

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-214 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/16/2019 |
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| NAME OF PROVIDER OR SUPPLIER TGH RESIDENTIAL SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 328 OLD CONCORD ROAD SALISBURY, NC 28144 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 12/16/19. The complaint (#NC00158280) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</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 aidsupplies accessible for use.</p> <p><i>This Rule is not met as evidenced by:</i> Based on records review and interviews, the facility failed to conduct the fire and disaster drills at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 12/10/19 of the facility's emergency drills January-December 2019 revealed: - No disaster drills documented</p> | V 114 | <p>Measures that are in place to correct the deficient area of practice in addition to measures in place to prevent the problem from occurring again:</p> <p>TGH Behavioral Health Services, Inc. addressed the deficiency as follows:</p> <ol style="list-style-type: none"> QA/QI & Compliance Director met with House Manager and Assistant House Manager on Monday March 4, 2019 to review the policy on completing fire and disaster drills. Fire & Disaster drill binder was created and reviewed containing the following information: <ol style="list-style-type: none"> How to compete a fire /disaster drill Annual Fire Drill Record Form Participant Attendance Sign off sheet Post-Drill Summary Evaluation Form Monthly Dividers Facility policy and procedures [Section XIII-B Program Safety: Evacuation & Fire] Disaster Preparedness Kit Supply List Quarterly schedule for completing drills will be set up and reviewed with responsible staff [Manager/Assistant Manager] and each shift. Random drills will be completed in between quarterly drills. <p>Who will monitor the situation to ensure it will not occur again:</p> <ul style="list-style-type: none"> House Manager Assistant Manager Director QA/QI & Compliance <p>How often the monitoring will take place.</p> <ul style="list-style-type: none"> Quarterly | December 16, 2019 and ongoing. |

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By cvhicks at 10:09 am, Jan 17, 2020

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 114 | Continued From page 1 Interview on 12/10/19 with The House Manager revealed: - There used to be an assistant house manager who would look over the drills book. She would let staff know when a drill needed to be done, but she wasn't here anymore. - She would start posting when drills needed to be done - She didn't know that the drills needed to be done quarterly and on every shift Interview on 12/11/19 with The Director revealed: - She didn't know why the drills were missing | V 114 | |
| V 296 | 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: | V 296 | Measures that are in place to correct the deficient area of practice in addition to measures in place to prevent the problem from occurring again: The agency will follow 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. The agency will maintain staff that are awake during sleep hours and that supervision is continuous. Who will monitor the situation to ensure it will not occur again: <ul style="list-style-type: none">• House Manager• Assistant Manager• Director• QA/QI & Compliance How often the monitoring will take place. <ul style="list-style-type: none">• Quarterly or as needed |

December 16, 2019 and ongoing.

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| V 296 | <p>Continued From page 2</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p><i>This Rule is not met as evidenced by:</i> Based on observations and interviews, the facility failed to ensure the required staff/client ratio affecting 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Observation on 12/10/19 at approximately 4:27pm revealed: - The House Manager (Staff #1) left the group home with clients #1 and #2. Client #3 was left in the group home with Staff #2.</p> | V 296 | | |
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| V 296 | <p>Continued From page 3</p> <p>Observation on 12/10/19 at approximately 4:40pm revealed:</p> <ul style="list-style-type: none"> - Staff #1 returned to the group home <p>Interview on 12/10/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> - Most of the staff went to work at the other group home that opened - He was the only client in the home for a while until the other two clients came, so it was just a few staff that worked in the facility. There would be one staff that working at times. The Qualified Professional usually worked by herself. Only one staff normally worked at night. <p>Interview on 12/10/19 with Client #2 revealed:</p> <ul style="list-style-type: none"> - One person worked on shift. One staff would be working and then another staff would come in for the next shift - The House Manager of QP normally worked on 2nd shift alone - One staff normally worked on 3rd shift alone <p>Interview on 12/10/19 with Client #3 revealed:</p> <ul style="list-style-type: none"> - Usually, The QP worked on 2nd shift by herself <p>Interview on 12/10/19 with The House Manager revealed:</p> <ul style="list-style-type: none"> - Two staff worked per shift. Some days, there was maybe one if a client had an appointment, she would take the client to the appointment and one staff would stay at the house with the other clients. - When Client #1 was in the facility by himself, there was sometimes one staff depending on the day. <p>Interview on 12/11/19 with The QP revealed:</p> <ul style="list-style-type: none"> - Most of the time, there were two staff working. When they only had Client #1 admitted into the facility with no other clients, she worked on shift | V 296 | | |
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| V 296 | Continued From page 4 by herself. Client #1 was the only client for about a month and a half and so there was only one staff working on shift. "We did a lot in the community...just me and him." Interview on 12/11/19 with The Director revealed: - They usually tried to make sure shifts were covered. They will ensure two staff are working on shift going forward. | V 296 | | |
| 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 | Measures that are in place to correct the deficient area of practice in addition to measures in place to prevent the problem from occurring again: Staff will be retrained on usage of the IRIS reporting manual and requirements. Including but not limited to: GENERAL INSTRUCTIONS A. Purpose B. Who Must Submit the Incident Report C. What is an Incident D. Confidentiality E. When to File F. How to Submit II. REPORTING GUIDELINES A. Documentation of Incidents Types of Incident 1. Consumer Deaths 2. Injury 3. Allegations of Abuse, Neglect and Exploitation 4. Restrictive Interventions 5. Incidents of Concern to Community or Media Coverage 6. Medication Errors 7. Consumer Behavior 8. Suspension or Expulsion from Services 9. Fire Who will monitor the situation to ensure it will not occur again: <ul style="list-style-type: none"> • House Manager • Assistant Manager • Director • QA/QI & Compliance How often the monitoring will take place. <ul style="list-style-type: none"> • Quarterly or as needed | December 16, 2019 and ongoing. Training is scheduled for January 06, 2020 |

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| V 367 | <p>Continued From page 5</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 6</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><i>This Rule is not met as evidenced by:</i> Based on record review and interview the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/10/19 of the facility's incident reports revealed:</p> <ul style="list-style-type: none"> - An incident on 10/7/19 that stated Client became updet and left the group home for more than 30 minutes. The police was called. They located the client and took him to school. He refused to stay at school and called the police. He was taken to the hospital for evaluation. <p>Interview on 12/11/19 with the Director revealed:</p> <ul style="list-style-type: none"> - She didnt know that the client had gone awol from the facility and law enforcement was called - She didnt know that anytime the police was called due to behaviors it needed to be put into IRIS (Incident Response Improvement System) - She had never had the IRIS training but needed | V 367 | | |
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