

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/13/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 8/13/19. One complaint was substantiated (intake # NC00153845) and three complaints were unsubstantiated (intakes #NC00153829; #NC00154282 and #NC00154391). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews 1 of 2 Qualified Professionals (QP #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 7/30/19 and on 8/5/19 of Qualified Professional #2's (QP #2's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 9/29/17 - A job description (no date listed) which defined QP #2 as an "Executive Director." - The job description included duties such as " ...strong understanding of liability and risk management; professional insight and judgement associated with the special needs of residential treatment and competency in core skills including technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, communication skills, clinical skills and deescalating techniques ..." - Additional duties included " ...direct care responsibilities as needed and insure the health and safety of all consumers ..." <p>Interview on 7/29/19 with the QP #2 revealed:</p>	V 109		

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V 109	<p>Continued From page 2</p> <ul style="list-style-type: none"> - On 6/28/19, the QP #2 was working as direct care staff at the facility due to staff calling in sick - Client #2 wanted to shave his beard and requested a razor from staff - There were no razors at the facility so the QP #2 left and went to a sister facility to get razors from their supply closet - Upon his return to the facility, Client #1 was on the front porch with Co-House Manager #1 (CHM #1) and also requested a razor to shave his "unibrow." - QP #2 provided Client #1 with a razor and the remaining three razors were given to CHM #1 - He was notified on 6/29/19 that between 7 and 8 pm, Client #1 used the razor to cut his arm and was taken to a local hospital - He went to the hospital between 11:30 pm and 12 am to relieve the Former House Manager (FHM) and to stay with Client #1 until he was admitted to the hospital for "several days" (discharge date was unknown) - Client #1 has since returned to the facility and it had been determined that a higher level of care was warranted on his behalf (i.e., Psychiatric Residential Treatment Facility (PRTF)); however, Client #1 would remain at the facility until placement could be located - QP #2 reported that when he left his shift at 9 pm on 6/28/19, he failed to retrieve the razor from Client #1 - He stated he was "at fault for not following up and making sure he turned in the razor." - QP #2 was aware that Client #1 had been hospitalized from 6/8/19-6/18/19; however, he did not believe that Client #1 had been placed on any "self-harm precautions." - It was his belief that if the hospital felt Client #1 was sound enough to be discharged back to the facility, then he was no longer at risk for self-harm - He was not aware that Client #1 was "as much of 	V 109		

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V 109	<p>Continued From page 3</p> <p>a cutting risk as he was."</p> <p>Review on 7/31/19 of an email dated 7/3/19 from the Co-House Manager #1 (CHM #1) to the QP #1 revealed:</p> <ul style="list-style-type: none"> -On 6/28/19, the QP #2 provided Client #1 with a razor to shave his "unibrow." Another Client (#2) had used the last razor and there were no more razors at the facility -The QP #2 asked her if he should go and get more razors with the CHM #1 informing the QP #2 that it was his decision if he should get more razors -The QP #2 went to get razors from a sister facility and upon his return, he gave Client #1 a razor as Client #1 was speaking with his mother on the telephone -Once Client #1 ended his telephone call with his mother, she went to the facility's office to prepare the Clients' medications for administration -She assumed that the QP #2 was monitoring Client #1 as he was in the bathroom shaving his eyebrow as he was in the front of the facility near the bathroom Client #1 used - She proceeded to administer medications to the Clients and assumed that the QP #2 had retrieved the razor from Client #1 and discarded it as she never saw it afterwards <p>Review on 7/31/19 of an email dated 7/3/19 and sent from the FHM to the QP #1 revealed:</p> <ul style="list-style-type: none"> -While staff were discussing what next steps to take (regarding the confrontation between Clients #1 and #3), Client #1 came out of his room and asked if Co-House Manager #2 (CHM #2) was in the facility. CHM #2 went to Client #1's door and asked what he needed. Client #1 showed her his arm and she immediately directed him to follow her to the staff office. She observed blood going down his arm and then bandaged the wound. 	V 109		

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V 109	<p>Continued From page 4</p> <p>Staff called the QP #2 who directed staff to transport Client #1 to a local hospital's emergency department. The FHM conducted a search of Client #1's room and located a razor (one that could be used to shave one's face or legs) underneath clothing Client #1 had on his shelf -Client #1 told the FHM the QP #2 had given him the razor on the prior evening (of 6/28/19) to shave his eyebrow</p> <p>Review on 7/29/19 of the facility's policy entitled "Self-Harm Precautions and Procedures" (Also referred to in facility documentation as "Suicide Watch"): -"Self-Harm Precautions" are to be put into place when a Client threatens to self-harm or has a history of self-harming ..." - Precautions included but were not limited to the following: a scan of the room by staff for sharp objects, removal of personal items from the room utilizing search and seizure protocols, and removal of any items from the room that could be utilized to cut and/or strangle a person.</p> <p>Review on 7/29/19 of the facility's intake packet on allowed/prohibited items for Clients revealed: -" ...Razors must be left with staff and will be given as needed ..."</p> <p>Record review on 7/30/19 for Client #1 revealed: -Admission Date: 4/15/19 -Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Bipolar Disorder with psychotic Features, -Attention Deficit Hyperactivity Disorder (ADHD), Combined Presentation and Oppositional Defiant Disorder (ODD) -Age: 15 -Comprehensive Clinical Assessment (CCA) dated 10/23/18 reported Client's father committed suicide in front of the Client in February 2017.</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>The Client demonstrated subsequent suicidal ideation (by cutting self and jumping off a bridge) requiring two psychiatric hospitalizations and one admission to a Psychiatric Residential Treatment Facility PRTF). Other behavior problems noted in the CCA were: verbal and physical aggression, anxiety, delusions, lying, difficulty with authority, low self-esteem, poor coping skills, poor reality orientation, limited intellectual functioning, susceptible to peer pressure, marijuana and cocaine use, and a history of running away.</p> <p>-Person Centered Plan (PCP) updates on self-harm goal: -5/2/19: PCP update reported Client had episode of self-harm (no details given) -6/28/19: PCP update reported he had about 2 episodes of self-harm in a week (no details given) -7/24/19: PCP update reported he hurt his hand when he punched the garage door</p> <p>Review on 7/30/19 of progress notes for Client #1 and dated from 6/1/19-7/4/19 revealed: -6/7/19: "Client has been placed on suicide and Absent Without Leave (AWOL) watch for incident yesterday." -There was no indication in the progress notes indicating Client #1 had been taken off "suicide watch" by the QP/LP (Licensed Professional) once he was placed on it 6/7/19</p> <p>Review on 7/31/19 of an "Critical Notification" (internal incident report) dated 6/29/19 for Client #1 revealed: - After Client #1 engaged in a confrontation with a peer, he went to his room for ten minutes. Upon his return from his room, the Co-House Manager #2 (CHM #2) questioned his behavior and discovered that Client had attempted to self-harm by cutting his arm - FHM transported Client #1 to a local hospital</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>emergency department for medical attention and a psychiatric evaluation</p> <ul style="list-style-type: none"> - As a result of the incident, the Clients' access to objects deemed dangerous would continue to be limited and room searches for contraband would be effective - Client #1 was placed on self-harm precautions and all Clients would be monitored closely <p>Interview on 7/30/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He did not wish to talk with the surveyors; however, he knew why the surveyors were at the facility -Client #1 states that he trusts very little and has "trust issues." <p>Interview on 7/29/19 with the CHM #1 revealed:</p> <ul style="list-style-type: none"> -On 6/28/19, Client #2 wanted to shave his beard which resulted in his using the last razor available in the facility -Client #1 requested to shave his eyebrow and the QP #2 went to a sister facility to get additional razors -Upon his return to the facility, he provided Client #1 with a razor -She went to the facility's office to prepare to administer medications to the Clients -She assumed that the QP #2 was monitoring Client #1 as he used the razor as living room area of the facility -She never saw the razor later that evening and assumed the QP #2 had retrieved the razor from Client #1 and discarded it -Based on Client #1's history, he came into the facility on a "self-harm contact" and was placed on self-harm protocol upon admission -When a Client uses a razor, the Client should be monitored by staff, especially if a Client has a history of self-harm -After the Client uses the razor, she takes it from 	V 109		

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V 109	<p>Continued From page 7</p> <p>the Client and discards it when they are not looking</p> <p>-When the Client #1 returned from his ten-day hospitalization in June (6/8/19-6/18/19); he remained on self-harm precautions (suicide watch), which included closer monitoring while the Client was in his bedroom, ensuring his room was free of any items he could use to harm himself, etc.</p> <p>-When a Client is on self-harm precautions, they are typically not allowed to shave and can not have access to anything sharp (i.e., pens and pencils included).</p> <p>Interview on 7/29/19 with CHM #2 revealed:</p> <p>-She was present the day that Client #1 cut his arm and was responsible for calling Client #1's family to inform them of the incident</p> <p>-The guardian was not happy about what happened and wanted to know how the situation had occurred</p> <p>-When Client #1 was admitted to the facility, she was made aware of his history of self-harm</p> <p>-The Co-House Managers (#1 and #2) did not keep razors as supplies at the facility as a precautionary measure</p> <p>-"Young teens don't need to shave as much as they think they need to."</p> <p>Interviews on 7/30/19 and 7/31/19 with the QP #1 revealed:</p> <p>-Client #1 was on self-harm precautions (suicide watch) when he was given a razor by QP #2 on 6/28/19</p> <p>-He had been on self-harm precautions since 6/7/19 and he had not been removed from for these precautions since that time.</p> <p>-Information regarding Client #1's history of self-harm is noted in his treatment plan and staff should be aware of this</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>-If a Client has a history of self-harm, she would not give a razor; instead, she would assist the Client or offer him/her an alternative (i.e., hair removal cream), instead of the use of a razor</p> <p>-If a Client (who was not on self-harm precautions), had use of a razor, she would make certain to retrieve the razor from the Client and make sure all blades were in the razor upon its return to her.</p> <p>Interview on 8/5/19 with the Licensed Professional revealed:</p> <p>-She was on maternity leave on 6/28/19 and had just recently returned to work</p> <p>-Upon her return to work, she was informed that the QP #2 had given Client #1 a razor and Client #1 had later used the razor in an attempt to harm himself</p> <p>-The normal procedure for staff to follow is to monitor a Client while they are using any type of "sharp" and to retrieve the item from the Client when they are finished with it</p> <p>-As Client #1 has a history of self-harm, it would have especially been important for him to be monitored while using any type of "sharp."</p> <p>-There should be no reason that staff would not know if a Client was on self-harm precautions</p> <p>-The CHM #1 would have been considered the subordinate on the shift when the QP #2 gave Client #1 the razor and would not have been in a position to question the decisions made by the QP #2.</p> <p>Review on 8/2/2019 of the Plan of Protection dated 8/2/19 written by the LP and QP#1 revealed:</p> <p>"What will you immediately do to correct the above rule violations in order to protect Clients from further risk or additional harm?"</p> <p>-Securing Sharps/Log</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>--In order to ensure the protection of Clients from further risk or additional harm, we have reinstated sharps logs and lock boxes at all three homes associated with Rockwell Development Center. All arts and craft materials, shaving razors and make up utensils are stored under lock and key. Kitchen utensils are stored in lock boxes. These lock boxes are stored inside of the locked med closets. Only staff members have possession of the keys that access the med closets. Clients have to check out materials and require supervision during utilization of these materials. Clients then return the items to staff members who document on the sharps log that items have been returned and safely locked away.</p> <p>Describe your plans to make sure the above happens: -Communication of Safety Plans --Treatment Team is held weekly on Mondays and consist of house managers, APs, QPs and Clinical staff. Specific plans for each Client are reviewed and developed. Red Flags are communicated and safety plans are developed to address those concerns. If Clients require specific protocols such as AWOL, Self-harm or suicide watch, it is indicated during this time and documented in Therap as well as in an email that it sent at the completion of Treatment Team. The email is sent directly to management and management takes a printed copy of treatment team notes into the staff office of each home. Employees have access to these notes and all other clinical information via Therap or Client files located in staff offices of each home. --Located in Therap, all staff can access any safety concerns and safety plans. These plans require acknowledgment of employees by clicking the acknowledge button. Our Therap administrator has access to ensure that staff are</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>reviewing these safety plans. Service notes consist of updates about the progress of each Clients. Service notes detail goals that also include safety concerns such as self-harm that are updated at CFTs (Child and Family Team). If safety concerns are noted during Treatment Team meetings, this can also be found in service notes. Each Client additionally has their own boards that detail safety concerns and disciplinary actions required. If staff have concerns or are unclear about safety concerns for Clients, indicated members of management are always on call.</p> <p>--Update: On Monday July 29th, safety protocols and job descriptions were reviewed and updated. These updates do not happen every treatment team meeting but were conducted as a response to recent critical events."</p> <p>Summary Statement: Client #1 is a 15-year-old male in treatment due to consistent suicidal ideation and self-harm behavior after he witnessed his father's suicide in 2017. He was admitted to the facility on self-harm precautions and he has remained on that status due to ongoing attempts to harm himself. While working a shift in the role of a direct care staff on 6/28/19, QP #2 gave Client #1 a razor to shave his eyebrows. Client #1 utilized this razor the following night on 6/29/19 to cut his wrist/arm and he required an emergency 24-hour hospital evaluation for the injury and to rule out suicidal ideation. QP #2 failed to verify if Client #1 was on any safety protocols prior to handing him a razor to shave his eyebrows. QP #2 failed to monitor Client #1 while he utilized the razor in the bathroom and QP #2 failed to retrieve the razor after Client #1 finished shaving his eyebrows. Failure to adhere to agency policies and procedures regarding self-harm precautions</p>	V 109		

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V 109	Continued From page 11 directly resulted in Client #1 having unsupervised access to a sharp object that he utilized to harm himself with on 6/29/19 and resulted in Client #1 being taken to the ER to be evaluated for his injury and mental status. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty amount of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty amount of \$500 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the	V 112		

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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 112	<p>Continued From page 12</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement treatment strategies effecting 3 of 3 Clients (#1, #2, #3). The findings are:</p> <p>Record review on 8/6/19 for Client #1 revealed: Admission Date: 4/15/19 Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Bipolar Disorder with psychotic Features, Attention Deficit Hyperactivity Disorder (ADHD), Combined Presentation, Oppositional Defiant Disorder (ODD) Age: 15 Comprehensive Clinical Assessment (CCA) dated 10/23/19 reports Client's father committed suicide in front of the Client in February 2017 and the Client has demonstrated subsequent suicidal ideation (by cutting self and jumping off a bridge) requiring two psychiatric hospitalizations and one admission to a Psychiatric Residential Treatment Facility (PRTF). Other behavior problems noted in the CCA are: verbal and physical aggression, anxiety, delusions, lying, difficulty with authority, low self-esteem, poor coping skills, poor reality orientation, limited intellectual functioning, susceptible to peer pressure, marijuana and cocaine use, and a history of running away. Legal: Client was adjudicated on an assault charge and sentenced to one-year probation 3/13/19 to 3/12/20.</p>	V 112		

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V 112	<p>Continued From page 13</p> <p>Person Centered Plan (PCP) dated 5/22/19 included the following goals:</p> <ul style="list-style-type: none"> - "...reduce symptoms of ODD (Oppositional Defiant Disorder) and DMDD (Disruptive Mood Dysregulation Disorder)." (physical aggression/property damage) - "...reduce symptoms of self-harm ..." - "...reduce symptoms associated with substance abuse." (alcohol and cannabis) <p>-There is no evidence in Client #1's PCP goals/updates which reflect additional strategies/interventions to address the significant increase in self-harm behaviors noted in the month of July 2019 requiring hospitalization twice for self-harm and suicidal ideation and subsequent referral to a PRTF.</p> <p>Review on 8/13/19 of the Incident Response Improvement System (IRIS) reports for Client #1 revealed:</p> <ul style="list-style-type: none"> -6/7/19 IRIS Report states Client #1 expressed suicidal thoughts with plans to harm himself. He was transported to the hospital and admitted for evaluation and was subsequently transferred to a psychiatric facility for a ten day stay. -6/28/19 IRIS Report states Client #1 used a razor to cut his arm vertically. He was transported to the Emergency Room (ER) for evaluation. <p>Record review on 8/6/19 for Client #2 revealed: Admission Date: 12/17/18 Age: 15 Diagnoses: Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD) CCA dated 10/16/18 reports a history of running away since age 12, as well depression and self-harm behaviors. Legal: Client was adjudicated in March 2018 for Assault and Disorderly Conduct and Felony</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>Breaking and Entering. Sentenced to probation. Admission Application dated 11/28/18 reports mother "has concern about Client going AWOL (Absent Without Leave)."</p> <p>Person Centered Plan (PCP) dated 5/18/18 and updated 8/13/18 and 5/29/19 included the following goals:</p> <ul style="list-style-type: none"> - "...develop coping skills to improve anger level ..." - "...develop an understanding of healthy relationships ..." - "...improve overall sense of wellbeing ..." <p>(Achieved 5/29/19)</p> <p>PCP updates on Progress towards Goals report:</p> <ul style="list-style-type: none"> -3/19/19: Displayed AWOL behavior once. -6/26/19: Had a set back and went AWOL. This month he has shown more physical aggression and threatening behavior. -There are no PCP goals/strategies that address the history/treatment concern of running away/going AWOL and there are no PCP goals/strategies that address the history/treatment that specifically addresses the physical aggression Client #2 was exhibiting. <p>Review of Incident Response Improvement System (IRIS) for Client #2 on 8/13/19 revealed:</p> <ul style="list-style-type: none"> -3/19/19 IRIS Report states that at approximately 1:20 am, support staff completed bed checks and discovered Client #2 and a peer were missing. Staff called supervisor (owner) who directed the staff to call the police. The Clients were found on the property behind the house in the woods. -5/8/19 IRIS report states Client #2 punched a peer in the face and the peer was taken to the hospital. <p>Record review on 8/6/19 for Client #3 revealed: Admission Date: 6/29/19 Age: 16</p>	V 112		

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V 112	<p>Continued From page 15</p> <p>Diagnosis: Conduct Disorder CCA dated 4/18/19 reports an extensive history of assaultive behavior and property damage, bullying behavior, theft, and non-compliance with rules.</p> <p>Legal: Client was adjudicated on 1/18/19 for simple assault and possession of a weapon on school property (pocket knife). Sentenced to probation.</p> <p>Person Centered Plan (PCP) dated 7/9/19 included the following goals: - "...increase functional skills) ..." (no physical assaults or property damage) - "...decrease verbal sexual explicit comments ..." - "...Follow the rules and program ..."</p> <p>PCP updates on Progress towards Goals report: -Exhibited physical and verbal aggression. There have been altercations in the house. Verbal aggression in the form of threats and bullying type behaviors directed towards peers. -There are no treatment strategies and interventions documented (prior to the implementation of the PCP on 7/9/19) to address the physical and verbal aggression being exhibited by Client #3.</p> <p>Review on 8/5/19 of the facility's Level 1 and Level II Incident Reports that warranted Law Enforcement and/or EMS to visit the facility to address safety revealed: -5/8/19: Physical altercation between Client #2 and a Former Client (FC) #5 required EMS to be called to evaluate the victim's injuries. -6/8/19: Physical altercation between FC #4 and FC #6 required Law Enforcement to intervene to deescalate the situation. -6/10/19: AWOL incident where a FC # 6left the property. Law Enforcement was called to detain the Client before they reached the main road.</p>	V 112		

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V 112	Continued From page 16 -7/21/19: Client #3 punched the closet door and walked out of the facility. Law Enforcement was called due to property destruction and to detain the Client who was outside without permission. Interview on 8/13/19 with LP revealed: -The QPs update the "Progress on Goals" section of the PCP monthly but they do not update or revise specific strategies or interventions on the PCP if Clients are not meeting their goals or showing a decrease in symptoms. -The QPs will be advised to discuss new and/or revised strategies each month related to the PCP goals for Clients who are not achieving success with their goals.	V 112		
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;	V 367		

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V 367	<p>Continued From page 17</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any 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</p>	V 367		

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V 367	<p>Continued From page 18</p> <p>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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report a level II incident for 1 of 3 Clients (#3). The findings are:</p> <p>Review on 8/5/19 of the facility's Level 1 and Level II Incident Reports that warranted Law Enforcement and/or Emergency Medical Services (EMS) to visit the facility revealed: -7/21/19: Client #3 was in an altercation in which he left the home after punching the closet door. Law Enforcement was called due to property destruction and to detain the Client who had left the facility. The facility documentation reports this as Level 1 incident.</p> <p>Review on 8/13/19 of Incident Response</p>	V 367		

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V 367	Continued From page 19 Improvement System (IRIS) reports for Client #3 revealed: -There are no IRIS reports for Client #3 since his admission date of 6/29/19 through 8/13/19. Interview on 8/13/19 with Licensed Professional revealed: -The Level II Incident on 7/21/19 was mislabeled by Co-House Manager #2 as a Level I incident; therefore, the incident was not entered into IRIS. -The QP normally reviews the incident book weekly but she had not had the opportunity to do so in recent weeks. -The Operations Manager will review with staff what constitutes a Level 1 and Level II incident and when an IRIS report is required. -The Operations Manager will put a copy of the IRIS manual in each house for reference.	V 367		