

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JASPER'S HOUSE DAY TREATMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VILLAGE LAKE DRIVE</b> <b>CHARLOTTE, NC 28212</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on October 14, 2019. The complaint was unsubstantiated (Intake #NC00155467). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p>	V 000		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol>	V 367		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 367	<p>Continued From page 1</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 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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</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 interview and record review, the facility failed to ensure all Level II incident reports were completed within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 10/14/19 of Former Client #4's record revealed: -Admission date of 5/22/19; -Discharge date of 8/27/19; -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder, Mild Intellectual Developmental Disability.</p> <p>Review on 10/14/19 of Email Correspondence to the Day Treatment Director dated 8/27/19 revealed: -Former Client #4 was found with a female client in the restroom together; -Former Client #4 began getting upset and displayed property destruction resulting in a call to the police.</p>	V 367		

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V 367	Continued From page 3  Review on 10/14/19 of the facility's Incident Reports revealed: -No Level II incident report completed when Former Client #4 was in the restroom with a female client and began displaying property destruction upon discovery by staff.  Interview on 10/14/19 with the Day Treatment Director revealed: -It was a misunderstanding that this incident was not reported properly; -Will ensure all incident reports are documented in the future.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and clean manner. The findings are:  Observation on 10/14/19 at approximately 12:00pm of the facility revealed: -Several newly patched areas on the walls throughout the building; -Large holes in the wall in the middle school classroom; -Walls throughout the facility need to be painted.	V 736		

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V 736	<p>Continued From page 4</p> <p>Interview on 10/14/19 with the Day Treatment Director revealed: -Any damage to the walls is continually repaired; -In the process of completing painting; -The large holes in the wall in the middle school classroom were left that way with a sign to make good decisions illustrating the importance of decision making to the students in the classroom.</p> <p>Interview on 10/14/19 with the Clinical Director via phone call during the Exit Conference revealed: -Will have the walls repaired this week.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 736		