STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-251	A. BUILDING: _____ B. WING _____	C 04/23/2020

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INTERGRATED FAMILY SERVICES DAY TREAT	1019 FLEMING STREET, ROOM 221 & 223 GREENVILLE, NC 27834

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V 000	INITIAL COMMENTS A complaint survey was completed on April 23, 2020. The complaints were unsubstantiated (intake #NC00161964 and #NC00161967). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132		

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V 132	Continued From page 1 acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are: Review on 4/22/20 of facility records revealed no documentation the HCPR was notified of an allegation of abuse against the Therapist. See Tag V367 for specifics. During interview on 4/22/20 the Director of Foster Care/QP stated she received "the complaint" from client #6's mother via telephone on 3/10/20. She took the initial report from client #6's mother and was advised to "hand everything over" to the Quality Improvement Director. She did not report an allegation of abuse to the HCPR. During interview on 4/22/20 the Quality Improvement Director stated the allegation of abuse against the Therapist was not reported to	V 132		

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V 132	Continued From page 2 HCPR. At time of his investigation, he did not perceive the incident as an allegation of abuse. The Licensee recently made procedural changes and he would be responsible for notifying the HCPR of allegations of abuse. He understood the requirement for all allegations of abuse to be reported to the HCPR within 24 hours of becoming aware of the allegation.	V 132		
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: (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	V 367		

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V 367	Continued From page 3	V 367		

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 .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

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V 367	Continued From page 4 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 report a critical incident to the Local Management Entity (LME) as required. The findings are: Review on 4/21/20 of the "North Carolina Incident Response Improvement System (IRIS)" website for January 2020 thru present revealed no Level III incident reports for the facility had been generated. Review on 4/21/20 of client #6's record revealed: - 11 year old male admitted 1/24/20. - Diagnoses included Attention Deficit Hyperactivity Disorder, combined presentation, Disruptive Mood Dysregulation Disorder, Intermittent Explosive Disorder, and Oppositional Defiant Disorder. - "Person Centered Profile" dated 12/04/19 included "Where am I now in the process of achieving this outcome? . . . According to his	V 367		

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V 367	Continued From page 5 mother, [client #6] tells a lot of 'stories' that are untrue. . . . " - Comprehensive Clinical Assessment dated 12/04/19 included ". . . client is frequently vindictive and spiteful. . . . " A telephone call was placed to client #6's mother on 4/23/20 with the goal of interviewing client #6; the call was unanswered and not returned. During interview on 4/22/20 client #6's mother stated: - Client #6 told her the Therapist restrained him in "January/February" and left a big bruise on his arm. - " [Client #6's] words aren't credible." - "[Client #6] is not credible so we can't be sure it even happened. We can't be sure [the Therapist] restrained him because he tells lies." Review on 4/21/20 of an unsigned and undated "Client Complaint Form" provided by the Licensee revealed: - "Concern Received by: [Director of Foster Care] Date Recvd [Received]: 3/10/20." - "Date(s) of Event(s): 2/17/20." - "Client/Visitor Statement of Concern/Complaint: . . . She [client #6's mother] reports that 2-3 weeks ago, [client #6] came home with a bruise on his arm. She reports that he reported that [the Therapist] grabbed and held him. A week later, he reported that [the Therapist] and another individual grabbed and held him again ([Behavior Support Staff employed by the local public school system]). Also reported an interaction with another student on the bus that resulted in a bruise on his cheek. . . . [client #6's mother] also calls [client #6] a known and frequent liar. . . . " - Client #6 stated the Therapist restrained him. - Client #6 stated he "was kneeling with his head	V 367		

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V 367	Continued From page 6 forward toward the ground while [the Therapist] held his arms behind his back." During interview on 4/23/20 the Therapist stated: - The Licensee had a "hands off" policy. - The day treatment program was housed inside a public elementary school. - If a client required physical intervention or restraint while at the day treatment program, staff called "Behavior Support Staff" employed by the school system to perform the actual physical intervention or restraint. - He had never restrained or put his hands on a client at the day treatment program. - He had never been accused of client abuse "until recently." - He found out about client #6's allegations of abuse "about a month ago." - "This was all a shock to me." During interview on 4/22/20 the Director of Foster Care stated: - She received a complaint from client #6's mother on 3/10/20. - Client #6's mother alleged the Therapist grabbed client #6's arm and left "black and blue marks" approximately three weeks prior. - Client #6 told his mother the Therapist hit, restrained and held him, and "put him into a ball." - She did not complete an incident report. - She took the initial report from client #6's mother and was advised to "hand everything over" to the Quality Improvement Director. During interview on 4/22/20 the Quality Improvement Director stated: - No incident was documented because staff did not note an incident. - "If a restrictive intervention had been used or if there had been a fight, an incident report would	V 367		

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V 367	Continued From page 7 have been completed." - The Director of Foster Care was the "Director in Charge" of the facility when she took the initial complaint report from client #6's mother. - The Director of Foster Care forwarded the information to him; he did an internal investigation of client #6's allegations. - The Director of Foster Care should have entered the incident into the North Carolina Incident Reporting Improvement System (IRIS). - At the time of the internal investigation, he did not consider the incident to be an allegation of client abuse. - The Licensee recently made procedural changes and he would be responsible for entering all incidents into IRIS. - He understood the requirement to report all allegations of abuse as Level III incidents.	V 367		