

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/08/2021
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NAME OF PROVIDER OR SUPPLIER FIRST AT BLUE RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD RIDGECREST, NC 28770
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V 000	INITIAL COMMENTS A complaint survey was completed on February 8, 2021. The complaints were unsubstantiated (intake # NC00171912, #NC00172121, #NC00172283). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community.	V 000	DHSR - Mental Health Lic. & Cert. Section	
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

NBU511

If continuation sheet 1 of 10

Joseph A. Montoya *Executive Director* *2/15/21*

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V 366	Continued From page 1 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The	V 366		

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V 366	<p>Continued From page 2</p> <p>final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents. The findings are:</p> <p>Review on 1/22/21 and 1/25/21 of former client</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>(FC) #3's record revealed: -30 year old male. -Admission date 05/13/20. -Discharge date 11/21/20. -Diagnoses of Alcohol Use Disorder (Severe); Major Depressive Disorder, Recurrent; Posttraumatic Stress Disorder (Unspecified).</p> <p>Review on 1/27/21 of the facility's undated incident reporting policy revealed a system maintained for incident reporting and level of response to incidents.</p> <p>Review on 1/25/21 of an email correspondence sent by house manager (HM) #1 regarding FC #3 revealed: -11/19/20 - "I spoke with [FC #3] and informed him of the discharge. [FC #3] stated that he had already planned on leaving the program Monday prior to this decision. I instructed that he continue to abide by the rules of the program in order to stay the weekend and his failure to do so will result in an immediate discharge..." -11/21/20 - [FC #3] exited FIRST this evening in splendid fashion, after admitting to [HM #2] that he was under the influence, most likely because he could no longer hide his inebriation. A sloppy and sarcastic exit form was obtained prior to his departure from campus in a taxi and is attached. The taxi was called from a phone that [FC #3] produced at some point today in his first open display of disregard of FIRST rules after being informed he had been terminated from the Long Term component of the program for non-compliance...a bottle of Smirnoff Vodka had been disposed of in the trash can of the 1st floor hallway as well as some lemon flavored paste (30% alc.) (alcohol) bottles used for cooking. [FC #3] left behind all of his personal belongings in his room...a large quantity of vanilla extract bottles</p>	V 366	<p>V 366 Incident Response Requirements:</p> <p>The Administrative Director will ensure an incident report is completed and submitted to the NC Incident Response Information System for any incident where aggressive behavior or intoxication is demonstrated at the facility.</p>	

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V 366	Continued From page 4 and more lemon paste extract that been found amongst [FC #3] property in their room. At this time, 11 bottles of vanilla extract and 5 tubes of lemon extract were found between his room and the trash can in the hallway..." Review on 1/25/21 of an email correspondence sent by Case Manager regarding FC #3 revealed: -11/22/20 - Last night, [FC #3] returned to get his belongings... he had already threatened to break into the money locker to get his card, and claimed to have called the sheriff's office..." Review on 1/27/21 of facility incident reports from 11/1/20 - 1/15/21 revealed no incident report on 11/21/20 for FC #3 aggressive behavior or intoxication. Refer to tag V367 for details.	V 366		
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	V 367		

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V 367	Continued From page 5 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 (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	V 367		

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V 367	<p>Continued From page 6</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents to the Local Management Entity (LME). The findings are:</p> <p>Review on 1/22/21 and 1/25/21 of former client (FC) #3's record revealed: -30 year old male.</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>-Admission date 05/13/20. -Discharge date 11/21/20. -Diagnoses of Alcohol Use Disorder (Severe); Major Depressive Disorder, Recurrent; Posttraumatic Stress Disorder (Unspecified).</p> <p>Review on 1/27/21 of FC #4 record revealed: -Age unknown. -Admission date 12/11/20. -Discharge date 1/8/20. -Diagnosis unknown.</p> <p>Review on 1/21/21 of facility incident reports revealed there had been no incident report for FC #3.</p> <p>Review on 1/21/21 of a facility incident report for FC #4 revealed: -"Detailed Account of Incident (Include Date, Time, Injuries, etc.) See Attached. [FC #4] was under the influence on 1/8/21 and created chaotic and dangerous situation For clients at Facility. Probation and Sheriff were contacted to escort client off campus." -"Cause of Incident Intoxication." -"Individuals and/or Agencies Notified of Incident Probation/Sheriff." -"Outcomes Discharge from program."</p> <p>Review on 1/27/21 of facility records revealed no Level II incident reports.</p> <p>Review on 1/27/21 of the facility records revealed no incident reports for administrative discharges.</p> <p>Review on 1/25/21 of the North Carolina Incident Response Improvement System revealed no reports from the facility.</p> <p>Interview on 1/22/21 House Manager (HM) #1</p>	V 367	<p>V 367 Incident Reporting Requirements:</p> <p>The Administrative Director will ensure that level II incident reports are documented and submitted to the NC Incident Response Information System.</p>		

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V 367	Continued From page 9 take client into custody. -No restrictive interventions had been used at the facility. If restrictive interventions are needed, they had contacted the police. -It had been his responsibility to complete incident reports. -A level II incident report " would be one step more than a regular incident report." -He could not recall the last level II incident. -An example of a level II incident report would be an overdose. -He had used an internal incident reporting form. -He had not been required to report to the LME. -They had received government funding for provided services. -Level II would be reported to DHSR (Division of Health Service Regulation). -He had not been familiar with rule to report to the LME.	V 367			

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V 367	<p>Continued From page 8</p> <p>stated:</p> <ul style="list-style-type: none"> -FC #3 had been terminated for lack of progress in the program. -FC #3 had been notified of an administrative discharge on a Thursday, 11/19/20 but had until the following Monday, 11/23/20 to leave. -On Saturday, 11/21/20 prior to discharge, FC #3 reported to HM #2 he had been drinking. -FC #3 had made the decision to leave on Saturday, 11/21/20 without taking his belongings. -FC #3 returned to the facility to get his debit card. -FC #3 made threats towards multiple staff and went into the staff housing unit without permission looking for HM. -A search of FC #3 room had been completed. -Staff found a bottle of Vodka, several vanilla extract and several lemon paste. -He had reported the incident by email. <p>Interview on 1/20/21 the Executive Director stated:</p> <ul style="list-style-type: none"> -They are a therapeutic community for males 18 years and older with substance abuse disorders. -Clients included veterans and individuals from the Department of Public Safety. -They had discharge people for bringing drugs to the facility or using drugs at facility. -Discharges often lead to complaints. -" 6 individuals had been recently discharged because they had meth (methamphetamine)." <p>Interview on 1/20/21 and 1/27/21 the Administrative Director stated:</p> <ul style="list-style-type: none"> -There had been level I incident reports. -There had been no level II or level III incident reports. -The police had been called to the facility for a client who had not been "controllable." The client's probation officer accompanied police to 	V 367		