

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2019
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NAME OF PROVIDER OR SUPPLIER ROBERT S SWAIN RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 932 OLD US 70 BLACK MOUNTAIN, NC 28711
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 11/18/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</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"> (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. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider</p>	V 367		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER ROBERT S SWAIN RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 932 OLD US 70 BLACK MOUNTAIN, NC 28711		
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V 367	Continued From page 1 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 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;	V 367		

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NAME OF PROVIDER OR SUPPLIER
ROBERT S SWAIN RECOVERY CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**932 OLD US 70
BLACK MOUNTAIN, NC 28711**

(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 367	<p>Continued From page 2</p> <p>(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 review and interview, the facility failed to submit all level II incidents, to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 11/18/19 of Former Client (FC) #1's record revealed: -admission date 10/17/19. -diagnoses included Substance Use Disorder.</p> <p>Review on 11/18/19 of a facility incident report dated 11/9/19 revealed: -FC #1 walked into the meeting room to attend the Narcotics Anonymous (NA) meeting. -FC #1 then left the room and staff assumed he was going to use the restroom. -when FC #1 did not return staff attempted to locate him for 30 minutes. -FC #1's Pre-trial officer and the police were contacted. -the client was never found.</p>	V 367	<p>Program Manager has reviewed this specific scenario with all staff. Staff are aware that any person who "walks off" has "eloped" which requires an incident report. If there is a law enforcement contact made, this is a level II incident, which needs to be reported to IRIS within 72 hours.</p> <p>Staff have been instructed to call Program Manager immediately in the event of a possible discharge of any type, whatsoever. Furthermore, a missing client, no matter how brief is cause for calling the on-call staff.</p> <p>Client supervision policy was reviewed. Recovery Technicians are responsible for knowing whereabouts and activities of all Swain clients at all times. Elopements are exceptionally rare at Swain, meanwhile staff have been coached to the importance of supervision and reminded that disciplinary action is possible should a pattern of casual attitude be noted.</p>	

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NAME OF PROVIDER OR SUPPLIER ROBERT S SWAIN RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 332 OLD US 70 BLACK MOUNTAIN, NC 28711		
(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 367	Continued From page 3 Review of the North Carolina Incident Response Improvement System (IRIS) reports revealed there was no IRIS report for FC #1's elopement. Interview on 11/18/19 with the Program Manager revealed: -FC #1 had not returned to the facility since he absconded during the MA meeting. -he acknowledged FC #1 was receiving services and an incident report should have been completed in IRIS.	V 367	In the month of December Swain will review the manual with second and third shift staff. It will be done in scheduled supervision and I will collect signatures documenting that the manual has been provided. Specifically, the criteria for level I, II, and III incidents will be reviewed. Furthermore, the incident report form itself will be reviewed with staff. Staff will fill one out for practice, then receive feedback. First shift has discussed the issue and I am very confident that incident reporting training is current and sufficient for the long-standing staff who review incident reports and insert data into IRIS. Third shift will review shift-change logs and indicate when an occurrence meets the definition of incident based on the NC MH/DD/SAS Incident Response and Reporting Manual. Third shift, who is already tasked with internal initial auditing, reads the inter-staff shift change notes each shift, i.e., daily; and can notify me (program Manager) in writing or immediately if they see an incident - reporting concern. This corrected deficiency will be ready for review January 15 th , 2020.	

Insight Human Services, Inc.
665 W. Fourth Street
Winston-Salem, NC 27101
Phone: 336-725-8389
Web: www.insightnc.org



Swain Recovery Center
932 Old US 70
Black Mountain, NC 28711
828-669-4161
Fax 828-669-4164

12/6/2019

Sally Thayer MSW

Regarding NC MH/DD/SA annual and follow up survey 11/18/19.
Incident Reporting.

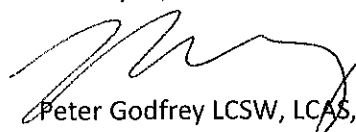
The survey completed on 11/18/19 found one concern in incident reporting. We had an adult client leave the program with no notice, "just walked off". The client was engaged in the legal system the agency was obligated to contact his law enforcement representative upon his discharge. In this instance our second shift staff failed to note that the AMA actually qualified as a level II incident due to that fact that law enforcement was notified and the occurrence should be considered "elopement". The rationale around this error was "adult, not an adolescent". The program staff chose to view the discharge as an AMA rather than an elopement. In the staff lens (at the time), an adult is at the program within their own discretion. If they leave, because they are adult, it's not a missing person or necessarily a safety concern.

I have reviewed this specific scenario with all staff. Staff are aware that any person who "walks off" has "eloped" which requires an incident report. Staff have been instructed to call the Program Manager immediately in the event of a possible unplanned discharge of any type, whatsoever. Furthermore a missing client, no matter how brief is cause for calling the on-call staff. If there is a law enforcement contact made, this is a level II incident, which needs to be reported to IRIS within 72 hours.

In the month of December Swain will review the manual with second and third shift staff. It will be done in scheduled supervision and I will collect signatures documenting that the manual has been provided. Specifically, the criteria for level I, II, and III incidents will be reviewed. Furthermore, the incident report form itself will be reviewed with staff. Staff will fill one out for practice, then receive feedback. First shift has discussed the issue and I am very confident that incident reporting training is current and sufficient for the long-standing staff who review incident reports and insert data into IRIS.

Third shift will review shift-change logs and indicate when an occurrence meets the definition of incident based on the NC MH/DD/SAS Incident Response and Reporting Manual. They read the inter-staff shift change notes each shift, i.e., daily and can notify me (program Manager) in writing or immediately if they see an incident reporting concern.

Thank you,


Peter Godfrey LCSW, LCAS, CSI
Program Manager

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL011-026	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/18/2019	Y3
NAME OF FACILITY ROBERT S SWAIN RECOVERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 OLD US 70 BLACK MOUNTAIN, NC 28711		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>V0118</u>	<u>Correction</u>	ID Prefix <u>V0366</u>	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # <u>27G .0209 (C)</u>	<u>Completed</u>	Reg. # <u>27G .0603</u>	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	<u>11/18/2019</u>	LSC _____	<u>11/18/2019</u>	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) _____	DATE _____	SIGNATURE OF SURVEYOR <i>Sally Thayer, MSW</i>	DATE 11/18/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS) _____	DATE _____	TITLE <i>MSW LCAAS CSI</i>	DATE 12/6/19
FOLLOWUP TO SURVEY COMPLETED ON 9/21/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		