

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2020
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NAME OF PROVIDER OR SUPPLIER S & S RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1325 WEST RIDGE ROAD SALISBURY, NC 28147
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey for the Type A1 rule violation was completed on 8/19/20. The Type A1 rule violation in 10A NCAC 27G .1701 Residential Treatment Staff Secure for Adolescents or Children V293 and all cross referenced deficiencies(10A NCAC 27G .0202(f-i) Personnel Requirements V108, 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals V109, 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals V110, 10A NCAC .0205 (c-d)Assessment and Treatment/Habilitation or Service Plan V112, 10A NCAC 27G .1704 Staffing Requirements V296, 10A NCAC 27G .0604 Incident Reporting Requirements V367, 10A NCAC 27E .0107 Training in Alternatives to Restrictive Interventions V536 and 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out V537) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .1701 Residential Treatment Staff Secure for Adolescents or Children V293, 10A NCAC 27G .0202(f-i) Personnel Requirements V108, 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals V110, 10A NCAC .0205 (c-d)Assessment and Treatment/Habilitation or Service Plan V112, 10A NCAC 27G .1704 Staffing Requirements V296, 10A NCAC 27E .0107 Training in Alternatives to Restrictive Interventions V536 and 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out V537) The complaint was unsubstantiated (Intake #167261). Deficiencies were cited.</p> <p>This facility is licensed for 10A NCAC 27G .1701 Residential Treatment Staff Secure for Adolescents or Children.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 1 of 1 Qualified Professional(QP) demonstrated competency for the population served. The findings are:</p> <p>Review on 8/19/20 of the QP's personnel record revealed: -hire date of 2/16/18 with start date of 11/12/19 for the facility; -documentation of completed trainings in Orientation/Agency Policy and Procedures, Clinical Coverage Residential Level III, Evidence Based Protective Interventions, Medication Administration and Person Centered Planning.</p> <p>Interview on 8/14/20 with the QP for the facility revealed: -responsible for putting incident reports in IRIS(Incident Response Improvement System) ; -there was a new electronic system put in place accessible to all staff; -staff entered the information on the internal incident report forms available in the new electronic system; -an alert was sent to her and Administrative staff regarding an incident report was in the electronic system that required review and approval; -she reviewed the incident reports and put all Level II and IIIs in IRIS.</p> <p>Review on 8/7/20 of the facility's internal incident report forms from 5/27/20 until 8/7/20 revealed: -incident reports dated 7/13/20 and 7/20/20 for client #1 requiring an IRIS report; -incident reports dated 7/9/20 and 7/21/20 for client #3 requiring an IRIS report.</p>	V 109		

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V 109	Continued From page 3 Review on 8/7/20 of the IRIS system revealed: -no IRIS reports for incidents dated 7/13/20 and 7/20/20 for client #1; -no IRIS reports for incidents dated 7/9/20 and 7/21/20 for client #3. Please refer to V367 for additional information. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 109		
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	V 367		

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V 367	<p>Continued From page 4</p> <p>(6) other individuals or authorities notified or responding.</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>	V 367		

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V 367	<p>Continued From page 5</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</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 records review and interview, the facility failed to report all level II incidents to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/7/20 of the facility's internal incident report forms from 5/27/20 until 8/7/20 revealed the following:</p> <ul style="list-style-type: none"> -incident report dated 7/9/20 documented client #3 exhibited suicidal ideation, police were involved and client #3 was taken to local Emergency Room(ER) for an evaluation; -incident report dated 7/13/20 documented client #1 exhibited physical aggression, destroyed property and was placed in a "hold" by staff; 	V 367		

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V 367	<p>Continued From page 6</p> <p>-incident report dated 7/20/20 documented client #1 exhibited suicidal ideation, destroyed property, police were involved and client #1 was taken to the ER for an evaluation;</p> <p>-incident report dated 7/21/20 documented client #3 ran away with a peer, exhibited suicidal ideation, the police were called and client #3 was taken to the ER for an evaluation.</p> <p>Review on 8/7/20 of IRIS(Incident Response Improvement System) revealed:</p> <p>-no incident reports in IRIS by client name for client #1 and client #3 for above listed dates;</p> <p>-no incident reports in IRIS by facility name for client #1 and client #3 for above listed dates;</p> <p>-no incident reports in IRIS by parent agency for client #1 and client #3 for above listed dates;</p> <p>-no incident reports in IRIS by county for client #1 and client #3 for above listed dates.</p> <p>Review on 8/14/20 of an email from an IRIS staff sent 8/14/20 at 3:26pm revealed:</p> <p>-no reports in IRIS created or submitted for client #1 for the above listed dates;</p> <p>-no reports in IRIS created or submitted for client #2 for the above listed dates.</p> <p>Interview on 8/14/20 with the Qualified Professional(QP) for the facility revealed she was responsible for reviewing internal incident reports and entering appropriate incident reports in IRIS.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		