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	MHL026-952	A. BUILDING: _____ B. WING _____	R 11/14/2019

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on November 14, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or 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		

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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		

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V 366	Continued From page 2 catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level II incidents. The findings are: Refer to tag V367 for details. Review of facility records on 11/13/19 and	V 366		

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V 366	Continued From page 3 11/14/19 revealed no documented response to a restrictive intervention implemented on client #2 since admission.	V 366		
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 report recipients by the end of the next business day whenever: (1) the provider has reason to believe that	V 367		

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V 367	Continued From page 4	V 367		

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;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III

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V 367	Continued From page 5 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. 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: Review on 11/13/19 and 11/14/19 of client #2's record revealed: -13 year-old male. -Admission date of 9/03/19. -Diagnoses of Attention-Deficit/Hyperactivity Disorder, Pica, Conduct Disorder, and Disruptive Mood Dysregulation Disorder. Review on 11/13/19 and 11/14/19 of client #2's Person Centered Profile revealed: -He displayed unsafe, aggressive, and disruptive behaviors in all settings. -He required 24-hour assistance. -He displayed anger outbursts, threats of harm to others, and acts of property destruction. Review on 11/12/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports had been generated for a restrictive intervention involving client #2. Interview with client #2 on 11/13/19 revealed: -He was involved in a verbal dispute with staff #3	V 367		

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V 367	Continued From page 6 escalating to the use of racial slurs directed at staff #3. -He was directed back to his room and then placed in a "choke hold" by staff #3. The "choke hold" was detailed as an approach from behind, his back to staff #3's chest, and his throat between staff #3's forearm and bicep. -While in the hold, staff #3 told him "you're going to stop saying that to me." -He was not injured in the altercation and there were no witnesses present. -He was unable to recall the date of the altercation, but he detailed the event as occurring "a few weeks ago." -He reviewed incident with staff #5 and Associate Professional (AP). Interview with staff #3 on 11/14/19 revealed: -An incident occurred with client #2 approximately "two weeks" earlier which led to the utilization of a restrictive intervention. -Client #2 had been verbally combative and noncompliant on the morning in question. -He followed client #2 into his room to inquire about school and client #2 began directing racial slurs at him prior to throwing a shoe. -Concerned client #2 would continue throwing additional items, he placed client #2 in a therapeutic wrap. Wrap was detailed as approaching client from behind and placing his arms around client's arms to secure client's arms to his chest. The wrap was approximately 2-3 seconds in length and allowed him to move client towards client's bed. Following client #2's release, he called for support from staff #5 and staff #5 entered room to allow him to exit. -There were no injuries identified at time of incident. -He recognized that he should've documented restrictive intervention and did not do so.	V 367		

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V 367	Continued From page 7 Interview with AP on 11/14/19 revealed: -He was notified by staff #3 that client #2 had been verbally aggressive and confrontational with staff #3. -He processed the incident with staff #3 and no physical assault on client #2 was disclosed. -He processed the incident with client #2 the following afternoon and no physical altercation was disclosed. -He was unaware of any alleged physical assault. Interview with Qualified Professional (QP) on 11/14/19 revealed: -Client #2 did not report a physical assault to her. -Staff #3 did not report the use of a restrictive intervention to her. -No level II incident report had been completed for a restrictive intervention involving client #2 due to failure of staff #3 reporting use of a restrictive intervention. Attempts to secure an interview with staff #5 were unsuccessful.	V 367		