STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-072	A. BUILDING: _____ B. WING _____	C 07/24/2020

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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	INITIAL COMMENTS A complaint survey was completed on July 24, 2020. The complaint (intake #NC00166677) was unsubstantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
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 1 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	V 367		

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V 367	Continued From page 2 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 review and interview, the facility failed to report all Level II incidents to the Local Management Entity (LME) responsible for the catchment area within 72 hours of becoming aware of each incident. The findings are: Review on 7/16/20 of Client #1's record revealed: -Date of admission: 3/8/20 -Diagnoses: Conduct Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Anxiety Disorder and Seasonal Allergies; -Age: 16 Review on 7/17/20 of Client #2's record revealed: -Date of admission: 2/26/20 -Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Unspecified Trauma -Age: 15	V 367		

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V 367	Continued From page 3 Review on 7/17/20 of Client #3's record revealed: -Date of admission: 2/18/20 -Diagnoses: Disruptive Conduct Disorder -Age: 12 Review on 7/20/20 of Former Client (FC #9)'s record revealed: -Date of admission: 6/16/20 -Diagnoses: Post-Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), and ADHD -Age:17 Reviews from a period between 7/16/20 to 7/20/20 of written facility incident reports for Client #1, Client #2, Client #3 and FC #9 revealed: -a 6/3/20 report that was completed by the Qualified Professional (QP) indicated Client #2 communicated threats to physically harm a staff and damaged property which involved a report to local law enforcement. -a 6/7/20 report that Client #3 eloped from the facility property and was returned to the facility by local law enforcement. The report included a statement that the incident was a Level II. -6/22/20 reports and a facility "memorandum for the record dated 6/23/20, that indicated, " ...several residents seemed to be under the influence of an unknown drug;" -Client #1, Client #2, Client #3 and FC #9 were evaluated at the facility by local medical emergency services (EMS) personnel and these four clients were transported by ambulance to a local hospital emergency department (ED) to be medically evaluated for levels of drug impairment; -Each of these four clients had hospital discharge summaries which indicated they were medically evaluated, had no medications prescribed to them, and each were discharged back to the facility;	V 367	Clear Sky Behavioral, LLC had been completing internal incidents reports relative to the Level Suggested by the MATRIX recommended by NCDHHS publication. The IRIS report number and confirmation had been screen shot as evidenced in each Level II case file. QP Mark Byrd had completed them to the satisfaction based on cross training from previous QP. It was his understanding That the IRIS was fully 8/10/2020	

Administrator
8/10/2020

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V 367	Continued From page 4 - Client #1 and Client #2 showed impairment symptoms from an over-the-counter (OTC) cough and cold medication that Client #1 had brought into the facility while Client #3 and FC #9 were determined by medical personnel and staff not to have ingested the OTC medicine; -a confirmation page of an NC Incident Response Improvement System (IRIS) report for Client #1 was made available for review. -a 6/30/20 report that FC #9 and an unnamed peer got into a verbal and physical altercation which led to a response for assistance from local law enforcement and a police report. Although no injuries were identified in the report, there was a statement that an IRIS report was to be completed; -a 7/1/20 report that FC #9 had taken vials of a local anesthetic medication from a local dental office during his dental appointment (staff were not allowed in the exam room with FC #9 at his 7/1/20 dental visit due to COVID-19 precautions) which led to a report to local law enforcement; -a 7/5/20 report that FC #9 and his unnamed roommate had gotten into a physical altercation that involved each of these clients having been struck in the head and which led to a local hospital ED visit and a police report. Reviews of the NC IRIS system on 7/15/20, 7/20/20, 7/23/20 and 7/24/20 revealed: -No Level II incident reports on Client #1, Client #2, Client #3 and FC #9 for the above incidents. Interview on 7/22/20 with Client #1 revealed: -he acknowledged he brought the OTC cough and cold medication into the facility from a home visit; -how he was able to hide the medication from staff upon his return; -he and Client #2 took the cough and cold	V 367	Submitted at the time Confirmation number was received. It was only during his disassion with Mrs. Hensley with DHSR that he discovered that the reports were not showing in the internal system. He then Contacted VAYA to inquire as to why the reports were not visible and discovered that one more step was necessary beyond the confirmation Page. They had referred him to complete	8/10/2020

Administrator
8/10/2020

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V 367	Continued From page 5 medication for sleep; -Client #2 became physically sick from the cough and cold medication; -Client #3 and FC #9 said they took the cold medication in order to get out of the facility and go to the hospital; -he did not plan to have an incident like this to reoccur. Interview on 7/22/20 with Client #2 revealed: -he confirmed Client #1's report that he and Client #1 took the cough and cold medication for the purpose of sleep, he became physically sick from the same medication, Client #3 and FC #9 did not take the cold and cough medication but all four of them were transported by EMS to a local ED for further medical evaluation, and all four of them were discharged back to the facility. Interview on 7/22/20 with Client #3 revealed: -he denied he took the cough and cold medication; -he was concerned about Client #2 and said he took the cold medication in order to go to the hospital; -an acknowledgement he ran away (eloped) "multiple times" from the facility when he became upset but had made changes which included going to his room to calm down when upset and no longer running away. Attempted interview on 7/24/20 with FC #9 revealed: -No response from his guardian to locate and interview FC #9. Interview on 7/23/20 with the QP revealed: -he assumed the job responsibility for entering and submitting Level II incident reports into IRIS after a former QP abruptly left the position last	V 367	The supervision page or portion of the IRIS reports. To finalize submission. This step was not being completed and has since been corrected. Clear Sky Behavioral, LLC will be in compliance based on this deficient area in future reports. 8/10/2020	

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V 367	Continued From page 6 year; -he thought he had followed all instructions for IRIS submissions and would follow up with the LME in the catchment area to determine the reason the reports were not in the system. Interview on 7/24/20 with the Administrator revealed: -The QP assumed the job responsibility for ensuring IRIS reports were entered and submitted accurately; -He had discussed his with the QP and were in the process of correcting this issue.	V 367		

Administrator
8/10/2020