

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2021
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NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
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V 000	INITIAL COMMENTS A complaint survey was completed on 3/24/21. The complaint was substantiated (intake #NC00175119). Deficiencies were 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 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living;	V 293		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 293	<p>Continued From page 1</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to coordinate with other individuals within the child or adolescent's system of care for 1 of 1 former clients (FC) audited (FC #1). The findings are:</p> <p>Review on 3/12/21 of FC #1's record revealed: -An age of 13 years old; -An admission date of 12/18/20; -A discharge date of 3/3/21; -Diagnoses included Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Generalized Anxiety Disorder and Major Depression;</p>	V 293		

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V 293	<p>Continued From page 2</p> <p>-An Admission Assessment dated 12/17/20 included "Chief Complaint: [FC #1] has had a lot of trauma since he was young...behaviors can be explosive, cursing, yelling, throwing things, sometimes damage property...What precipitated the problem: He (FC #1) doesn't like school, peers, being told no, not being the center of attention;"</p> <p>-A Comprehensive/Psychosocial Assessment-Addendum dated 12/4/20 included "...admitted to [a psychiatric residential treatment facility (PRTF)] unit on 5/12/20...was originally admitted to the PRTF level due to failures to treat the following symptoms at a lower level of care: trauma-reactive symptoms, physical and verbal aggression, property damage, low frustration tolerance, impulsivity, and poor decision-making skills...has been in Department of Social Services (DSS) custody for a significant amount of time and has been to numerous placements in the past;"</p> <p>-An Addendum to Clinical Assessment dated 4/14/20 included "this addendum is being completed to update current treatment recommendations following ongoing safety concerns specifically associated with self harm, suicidal ideations, elopement behaviors, and self destructive behaviors such as damaging property."</p> <p>Review on 3/22/21 of FC #1's records from the local hospital revealed:</p> <p>-FC #1 was evaluated on 1/23/21 after being transported to the hospital by law enforcement for aggressive behavior that included threatening facility staff and eloping;</p> <p>-FC #1 was evaluated from 2/3/21 - 2/4/21 after being transported to the hospital by law enforcement for a hand injury and aggressive behavior that included punching a wall, breaking</p>	V 293		

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V 293	<p>Continued From page 3</p> <p>a dresser and using a curtain rod as a weapon; -FC #1 was evaluated on 2/21/21 after being transported to the hospital by law enforcement for aggressive behavior that included attempting to break out the car window of a staff members vehicle and eloping; -FC #1 was evaluated again from 2/21/21 - 2/22/21 after being transported back to the hospital by law enforcement for aggressive behavior that included hollering, swearing and threatening facility staff; -FC #1 was evaluated from 2/26/21 - 3/3/21 after being transported to the hospital by paramedics for a hand injury and aggressive behavior that included punching a wall and banging his head on a wall and eloping; -FC #1 was discharged to a respite facility at the request of his Guardian after the facility issued a discharge notice.</p> <p>Interview on 3/18/21 with FC #1's Guardian revealed: -FC #1 had eloped from the facility in January 2021; -She had participated in a meeting after FC #1 eloped with the Owner of the facility and FC #1's Care Coordinator; -FC #1's Care Coordinator had informed the Owner that she was going to provide her with the paperwork to complete in order to get approval for a 1 on 1 worker for FC #1; -She wasn't sure why a 1 on 1 worker was never approved for FC #1; -The Owner felt like FC #1 needed to be in a higher level of care.</p> <p>Interview on 3/12/21 with FC #1's Care Coordinator revealed: -FC #1 had eloped and exhibited aggressive behavior once in January 2021 and at least twice</p>	V 293		

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V 293	<p>Continued From page 4</p> <p>in February 2021;</p> <p>-In January 2021, she had provided the Owner of the facility with paperwork to complete to request approval for a 3rd staff member to work with FC #1;</p> <p>-"She (the Owner) told me that she didn't know how to do the paperwork and I should do it for her;"</p> <p>-She had refused to complete the paperwork for the Owner because she felt like that was an ethical conflict;</p> <p>-The Owner had never informed her that the facility was short staffed;</p> <p>-The Owner felt like FC #1 needed to be admitted to a PRTF;</p> <p>-"Truthfully, he (FC #1) does not belong in a PRTF...he (FC #1) just came out of a year at a PRTF...why not bring in a preferred staff member so he (FC #1) can have time with that 1 or 2 staff member that he prefers;"</p> <p>-She had requested the Owner complete the paperwork she had provided at least 4 times since he was admitted on 12/18/20.</p> <p>Interviews with the Owner on 3/12/21 and 3/24/21 revealed:</p> <p>-FC #1's Care Coordinator had provided her with the forms to request approval for a 3rd staff member to work with him;</p> <p>-"I didn't fill the paper out;"</p> <p>-"I told her (the Care Coordinator) we could not hire anybody;"</p> <p>-"In 2015, Medicaid added a rule that staff have to have 1-year experience before we can hire them;"</p> <p>-"I had my audit with [the Local Management Entity/Managed Care Organization] in 2018...they said if I had anybody working with me that didn't have 1-year experience, I would have to pay back all that money;"</p> <p>-"I'm short staffed...if I can't hire anybody, why</p>	V 293		

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V 293	Continued From page 5 would I fill out for assistance that I don't have;" -She had advertised job openings at local colleges and social media; -"In my thoughts, when I got somebody, I would fill out the paperwork."	V 293		
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 missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

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V 367	<p>Continued From page 6</p> <p>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> <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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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 record reviews and interview the facility failed to report critical incidents as required. The findings are:</p> <p>Review on 3/24//21 of the North Carolina Incident Response Improvement System (IRIS) revealed no reports from the facility regarding FC #1 for 2/21/21.</p> <p>Review on 3/22/21 of FC #1's records from the local hospital revealed: -FC #1 was evaluated on 2/21/21 after being transported to the hospital by law enforcement for aggressive behavior that included attempting to break out the car window of a staff members vehicle and eloping; -FC #1 was evaluated again from 2/21/21 - 2/22/21 after being transported back to the hospital by law enforcement for aggressive behavior that included hollering, swearing and threatening facility staff.</p>	V 367		

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V 367	Continued From page 8 Interviews on 3/12/21 and 3/24/21 with the facility Owner revealed: -She was aware that the incident with FC #1 on 2/21/21 should have been entered into the IRIS; -The Qualified Professional (QP) typically entered information into the IRIS; -"I guess maybe she (the QP) thought I was going to do it;" -"It must have been an oversight;" -"I can't put that on anyone else."	V 367		