

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2020
NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 WATERFIELD DRIVE GARNER, NC 27529		
(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	INITIAL COMMENTS 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. This facility is licensed in the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Center for Children and Adolescents.	V 000	<i>Please note that Strategic Behavioral Center – Raleigh takes these findings seriously and is fully committed towards developing effective strategies for compliance with regulations and monitoring and evaluation activities to ensure compliance with same.</i> <i>Pursuant to your request, the corrective actions are delineated in the following pattern:</i> <i>a) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified;</i> <i>b) The date by which all corrective actions will be completed, and the monitoring system will be in place.</i> <i>c) The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.</i> <i>d) The title of the person responsible for implementing the acceptable plan of correction</i> (V314 starts here)	
V 314	27G .1901 Psych Res. Tx. Facility- Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (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. (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. (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. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. (f) The PRTF shall coordinate with other	V 314	<i>a) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified;</i> It was determined that staff failed to follow the internal process for scheduling appointment for patients. All Nursing Staff, with responsibility for scheduling patient appointments, were immediately re-educated on the process for requesting appointments for patients. The CNO has incorporated this re-education into her on-going monthly nursing meetings. Staff not meeting these requirements will be addressed on a progressive disciplinary basis. RECEIVED FEB 06 2020 DHSR-MH Licensure Sect	b)2/5/2020

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

TITLE

(X6) DATE

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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 http://www.dhhs.state.nc.us/dma/.</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	<p><i>c) The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.</i></p> <p>To ensure compliance with this requirement, all scheduled appointments will be reviewed by CNO or Designee. An Audit is being conducted weekly of a minimum 100% of appointments scheduled to ensure a compliance rate of 100%. The results of the audits will be tracked and maintained by the CNO or designee. These findings are being presented at the Hospital's Morning Meeting (Monday -Friday). A summary of the findings is being forwarded to the Quality/PI Council, Medical Executive Committee and Governing Board at each of their respective meetings. The findings from the review will be continued at the Morning Meeting for a period of 3 months, if at 95% and above, the results will be reduced to a review at the monthly Quality/PI Council meeting.</p> <p>This process will continue as presented on a go-forward basis and has no end date</p> <p><i>d) The title of the person responsible for implementing the acceptable plan of correction</i></p> <p>Director of Nursing</p>	

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



STRATEGIC
BEHAVIORAL CENTER

February 6, 2020

NCDHHS/DHSR
Kimberly Thigpen
1205 Umstead Drive
Lineberger Building
Raleigh, NC 27603

RE: POC for Complaint Investigations and follow up survey:
#NC00159694,00159322,00159373,00159381,00159046,00159834.

Dear Ms. Thigpen:

Please see the attached Plan of Correction I am submitting on behalf of Strategic Behavioral Center-Garner. We would like to ensure you that we are dedicated to providing quality care for patients and their families that have entrusted us with their care.

Respectfully,

Rachel Beal, CEO

Enc: Plan of Corrections

qsj