ul style="list-style-type: none"> <li>- FC#005619-1 had been on his case load 6 months and FC#005619-1 was very well liked by others</li> <li>- staff reported MHT #1 was spending a lot of room in FC and is roommate's room</li> <li>- even after MHT #1 was told to maintain a healthy boundary with FC#005619-1, he observed them sitting closely together on the hall</li> <li>- 2 weeks later the House Supervisor told him about her concern with FC#005619-1 and MHT #1</li> <li>- the MM showed him a letter FC#005619-1 wrote to MHT#1 was brought to his attention in which FC#005619-1 expressed his love for MHT #1</li> <li>- he told the Nurse on the hall he wanted MHT #1 removed from the hall</li> </ul> <p>During interviews on 6/7/19 and 6/10/19, the Director of QA (Quality Assurance) Risk reported the issue between FC#005619-1 and MHT #1 was never brought to her attention prior to this survey. No documentation was forwarded to her. Any unusual behavior involving a client should have resulted in the completion of an internal incident report.</p>	V 110			
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall</p>	V 118			

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V 118	<p>Continued From page 17</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</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 record review and interviews, facility staff failed to assure medication administration records (MAR) remained current for 2 of 6 audited clients (#002889-2 and #005521-2) as well as 1 of 4 audited former clients (#005525-1). The findings are:</p> <p>a. Review on 6/5/19 of former client #005525-1's</p>	V 118	<p>V118 Begins here</p> <p><b>A) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:</b></p> <p>All nursing staff with medication administration responsibilities have been re-educated on the requirements that the Medication Administration Records (MAR) must be kept current. Medications administered shall be recorded immediately after administration and included the name or initials of the person who administered the drug.</p> <p><b>C) The title of the person responsible for implementing the acceptable plan of correction:</b> Director of Nursing</p>	<p>b)</p> <p>Completed on 6/10/19 thru 6/13/19</p>

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V 118	<p>Continued From page 18</p> <p>record revealed:</p> <ul style="list-style-type: none"> <li>-admitted 12/19/18</li> <li>-discharged 5/13/19</li> <li>-age: 15</li> <li>-diagnoses including Reactive attachment disorder, Post traumatic stress disorder, Unspecified mood disorder, Unspecified psychotic disorder, Disruptive mood disorder, Attention deficit hyperactivity disorder</li> <li>-a physician's order dated 4/17/19 had instructions for a Clozapine 100mg tablet to be administered once daily each morning (used to treat antipsychotic condition)</li> <li>-a physician's order dated 4/17/19 for: <ul style="list-style-type: none"> <li>-Clozapine 100mg tablet once daily each morning (used to treat antipsychotic condition)</li> <li>-Ciprofloxacin 500mg tablet twice a day for 10 days (used to treat bacterial infections)</li> <li>-Clozapine 50mg tablet once daily each morning (used to treat antipsychotic condition)</li> <li>-Clozapine 75 mg tablet once a day each morning (used to treat antipsychotic condition)</li> <li>-Lithium Carbonate 150 mg once a day (used to treat mood)</li> <li>-Fish Oil 1000mg once a day with food (used to help lower triglyceride levels in the blood)</li> </ul> </li> <li>- MARs for April and May 2019 had no evidence of documentation that the above medications were administered on 4/26, 4/28, 5/2, 5/7, 5/9, and 5/11</li> </ul> <p>B. Review on 6/5/19 of client #002889-2's record revealed:</p> <ul style="list-style-type: none"> <li>-admitted: 5/30/18</li> <li>-diagnosis: Depressive disorder</li> <li>-age: 18</li> <li>-physician's order dated 10/19/18 Synthroid 100 mg one tablet daily (used to treat hypothyroidism)</li> <li>-May 2019 MAR had no initials Synthroid was</li> </ul>	V 118	<p><b>D) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b></p> <p>On a weekly basis, the Director of nursing or trained delegate will review the previous day MARs to audit for the requirements related to medication administration records.</p> <p>Bi-weekly the Director of Nursing or trained delegate will observe a medication pass on every shift to assess if the requirements related to medication administration are being followed.</p> <p>Staff remaining out of compliance with the requirements is being addressed through the progressive disciplinary process. The findings from the review will be continued at the Morning Meeting for a period of 3 months. If at a compliance rate of 95% and above, the results will be reduced to a review at the monthly Quality/PI Council meeting for ongoing compliance review.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20140058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>STRATEGIC BEHAVIORAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 WATERFIELD DRIVE GARNER, NC 27529</b>		
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V 118	Continued From page 19  administered 1, 2, 9, 20, 25-27 -physician's order dated 3/5/18 Vitamin D 50,000 give one tablet every Friday morning (used to treat Vitamin D deficiency) -May 2019 MAR had no initials Vitamin D was administered between the 11th-23rd.  C. Review on 6/5/19 of client #005521-2's record revealed: -admitted: 1/8/19 -diagnoses: Depressive disorder, Oppositional defiant disorder, Post traumatic stress disorder, disruptive disorder -age: 16 -physician's order dated 01/08/19 Prazosin HCL 1 mg one tablet at night (used to treat high blood pressure) -May 2019 MAR had no initials Prazosin was administered on the 14th  Interview on 6/5/19 with the Chief of Nursing revealed: -blanks in the MAR means either medications were not given or a nurse did not initial -MAR accurate documentation was an ongoing issue  Interview on 6/5/19 with the Licensed Practical Nurse #1 revealed she did not recalled the former client.	V 118		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,	V 133		

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V 133	Continued From page 20  developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check	V 133	<b>A) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:</b>  1. A request for a criminal history record check will be submitted to a private entity within 5 days of making a conditional offer of employment to a candidate. A 2. A request for national criminal history check will be made from the Department of Public Safety (CCBI) 3. The candidate may be employed provisionally prior to obtaining the results of a criminal history record check, provided the candidate has provided consent for the criminal history check. 4. The candidate will not have access to patients or residents prior to the receipt of the results of the criminal history record check by the HR Director.  <b>C) The title of the person responsible for implementing the acceptable plan of correction:</b> Human Resource Director	B) 8.23.2019	

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V 133	Continued From page 21  Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be	V 133	<b>D) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b>  1. To ensure compliance with the requirement the HR Director will present each complete candidate file, including criminal background report, to the CEO for approval in advance of the first day of employment.  2. To ensure compliance with this requirement, the HR Director will conduct quarterly audits of HR files to assess for evidence of compliance with completed background reports.  3. These concurrent findings are being presented quarterly at the Hospital's Morning Meeting. A summary of the findings is being forwarded to the Quality/PI Council, Medical Executive Committee and Governing Board at each of their respective meetings.  4. The findings from the review will be continued at the Morning Meeting for a period of 3 consecutive quarters. If at a compliance rate of 100%, the results will be reduced to a review at the monthly Quality/PI Council meeting for ongoing compliance review.	8.23.2019

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V 133	Continued From page 22  filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A,	V 133			

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V 133	Continued From page 23  Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. -Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to	V 133		

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V 133	<p>Continued From page 24</p> <p>obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure a national criminal check including finger prints was completed for 1 of 8 audited staff (Mental Health Technician #1). The findings are:</p> <p>Review on 6/6/19 and 6/10/19 of Mental Health Technician #1's (MHT#1) record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 2/5/19</li> <li>- no evidence of a national criminal check was maintained in the record</li> </ul> <p>During an interview on 6/7/19 MHT #1 reported:</p> <ul style="list-style-type: none"> <li>- she had worked at the facility since April 2019 and had previously worked at an out of state psychiatric hospital</li> <li>- she had lived in North Carolina just a few months</li> </ul> <p>During an interview on 6/10/19, Human</p>	V 133		

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V 133	Continued From page 25  Resources staff member reported they had failed to obtain a national criminal check for MHT #1.	V 133	V365 Begins here	B) 7/13/19	
V 365	G.S. 122C-224 Judicial Review of Voluntary Admission  § 122C-224. Judicial review of voluntary admission. (a) When a minor is admitted to a 24-hour facility where the minor will be subjected to the same restrictions on his freedom of movement present in the State facilities for the mentally ill, or to similar restrictions, a hearing shall be held by the district court in the county in which the 24-hour facility is located within 15 days of the day that the minor is admitted to the facility. A continuance of not more than five days may be granted. (b) Before the admission, the facility shall provide the minor and his legally responsible person with written information describing the procedures for court review of the admission and informing them about the discharge procedures. They shall also be informed that, after a written request for discharge, the facility may hold the minor for 72 hours during which time the facility may apply for a petition for involuntary commitment. (c) (Effective until October 1, 2019) Within 24 hours after admission, the facility shall notify the clerk of court in the county where the facility is located that the minor has been admitted and that a hearing for concurrence in the admission must be scheduled. At the time notice is given to schedule a hearing, the facility shall notify the clerk of the names and addresses of the legally responsible person and the responsible professional. (c) (Effective October 1, 2019) Within 24 hours after admission, the facility shall notify the clerk of court in the county where the facility is located	V 365	<b>A) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified:</b>  An audit of all PRTFs Judicial Review documents will be completed by 7/13/19 by the Administrative Staff (AS) to ensure compliance. Any out of compliance areas will be remediated. Concurrent audits will be completed weekly by the AS to include a review of the dispositions with the court tracker and making any necessary updates to the court tracker.  The AS is now completing the following procedures/responsibilities:  -Preparing a daily list of all new voluntary admit patients and providing the list of patients daily to the court (on Tues/Fri) and special counsel.  -Sending an updated list of admissions/discharged patients to special counsel  -Notifying the physicians of the daily admissions that require a Qualified Physical Examination (QPE).  If the AS receives no acknowledgment from the physician or if the QPEs are not completed, the AS is attempting to contact the attending physician.	8/23/2019	

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V 365	<p>Continued From page 26</p> <p>that the minor has been admitted and that a hearing for concurrence in the admission must be scheduled. At the time notice is given to schedule a hearing, the facility shall (i) notify the clerk of the names and addresses of the legally responsible person and the responsible professional and (ii) provide the clerk with a copy of the legally responsible person's written application for admission of the minor and the facility's written evaluation of the minor, both of which are required under G.S. 122C-211(a). (1975, c. 839; 1977, c. 756; 1979, c. 171, s. 1; 1983, c. 889, ss. 1, 2; 1985, c. 589, s. 2; 1987, c. 370, s. 1; 2018-33, s. 16.)</p> <p>§ 122C-224.1. Duties of clerk of court. (a) Within 48 hours of receipt of notice that a minor has been admitted to a 24-hour facility wherein his freedom of movement will be restricted, an attorney shall be appointed for the minor in accordance with rules adopted by the Office of Indigent Defense Services. When a minor has been admitted to a State facility for the mentally ill, the attorney appointed shall be the attorney employed in accordance with G.S. 122C-270(a) through (c). All minors shall be conclusively presumed to be indigent, and it shall not be necessary for the court to receive from any minor an affidavit of indigency. The attorney shall be paid a reasonable fee in accordance with rules adopted by the Office of Indigent Defense Services. The judge may require payment of the attorney's fee from a person other than the minor as provided in G.S. 7A-450.1 through G.S. 7A-450.4. (b) Upon receipt of notice that a minor has been admitted to a 24-hour facility wherein his freedom of movement will be restricted, the clerk shall</p>	V 365	<p>-If the attending physician cannot be contacted, the Medical Director is being notified immediately by the AS and made aware of the situation.</p> <p>-The Medical Director is now instructed to and is following up with the physician or completing the QPEs.</p> <p>- The AS is now placing the QPEs on the charts and if they're not completed within 24hrs. The AS gives the forms directly to the physicians.</p> <p>-The AS is now instructed to and will follow up by the end of the day or the next morning and remove completed QPEs from the charts.</p> <p>-Copies are now being made by the AS and delivered to court twice weekly at their request) sent to the court.</p> <p>The court tracker is being updated daily by the AS with all new admissions and rehearing/dispositions.</p>	8/23/2019

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V 365	<p>Continued From page 27</p> <p>calendar a hearing to be held within 15 days of admission for the purpose of review of the minor's admission. Notice of the time and place of the hearing shall be given as provided in G.S. 1A-1, Rule 4(j) to the attorney in lieu of the minor, as soon as possible but not later than 72 hours before the scheduled hearing. Notice of the hearing shall be sent to the legally responsible person and the responsible professional as soon as possible but not later than 72 hours before the hearing by first-class mail postage prepaid to the individual's last known address.</p> <p>(c) The clerk shall schedule all hearings and rehearings and send all notices as required by this Part. (1987, c. 370, s. 1; 2000-144, s. 37.)</p> <p>§ 122C-224.2. Duties of the attorney for the minor.</p> <p>(a) The attorney shall meet with the minor within 10 days of his appointment but not later than 48 hours before the hearing. In addition, the attorney shall inform the minor of the scheduled hearing and shall give the minor a copy of the notice of the time and place of the hearing no later than 48 hours before the hearing.</p> <p>(b) The attorney shall counsel the minor concerning the hearing procedure and the potential effects of the hearing proceeding on the minor. If the minor does not wish to appear, the attorney shall file a motion with the court before the scheduled hearing to waive the minor's right to be present at the hearing procedure except during the minor's own testimony. If the attorney determines that the minor does not wish to appear before the judge to provide his own testimony, the attorney shall file a separate motion with the court before the hearing to waive the minor's right to testify.</p>	V 365	<p><b>c) The title of the person responsible for implementing the acceptable plan of correction:</b></p> <p>Director of Compliance</p> <p><b>d) The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</b></p> <p>100% of PRTF QPEs will be audited weekly to ensure compliance with the requirements. Results of this audit will be aggregated and reported into the Hospital's Morning Meeting of hospital leadership, QAPI meeting, MEC committee and the Governing Board at each of their respective meetings.</p>	8/23/2019

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V 365	<p>Continued From page 28</p> <p>(c) In all actions on behalf of the minor, the attorney shall represent the minor until formally relieved of the responsibility by the judge. (1987, c. 370, s. 1.)</p> <p>§ 122C-224.3. Hearing for review of admission.</p> <p>(a) Hearings shall be held at the 24-hour facility in which the minor is being treated, if it is located within the judge's district court district as defined in G.S. 7A-133, unless the judge determines that the court calendar will be disrupted by such scheduling. In cases where the hearing cannot be held in the 24-hour facility, the judge may schedule the hearing in another location, including the judge's chambers. The hearing may not be held in a regular courtroom, over objection of the minor's attorney, if in the discretion of the judge a more suitable place is available.</p> <p>(b) The minor shall have the right to be present at the hearing unless the judge rules favorably on the motion of the attorney to waive the minor's appearance. However, the minor shall retain the right to appear before the judge to provide his own testimony and to respond to the judge's questions unless the judge makes a separate finding that the minor does not wish to appear upon motion of the attorney.</p> <p>(c) Certified copies of reports and findings of physicians, psychologists and other responsible professionals as well as previous and current medical records are admissible in evidence, but the minor's right, through his attorney, to confront and cross-examine witnesses may not be denied.</p> <p>(d) Hearings shall be closed to the public unless the attorney requests otherwise.</p> <p>(e) A copy of all documents admitted into evidence and a transcript of the proceedings shall be furnished to the attorney, on request, by the</p>	V 365			

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V 365	Continued From page 29  clerk upon the direction of a district court judge. The copies shall be provided at State expense. (f) For an admission to be authorized beyond the hearing, the minor must be (1) mentally ill or a substance abuser and (2) in need of further treatment at the 24-hour facility to which he has been admitted. Further treatment at the admitting facility should be undertaken only when lesser measures will be insufficient. It is not necessary that the judge make a finding of dangerousness in order to support a concurrence in the admission. (g) The court shall make one of the following dispositions: (1) If the court finds by clear, cogent, and convincing evidence that the requirements of subsection (f) have been met, the court shall concur with the voluntary admission and set the length of the authorized admission of the minor for a period not to exceed 90 days; or (2) If the court determines that there exist reasonable grounds to believe that the requirements of subsection (f) have been met but that additional diagnosis and evaluation is needed before the court can concur in the admission, the court may make a one time authorization of up to an additional 15 days of stay, during which time further diagnosis and evaluation shall be conducted; or (3) If the court determines that the conditions for concurrence or continued diagnosis and evaluation have not been met, the judge shall order that the minor be released. (h) The decision of the District Court in all hearings and rehearings is final. Appeal may be had to the Court of Appeals by the State or by any party on the record as in civil cases. The minor may be retained and treated in accordance with this Part, pending the outcome of the appeal,	V 365			

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NAME OF PROVIDER OR SUPPLIER  <b>STRATEGIC BEHAVIORAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 WATERFIELD DRIVE GARNER, NC 27529</b>		
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V 365	<p>Continued From page 30</p> <p>unless otherwise ordered by the District Court or the Court of Appeals. (1987, c. 370; 1987 (Reg. Sess., 1988), c. 1037, s. 113.)</p> <p>§ 122C-224.4. Rehearings.</p> <p>(a) A minor admitted to a 24-hour facility upon order of the court for further diagnosis and evaluation shall have the right to a rehearing if the responsible professional determines that the minor is in need of further treatment beyond the time authorized by the court for diagnosis and evaluation.</p> <p>(b) A minor admitted to a 24-hour facility upon the concurrence of the court shall have the right to a rehearing for further concurrence in continued treatment before the end of the period authorized by the court. The court shall review the continued admission in accordance with the hearing procedures in this Part. The court may order discharge of the minor if the minor no longer meets the criteria for admission. If the minor continues to meet the criteria for admission the court shall concur with the continued admission of the minor and set the length of the authorized admission for a period not to exceed 180 days. Subsequent rehearings shall be scheduled at the end of each subsequent authorized treatment period, but no longer than every 180 days.</p> <p>(c) The responsible professional shall notify the clerk, no later than 15 days before the end of the authorized admission, that continued stay beyond the authorized admission is recommended for the minor. The clerk shall calendar the rehearing to be held before the end of the current authorized admission. (1987, c. 370, s. 1.)</p> <p>§ 122C-224.5. Transportation.</p> <p>When it is necessary for a minor to be</p>	V 365		

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V 365	<p>Continued From page 31</p> <p>transported to a location other than the treating facility for the purpose of a hearing, transportation shall be provided under the provisions of G.S. 122C-251. However, the 24-hour facility may obtain permission from the court to routinely provide transportation of minors to and from hearings. (1987, c. 370, s. 1.)</p> <p>§ 122C-224.6. Treatment pending hearing and after authorization for or concurrence in admission.</p> <p>(a) Pending the initial hearing and after authorization for further diagnosis and evaluation, or concurrence in admission, the responsible professional may administer to the minor reasonable and appropriate medication and treatment that is consistent with accepted medical standards and consistent with Article 3 of this Chapter.</p> <p>(b) The responsible professional may release the minor conditionally for periods not in excess of 30 days on specified appropriate conditions. Violation of the conditions is grounds for return of the minor to the 24-hour facility. A law enforcement officer, on request of the responsible professional, shall take the minor into custody and return him to the facility in accordance with G.S. 122C-205. (1987, c. 370, s. 1.)</p> <p>§ 122C-224.7. Discharge.</p> <p>(a) The responsible professional shall unconditionally discharge a minor from treatment at any time that it is determined that the minor is no longer mentally ill or a substance abuser, or no longer in need of treatment at the facility.</p> <p>(b) The legally responsible person may file a</p>	V 365		

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V 365	<p>Continued From page 32</p> <p>written request for discharge from the facility at any time. The facility may hold the minor in the facility for 72 hours after receipt of the request for discharge. If the responsible professional believes that the minor is mentally ill and dangerous to himself or others, he may file a petition for involuntary commitment under the provisions of Part 7 of this Article. If the responsible professional believes that the minor is a substance abuser and dangerous to himself or others, he may file a petition for involuntary commitment under the provisions of Part 8 of this Article. If an order authorizing the holding of the minor under involuntary commitment procedures is issued, further treatment and holding shall follow the provisions of Part 7 or Part 8 whichever is applicable. If an order authorizing the holding of the minor under involuntary commitment procedures is not issued, the minor shall be discharged.</p> <p>(c) If a client reaches age 18 while in treatment, and the client refuses to sign an authorization for continued treatment within 72 hours of reaching 18, he shall be discharged unless the responsible professional obtains an order to hold the client under the provisions of Part 7 or Part 8 of this Article pursuant to an involuntary commitment. (1975, c. 839; 1977, c. 756; 1979, c. 171, s. 1; 1983, c. 889, ss. 1, 2; 1985, c. 589, s. 2; 1987, c. 370, s. 1.)</p> <p>This Rule is not met as evidenced by:</p>	V 365			

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V 365	<p>Continued From page 33</p> <p>Based on record review and interview, the facility failed to assure court rehearing for further concurrence in continued treatment before the end of the period authorized for of five of six audited minor clients (#002329-5, #00521-1, #005329-1, #003361-2 &amp; #002889-2) and one of four audited former clients (#005776-1). The findings are:</p> <p>A. Review on 6/5/19 of client #002329-5's record revealed: -admitted: 1/26/19 -diagnoses: Bipolar Disorder and Schizoaffective Disorder -age: 14 -committed for 90 days on 2/7/19 which expired 5/8/19 -request for hearing paperwork initiated on 5/31/19 -no county clerk of court stamped request for subsequent hearing paperwork noted in client's record</p> <p>B. Review on 6/5/19 of client #005521-1's record revealed: -admitted: 1/8/19 -diagnoses: Depressive Disorder, Post Traumatic Stress Disorder (PTSD), Disruptive Disorder and Oppositional Defiant Disorder -age: 16 -committed for 60 days on 3/7/19 which expired 5/6/19 -request for subsequent hearing paperwork initiated 5/31/19 and stamped by county clerk of court 6/4/19</p> <p>C. Review on 6/5/19 of client #005329-1's record revealed: -admitted: 11/5/18 -diagnoses: Intermittent Explosive Disorder</p>	V 365			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**STRATEGIC BEHAVIORAL CENTER**

**3200 WATERFIELD DRIVE  
GARNER, NC 27529**

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V 365	Continued From page 34  -age: 17 -client #005329-1 committed for 56 days on 3/7/19 which expired 5/2/19 - request for subsequent hearing paperwork was dated 5/31/19 and was stamped by clerk of court 6/4/19  D. Review on 6/5/19 of client #003361-2's record revealed: -admitted: 3/14/18 -diagnoses: Bipolar Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and PTSD -age: 17 -committed for 60 days on 3/7/19 which expired 5/6/19 -no county clerk of court stamped request for subsequent hearing paperwork noted in client's record  E. Review on 6/5/19 of client #002889-2's record revealed: -admitted: 5/30/18 -diagnosis: Depressive Disorder -age: 18 -committed for 60 days on 3/7/19 which expired 5/6/19 -request for subsequent hearing paperwork initiated on 5/31/19 and stamped by county clerk of court on 6/4/19  F. Review on 6/5/19 of former client (FC) #005776-1's record revealed: -admitted: 2/21/19 -discharged: 5/17/19 -diagnoses: PTSD, Reactive Attachment Disorder, Disruptive Mood Disorder, ADHD, Substance Use Disorder (poly) -age: 15 -no legal history regarding hearing request information noted in his record	V 365		

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V 365	<p>Continued From page 35</p> <p>Interview on 6/10/19, the Special Counsel reported: -based on her records, FC #005776-1 was committed for 60 days on 3/7/19 which expired 5/6/19.</p> <p>Interview on 6/10/19, the facility's Court Liaison reported: -she started in this capacity March 4, 2019...was trained by previous court liaison for 3 days before he transitioned to another position within the company. -within the past few weeks, she conducted an internal audit of client records regarding subsequent hearings. Audit was prompted due missing paperwork and missing information on the facility's court tracker spreadsheet. -the audit findings yielded discrepancies on the court tracker spreadsheets including due dates, missing dates and information. Also noted issues of maintaining/filing paperwork for clients. -in some instances, delays noted in assessments being completed by therapists would impact the filing dates with the clerk of court -in regards to FCs, legal history and paperwork should remain in their records.</p> <p>During interviews between 6/5/19 and 6/10/19, the Director of QA (Quality Assurance) Risk reported: -agency had made some changes in personnel to assist with the processing of legal issues -responsibilities of client court related issues were now a collaborative effort with the agency's legal counsel. This additional service was effective after May 15, 2019.</p>	V 365			



August 13, 2019

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

DHSR - Mental Health

AUG 13 2019

Lic. & Cert. Section

RE: Regarding the follow-up survey completed June 13, 2019.

Please note the attached revised plan of correction relevant to the June 13, 2019 follow-up survey requirements for Strategic Behavioral Center – Raleigh.

If you have any questions please feel free to reach out to myself or the Director of Quality, Compliance and Risk Management, Qadriyyah Joyner.

Sincerely,

Jewel Gorham

Assistant Director of Quality, Compliance and Risk Management  
(919) 800-4400 ext. 1386

Asst. Director - Email: [jewel.gorham@strategicbh.com](mailto:jewel.gorham@strategicbh.com)

Director – Email: [qadriyyah.joyner@strategicbh.com](mailto:qadriyyah.joyner@strategicbh.com)