

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20140058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STRATEGIC BEHAVIORAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 WATERFIELD DRIVE GARNER, NC 27529</b>
--	--

(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>A Complaint and Follow Up Survey was completed on January 17, 2020. The complaint was substantiated (Intake #NC00159694, 00159322, 00159373, 00159381, 00159046, 00159834). A deficiency was cited.</p> <p>This facility is licensed in the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Center for Children and Adolescents.</p>	V 000		
V 314	<p><b>27G .1901 Psych Res. Tx. Facility - Scope</b></p> <p><b>10A NCAC 27G .1901 SCOPE</b></p> <p>(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.</p> <p>(b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting.</p> <p>(c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis.</p> <p>(d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.</p> <p>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other</p>	V 314		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20140058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STRATEGIC BEHAVIORAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 WATERFIELD DRIVE GARNER, NC 27529</b>
--	--

(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 314	<p>Continued From page 1</p> <p>individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at <a href="http://www.dhhs.state.nc.us/dma/">http://www.dhhs.state.nc.us/dma/</a>.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to coordinate a dental appointment for one of three audited clients (#1). The findings are:</p> <p>Record review on 1/14/2020 of client #1's record revealed: -Admission date of 10/1/19. -Diagnoses of Reactive Attachment Disorder, Attention Deficit Hyperactive Disorder (ADHD), Post Traumatic Stress Disorder (PTSD) and General Anxiety.</p> <p>Review on 1/14/2020 of a Physician order for client #1 dated 12/8/19 revealed: -"Dental Consult" -"Noted by ...RN 12/8/19 at 10:30."</p> <p>During interview on 1/14/2020 client #1 stated:</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20140058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STRATEGIC BEHAVIORAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 WATERFIELD DRIVE GARNER, NC 27529</b>
--	--

(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 314	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She had complained to staff for a few months about her tooth hurting.</li> <li>-Told the doctor about it back in December 2019.</li> <li>-She just had a dental appointment last week.</li> <li>-Found out she had a cracked tooth and two cavities.</li> <li>-Has to go back next week to get those fixed.</li> </ul> <p>Review on 1/17/2020 of "Fax Cover Sheet" submitted for client #1's dental appointment for 12/16/19, appointment scheduled for 1/2/2020.</p> <p>During interview on 1/17/2020 with staff who coordinated appointments stated:</p> <ul style="list-style-type: none"> <li>-She made all appointments for clients when they are ordered and she received them from the nurse.</li> <li>-She would prioritize appointments based on their pain level or need.</li> <li>-Would touch base with client to see level of pain and how long they could wait because sometimes it takes a while to be seen by these doctors.</li> <li>-Spoke with client #1's mom and she was "Ok" with the appointment that was scheduled.</li> </ul> <p>During interview on 1/17/2020 the Director of Compliance and Risk Management (DOC/RM) stated:</p> <ul style="list-style-type: none"> <li>-Not sure why client #1's dental appointment was delayed in being made for a week.</li> <li>-Once the doctor ordered the appointment, it should be made as soon as possible.</li> <li>-Will address this in their meetings to ensure this is done in a timely manner.</li> </ul>	V 314		