Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-847	A. BUILDING: _____ B. WING _____	C 11/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA HOUSE - RALEIGH	1340 SUNDAY DRIVE #105 RALEIGH, NC 27607

(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 11/17/20. The Complaint was unsubstantiated (Intake #NC00163644). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill.	V 000		
V 172	27G .1102 Partial Hospitalization - Staff 10A NCAC 27G .1102 STAFF (a) Staff shall include at least one qualified mental health professional. (b) Each facility serving minors shall have: (1) a program director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and (2) one staff member present if only one client is in the program, and two staff members present when two or more clients are in the program. (c) Each facility shall have a minimum ratio of one staff member present for every six clients at all times.	V 172	- Facility will develop an incremental staffing/ratio grid to be used to plan for census increases/fluctuation. Facility will ensure compliance by maintaining a monthly staffing schedule by discipline to meet requirements. Actual census will be reviewed against payroll bi-weekly.	11/30

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: JoAnna Shapiro | TITLE: CEO | (X6) DATE: 12/4/20

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V 172	Continued From page 1 revealed the following: -Census of 8 enrolled in the Partial Hospitalization (PHP) portion of the program -Facility provided other services such as Intensive Outpatient (IOP) During interview on 11/02/20, the Director of Clinical Services reported: -The facility served clients whose primary diagnosis was eating disorders. During interview on 11/02/20, client #3 reported the following: -Had been enrolled in the program since late August 2020 -On weekends, 8-9 clients and one staff was present. During interviews on 11/02/20, client #7 reported the following: -Had been enrolled in the program 6 weeks -Had concerns "some issues though..lack of staff. Its unacceptable." -Average group size was 8 clients with one staff onsite. During interview on 11/12/20, staff #16 reported the following: -Title was Behavioral Health Associate (BHA) -The facility had some holes in the schedule. -Client to staff ratio could be 7-8:1. -On weekends, a therapist may or may not be scheduled to work. IOP & PHP groups may be combined if the numbers are small -It was difficult to run group, cook (if no cook was on duty), check vitals, assist with crisis as the only staff in the building -If one client in the group had a crisis or emergency, the staff would have to leave the other clients in the group.	V 172		

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V 172	Continued From page 2 -Since COVID-19, there had been a decrease in staff numbers for clinical/therapist and BHAs During interview on 11/16/20, the Supervisor reported the following: -She completed the schedule for the BHA only -She was aware of one or two occasions in which one staff was on duty with seven or more clients -Only one BHA was scheduled to serve both PHP & IOP services. -Sometimes PHP and IOP operated at the same times. During interview on 11/16/20, the Chief Executive Officer reported the following: -Due to COVID-19, the client census had been low and the facility had experienced staffing changes -Staffing was based on the census numbers. -She was aware of occasions when PHP and IOP groups had been combined especially if IOP had less than 3 participants -Normally a therapist or cook was in the building with a BHA. The BHA did not lead clinical based groups. -One staff either clinical or the BHA was in the group setting at a time. -Verified knowledge of a few occurrences when the staff/client ratio was above 1:6.	V 172		
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	V 367	- The Risk Manager is responsible for uploading Incident Reports to the IRIS Incident Reporting System to correct this deficient area of practice.	12/1

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V 367	Continued From page 3 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 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	V 367	- The Risk Manager and Director of Nursing will review Incident Reports as they occur against the IRIS reporting criteria to ensure ongoing compliance. - Weekly Safety Meetings with the CEO, Risk Manager, and Director of Nursing will be implemented to monitor compliance with timely review of Incident Reports.	12/16 12/16

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V 367	Continued From page 4 (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 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.	V 367		

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V 367	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure a critical incident report was submitted to the Local Management Entity (LME). The findings are: Review on 11/04/20 of the North Carolina Incident Reporting Improvement System (IRIS) yielded no incidents submitted for the agency between 01/01/20-11/02/20. Review on 11/08/20 of Former Client (FC) #9's Incident report dated 01/21/20 revealed: - While on the facility grounds, had a recreational injury and cut hand with a knife while doing the dishes. Review on 11/08/20 of FC #10's Incident reported dated 06/11/20 revealed: -In the office at the facility, made suicide gestures, stockpiling medications, having razor blades in pocket and shoes to carry out plan of suicide. 911 called and admitted to the hospital. During interview on 11/12/20, the Quality Assurance Analyst at the LME reported the following: - All facilities are to submit incident report regardless of funding source. - "Per our information, we do not have any incident reports." During interview on 11/12/20, the Operations Manager reported the following: - Had not entered incident reports in IRIS. - Reported incident reports to the corporate office	V 367		

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V 367	Continued From page 6 - Submitted quarterly reports to the LME.	V 367		