

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHH0976</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA DUNES BEHAVIORAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 MERCANTILE DRIVE LELAND, NC 28451</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on October 7, 2020. Two complaints were substantiated (intake #NC00169579 and NC00167019) and four complaints were unsubstantiated (intake #NC00169558, NC169676, NC00168439 and NC00167947). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to implement written standards that assured operational and programmatic performance meeting applicable standards of practice to report serious occurrences to the State designated Protection and Advocacy system. The findings are:</p> <p>Review on 9/30/2020 of the LME-MCO (Local Management Entity-Managed Care Organization) communication Bulletin J287, "Clarifying the Reporting Standards for Psychiatric Residential Treatment Facilities (PRTF)" dated 5/11/18 revealed: -"...Serious Occurrences are any event that result in Restraint or Seclusion, Resident's Death, Any Serious Injury to a Resident, and a Resident's Suicide Attempt. NC § 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) and, unless prohibited by State law, the State-designated Protection and Advocacy system (Disability Rights North Carolina - DRNC)." -"DRNC reports are to be faxed to (919) 856-2244."</p> <p>Review on 10/06/20 of facility restrictive intervention records from 7/1/20 thru 09/30/20 revealed no serious occurrences involving seclusion or restraint had been reported to DRNC as required for the following clients: - Client #2 - Restraint on 08/04/20 and 08/26/20. - Client #6 - Restraint on 07/29/20 x 2 and</p>	V 105		

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V 105	Continued From page 3  08/25/20.  Interview on 09/30/20 Director of Quality Compliance/Risk Management stated: - The facility had not typically notified DRNC when clients were placed in seclusion or restraint. - She was not aware DRNC had to be notified when a serious occurrence including restraint or seclusion was used on PRTF clients.  [This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]	V 105		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff  10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.	V 315		

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V 315	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p><b>Finding #1</b> Observation and interview with unidentified staff on 9/30/20 during a tour of the facility from approximately 12:10PM to 12:20PM: - Hallway 200 - 14 clients with 3 staff; 1 staff was on break - Hallway 400 - 12 client and 2 staff; 1 staff was on break and 1 staff had left for the day.</p> <p>Interview on 9/30/20 client #6 stated: - Lived here 10 months - was in acute unit for 4 months and then 7 months at the PRTF (Psychiatric Residential Treatment Facility) - Currently on the 100 hallway - 13 clients on that hall - "Sometimes we be short-staffed." Sometimes on the weekdays it's usually 3 and sometimes it's 2. 2nd shift it's usually 4. "It's only really on 1st shift that we're really short-staffed." - In regards to an incident that happened in July 2020 "That's one of the days that we didn't have enough staff. We had like 3 staff on that hall. We're supposed to have like 5 staff on that hall. There was about like 3 nurses on the hallway when the restraint was going on."</p> <p><b>Finding #2</b> Review on 09/17/20 of [Facility] Investigation Reporting Form dated 12/10/19 revealed: - Summary of Event: "On the evening of December 6, 2019 around 2130, several PRTF [Psychiatric Residential Treatment Facility]</p>	V 315		

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V 315	<p>Continued From page 5</p> <p>residents began displaying unsafe behaviors; kicking off hallways, inciting others to act out, and others were placed in physical holds. Due to the multiple restraints and unsafe behaviors occurring, the nurse supervisor, [Nurse Supervisor], contacted law enforcement via 911 to provide additional security measures. [On-call] was immediately called, and [Facility] leadership and the Medical Staff Director responded to the event."</p> <p>- Root Cause Analysis Findings: "(1) 19 staff were scheduled for 2nd shift. (2) 2 staff called out. (3) 2 staff left at 8pm."</p> <p>Review on 09/25/20 of the facility's Client Census Record for 12/06/20 revealed: - 70 PRTF clients resided at the facility on 12/06/20</p> <p>Review on 9/25/20 of the facility's Time-In and Time Out Record for week of 12/06/20 revealed: - 13 Mental Health Technicians (MHT) were identified as working during time of incident on 12/19/20. - 1 MHT-II was identified as working during time of incident on 12/19/20. - 1 Milieu Manager (MM) was identified as working 8am - 5pm but confirmed to have been working during the time of the incident on 12/06/20.</p> <p>Interview on 9/10/20 staff #1 stated: - She was working on the night of 12/06/19. - There were not enough staff to cover the clients on the evening of 12/06/19. - Staff to client ratio may have been 2 staff to 18 clients on the evening of 12/06/19. - There were not enough to staff to handle the incident on 12/06/19 and local law enforcement was contacted to assist.</p>	V 315		

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V 315	<p>Continued From page 6</p> <p>Interview on 10/01/20 staff #2 stated:</p> <ul style="list-style-type: none"> <li>- She was working on night of 12/06/19.</li> <li>- She was uncertain of the staff to client ratio on evening of 12/06/19.</li> <li>- The hall lead left her shift early.</li> <li>- There were not enough to staff to handle the incident on 12/06/19 and local law enforcement were contacted to assist.</li> </ul> <p>Interview on 09/18/20 Director of Quality Compliance/Risk Management stated:</p> <ul style="list-style-type: none"> <li>- In addition to the MHT's working on 12/06/19 there was also 1 MM and 2 nurses working.</li> <li>- With 2 staff callouts, and two staff leaving early, it was possible that the facility was not in compliance with staff to client ratio on 12/06/19.</li> </ul>	V 315		