

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTER DAYZ LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>837 LYNHAVEN DRIVE</b> <b>GASTONIA, NC 28052</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 9/13/19. Deficiencies were cited. The complaint (#NC00155540) was substantiated. The complaint (#NC001555057) was unsubstantiated.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III</p>	V 000		
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 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</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs, affecting 1 of 4 clients (Client #1). The findings are:</p> <p>Review on 9/5/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 4/12/19</li> <li>- Diagnoses of Mood Disorder and Post-Traumatic Stress Disorder</li> <li>- August and September MAR revealed Cetirizine HCL 10mg, 1 tab daily had been signed off by staff</li> <li>- No physicin's order for cetirizine HCL 10mg</li> </ul> <p>Interview on 9/9/19 with Staff #1 and The House Manager revealed:</p> <ul style="list-style-type: none"> <li>- They didn't know where the order for Client #1's cetirizine HCL 10mg was of why it wasn't in the book.</li> <li>- Client #1 has an appointment coming up</li> </ul>	V 118		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p>	V 296		

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V 296	<p>Continued From page 2</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interview, the facility failed to ensure minimum staffing of two staff members for up to four clients. The findings are:</p> <p>Interview on 9/9/19 with Client #1 revealed: - About a few weeks ago at approximately 12am, she jumped out of her window and ran away with a friend from another group home. They got stopped by police at about 9am. The police took her back to the facility. There had been 1 staff (Former Staff #3) working that night when Client #1 left the group home. There had normally been 2 staff working but she wasn't sure why Former Staff #3 was there by herself.</p> <p>Attempted Interview on 9/9/19 and 9/13/19 with Former Staff #3 was unsuccessful due to a non-working telephone number.</p> <p>Interview on 9/5/19 with social worker revealed: - She was notified that on the night that Client #1 went AWOL, there was only 1 staff working in the facility (Former Staff #3)</p>	V 296		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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; (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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>are:</p> <p>Reviews on 8/29/19, 9/5/19 and 9/9/19 of the Incident Response Improvement System for the facility revealed no reports submitted regarding the AWOL of Client #1.</p> <p>Interview on 9/9/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- About a few weeks ago at approximately 12am, she had jumped out of her window and ran away with someone who lived in another group home. They walked to Belmont, but planned to go to Charlotte. They were stopped by police at approximately 9am while walking. The police took Client #1 back to the group home that day. She had been AWOL from the group home all night.</li> </ul> <p>Interview with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- He knows an incident should have been completed and he would look into it.</li> </ul>	V 367		