

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2021
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NAME OF PROVIDER OR SUPPLIER SPRUCE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6200-E THERMAL ROAD CHARLOTTE, NC 28211
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 3-29-21. The complaint was substantiated (intake #NC00174941 and #NC00174938). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(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.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(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.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that two direct care staff</p>	V 315		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 315	<p>Continued From page 1</p> <p>were present with every 6 children or adolescents in each residential unit. The findings are:</p> <p>Review on 3-23-21 of Former Client (FC) #1's record revealed: -date of admission 5-14-20; -date of discharge 3-2-21; -diagnoses of Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Trauma, Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder; -treatment plan dated 3-19-20 revealed goals to comply with all rules and expectations of the facility and develop/display appropriate boundaries with peers and adults.</p> <p>Review of the facility's Internal Review Findings of Fact Summary Investigation dated 3-1-21 revealed: -on February 20, 2021, "for approximately 15 minutes, [Former Staff #1] was the only staff member in the cottage;" -the on-coming 2nd shift staff member (Staff #2) was running late for his assigned shift and arrived approximately 15 minutes late.</p> <p>Interview on 3-26-21 with FC#1 revealed: -there were always 2 staff working in the cottage; -always had 2 or 3 staff working during the day for academics; -2 staff worked on each shift; -felt safe while living there.</p> <p>Interview on 3-24-21 with Former Staff (FS) #1 revealed: -his assigned co-worker for 1st shift was scheduled to leave at 4:00pm and 2nd shift was scheduled to arrive at 4:00pm; -he was left alone in the cottage for approximately</p>	V 315		

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V 315	<p>Continued From page 2</p> <p>15-30 minutes on 2-20-21 awaiting the arrival of the 2nd shift staff member; -he had received a call from the weekend supervisor to let him know that his 2nd shift co-worker was running a little late for his shift; -"I was by myself for about 15-30 minutes."</p> <p>Interview on 3-24-21 with Staff #2 revealed: -the cottage always had 2 staff assigned for each shift; -he was scheduled to arrive at 4:00pm for his shift on 2-20-21 but he was running late and arrived between 4:15-4:30pm; -he had called the weekend supervisor to inform her that he was running late for his scheduled shift; -"the staff that I was relieving was coming out of the cottage when I was entering;" -did not know the name of the staff member that he was relieving because he was relieving a weekend staff member and he didn't know all of the weekend staff; -"there was 2 staff in the cottage to my knowledge...not a time where [FS #1] was left by himself."</p> <p>Interview on 3-26-21 with Staff #3 revealed: -"there are always 2 staff on each shift;" -had never left a shift leaving a co-worker by themselves.</p> <p>Interview on 3-26-21 with Staff #4 revealed: -employed as the weekend supervisor; -2 staff were assigned to work on each shift; -Staff #2 had called to report that he would be about 15 minutes late for his shift; -she had notified FS#1 that Staff #2 would be a little late for his shift; -"the only times that there may be one staff in a cottage might be when someone is running late</p>	V 315		

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V 315	Continued From page 3 for a shift;" -"[FS #1's] partner was late to shift that day... [Staff #2] got there around 4:15pm;" -"I was watching the cameras and nothing was going on."	V 315		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by	V 536		

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V 536	<p>Continued From page 4</p> <p>the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure staff demonstrated training competencies in alternatives to restrictive interventions for 1 of 1 Former Staff (#1). The findings are:</p> <p>Review on 3-23-21 of Former Staff (FS) #1's personnel record revealed:</p> <p>-date of hire: 11-9-20; -employed as a Behavioral Health Counselor; -date of termination: 3-3-21; -received Therapeutic Crisis Intervention training on 11-13-20;</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>-received Ethical Conduct training on 11-18-20; -received Client Rights training on 11-18-20; -received Calming Children in Crisis training on 2-20-21.</p> <p>Interview on 3-24-21 with FS#1 revealed: -had received training on restrictive interventions, de-escalation, and restraints; -FC#1 started demonstrating behaviors of yelling and throwing paper around in her room; -FC#1 threw her chromebook and FS#1 removed it and told her that she would not get anything; -FC#1 picked up her nightstand and tried to throw it at FS#1 and charged at FS#1; -"I picked her up and put her on her bed."</p> <p>Interview on 3-26-21 with FC#1 revealed: -"we (FC#1 and FS#1) got into it on a Saturday. During my behavior, he picked me up and threw me to my bed because I called him a*****e and was throwing some stuff around in my room;" -FC #1's behaviors consisted of yelling, cursing, and throwing unknown objects around in her room; -FS#1 placed his hands on FC#1 and pushed her to the bed where she landed face up; -"he (FS#1) let go of me once I was on the bed and went back towards me when I called him... and he was going to grab my arms and [Staff #2] stepped in;" -"[FS #1] was not trying to restrain me;" -FC#1 was not hurt or injured during the incident; -Staff #2 intervened and FS#1 stepped away from the client.</p> <p>Interview on 3-24-21 with Staff #2 revealed: -Staff #2 was standing in FC#1's doorway during her behavior; -witnessed FC#1 refuse to clean her room and charge at FS#1;</p>	V 536		

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V 536	Continued From page 8 -FS#1 got into a verbal power struggle with FC#1; -FS#1 did not use de-escalation techniques during FC#1's behavior. Review of the facility's Internal Review Findings of Fact Summary Investigation dated 3-1-21 revealed: -on 2-21-21, the camera in the cottage revealed that FS#1 entered FC#1's room on several occasions using an escalated tone; -Staff #2 witnessed negative exchanges between FS#1 and FC#1 on 2-20-21; -Staff #2 told FS#1 to calm down; -FS#1 was terminated on 3-3-21 and was noted to be "unsuccessful during his introductory period... he (FS#1) engaged in power struggles and was using negative tones toward our agency's clients."	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out	V 537		

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V 537	<p>Continued From page 9</p> <p>and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; 	V 537		

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V 537	<p>Continued From page 10</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation</p>	V 537		

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V 537	<p>Continued From page 11</p> <p>of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or</p>	V 537		

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V 537	<p>Continued From page 12</p> <p>train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff demonstrated training competencies in restrictive interventions for 1 of 1 Former staff (FS#1). The findings are:</p> <p>Review on 3-23-21 of Former Staff (FS) #1's personnel record revealed: -date of hire: 11-9-20; -employed as a Behavioral Health Counselor; -date of termination: 3-3-21; -received Therapeutic Crisis Intervention training on 11-13-20; -received Ethical Conduct training on 11-18-20; -received Client Rights training on 11-18-20; -received Calming Children in Crisis training on 2-20-21.</p> <p>Interview on 3-24-21 with FS#1 revealed: -had received training on restrictive interventions, de-escalation, and restraints; -FC#1 started demonstrating behaviors of yelling and throwing paper around in her room; -FC#1 threw her chromebook and FS#1 removed it and told her that she would not get anything; -FC#1 picked up her nightstand and tried to throw it at FS#1 and charged at FS#1; -"I picked her up and put her on her bed;" -"in the moment, she was charging at me and I grabbed her hand as she was swinging at me, it was right in front of her bed, so I sat her on her bed... she was on her backside;"</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2021
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NAME OF PROVIDER OR SUPPLIER SPRUCE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6200-E THERMAL ROAD CHARLOTTE, NC 28211
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(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 537	<p>Continued From page 13</p> <p>-"I was not trying to restrain her on the bed;" -when FC#1 landed on the bed, FS#1's hands were on FC#1's hands but FS#1 let go as soon as FC#1 went to the bed; -after she was on the bed, Staff #2 stepped in and took over; -"I did not have her in a restraint on her bed nor was I trying to restrain her on the bed."</p> <p>Interview on 3-26-21 with FC#1 revealed: -"we (FC#1 and FS#1) got into it on a Saturday. During my behavior, he picked me up and threw me to my bed because I called him a*****e and was throwing some stuff around in my room;" -FC #1's behaviors consisted of yelling, cursing, and throwing unknown objects around in her room; -FS#1 placed his hands on FC#1 and pushed her to the bed where she landed face up; -"he (FS#1) let go of me once I was on the bed and went back towards me when I called him... and he was going to grab my arms and [Staff #2] stepped in;" -"[FS #1] was not trying to restrain me;" -FC#1 was not hurt or injured during the incident; -Staff #2 intervened and and FS#1 stepped away from the client.</p> <p>Interview on 3-24-21 with Staff #2 revealed: -Staff #2 was standing in FC#1's doorway during her behavior; -witnessed FC#1 refuse to clean her room and charge at FS#1; -FS#1 got into a power struggle with FC#1; -due to the angle of view from the doorway of FC#1's bedroom, Staff #2 was unable to determine if FC#1 went to her bed on her own will or if she landed there during a power struggle with FS#1; -"I don't know if his (FS#1) hands were on her</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2021
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V 537	<p>Continued From page 14</p> <p>(FC#1) wrists or arms;"</p> <p>"I could not see where their hands were because I was standing behind [FS#1] in her (FC#1) doorway;"</p> <p>-witnessed FC#1 land on her bed, face up but was uncertain how she got there;</p> <p>-told FS#1 "can't restrain her on the bed;"</p> <p>"I stepped in and told [FS#1] that I would take over and he (FS#1) left the bedroom;</p> <p>"she was not held down or restrained on the bed at any time."</p> <p>Review of the facility's Internal Review Findings of Fact Summary Investigation dated 3-1-21 revealed:</p> <p>-on 2-21-21, the camera in the cottage revealed that FS#1 entered FC#1's room on several occasions using an escalated tone;</p> <p>-Staff #2 witnessed negative exchanges between FS#1 and FC#1 on 2-20-21;</p> <p>-Staff #2 told FS#1 to calm down;</p> <p>-FS#1 was terminated on 3-3-21 and was noted to be "unsuccessful during his introductory period... he (FS#1) engaged in power struggles and was using negative tones toward our agency's clients."</p>	V 537		