

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/10/2021
NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115		
(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 on 3/10/21. The complaint was unsubstantiated (intake # NC00174517). A deficiency was 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 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and	V 106		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ashley Lines, DM
TITLE

3/22/21
(X6) DATE



Plan of Correction March 2021

Stickney House

Rule and The Violation

10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.

RDC Violation: A (8-18)

This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement its policy to ensure AWOL (Absent Without Leave) precautions were met affecting 2 of 3 clients (#1, #2). The findings are: Review on 3/9/21 of client #1's record revealed: - An admission date of 10/2/20 - Diagnoses of Post-Traumatic Stress Disorder (D/O); Oppositional Defiant D/O and Attention Deficit Hyperactivity D/O Review on 3/9/21 of client #2's record revealed: - An admission date of 12/21/21 - Diagnoses of Oppositional Defiant D/O and Depression, Unspecified Interview on 2/24/21 with client #1 revealed: - She eloped from the facility on 2/13/21 by going through one of the windows at the facility - There was an alarm on the door of the bedroom which was empty; however, there was not a working alarm on the window. Interview on 2/24/21 with client #2 revealed: - She eloped from the facility on 2/13/21 by going through one of the windows at the facility - There was an alarm on the door of the bedroom which was empty; however, there was not a working alarm on the window. Interview on 3/4/21 with staff #1 revealed: - When clients (#1 and #2) left the facility on 2/13/21, each of the clients went out of the window of a vacant bedroom - She had observed the client #2 near the bedroom earlier that day and had redirected her to return to the common area of the facility - There was an alarm on the door to the bedroom; however, there was no alarm on the window - When she and staff #2 heard the door alarm go off, they immediately went to that area of the facility and found the door and the window of the vacant bedroom open and clients (#1 and #2) not in the facility - Management and law enforcement were contacted immediately as required as part of following the facility's AWOL protocol - Those in management knew the alarm on this window was not working; however, she was unsure as to why the alarm had not been replaced prior to 2/13/21. An attempt to interview staff #2 on 3/4/21 was unsuccessful as a request for a return phone call was not met prior to the close of the survey on 3/10/21. Interview on 2/24/21 with the Qualified Professional (QP) and the Operations Manager (OM)



revealed: - Clients tampered with and damaged the alarms on their windows and doors quite regularly - It was costly; however, the owner of the facility replaced the alarms as soon as possible - There were times when less expensive alarms would be placed on the windows and doors until more elaborate and more expensive ones could be installed - The more expensive ones cost approximately fifty dollars or more; however, they were not as able to be tampered with and damaged by the clients. Interview on 3/10/21 with QP and the OM revealed: - Staff were responsible for checking the operating status of the alarms on the clients' doors and windows - Staff informed the QP or the OM when the alarms were not working, and the OM reported the information to the owner - The owner worked with another individual to address how and when the alarms were replaced - The bedroom with the window where the clients chose to leave out of was in a vacant bedroom - This bedroom had an alarm on the door; however, there was no working alarm on the window - The QP reported this bedroom was also used as sleep quarters for sleep staff who worked third shift. Placing staff in the vacant bedroom was used as a deterrent to the clients attempting to enter the bedroom during the night to go out of the window - The facility staff and management had done what they could to keep the clients (#1 and #2) from eloping from the facility; however, they still chose to leave on 2/13/21 - The owner was in the process of ensuring all facilities had working alarms on the doors and windows of the clients' bedrooms. Review on 2/17/21 of the facility's AWOL protocol revealed: - "Precautions ...make sure door is closed and the alarm is working..."

Solution: In accordance to 10A NCAC 27G .0201 GOVERNING BODY POLICIES, Rockwell has ensured that all door and window alarms have been replaced and tested. Alarms that were previously damaged have all been repaired and clients are no longer able to easily manipulate window alarms. This should serve as prevention for future damage of alarm systems. All homes have been provided temporary door and window alarms in the event of a system's failure or damage to current alarms. Window alarms have been placed inside of the window seal. Staff will continue to monitor the functions of alarms and will document their functionality in the Daily Operations Guide. Tiffany Bolick will ensure that the alarms are in working order and will report any systems errors to Ashley Hines. Operations Manager, Ashley Hines, will report all systems issues to the owner Josh Beesly.