

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2021</b>
<p>NAME OF PROVIDER OR SUPPLIER  <b>BLUE HORIZONS</b></p> <p>STREET ADDRESS, CITY, STATE, ZIP CODE <b>130 SAINT JILL CIRCLE STATESVILLE, NC 28625</b></p>				
(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

DHSR - Mental Health

APR 06 2021

Lic. & Cert. Section

<p>V 000</p> <p>V 367</p>	<p><b>INITIAL COMMENTS</b></p> <p>A compliant survey was completed on 3/9/21. The complaint was unsubstantiated (Intake ID# NC00174496). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p> <p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	<p>V 000</p> <p>V 367</p>	<p>Please see attached Incident Reporting Policy</p> <p>Please see attached Incident Reporting Policy (1-6)</p> <p>Please see attached Incident Reporting Policy</p>	<p>06/01/21</p> <p>06/01/21</p> <p>06/01/21</p>
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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 O86K11 If continuation sheet 1 of 4

PRINTED: 03/10/2021  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____	(X3) DATE SURVEY COMPLETED
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MHL049-157

B. WING \_\_\_\_\_

03/09/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BLUE HORIZONS

130 SAINT JILL CIRCLE

STATESVILLE, NC 28625

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V 367	<p>Continued From page 1</p> <p>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:</p> <p>(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.</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 (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 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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet</p>	V 367	<p>Please see attached Incident Reporting Policy (1-2)</p> <p>Please see attached Incident Reporting Policy (1-3)</p> <p>Please see attached Incident Reporting Policy</p> <p>Please see attached Incident Reporting Policy</p>	<p>06/01/21</p> <p>06/01/21</p> <p>06/01/21</p> <p>06/01/21</p>

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V 367	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on records review and interviews the facility management failed to report all level II and level III incidents to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 2/25/21 of the IRIS (Incident Reporting Improvement System) from 2/25/21 through 12/1/2020 revealed no level II or Level III incidents were reported for the dates of 1/5/21 and 1/12/21. .</p> <p>Review on 3/4/21 of the facility's internal investigation dated 1/14/21 revealed: - Director conducted interviews with The Qualified Professional (QP), The Associate Professional, Direct Care Support (DCS)#1, DCS #2 and Former Staff (FS)#3 and #4.</p>	V 367	Please see attached Incident Reporting Policy	06/01/21
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STATE FORM 6899 O86K11 If continuation sheet 3 of 4

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STREET ADDRESS, CITY, STATE, ZIP CODE

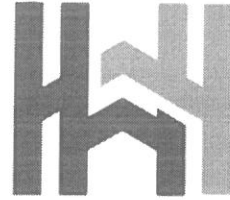
**BLUE HORIZONS**

**130 SAINT JILL CIRCLE**

**STATESVILLE, NC 28625**

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V 367	<p>Continued From page 3</p> <p>- Description of incident: On 1/5/21 FS#3 had approached the QP with information that another staff (FS#4) had been giving the clients nicotine and marijuana while on walks or in her (FS#4's) car.</p> <p>Then FC#3 reported (1/12/21) that FS#3 had allowed the girls to smoke her vape (nicotine)</p> <p>Interview on 3/1/21 with the Qualified Professional (QP) revealed:</p> <p>- FS#3 had approached the QP (1/5/21) with information she (FS#1) had received from the girls (Client #1 and #2 and Former Clients (FC)'s #3 and #4) that FS #4 had allowed them to smoke nicotine and marijuana</p> <p>- The QP had staff document her accusations immediately. The written statement was then given to the Director.</p> <p>Interview on 3/1/21 with the Director revealed:</p> <p>- "The allegations were taken seriously and interviews with staff and clients were conducted and written statements were obtained from the clients and given to the County Child Protection. - It was an oversight on our part not to complete a IRIS report."</p>	V 367		

# Horizons Kids



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Re: Complaint Survey/Blue Horizons

MHL-049-157

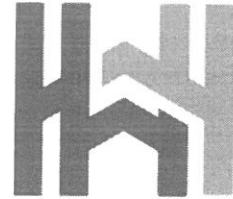
Please see enclosed Plan of Correction and Incident Reporting Policy for Horizons Kids, site location Blue Horizons.

Demetrius Crayton, Executive Director

[demetrius.crayton@horizonsk.com](mailto:demetrius.crayton@horizonsk.com)

704-956-3062

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# Horizons Kids

Blue Horizons  
130 Saint Jill Circle  
Statesville NC 28625

## Policy Title: INCIDENT REPORTING

### **Policy**

Horizons Kids, LLC. will ensure that prompt and accurate reporting and immediate evaluation and implementation of corrective and preventive measures take place for each incident or unusual occurrence within the programs. This reporting will be in accordance with all laws, rules and requirements of the regulatory agency of the program in the interest of increasing quality of care and safety, Horizons Kids, LLC programs shall systematically monitor and evaluate all incidents that adversely affect or have the potential to adversely affect care, safety, rights or dignity of the individuals we support.

**Definition of Incident:** Event that is inconsistent with the routine operation of a service or care of an individual we support that is likely to lead to adverse effects.

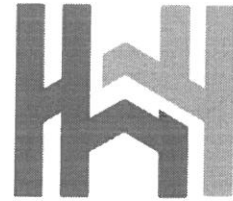
Types of Incidents that Must Be Reported:

- Abuse, Neglect, and Exploitation Allegation
- Confidentiality Breach
- Death
- Exposure to Blood Borne Pathogens
- Fire
- Illegal Act by an Individual
- Inappropriate or Illegal Sexual Behavior
- Injury
- Medication Error
- Restrictive Intervention • Search and Seizure
- Self-Injurious Behavior
- Stealing
- Threat of Suicide, Homicide, or Violence

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- Unplanned Absence
- Vandalism
- Violent Behavior
- Crimes Against Individuals Committed by Staff

Completion of Incident Reports: Written incident reports shall be completed within 24 hours of the incident by the employee(s) witnessing the incident, or to whom an incident is reported by an individual we support, visitor or others. Reports need to include a detailed description of the event, actions taken on behalf of the individual we support, and their condition following the event. Other witnesses to the incident should also complete an Incident Report form. Facts regarding the incident shall be reported objectively and without unsubstantiated conclusions, opinions or accusations. The Incident Report forms shall not be filed or mentioned in the individual's record. Completed paper forms shall be submitted to the Program Manager (QP-S) immediately for administrative review and entry into the Incident Response Improvement System (IRIS).

## **Alerting Authorities of Incidents Involving Reasonable Suspicion of Crime:**

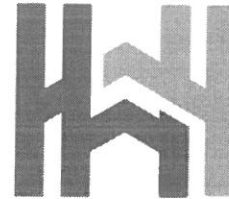
- In accordance with Section 1150B of the Social Security Act (the Act), incidents involving reasonable suspicion of a crime against an individual we support have additional reporting requirements. Notice of incidents that involve reasonable suspicion of a crime against an individual we support must be provided to the Division of Health Services Regulation (DHSR) via IRIS as well as the DHSR Complaint Intake Unit (<http://www.ncdhhs.gov/dhsr/ciu/complaintintake.html>).
- These incidents must also be reported to the local law enforcement authority in the jurisdiction in which the incident occurred. In the case that a crime is suspected and is a non-emergency, the Non-Emergency Crime Reporting line shall be called. In the case of a crime that is an emergency, "911" shall be called.
- All contacts with law enforcement shall be documented in detail in the Incident Report. The report shall include the names of persons contacted. Copies of police reports shall be included with the Incident Report as applicable.

## **Timing of Alerting Authorities of Incidents Involving Reasonable Suspicion of Crime:**

- All incidents, which may constitute "any reasonable suspicion of crimes against a resident of the facility" as defined by state law, shall be reported to the DHSR Complaint Intake Unit, IRIS and local law enforcement not later than 24 hours after forming the suspicion. Reports need to include a detailed description of the event, actions taken on behalf of the individual we support and their condition following the event.

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- If there is any reasonable suspicion that an incident involved a crime against an individual and may result in serious bodily injury, the report must be made to all above required authorities immediately after or within 2 hours of forming the suspicion. Such incidents must also be reported in the NC Health Care Personnel Registry via IRIS (refer to NC HCPR policy for full details).

**Entry into Incident Response Improvement System (IRIS) by Management Staff:** Only management level staff shall enter incidents into IRIS. An IRIS book shall be stored onsite with the program records for each program. After entering an incident into IRIS, management level staff shall print a copy of the report and attach it to the original written copy. The Incident Report Number generated by IRIS shall be written on the top left corner of the printed report. The manager shall also record the entry on the IRIS Log stored in the IRIS book. The manager must then notify their supervisor of the entry. The Clinical Manager must then log into the IRIS report to review and grant final approval.

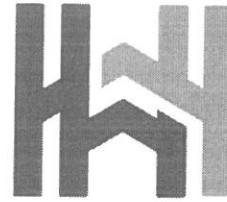
Procedure for Documenting and Reporting Level I Incidents: A Level I incident is generally defined as an incident that does not pose a threat to the individual's health or safety and does not require medical intervention by a health care professional or intervention by law enforcement.

All Level I incidents are to be documented on the Horizons Kids, LLC. Level I Incident Report and Injury Report (if applicable), and submitted to the Program Manager within 24 hours. If an individual and their support team are working with a Licensed Psychologist or Behaviorist and the individual has a "Behavior Support Plan" in effect, Level I incidents may be recorded on a Behavior Support Plan Log sheet in lieu of the Level I Incident Report. This Log must be reviewed by the Clinical Manager a minimum of once weekly. Level I Incident Reports are to be kept in the administrative files of the Program Manager. Information about Level I incidents, to include incidents documented on Behavior Support Plan Logs, is to be summarized on the Horizons Kids, LLC. Quarterly Summary of Incident Reports and presented to the Horizons Kids, LLC. Consumer's Rights Committee quarterly. Level I incidents are not entered in IRIS.

All Programs must submit the DHHS Quarterly Provider Incident Report to summarize Level I incidents to their NCDHHS/MCO and to the QA/QI Manager. This form with instructions can be accessed at:

<http://www.dhhs.state.nc.us/mhddsas/manuals/forms/level1criticalincidentsqtrlyreport1-05formqm11.dot>

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**Procedure for Reporting and Documenting Level II and Level III Incidents:** A Level II or Level III incident is defined as an occurrence that results in a situation that is contrary to an individual's welfare. Level II and III incidents may result in a temporary or permanent threat to the health and safety of an individual or subject Horizons Kids, LLC. to public scrutiny.

These incidents may include:

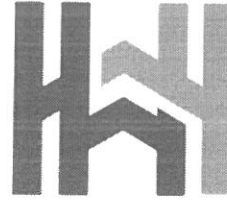
- Death.
- Accident or injury, including self-injurious behavior, which requires treatment by a physician.
- Aggressive or destructive behavior that poses a serious threat or involves law enforcement.
- Medication error that threatens the individual's health or safety (as determined by physician or pharmacist).
- Any absence lasting more than 3 hours or if police are notified.
- Interruption or expulsion from services.
- Abuse, neglect or exploitation of an individual.
- Suicide attempt.
- Arrest of an individual we support for violations of state, municipal, county or federal law.
- Fire or equipment failure that poses a threat to health and safety.

Level II and III incidents are to be reported immediately verbally and in writing on the State DHHS Incident and Death Report within 24-hours of the incident (also see Death Reporting Policy if applicable). If there is reasonable suspicion that the incident is a crime that will result in serious bodily injury, the report must be made immediately after or within 2 hours of forming the suspicion. All information requested on the form is to be completed or explanation given as to why it is not. The DHHS Incident and Death Report must be submitted to program management for entry into IRIS.

For Level III incidents, the Program Manager, or designated manager, will immediately ensure that the report for both Level II and III incidents are entered and finalized in IRIS within 72hours. IRIS will automatically submit the finalized reports to the home and host NCDHHS/MCO as well as the Division of Health Service Regulation or DHSR (formerly the Division of Facility Services, Mental Health Licensure and Certification Section). A copy of all Level III reports must be sent to the QA/QI Manger in the same time frame.

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For all Level III incidents, there must be a review of the incident within 24-hours by the Horizons Kids, LLC. QAQI committee. The Consumer record must be secured by the Program Manager or QAQI Manager designee until all investigations are complete. The QAQI committee will issue a report of its findings and recommendations.

Allegations of Abuse, Neglect or Exploitation: The following allegations must be reported to the Department of Social Services (DSS) and to the NC Health Care Personnel Registry regardless of the level of the incident:

- Abuse of an individual.
- Neglect of an individual.
- Diversion of drugs belonging to a resident.
- Fraud against a resident.
- Fraud against a health care facility.
- Misappropriation of the property of a health care facility.
- Misappropriation of an individual's property.
- Any unexplained injury of unknown source that requires medical care which appears to be related to any act listed above.
- Any incident that results in a reasonable suspicion of a crime committed against an individual we support that results in bodily injury.

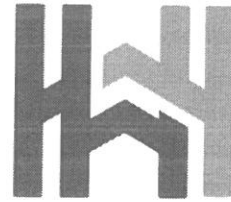
Program Manager must contact the QAQI Committee concerning all allegations that meet the above criteria. This contact should be made verbally upon knowledge of the allegation. If an investigation is warranted the investigation team will begin the investigation within 24hours of the contact. All findings will be reported in writing to program management.

NC Health Care Personnel Registry must be made aware of any and all allegations meeting the above criteria within 24-hours of becoming aware of the allegation, even if the allegation has not been substantiated. The allegation must be reported in IRIS under the appropriate tab. Once saved in IRIS, the allegation will automatically be submitted to the NC Health Care Personnel Registry via the electronic version of the 24-hour report.

The results of any internal or external investigations must be submitted to the NC Health Care Personnel Registry within 5-working days of the initial 24-hour report whether the allegation was substantiated or not. The report should include the documentation and results of all investigations. This information must be entered in IRIS via the allegation screen. IRIS will then submit the 5-day report to the NC Health Care Personnel Registry.

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Copies of the 24-hour report and the 5-day report as well as instructions are available at:  
<http://www.dhhs.state.nc.us/dhsr/hcpr/index.html>

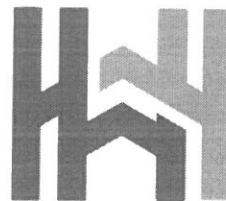
All allegations of abuse, neglect or exploitation must be submitted to the home county Department of Social Services (DSS) via telephone within 24 hours of becoming aware of the event. IRIS will not submit information to DSS.

## Incident Follow-Up:

- The Program Manager or designee shall ensure that follow-up care and services are provided to achieve the best possible outcomes for all injured parties and that this is documented on the appropriate form.
- The Program Manager or designee shall initiate and conduct preliminary inquiries as appropriate. If a DSS investigation is warranted, the Program Manager or designee will initiate this contact. The Program Manager is responsible to ensure that the investigation adheres to the applicable regulatory reporting requirements.
- If an investigation is conducted by the Department of Health Service Regulation as a result of an allegation reported to the North Carolina Health Care Registry, the Program Manager is responsible for assisting with gathering all applicable information. It may be necessary for the Program Manager to assist the Department of Health Service Regulation with the facilitation of site visits and interviews.
- The Program Manager or designee shall disseminate appropriate information to all parties involved in or concerned with the incident in order to avoid miscommunication.
- Notification about incident will be made to Case Manager/Care Coordinator and/or other personnel as required by rules and regulations of the program's regulatory, funding or accrediting body. Provide written reports as required. For individuals that receive CAPMR/DD/Innovations funding all levels of incidents must be reported to the Case Manager/Care Coordinator verbally within 24 hours. The Program Manager or designee shall establish a mechanism for updates as needed using a designated spokesperson for consistency. The spokesperson should be someone familiar with and trusted by the individual and family.
- The Program Manager or designee will consult with the Corporate Officers, as appropriate.

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The Program Manager or designee will establish a plan to address identified opportunities for improvement or formulate rationale for not undertaking such changes, and will indicate time frame, person(s) responsible and criteria to evaluate effectiveness of the actions.

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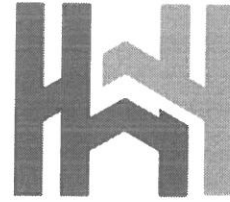
Aggregate data and reports of incidents will be submitted to the regulatory, funding or accrediting body as directed.

The Program Manager or designee will notify the NCDHHS/MCO whenever there is reason to believe that information provided may be erroneous, misleading or otherwise unreliable. Any information required on the form that was previously unavailable must be submitted when obtained, such as hospital records and reports by legal authorities.

The Program Manager or designee shall notify the QA/QI Manager and Horizons Kids, LLC. Individual Rights Committee liaison for appropriate action if there is a potential individual rights violation.

The Program Manager or designee shall present information about incident reports at the quarterly Individual Rights Committee meeting and prepare the Horizons Kids, LLC. Quarterly Summary of Incident Reports that will be maintained in the Consumer Rights Committee notebook, along with the meeting minutes. A copy of these documents will be forwarded to the QA/QI Manager. The Consumer's Rights Committee shall review all incidents on at least a quarterly basis for trends and make recommendations for improved service delivery. This will be documented in the Committee's meeting minutes.

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