

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2021
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NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 174 TOURNAMENT DRIVE SW CONCORD, NC 28027
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 4/7/21. The complaint was unsubstantiated. (Intake #NC175761). Deficiencies were 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>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged</p>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 132	<p>Continued From page 1</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Department was notified of all allegations against health care personnel and failed to have evidence that all alleged acts were investigated. The findings are:</p> <p>Review on 4/6/21 of client #1's record revealed: -admission date of 11/25/20; -diagnoses of Attention Deficit Disorder, Oppositional Defiant Disorder and Adjustment Disorder.</p> <p>Review on 4/6/21 of the Qualified Professional/House Manager (QP/HM)'s record revealed: -date of hire 8/2/17; -documentation of completed training in First Aid/CPR(cardiopulmonary resuscitation) dated 1/30/21, Medication Administration dated 1/30/21 and EBPI (Evidence Based Protective</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>Interventions) dated 1/30/21.</p> <p>Interview on 3/30/21 with a school staff revealed: -Client #1 was found by the pastor of the church beside the school; -Client #1 was in the church parking lot; -School had a good relationship with the church; -Pastor called the school and client #1 was a student at the school; -Pastor brought client #1 to the school; -Client #1 had not come to school that morning but came with the pastor of the church; -Client #1 reported another client had run away a few days ago from the facility and staff at the group home told client #1 if he had anything to do with it, staff was going to "beat his a**;" -Client #1 said he was frightened; -First time school staff had heard any type of allegations by client #1 regarding any facility staff.</p> <p>Interview on 3/30/21 with the QP/HM revealed: -client #1 went AWOL(absent without leave) on 3/21/21; -client #1 was manipulated by former client #3(FC#3); -client #1 showed up at his school on 3/23/21; -QP/HM called client #1's probation officer; -the probation officer told the QP client #1 reported he went AWOL because the QP/HM threatened him; -the QP/HM denied he threatened client #1; -the QP/HM reported he had no contact with client #1 since Friday 3/19/21 when he last worked with client #1; -client #1 was brought back to the facility on 3/23/21 from the school.</p> <p>Interview on 3/30/21 with client # revealed: -felt safe at the facility; -staff treated him "fine;"</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>-denied any staff had made threats to him; -denied any staff had told him they would beat him up.</p> <p>Review on 3/30/31 and 4/6/21 of the facility incident reports from 1/1/21-3/30/21 revealed no incident reports of allegations of abuse, neglect or exploitation of clients by staff.</p> <p>Interviews on 4/6/21 and 4/7/21 with the Licensee/President revealed: -did not have any internal investigations regarding allegations of of abuse, neglect or exploitation of clients by staff from 1/1/21-3/30/21; -was told about the incident regarding client #1 "very loosely" by the QP/HM; -was not made aware of the information as reported allegations of abuse, neglect or exploitation against staff.</p>	V 132		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p>	V 318		

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V 318	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all allegations against health care personnel was reported to the Department(HCPR) within 24 hours of the health care facility becoming aware of the allegation. The findings are:</p> <p>Review on 4/6/21 of client #1's record revealed: -admission date of 11/25/20; -diagnoses of Attention Deficit Disorder, Oppositional Defiant Disorder and Adjustment Disorder.</p> <p>Review on 4/6/21 of the Qualified Professional/House Manager (QP/HM)'s record revealed: -date of hire 8/2/17; -documentation of completed training in First Aid/CPR(cardiopulmonary resuscitation) dated 1/30/21, Medication Administration dated 1/30/21 and EBPI (Evidence Based Protective Interventions) dated 1/30/21.</p> <p>Interview on 3/30/21 with a school staff revealed: -Client #1 was found by the pastor of the church beside the school; -Client #1 was in the church parking lot; -School had a good relationship with the church; -Pastor called the school and client #1 was a student at the school; -Pastor brought client #1 to the school; -Client #1 had not come to school that morning but came with the pastor of the church; -Client #1 reported another client had run away a few days ago from the facility and staff at the group home told client #1 if he had anything to do with it, staff was going to "beat his a**;"</p>	V 318		

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V 318	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Client #1 said he was frightened; -First time school staff had heard any type of allegations by client #1 regarding any facility staff. <p>Interview on 3/30/21 with the QP/HM revealed:</p> <ul style="list-style-type: none"> -client #1 went AWOL(absent without leave) on 3/21/21; -client #1 was manipulated by former client #3(FC#3); -client #1 showed up at his school on 3/23/21; -QP/HM called client #1's probation officer; -the probation officer told the QP/HM client #1 reported he went AWOL because the QP/HM threatened him; -the QP/HM denied he threatened client #1; -the QP/HM reported he had no contact with client #1 since Friday 3/19/21 when he last worked with client #1; -client #1 was brought back to the facility on 3/23/21 from the school. <p>Interview on 3/30/21 with client # revealed:</p> <ul style="list-style-type: none"> -felt safe at the facility; -staff treated him "fine;" -denied any staff had made threats to him; -denied any staff had told him they would beat him up. <p>Review on 3/30/21 and 4/6/21 of the facility incident reports from 1/1/21-3/30/21 revealed no documentation of a 24 hour report to HCPR regarding allegations of abuse, neglect or exploitation of client #1 by the QP/HM.</p> <p>Interviews on 4/6/21 and 4/7/21 with the Licensee/President revealed:</p> <ul style="list-style-type: none"> -did not have any internal investigations regarding allegations of of abuse, neglect or exploitation of clients by staff from 1/1/21-3/30/21; -was told about the incident regarding client #1 	V 318		

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V 318	Continued From page 6 "very loosely" by the QP/HM; -was not made aware of the information as reported allegations of abuse, neglect or exploitation against staff.	V 318		
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 day whenever:	V 367		

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V 367	<p>Continued From page 7</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 the possession of a client;</p>	V 367		

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V 367	<p>Continued From page 8</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 records review and interviews, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The allegations are:</p> <p>Review on 4/6/21 of client #1's record revealed: -admission date of 11/25/20; -diagnoses of Attention Deficit Disorder, Oppositional Defiant Disorder and Adjustment Disorder.</p> <p>Review on 4/6/21 of the Qualified Professional/House Manager (QP/HM)'s record revealed: -date of hire 8/2/17; -documentation of completed training in First Aid/CPR(cardiopulmonary resuscitation) dated 1/30/21, Medication Administration dated 1/30/21 and EBPI (Evidence Based Protective Interventions) dated 1/30/21.</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Interview on 3/30/21 with a school staff revealed: -Client #1 was found by the pastor of the church beside the school; -Client #1 was in the church parking lot; -School had a good relationship with the church; -Pastor called the school and client #1 was a student at the school; -Pastor brought client #1 to the school; -Client #1 had not come to school that morning but came with the pastor of the church; -Client #1 reported another client had run away a few days ago from the facility and staff at the group home told client #1 if he had anything to do with it, staff was going to "beat his a**;" -Client #1 said he was frightened; -First time school staff had heard any type of allegations by client #1 regarding any facility staff.</p> <p>Interview on 3/30/21 with the QP/HM revealed: -client #1 went AWOL(absent without leave) on 3/21/21; -client #1 was manipulated by former client #3(FC#3); -client #1 showed up at his school on 3/23/21; -QP called client #1's probation officer; -the probation officer told the QP client #1 reported he went AWOL because the QP threatened him; -the QP denied he threatened client #1; -the QP reported he had no contact with client #1 since Friday 3/19/21 when he last worked with client #1; -client #1 was brought back to the facility on 3/23/21 from the school.</p> <p>Interview on 3/30/21 with client # revealed: -felt safe at the facility; -staff treated him "fine;" -denied any staff had made threats to him; -denied any staff had told him they would beat</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>him up.</p> <p>Review on 3/30/31 and 4/6/21 of the facility incident reports from 1/1/21-3/30/21 revealed: 2/7/21 client #1 went AWOL; 2/7/21 client #2 went AWOL; 2/7/21 FC #4 went AWOL; 3/21/21 client #1 went AWOL; 3/21/21 FC #3 went AWOL.</p> <p>No incident reports of allegations of of abuse, neglect or exploitation of clients by staff.</p> <p>Interview on 4/7/21 with the Licensee/President revealed: -was told about the incident "very loosely" by the QP/HM regarding client #1; -was not made aware of the information as reported allegations of abuse, neglect or exploitation against staff.</p>	V 367		