STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-065	A. BUILDING: _____ B. WING _____	R 12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUTHIE'S PLACE	71 EAST 4TH STREET MARION, NC 28752

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V 000	INITIAL COMMENTS An annual, follow up and complaint survey was completed on December 9, 2019. The complaints were substantiated (intake #NC00157436 and intake #NC00158490). 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 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.	V 367		

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V 367	Continued From page 1 (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 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;	V 367		

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V 367	Continued From page 2 (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Local Management Entity (LME) of all Level II incident reports within 72 hours of becoming aware of each incident. The findings are: Review on 12/4/19 of the facility's written reports for the period of September 2019-December 2019 revealed: -A report dated 11/4/19 at 5:10 pm regarding Client #2 having escalated in her behaviors by cussing staff and refusing to complete a task; -Her behaviors further escalated when she "punched" Staff #1, engaged in struggles with Client #3 who was having a panic attack and another peer, and ran outside the facility; -Client #2 eloped from the facility and was missing for approximately 4 hours before she chose to return; -Local law enforcement was involved as result of Client #2's behaviors.	V 367		

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V 367	Continued From page 3 Interviews on 12/4/19 and 12/6/19 with the Associate Professional/Home Manager (AP/HM) revealed: -12/4/19, during a 10/2019 local county department of social services (DSS) investigation of Staff #1 at the facility, Former Client (FC #1) was removed her placement by the DSS social worker; -12/6/19, he was responsible for reporting all incident reports to the Executive Administrator of Residential Services; -He was not responsible for completing or submitting Level II and Level III incident reports into the North Carolina Incident Response Improvement System (IRIS). Interview on 12/6/19 with the Executive Administrator of Residential Services revealed: -He was a Qualified Professional; -The AP/HM notified him of client incidents and he communicated these incidents to the Facility Owner who was responsible for completing and submitting the IRIS incident reports to notify the LME. Interview on 12/6/19 with the Facility Owner revealed: -She was responsible for completing and submitting Level II and Level III incident IRIS reports; -The 11/4/19 incident that involved Client #2 should have been a Level II incident IRIS report; -The DSS did not specify what their investigation was about so no report into IRIS was completed; -She was aware that when an outside agency was involved as a result of a client complaint or act, the LME was to be notified within 72 hours of the facility being aware of each incident.	V 367		

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V 714	Continued From page 4	V 714		
V 714	27G .0301(b) Compliance with Applicable Portions of NCSBC 10A NCAC 27G .0301 COMPLIANCE WITH BUILDING CODES (b) Each facility operating under a current license issued by DHSR upon the effective date of this Rule shall be in Compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated. This Rule is not met as evidenced by: Based on observation and interview, the facility did not meet the NC Building Code (Section 425.2.4 Licensed Residential Care Facility) by having used a portable electric heater in a facility with a licensed capacity of 4 residents. The findings are: An observation on 12/6/19 at 2:20 pm of Clients #1 and #2's shared bedroom revealed: -A standup portable electric heater was plugged into the wall and emitted heat in this room; -There were no clients present at the facility during the time of this observation. Interview on 12/6/19 with the Associate Professional/Home Manager (AP/HM) during the time of the observed portable heater in Clients #1 and #2's shared bedroom revealed: -The facility's primary heating source was a heat pump; -This shared bedroom was at the back of the facility which stayed cooler in temperature than the front rooms of the facility; -Client #1 liked her bedroom warmer in temperature;	V 714		

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V 714	Continued From page 5 -The facility had a recent fire inspection and there were no inspection issues; -He would remove the portable heater immediately from the facility to comply with the state building code.	V 714		