

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl046-015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PORT HEALTH SERVICES - ROANOKE CHOW/</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>144-C COMMUNITY COLLEGE ROAD AHOSKIE, NC 27910</b>
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(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	<b>INITIAL COMMENTS</b>  An annual and follow up survey was completed on 1/30/20. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G.5000 Facility Based Crisis Service for Individuals of All Disability Groups.	V 000	Please see attached Word document	
V 367	<b>27G .0604 Incident Reporting Requirements</b>  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. (b) Category A and B providers shall explain any missing or incomplete information. The provider	V 367		

**RECEIVED**  
**FEB 21 2020**  
**DHSR-MH Licensure Sect**

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Dail*

TITLE  
**COO**

(X6) DATE

**2-21-20**

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V 367	Continued From page 1  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; (2) restrictive interventions that do not meet the definition of a level II or level III incident;	V 367		

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V 367	<p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II incidents were reported to the Incident Response and Improvement System (IRIS) or the Local Management Entity (LME) within 72 hours of becoming aware of the incident for 2 of 2 audited former clients (FC#1 and FC#2). The findings are:</p> <p>Review on 1/29/20 of the record for FC#1 revealed: -Admitted on 12/04/19. -Diagnosis of Substance Abuse Disorder.</p> <p>Review on 1/29/20 of the facility incident reports revealed: -Incident report completed by staff 12/04/19. -FC#1 reported thoughts of self harm by hanging. -"Personal items removed from room that could be used to harm self. " -FC#1 reported history of self harm to staff . -Emergency Medical Services (EMS) were called. -FC #1 taken to Hospital by EMS.</p> <p>Review on 1/29/20 of the record for FC#2</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>revealed: -Admitted on 11/15/19. -Diagnosis of Substance Abuse Disorder.</p> <p>Review on 1/29/20 of the facility's prevention and preparation policy revealed: -A client being anxious/agitated in distress and reporting pain is considered a level II incident.</p> <p>Review on 1/29/20 of the facility incident reports revealed: -Incident report completed by staff 11/15/19. -FC#2 complained of chest pain and exhibited increased respirations. -EMS was called and client was taken to hospital.</p> <p>Interview on 1/30/20 with the Program Supervisor revealed: -Had not submitted any Level II incident reports to IRIS or LME -Incidents considered Level 1 since no one was harmed "was a threat was not followed through." -Procedures in place to prevent self harm. -EMS was called and client was taken to the hospital. -Client returned back to the program after being discharged. -Family Nurse Practioner makes the decision on when EMS is called. -Facility has Preventon and Preparation procedures in place address "crisis intervention response."</p>	V 367			

We appreciate your feedback to help us sustain compliance with applicable rules and our efforts to continuous quality improvement.

**For patient FC-1** who reported thoughts of self-harm and EMS and Sheriff's Department were conducted: This is a level II incident and should have been reported in IRIS.

**Plan of Correction:**

- Corrective Measures:
  - Compliance Director contacted Trillium and reported the misclassification of the incident. Although the incident occurred on 12/4/19, it was reported in IRIS on 2/14/20 as a level II incident and Trillium was informed accordingly.
  
- Preventive Measures:
  - Program Manual has been revised and now makes reference to PORT's policy 6030.1 and Appendix 6000.D (DHHS Incident Reporting Manual) that provide detailed information about incident classification. PORT's Policy & Procedures Manual and Appendices are posted on the organization's Intranet (a shared drive), easily accessible by all staff.
  - During staffing, the Ahooskie FBC supervisor will go over PORT's policy and DHHS Incident Reporting guidelines. The State's guidelines will also be available in a binder at the nurses' station for staff to easily refer to without having to log in to a computer.
  - When in doubt about the classification of an incident or other requirements, supervisor and/or staff will contact Compliance Director for guidance.
  
- Who will monitor: Ahooskie FBC Supervisor (Nora Mansfield) and Regional Clinical Manager (Matt Lambeth).
  
- How often monitoring will take place: In staffings at least bi-monthly, criteria for determining level of response to incidents will be discussed. In addition, PORT has a detailed PowerPoint training available in RELIAS Learning (online training) for all staff as needed. PORT's training manager will be conducted if a refresher training is necessary.

**For Patient FC-2** who exhibited chest pain and increased respirations and EMS was called. : The Compliance Director reviewed the level I incident and DHHS Incident Reporting guidelines. According to the State's manual, "Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/neglect or medication error." Angela Draughn's (Counselor) note of 11/15/19 reflects, "Patient returned from hospital at 2130, transportation was provided by staff. Staff called Rosemary Royce, FNP because hospital reported that they couldn't send patient labs or nurse notes. R. Royce, FNP reports calling ER and talking with ER Dr. Tripp. FNP reported to this staff that it was medical cleared for patient to return to unit. Patient stated "I can't believe it was only an anxiety attack". Patient tolerated all medications given this shift." It appears that the incident was due to an anxiety attack, which supports a level I classification, which was not caused by abuse/neglect or medication error.

Because chest pain and increased respirations could be considered medical conditions, Compliance Director spoke with Amanda Morgan and Julie McCall with Trillium who supported

that this incident appears to be a level I. Ms. Morgan offered to include it as an agenda item to discuss with DHHS at their next meeting. The question would be, "If 911 called for medical illness/condition constitutes a level II incident."

This incident was not submitted in IRIS due to being considered as level I, unless Trillium notifies PORT otherwise. However, the same preventive and monitoring measures as continuous training and education will be applied to this case as well.