

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601400</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SMITH COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6725 SAINT PETER'S LANE MATTHEWS, NC 28105</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on February 12, 2020. The complaint was substantiated (Intake # NC00160063). A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</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"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol>	V 367		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 367	<p>Continued From page 1</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 2</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>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incident reports to the local management entity (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 2/11/2020 of Client #2's record revealed: -Admitted 1/7/2020; -Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Unspecified Anxiety Disorder; -17 years old.</p> <p>Review on 2/11/2020 of Client #3's record revealed: -Admitted 8/15/2019; -Diagnosed with Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Enuresis;</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>-13 years old.</p> <p>Review on 2/11/2020 of Client #4's record revealed: -Admitted 11/12/2019; -Diagnosed with Autism Spectrum Disorder, Major Depressive Disorder, Unspecified Trauma and Stressor Related Disorder, Parent/Child Relational Problem; -15 years old.</p> <p>Review on 2/12/2020 of the facility's Incident Reports revealed: -Level I incident reports dated 1/24/2020, 2/2/2020, and 2/4/2020 for Client #2 involving physical restraints; -Level I incident reports dated 1/4/2020, 12/22/2019, 12/16/2019, and 12/5/2019 Client #3 involving physical restraints; -Level I incident report dated 12/20/19, 12/11/2019, and 12/7/2019 for Client #4 involving physical restraints.</p> <p>Review on 2/10/2020 and 2/11/2020 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No Level II incident reports completed on the use of the physical restraints for Client #1 (1/24/2020, 2/2/2020, and 2/4/2020), Client #2 (1/4/2020, 12/22/2019, 12/16/2019, and 12/5/2019), or Client #3 (12/20/2019, 12/11/2019, and 12/7/2019).</p> <p>Interview on 2/10/2020 with the representative from Department of Mental Health revealed: -The incidents involving the physical restrains for Clients #2, #3, and #4 were all created in NC IRIS were all created but were not submitted successfully.</p> <p>Interview on 2/12/2020 with the Director of the</p>	V 367		

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V 367	Continued From page 4  Quality Assurance Department revealed: -Will provide additional training to ensure all incident reports are completed and submitted properly in NC IRIS.	V 367		