

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHADOWRIDGE RETREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 SILVERLEAF DRIVE JACKSONVILLE, NC 28546</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on August 22, 2019. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff-Secure for Children and Adolescents.	V 000		
V 366	27G .0603 Incident Response Requirments  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.	V 366		

DHSR - Mental Health

SEP 03 2019

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

UB7811

If continuation sheet 1 of 8

*Cindy Cooke*

*Program Manager*

*8/30/19*

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V 366	Continued From page 1  (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose	V 366		

Division of Health Service Regulation  
STATE FORM

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V 366	Continued From page 3  stated: -No level II incident report had been completed for client #3's involvement with police on 8/11/19. -Moving forward, level II incident reports would be completed for any consumer absence involving local law enforcement.	V 366	The Level II incident report for this incident was submitted on 8/28/19.		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367	Agency policy was revised to include  5. When a client runs away from the residential program premises and is gone more than 3 hours or has ANY police contact, (L-II or L-III) then for all DHSR Licensed facilities a report must be made in the Incident Reporting and Improvement System (IRIS) within twenty-four (24) hours and reports must be made to Division of Medical Assistance/their designee, Protection and Advocacy Agency for North Carolina, Center for Medicare and Medicaid Services, and the Local Management Entity (LME).  Staff will be retrained on this policy change by 9/30/19.		

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V 367	Continued From page 4  report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (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;	V 367		



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V 367	<p>Continued From page 5</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 8/22/19 of client #3's record revealed: -12 year old male. -Admission date of 7/22/19. -Diagnoses of Disruptive Mood Dysregulation Disorder, Attention-Deficit /Hyperactivity Disorder, Intellectual Disability (mild), Language Disorder, and Post-Traumatic Stress Disorder.</p> <p>Review on 8/22/19 of client #3's Admission Assessment dated 7/22/19 revealed: -He had a history of self-injurious behaviors, physical aggression and impulsive actions. -He had 3 hospital admissions due to crisis behaviors since 2017. -He had experienced early trauma resulting from physical, sexual, and emotional abuse.</p> <p>Review on 8/20/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports had been generated</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>for client #3's elopement and subsequent police involvement on 8/11/19.</p> <p>Review on 8/22/19 of Incident Report dated 8/11/19 revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 became upset and ran from facility. Staff followed in the facility van and maintained line of sight with client #3 as he increased his distance from the facility. The Program Manager and Program Coordinator were contacted while staff continued to follow client by van. Local law enforcement observed the incident, stopped to speak to staff, and agreed to assist with safely securing client #3. Client #3 re-emerged and boarded facility van. Local law enforcement checked to ensure client #3 was safe and client #3 returned home.</li> </ul> <p>Interview on 8/22/19 client #3 stated:</p> <ul style="list-style-type: none"> <li>-He was uncertain how long he had resided with the facility.</li> <li>-He had eloped from his residential facility and day treatment program approximately 3-4 times.</li> <li>-He had experienced involvement with local law enforcement 1-2 times at his residential facility following elopement but was uncertain of the date/dates.</li> </ul> <p>Interview on 8/22/19 staff #2 stated:</p> <ul style="list-style-type: none"> <li>-She had worked with the facility for approximately 8 years.</li> <li>-Local law enforcement had been contacted following an elopement on the evening shift of an undetermined date. Staff followed client #3 after client #3 eloped from facility and line of sight was lost during pursuit. Law enforcement were contacted and client #3 returned on his own prior to police finding him. Local law enforcement spoke with client #3 and police report was filed.</li> </ul>	V 367		

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V 367	Continued From page 7  Interview on 8/22/19 the Qualified Professional stated: -No level II incident report had been completed for client #3's involvement with police on 8/11/19. -Moving forward, level II incident reports would be completed for any consumer absence involving local law enforcement.	V 367		



METHODIST HOME FOR CHILDREN  
RESIDENTIAL SERVICES DEPARTMENT  
YOUTH HOME SERVICES DIVISION

PROGRAM OPERATIONS GUIDELINES

<b>PROTOCOL FOR INCIDENT REPORTING</b>
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**GUIDELINES:**

1. An Incident Report (IR) should be completed if:
  - a. anyone (staff, client, visitor) is injured, regardless of whether medical attention is required,
  - b. fatalities of anyone (staff, client, visitor) occurs on agency property; all fatalities must be reported to the President immediately;
  - c. any property damage occurs;
  - d. a vehicle accident occurs in agency vehicles;
  - e. a search or physical restraint is utilized;
  - f. a medical emergency occurs;
  - g. a youth runs away from the residential program premises;
  - h. a youth leaves the supervision of staff in the community;
  - i. a youth is suspended from school;
  - j. any police contact occurs;
  - k. any allegations of abuse or neglect are reported to staff members; or,
  - l. an incident occurs that has potential of litigation or investigation.
2. A MHC Incident Report will be completed by the staff member as soon as possible following the conclusion of the incident. Notification of supervisory personnel is accomplished through an e-mail distribution list triggered by the IRs entry into the agency database.

**PROCEDURES:**

1. All staff are trained on Incident Reporting during Core Training.
2. All reports should reflect clear, concise, and objective descriptions of each incident.
3. All Incident Reports are completed on the computer. All Incident Reports should be saved and labeled with "IR," the name of the home, and the date of the incident (e.g. IR-cavalier-1-5-06).
4. All blanks on the Incident Report form should be filled out. If a section is not applicable to the incident, staff indicate by checking the box stating "This section is not applicable."
5. The Agency Risk Management Team reviews all Incident Reports on a quarterly basis and reports its findings to the Agency Leadership Team.

Client Fatalities & Serious Injuries (L-II & L-III Events)

1. Client fatalities and all circumstances and documentation surrounding the death are reviewed by the Agency Leadership Team at either regularly scheduled meetings or emergency meetings requested by the President/CEO.

## Protocol for Incident Reporting

2. The Leadership Team reviews all relevant documentation, including incident reports and interviews conducted with involved staff members and/or clients. The Leadership Team identifies the necessary external reporting to licensing authorities, agencies, etc.
3. The Leadership Team develops an analysis report and presents this information to the Agency Board of Directors. The analysis will identify key areas for improvement such as (but not limited to): following policies and procedures, reporting abuse and neglect, and supervision of staff.
4. When a client fatality or serious injury, occurs (L-II or L-III) then for all DHSR Licensed facilities a report must be made in the Incident Reporting and Improvement System (IRIS) within twenty-four (24) hours and reports must be made to Division of Medical Assistance/their designee, Protection and Advocacy Agency for North Carolina, Center for Medicare and Medicaid Services, and the Local Management Entity (LME). In the case of a client fatality the incident must also be reported to law enforcement.
5. When a client runs away from the residential program premises and is gone more than 3 hours or has ANY police contact, (L-II or L-III) then for all DHSR Licensed facilities a report must be made in the Incident Reporting and Improvement System (IRIS) within twenty-four (24) hours and reports must be made to Division of Medical Assistance/their designee, Protection and Advocacy Agency for North Carolina, Center for Medicare and Medicaid Services, and the Local Management Entity (LME).
6. If an incident occurs where abuse or neglect is suspected, then those incidents must also be reported within the IRIS system and to Department of Social Services, Child Protective Services Department in the county in which the alleged incident occurred.