

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Division of Health Service Regulation	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _ B. WING: _	(X3) DATE SURVEY COMPLETED C 07/24/2019
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NAME OF PROVIDER OR SUPPLIER FOOTHILLS AT RED OAK RECOVERY	STREET ADDRESS, CITY, STATE, ZIP CODE 517 CUB CREEK ROAD ELLENBORO, NC 28040
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 24, 2019. The complaints were substantiated (Intake #NC00153136, #NC00153092). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600D Supervised Living for Minors with Substance Abuse Disorders.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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 provider stating why such consent could not be obtained. 	V 112	<p>DHSR - Mental Health</p> <p>AUG 21 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Compliance officer

(X6) DATE
8-20-2019

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p><u>This Rule is not met as evidenced by:</u> Based on record review and interviews the facility failed to develop and implement goals and strategies to address the behaviors effecting 1 of 5 current clients (#2). The findings are:</p> <p>Record review on 7/16/19 for Client #2 revealed: -Admitted on 6/5/19 with diagnoses of Other Hallucinogen Induced Disorder, Severe Cannabis Use Disorder, Severe Alcohol Use Disorder, moderate Stimulant Use Disorder, Severe Opioid Use Disorder, and Major Depressive Disorder. -Elopement behaviors noted in 2017 and then twice in 2019 for 1-2 days at a time (prior to current placement). -Biopsychosocial indicated that Client #2 expressed he can be "self-destructive, self-pitying, and misery seeking". Client #2 reported "strangling himself with a hose" in March 2018 and in July 2018 "held a gun to his head".</p> <p>Review on 7/11/19 of incident reports revealed: -On 6/10/19 " ...Client was noticed missing at 8:10PM on 6/10/19 ...staff enacted SAR (search and return) policy ...client returned of his own accord shortly after 10pm ...client said that he had been walking around in the woods on the property ..." -On 6/14/19 " ...clients [FC #6] and [Client #2] had fled campus in employee [cook] car ...followed them ...called 911 ...informed by [Director] at 2:45 that the clients were found ..."</p> <p>Review on 7/18/19 of the progress notes for Client #2 revealed: -On 6/25/19 " ...Client expressed that last week</p>	V 112	<p><u>Correction:</u></p> <ul style="list-style-type: none"> • Level watch forms have been migrated to the EHR 7/25/19 • Primary Therapists have been instructed to address behavior of self-harm in the treatment plan if it occurs on campus and/or before admission 7/25/19 • Direct care staff has been trained and instructed to utilize protective holds to prevent elopement from campus 7/5/19 • Debriefs after on-campus incidents are held with all staff involved to discuss corrective action Start 6/10/19 <p><u>Prevention:</u></p> <ul style="list-style-type: none"> • Treatment Plans are being reviewed by Clinical Director to ensure all behaviors are being addressed Start 4/18/19 • Treatment Plan reviews are set every 30, 60 and 90 days to review and capture all progress and changes Start 4/18/19 • Primary Therapists have to sign off on Level watch forms 7/25/19 	

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V 112	<p>Continued From page 2</p> <p>on Thursday or Friday that he had utilized a monopoly piece to self-harm by heating up a piece of metal and pressing it against his forearm. Client did this to both arms. Client reported that he had thought about cutting but that he did not want to do that because it leaves a permanent mark and he had the awareness that he was experiencing a temporary affect state; however, client did have the intention of wanting to remember that feeling that he was having ...will be assessed by medical coordinator ...contracted for safety and agreed to not self-harm in the future ...clients watch protocol has been modified to include body checks ..."</p> <p>Review on 7/16/19 of the treatment plans for Client #2 revealed: -Initial treatment plan created upon entry into the program included a preliminary goal of being oriented to the program and to develop therapeutic rapport with therapist, staff and peers. The objectives included taking responsibility for self-care, becoming oriented with campus and community, and for Client #2 to gain a perspective on what is motivating treatment. -The treatment plan created as a result of the biopsychosocial assessment indicated goals of a sustained recovery free of substance abuse and alleviation of depressive symptoms and return to previous level of functioning. Objectives and strategies were indicated for each goal. -Neither the objectives of the treatment plan nor the strategies addressed Client #2's elopement or self-injurious behaviors. -No update to the treatment plan after the incidents of self-harm and elopements.</p> <p>Interview on 7/18/19 with the Therapist for Client #2 revealed: -Treatment plans were developed to address</p>	V 112	<p><u>Monitoring:</u></p> <ul style="list-style-type: none"> • Compliance Department completes internal audit of all treatment plans and treatment plan reviews Start 4/18/19 • Clinical Director reviews 2 client charts per therapist for capture of information, updates and clinical appropriateness Start Q2 2019 <p><u>Frequency:</u></p> <ul style="list-style-type: none"> • Compliance Department completes internal audit weekly Start 4/18/19 • Clinical Director reviews charts quarterly Start Q2 2019 • Primary Therapists review and sign Level Watch forms as the need arises Q3 2019 	
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V 112	Continued From page 3 issues of substance abuse, mental health, family dynamics or social concerns. -Client #2 had eloped from home prior to his placement. -He knew the elopement risk for Client #2 based on information gained when the safety screen was completed. -Client #2 had a history of self-harm. He had a lot of scars on his body from previous self-harm. -The treatment plan addressed the underlying causes that led to behaviors exhibited by Client #2, however, did not specifically address strategies to utilize for those behaviors.	V 112		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.	V 291		

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V 291	<p>Continued From page 4</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with all qualified professionals for the treatment needs of 2 of 5 current clients (#1, #2). The findings are:</p> <p>Record review on 7/17/19 for Client #1 revealed: -Admitted on 5/30/19 with diagnoses of Moderate Major Depressive Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder and academic or educational problem.</p> <p>Review on 7/17/19 of the progress notes for Client #1 revealed: -On 6/26/19 "...clinician and client met ...presenting issues were anger, depression, anxiety ...and a current brand that the client and another peer engaged in ...client denied any self-harm, stated the brand was an "intentional tattoo" to remember his peers that had to leave treatment ..."</p> <p>Record review on 7/16/19 for Client #2 revealed: -Admitted on 6/5/19 with diagnoses of Other Hallucinogen Induced Disorder, Severe Cannabis Use Disorder, Severe Alcohol Use Disorder, moderate Stimulant Use Disorder, Severe Opioid Use Disorder, and Major Depressive Disorder.</p> <p>Review on 7/18/19 of the progress notes for</p>	V 291	<p><u>Correction:</u></p> <ul style="list-style-type: none"> Notes documenting medical contact have been added to the EHR 7/24/19 Medical Coordinator was instructed to utilize notes on EHR and document all medical contact with client and instructions related to direct care staff 7/24/19 MAR Training 8/1/2019 New Medical Director hired to also utilize Electronic Health Record for communication and documentation 8/1/2019 Clinical Director and Executive Director adjusted evaluation criteria for admissions approval 7/9/19 <p><u>Prevention:</u></p> <ul style="list-style-type: none"> Medical Director utilizes EHR to document medical contact and all communication 8/1/2019 Primary Therapist will submit weekly summary of client to be reviewed and signed by the Medical Director Q3 2019 Reviewed and signed by the Medical Director Q3 2019 <p><u>Monitor:</u></p> <ul style="list-style-type: none"> Compliance Department completes internal audit of medical notes 	

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V 291	<p>Continued From page 5</p> <p>Client #2 revealed: -On 6/25/19 " ...Client expressed that last week on Thursday or Friday that he had utilized a monopoly piece to self-harm by heating up a piece of metal and pressing it against his forearm. Client did this to both arms. Client reported that he had thought about cutting but that he did not want to do that because it leaves a permanent mark and he had the awareness that he was experiencing a temporary affect state; however, client did have the intention of wanting to remember that feeling that he was having ...will be assessed by medical coordinator ...contracted for safety and agreed to not self-harm in the future ...clients watch protocol has been modified to include body checks ..."</p> <p>Review on 7/18/19 of the medical notes and June MARs (medication administration record) for Client #1 and Client #2 revealed: -No medical notes that indicated follow up with the physician about the burns. -No documentation on the June MARs that Neosporin was administered to the burns. -No documentation by the Medical Coordinator that he administered Neosporin ointment and dressed the wounds for each client.</p> <p>Interview on 7/17/19 with Client #1 revealed: -He confirmed that the Medical Coordinator assessed his burn, treated and wrapped it.</p> <p>Interview on 7/24/19 with the Medical Director revealed: -He discussed the burns with the Medical Coordinator. There was no further medical attention necessary based on the status of the burns and how well they had healed.</p> <p>Interviews on 7/17/19 and 7/19/19 with the</p>	V 291	<p>Frequency:</p> <ul style="list-style-type: none"> • Compliance Department will complete weekly audit 	
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V 291	<p>Continued From page 6</p> <p>Medical Coordinator revealed:</p> <ul style="list-style-type: none"> -He was notified of the burns on both Client #1 and Client #2. -He assessed the burns and determined that they did not require acute medical attention at that time. He stated that they were "substantial burns". -He indicated that when he assessed them it had been four days. There was no infection and they were healing. -He applied Neosporin ointment and wrapped the wounds with a dressing. This treatment was continued for 3 days. The direct care staff were instructed to use the cream and continue the dressing. -The following week both clients were seen by the Medical Director. -He failed to document administration of the cream and application of the dressing. -He did not document coordination of medical care with the Medical Director. 	V 291		
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FOOTHILLS
at RED OAK RECOVERY
AN ADOLESCENT TREATMENT PROGRAM

Re: Complaint Survey
Foothills at Red Oak Recovery, 517 Cub Creek Road, Ellenboro, NC 28040
MHL # 081-127

Corrective Action

DHSR - Mental Health

AUG 21 2019

Lic. & Cert. Section