

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/10/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HELMS HOUSE

**611 PRESBYTERIAN ROAD
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 complaints were unsubstantiated (intakes # NC00174454; NC00174824 and NC00174952). 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	V 106		

DHSR - Mental Health

APR 06 2021

Lic. & Cert. Section

Abby Hines, DM

TITLE

3/22/21

(X6) DATE

Division of Health Service Regulation

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



Plan of Correction March 2021

Helms 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: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; (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: 8-18

This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement its policy to ensure AWOL (Absent Without Leave) precautions were met affecting 4



of 4 clients (#1, #2, #3 and #4). The findings are: Observation on 2/17/21 at approximately 1:05 pm of the window in client #2's bedroom revealed: - When the window was lifted, no alarm sounded Observation on 2/17/21 at approximately 1:10 pm of the window in client #4's bedroom revealed: - When the window was lifted, no alarm sounded Review on 2/17/21 of the Department of Health and Human Services (DHHS) Incident Response Improvement System (IRIS) revealed: - An incident report last submitted to the IRIS on 2/16/21 by Qualified Professional #2 (QP #2) documented client #1 and client #2 left the facility without permission on 2/13/21 - "Incident Prevention" section of the IRIS report revealed: "The alarms should have been in working condition. If the door and window alarms were working, the situation may have went a different way ..." Review on 2/17/21 of client #1's record revealed: - An admission date of 2/5/20 - Diagnoses of Post-Traumatic Stress Disorder (D/O) and Borderline Personality D/O Review on 2/17/21 of client #2's record revealed: - An admission date of 5/20/20 - Diagnoses of Attention Deficit Hyperactivity D/O, Combined Presentation; Other Specified Trauma and Stressor Related D/O and Trichotillomania Review on 2/17/21 of client #3's record revealed: - An admission date of 1/21/21 - Diagnoses of Major Depressive D/O and Post Traumatic Stress D/O Review on 2/17/21 of client #4's record revealed: - An admission date of 12/28/20 - Diagnoses of Attention Deficit Hyperactivity D/O; Bipolar D/O; Post-Traumatic Stress D/O and Oppositional Defiant D/O Interview on 2/24/21 with client #1 revealed: - She could not go out of her own bedroom window without injuring herself - She chose to leave out of client #4's bedroom window because she knew that window did not have an alarm - She believed the alarms on client #4's window and door had been inoperable since a former client had moved out of the facility - She could not provide an approximate time of when the former client had left the facility - "All the staff, including [the owner of the facility] knew about the alarm on the door or the window." Interview on 2/24/21 with client #2 revealed: - There was no working alarm on her window - Once when she was cleaning her room, she asked staff if she could open her window and it was then she realized that there was no alarm on the window - She informed staff #1 about the inoperable alarm - When she and client #1 left the facility on 2/13/21, she had chosen to go out of her own bedroom window and client #1 had chosen to go out of the window in client #4's bedroom, because client #1 knew there was no alarm on client #4's bedroom door or window. Interview on 2/17/21 with client #3 revealed: - Although staff (the House Manager and staff #3) were checking on clients (#1 and #2) on 2/13/21, they had been able to leave the facility by going out of windows at the facility - She had never tampered with the alarms on the door/window of her room - She had not eloped from the facility since her admission. Interview on 2/17/21 with client #4 revealed: - Client #1 went out of client #4's bedroom window because she knew the window had no alarm - She believed that client #2 went out of the same window because it was "already halfway open." - She had not tampered with the alarms on her door or window - Although she knew the alarms on her door and window did not work, she had not eloped from the facility since her admission - "I'm too lazy to run away." Interview on 2/17/21 with staff #1 revealed: - When clients (#1 and #2) left the facility on 2/13/21, client #1 went out of client #4's bedroom window and client #2 went out of her own bedroom window - There had been alarms on these windows however, they had become damaged and no longer working - She had informed the QP #1 that the alarms were not working and requested they be repaired as soon as possible (no date provided) - She was unsure as to why the alarms had not been replaced prior to the clients' leaving the facility on 2/13/21. Interview on 2/24/21 with staff #2 revealed: - Clients had a history of damaging the alarms - The previous house manager regularly checked whether the



alarms on the clients' doors and windows were working - Staff members were aware of the non-working alarms and had reported this information to management - "Just have to wait for things to be repaired, you can monitor people, but kids are clever." Interview on 2/24/21 with the Qualified Professional #1 (QP #1) 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 able to be tampered with and damaged by the clients as easily. Interview on 2/24/21 with the Licensed Professional (LP) revealed: - The clients can and have tampered with the alarms on their windows and doors - They clients have also learned how to open the top of their windows to keep the alarm from sounding - All of the alarms on the doors and windows were replaced on 2/19/21 and were now in working order. Interview on 3/10/21 with QP #1 and the OM revealed: - Staff were responsible for checking the operating status of the alarms on the client's doors and windows - Staff informed the QP #1 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 to be replaced - There were times when the alarms were replaced with less expensive ones (more easily tampered with) until the more expensive type could be purchased and installed (less easy to damage) - Client #2's bedroom window alarm was working when client #2 was moved to her bedroom in January 2021 - Client #2's reporting that she learned the alarm on her window was not working when she opened the window while cleaning her room was not true as staff would have turned the alarm off (due to the loudness of the alarm) prior to allowing her to open the window - The alarms on client #4's bedroom and door were not working as a previous client had done a great deal of damage to the room, including destroying the entire door to the bedroom - The owner had replaced the alarms; however, she could not recall when the alarm on the window and door had stopped working - The QP #1 reported that since client #2's return to the facility; client #2 had explained to her that the top half of her window could be opened and in doing so, this action bypassed the alarm - Since learning this information, the owner had now installed an alarm that if either the top or the bottom portion of the window were opened, the alarm would be triggered - All the clients' doors and windows had working alarms now.

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.