

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/02/2019
NAME OF PROVIDER OR SUPPLIER SCI-COASTAL HOUSE I AND II			STREET ADDRESS, CITY, STATE, ZIP CODE 1972 & 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401		
(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) COMPLETION DATE	
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on review of investigations and interviews, the facility failed to report all allegations of abuse or neglect to the health care personnel registry (HCPR) within 24-Hours as required by N.C. General Statute 131E-256, which is under 131E Article 15. This potentially affected all residents of the facility. The finding is:</p> <p>Allegations of abuse and neglect was not reported to the HCPR.</p> <p>Review on 8/2/19 of the internal complaint investigation dated 7/16/19 revealed the allegations were not reported to the HCPR.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/2/19 confirmed the allegations were not reported to HCPR. She indicated she knew they would be false as a staff she terminated gave them to her in anger directly after the staff's termination. However, in due diligence she proceeded with what was a thorough investigation.</p>	W 153	<p>In the future all allegations of abuse, neglect, mistreatment as well as injuries of an unknown source will be reported to other officials in accordance with state law through established systems. The health care personnel registry will be notified within 24 hours of all allegations of abuse or neglect. The administrator will receive training on policies and procedures for reporting abuse and neglect to the health care personnel registry.</p> <p>The assigned Executive Director will monitor at least monthly and address any noted issues with reporting abuse and neglect to the health care personnel registry as well as other officials in accordance to state law. Retraining will be completed as needed to ensure policies and procedures are followed according to state laws.</p> <p style="text-align: right;">DHSR - Mental Health AUG 26 2019 Lic. & Cert. Section</p>	10-1-19	

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

TITLE

(X6) DATE

[Signature] Chief Operations Officer 8-20-19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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Skill Creations, Inc.
Post Office Box 1636
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Telephone: (919)734-7398 Fax: (919)735-5064
"Creating Life Skills With Those We Serve"



Fax Transmission

To: Ms. Lesa Williams
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation

919-715-8078

From: Fontaine Swinson

DHSR - Mental Health

Date: 8/20/2019

AUG 26 2019

Here is the Plan of Correction for:

Lic. & Cert. Section

SCI Coastal House 1 and 11
Provider Number 34G173, MHL 065-028

If you have any questions, do not hesitate to contact me. I can be reached via email
or by telephone at : fontaine.swinson@skillcreations.com; phone number 919-920-4476

The original is being sent by US Mail.

Thank you,



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 16, 2019

Ms. Fontaine Swinson, Director
SCI Coastal House I and II
1974 West Lake Shore Drive
Wilmington, NC 28401

Re: Complaint Survey Completed 8/2/19
SCI Coastal House I and II
Provider Number: 34G173
MHL#065-028
E-mail Address: fontaine.swinson@skillcreations.com
Complaint Intake #NC00153885

Dear Ms. Swinson:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on August 2, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 1, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Joy Alford at 919-605-4336.

Sincerely,



Joy Alford, QIDP/SW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org