STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: ______ B. WING ______	03/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

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V 000	INITIAL COMMENTS A complaint survey was completed on March 6, 2020. The complaint was unsubstantiated (intake #NC00160467). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children or Adolescents.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three current clients (#3 and #5) and one of one Former Client (FC) (#1). The findings are: Finding #1: Review on 03/05/20 of client #3's record revealed: - 15 year old male. - Admission date of 01/30/20. - Diagnoses of Conduct Disorder, Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD). Review on 03/05/20 of client #3's signed physician orders dated 02/26/20 revealed: - Abilify (antipsychotic) 30 milligrams (mg) - take one tablet at bedtime. Review on 03/05/20 of client #3's March 2020 MAR revealed: - Abilify 30mg - take one tablet at bedtime. - Staff initials to indicate the Abilify was administered as ordered. Observation on 03/05/20 at approximately 2:00pm of client #3's medications revealed: - Individual packaged Abilify 15mg tablets. - No 30mg tablets available for administration.	V 118		

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V 118	Continued From page 2 Interview on 03/05/20 client #3 stated he received his medications as ordered. Finding #2: Review on 03/05/20 of client #5's record revealed: - 13 year old male. - Admission date of 02/05/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder, ADHD-Combined Type and Post Traumatic Stress Disorder. Review on 03/05/20 and 03/06/20 of client #5's medication orders revealed no order for Proair (asthma inhaler) inhale 2 puffs ever 4 hours as needed. Review on 03/05/20 of client #5's February 2020 and March 2020 MARs revealed: February 2020 - Pro-air 2 puffs as needed. - Staff initials to signify the Pro-air was administered 9 times. March 2020 - No transcribed entry for Proair. Observation on 03/05/20 at approximately 2:00pm of client #5's medications revealed a Proair inhaler for client #5 dispensed on 06/19/19. Interview on 03/05/20 client #5 stated he received his medications as ordered. Finding #3: Review on 03/05/20 FC #1's record revealed: - 15 year old male. - Admission dates of 01/08/20 and 02/20/20. - Diagnoses of Conduct Disorder-Adolescent Onset, ODD	V 118		

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V 118	Continued From page 3 - Discharge dates of 01/28/20 and 03/04/20. Review on 03/05/20 of FC #1's medication orders revealed: - 01/09/20 - Abilify 10mg - take one tablet twice daily. - No physician order to hold or discontinue the Abilify Review on 03/05/20 of FC #1's February 2020 MAR revealed: - Aripiprazole (generic Abilify) 10mg - take one tablet twice daily. - Staff initials to indicate the Abilify was administered on 02/11/20 at 8am. - "Hold Do Not Give" was handwritten on the transcribed entry for Abilify. FC #1 was not available for interview due to discharge to a higher level of care on 03/04/20. Interview on 03/05/20 the House Manager stated: - Client #3's medications came with him from his previous facility. - She understood the MARs needed to be current. Interview on 03/05/20 and 03/06/20 the Qualified Professional stated: - She understood the facility needed an order to hold medications. - She would follow up to ensure the MARs and orders were current.	V 118		
V 302	27G .1802 Intensive Res. Tx. Child/Adol - Req. of L P 10A NCAC 27G .1802 REQUIREMENTS OF LICENSED PROFESSIONALS	V 302		

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V 302	Continued From page 4 (a) Each facility shall have at least one full-time licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance related disorders this shall include a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor. (b) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its licensed professional(s). At a minimum these policies shall include: (1) supervision of direct care staff; (2) oversight of emergencies; (3) provision of direct clinical psychoeducational services to children, adolescents or families; (4) participation in treatment planning meetings; and (5) coordination of each child or adolescent's treatment plan. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have a least one full time licensed professional (LP) providing the required clinical and administrative duties related to client services. The findings are: Review on 03/05/20 of client #1's record revealed: - 17 year old male.	V 302		

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V 302	Continued From page 5 - Admission date of 02/18/20. - Diagnoses of Conduct Disorder, Major Depressive Disorder, Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD). Review on 03/05/20 of client #3's record revealed: - 15 year old male. - Admission date of 01/30/20. - Diagnoses of Conduct Disorder, ADHD and ODD. Review on 03/05/20 of client #5's record revealed: - 13 year old male. - Admission date of 02/05/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder, ADHD-Combined Type and Post Traumatic Stress Disorder. Review on 03/06/20 of the LP's personnel record revealed he was a current Licensed Clinical Social Worker. Interview on 03/05/20 client #1 stated: - He had resided at the facility for approximately two weeks. - The LP came to the facility one or two times per week. - The LP provided individual therapy with the clients. Interview on 03/05/20 client #3 stated: - He was admitted to the facility approximately one month ago. - The LP visited with the clients every Tuesday. Interview on 03/05/20 client #5 stated: - He had resided at the facility for 2 months.	V 302		

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V 302	Continued From page 6 - The LP visited the facility every Tuesday. Interview on 03/05/20 the House Manager stated the LP visited the facility every Tuesday and Thursday to speak with the clients. Interview on 03/05/20 the LP stated: - He was a contract therapist for the facility. - He visited the facility weekly. - He provided individual and group therapy. Interview on 03/05/20 and 03/06/20 the Qualified Professional stated: The LP visited the facility every Tuesday and Thursday. - The LP was on-call at all times. - She understood the rule required the facility to have a full time LP.	V 302		
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:	V 367		

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V 367	Continued From page 7 (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 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	V 367		

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V 367	Continued From page 8 .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; (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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 03/05/20 of the North Carolina Incident Response Improvement System (IRIS) website revealed no Level II incident report had been submitted to the LME after Former Client (FC) #1's suicidal behavior on 01/28/20.	V 367		

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V 367	Continued From page 9 Review on 03/05/20 of an facility incident report completed by staff #4 revealed: - Date of Incident: - Time of Incident: 10:25am. - Box checked for Level II - Suicidal Behavior that does not result in death or permanent Physicial or psychological impairment. - Narrative of specific events leading up to the incident: FC #1 was upset with his mother. He got mad and threw the phone. FC #5 went to his room and positioned his bed and put a belt around ceiling vent. Staff intervened. Police and Emergency Medical Services were contacted. FC #1 was transported to the hospital for further observation. Review on 03/05/20 of a facility IRIS report for FC #1's 01/28/20 incident completed by the Qualified Professional (QP) revealed it had not been officially submitted to the LME for review. Interview on 03/05/20 and 03/06/20 the QP stated: - She had completed an IRIS report for FC #1's suicidal behavior. - She thought the report had been submitted. - She would follow up to ensure reports were submitted as required.	V 367		