

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/25/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP H</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21 LANEXA LANE SPRING LAKE, NC 28390</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on October 25, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that fire and disaster drills were completed on each shift quarterly.</p> <p>Review on 10/24/19 of the facility documentation of fire and disaster drills revealed the following information; <b>FIRE DRILLS:</b></p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>-- Fire drills appeared to be conducted approximately 3 times a month.</p> <p>-- During these 3 drills, first, second and third shift were not equally represented.</p> <p>-- Of the 15 drills reviewed, 7 of them did not indicate if the time the drills were performed was AM or PM.</p> <p>DISASTER DRILLS:</p> <p>-- It could not be determined if the disaster drills were spread amongst all 3 shifts.</p> <p>-- Of the 8 drills reviewed, 6 of them did not indicate if the time the drills were performed was AM or PM.</p> <p>Interview on 10/24/19 with the Group Home Manager/QP revealed the following information;</p> <p>-- The facility tried to do these drills 3 times a month.</p> <p>-- They were supposed to be conducted on each of the 3 shifts.</p> <p>-- He confirmed that over half of the drills reviewed did not indicate if they were performed in the AM or the PM, thus making it impossible to determine which shift they were performed on.</p>	V 114		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that the Health Care Personnel Registry (HCPR) was notified of all allegations of harm by a health care personnel. The findings are:</p> <p>Review on 10/24/19 of Client #1's record revealed</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>the following information;</p> <ul style="list-style-type: none"> <li>-- 12 year old male.</li> <li>-- Admitted to the facility on June 6, 2019.</li> <li>-- Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).</li> </ul> <p>Interview on 10/24/19 of a document titled INVESTIGATION revealed the following information;</p> <ul style="list-style-type: none"> <li>-- Client #1 on 10/6/19 alleged that one staff punched him in the forehead, and on the same date, another staff choked him.</li> <li>-- An internal investigation was completed by the Group Home Manager/Qualified Professional on 10/8/19, where all involved staff and all the clients living in the facility were interviewed.</li> <li>-- Client #1 upon interview admitted that the allegations did not occur, and he just wanted those staff fired because his peer was not allowed to have free time when he wanted to have it.</li> <li>-- This allegation was subsequently unsubstantiated per this investigation.</li> <li>-- He did not submit a report of this allegation to the HCPR.</li> <li>-- He was unsure wether a report should be made to the HCPR because he found the allegation to be unsubstantiated, and he thought that the office manager had submitted the information.</li> </ul> <p>Interview on 10/25/19 with the office manager revealed the following information;</p> <ul style="list-style-type: none"> <li>-- She was not sure if the information needed to be reported to the HCPR because the facility found the allegation to be unsubstantiated.</li> <li>-- She did not complete a report to the HCPR.</li> </ul>	V 132		