Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: ______ B. WING ______	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 MATTHEWS, NC 28105

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V 000	INITIAL COMMENTS A follow up and complaint survey was completed on 3-29-21. The complaints were substantiated (#NC00174985, #NC0000173780). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment Facility for Children and Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) 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: (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	V 105		

Division of Health Service Regulation

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

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V 105	Continued From page 1 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;	V 105		

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This Rule is not met as evidenced by:
Based on record reviews and interviews the governing body failed to implement policies to assure their operational and programmatic performance was meeting applicable standards of practice. The findings are:

Review on 3-8-21 of LME-MCO (Local Management Entity-Managed care Organization) Bulletin J287 dated 5-11-18 revealed:
-"As a reminder, Serious Occurrences are any event that result in Restraint or Seclusion, Resident ' s Death, Any Serious Injury to a Resident, and a Resident ' s Suicide Attempt. NC § 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) and, unless prohibited by State law."
-"The following provides guidelines on the reporting of Serious Occurrences: DMA receives reports of Serious Occurrences via the Incident Response and Improvement System (IRIS) managed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).
· Send an email to DMA to notify that a serious occurrence has been reported... Do Not include the name, address of facility, or date of incident within email.
· DRNC (Disability Rights North Carolina) reports are to be faxed to [phone number]."

Review on 3-16-21 of email dated 3-16-21 from the Chief Performance and Quality Officer revealed:
-"It has come to my attention that you are having concerns that we were not reporting Restraints as Serious Occurrences to NCDR based on the memo that was sent out in May

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2018 which is attached. When this memo came out I called [Contact person in email] directly regarding the memo (as he was the contact person for this memo) and asked him the questions about Restraints being considered serious occurrences. He told me directly that restraints were NOT considered serious occurrences and therefore did not need to be reported to NCDR (North Carolina Disability Rights). He told me that restraints are reported through the IRIS system. After the call, I requested that he email me that. See email below.

I hope this clarifies any questions you may have. If the expectation is different than below, we were never made aware of this concern, and we would be extremely concerned if that is the case as we haven't heard from them in months.

Please feel free to call me with any additional questions regarding our reporting requirements."

Review on 3-16-21 of email dated 5-25-18 to the Chief Performance & Quality Officer from the Children and Adolescent Services Coordinator, Division of Medical Assistance, Department of Health and Human Services revealed:

-"To summarize our discussion, Serious Occurrences include serious injuries, suicide attempts, and resident deaths defined in 42 CRF 483. All serious occurrences are to be reported to Medicaid via IRIS (Incident Response Improvement System), which is managed by DMH/SAS/DD (Division of Mental Health/Substance Abuse Services/Developmental Disabilites) & Disability Rights North Carolina (DRNC)....lastly, restrictive interventions are not classified as serious occurrence, but since the federal government doesn't allow planned

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restraints, all restraints are required to be reported into IRIS as level II incidents."

Review on 3-16-21 of facilities Serious Occurrence Reporting Operating Guideline effective date 7-20-20 revealed:
-Section II Definition: "Serious Occurrence include a client's death, a serious injury to a resident defined in 483.352 of this part, and a residents suicide attempt...Serious injury (anything that requires outside medical treatment beyond First Aide)...Hospitalizations...AWOL (Out of Sight, absent from the milieu, client ran away)..Suicide attempt..Death."

Review on 3-11-21 of emails sent to Disability Rights North Carolina (DRNC) from 4-28-20 to 10-28-20 revealed:
-Twenty reports sent to DRNC for injuries requiring medical attention.

Review on 3-16-21 of the IRIS system revealed:
-Twenty-five restraints related to aggression dated 1-28-20 through 2-13-21.
-One restraint related to AWOL (Absent Without Leave) and aggression.
-Two restraints related to self harm and aggression dated 5-14-20 and 5-18-20.

Interview on 3-17-21 with Police Station staff revealed:
-There had been no police reports from the facility address from 1-1-20 through 2-15-21.

Interview on 3-16-21 and 3-17-21 with the Disability Rights North Carolina (DRNC) staff revealed:
-"Under the law, and this is federal law...they are required to send over to us when ever serious incidents occur, when there is a serious incident,

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suicide or death."
-The federal law was left open for states to add other information.
-"The state of North Carolina has added, in that bulletin, serious occurrences added any event that leads up to the use of a restraint or seclusion."
-"So the state is looking at whatever lead up to it. What we are hearing is that we don't have to report what lead up to the event. (like we had a kid that tried to elope so we put the kids in restraint)"
"Most facilities just send us a copy of IRIS. Because that will include all info (Information). I have been working with Thompson for about 1 ½ years I see There are a bunch from Thompson they are not reporting and seem to be of the mind set they don't have to."
-She stated that the facility is sending reports of any injuries that had occurred.
-They did not get a report about an injury on 11-9-20 and only learned about it when Division of Health Service Regulation (DHSR) completed a report.

Interview on 3-29-21 with the Vice President of Residential Services revealed:
-She has talked with DRNC last spring and received no indication that they were not reporting things correctly.

Interview on 3-29-21 with the Chief Program Officer revealed:
-They would find a way to insure they were reporting everything correctly.

V 109 | V 109

27G .0203 Privileging/Training Professionals

10A NCAC 27G .0203 COMPETENCIES OF

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QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS
(a) There shall be no privileging requirements for qualified professionals or associate professionals.
(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.
(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.
(d) Competence shall be demonstrated by exhibiting core skills including:
(1) technical knowledge;
(2) cultural awareness;
(3) analytical skills;
(4) decision-making;
(5) interpersonal skills;
(6) communication skills; and
(7) clinical skills.
(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.
(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.
(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

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This Rule is not met as evidenced by:
Based on interviews and record review one of one Qualified Professional (QP#1)/Program Supervisor failed to demonstrate knowledge, skills and ability required by the population served. The findings are:

Review on 3-12-21 of the QP#1/Program Supervisor's personnel record revealed:
-Hire date of 10-6-03.
-Job Title: Program Supervisor.
-Job description dated 1-2-2021 revealed primary responsibilities include; "effective proactive communication in all directions (up, down, sideways) to ensure program needs are meet...proactively address performance issues and replace team members who consistently fall short of delivering on their objectives...create an open and trusting environment where teamwork and collaboration is values...ensure internal and external standards are met regarding records, documentation and general services provided. "
-Trainings include: TCI (Therapeutic Crisis Intervention) refresher test 10-30-20, corporate compliance and ethics 6-22-20, Thompson Child and Family Focus (TCFF) (Licensee) policy: Whistle blower 2-10-19.

Review on 3-12-21 of emails sent to the Division of Health Service Regulation (DHSR) surveyor from the Quality Improvement Specialist dated 2-12-21 to 3-11-21 revealed:
-"Supervision is held weekly with all of the program supervisors."
-Third shift staff working by themselves; "Dates: January 18th, 24th, 31st; February 7th, 13th, 14th, 16th." (2021)
-"[QP#1/Program Supervisor] appears to have directed the Floor Supervisor to provide

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support for both cottages, when the floor supervisor was supporting [sister facility], then Merancas would have been out of ratio and visa versa. Therefore, those 7 dates represent times when both cottages were out of ratio at different times throughout the 3rd shift."

-"Leadership beyond [QP#1/Program Supervisor] was not aware this occurred. Once we became aware, we began taking immediate action."

-"This is being addressed immediately through several means:

1.The program supervisor of Merancas and [sister facility] is being put on a formal Performance Improvement Plan which will result in immediate termination if there are any issues with ratio moving forward.

2. We have created a new email address for any staff to use if they have concerns regarding staffing/ratios: [email address]. This email will go to several layers of Thompson leadership who will respond/address any concerns immediately. If staff ever have concerns with staffing they have been asked to email [email address] and it will be addressed. It is active now.

3. Revised operational guidelines are being drafted around issues of scheduling, and our leadership will be following up to ensure these are all reviewed, understood and signed off on in the next few days to ensure everyone understands the expectations.

4. We have reiterated the expectations that no staff is to leave their shift until they are relieved by their incoming staff. If there are staff that are frequently late, they will be addressed through disciplinary action.

5. We are holding daily schedule & ratio calls with Program Supervisors every morning to ensure the day's staffing is in ratio.

6. An extra layer of verification is being instituted

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through increased documented video monitoring of the shifts to confirm staffing, which will be conducted by the Operations Director which will be reviewed by our VP (Vice President) of Residential."

Review on 3-12-21 of weekly supervision agendas for 1-13-21 through 2-24-21 revealed:
-Staffing ratio or punctuality was discussed at every meeting.
-QP#1/Program Supervisor attended all meetings.

Interview on 3-17-21 with the QP#1/Program Supervisor revealed:
-He thinks the decision to have the Floor Supervisor covering the cottages "was done in the moment type thing."
-"Of course we have certain things that come up especially in these unprecedented times. We have people scheduled and then they can't come in (due to test results or getting tested for Covid) we try to cover the best we can. Things happen to the people that are supposed to work and we cover the best we can."
-The QP#1/Program Supervisor did not admit to knowing about the third shift staff shortages before they happened.
-"If that ever happened (staff shortages) he (the Floor Supervisor) would tell me he had to end up doing that. He would tell me after the fact."
-The Floor Supervisors make the schedules but he approves them.
-"Like I said, we tried to schedule two people per shift every shift, everyday. Sometimes it didn't work out like that."

Interview on 3-18-21 the Chief Performance and Quality Officer and the Chief Program Officer

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V 109	Continued From page 10 reiterated that they had no knowledge of third shift being short on the named days. This deficiency is cross referenced into 10A NCAC 27G .1901 Staff (V315)	V 109		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF (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. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (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. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure that two direct care staff were present for every six children. The findings are:	V 315		

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Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109); Based on interviews and record reviews, one of one Qualified Professional (QP#1)/Program Supervisor failed to demonstrate knowledge, skills, and ability required by the population served.

Review on 2-26-21 of Client #1's record revealed:
-Admitted 11-24-20.
-12 years old.
-Diagnoses include; Post Traumatic Stress Disorder, (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD).
-Psychological assessment dated 6-9-20 revealed; mulitple hospitalizations, aggression, Suicide Ideation/Homicide Ideation, increasing aggression at foster placement.
-Comprehensive Clinical Assessment dated 9-22-20 revealed; increase in aggression.

Review on 2-26-21 of Client #2's record revealed:
-Admitted 10-28-20.
-12 years old.
-Diagnoses include DMDD, Autism Spectrum Disorder, PTSD.
-Comprehensive Clinical Assessment dated 8-17-20 revealed; AWOL (absent without leave) behavior, aggression, threats to harm family and self.

Review on 2-26-21 of Client #3's record revealed:
-Admitted 10-1-20.
-12 years old.
-Diagnoses include; DMDD, ADHD, Oppositional Defiant Disorder.
-Psychological evaluation dated 8-14-20

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revealed; "required emergency psychiatric admissions due to escalating aggressive and threatening behaviors in the home, including threatening family members with objects, threatening himself and threatening the family dog. [Client #3] had been suspended a few times this academic year due to behavioral problems."

Interview on 2-23-21 with Client #1 revealed:
-He first stated that there were two staff at all times.
-He then stated that if one staff did not come in, there would be one staff working.
-Client #1 then stated he was done talking.

Interview on 2-22-21 with Client #2 revealed:
-He has been restrained at the facility but it was "maybe a month, a month and a half ago."
-There were at lease three staff present when that happened but he could not recall exactly how many.
-The cottage will have one staff sometimes in the afternoon.
-"If they need help, they call a nurse."
-When asked about staffing on first shift, he replied: "It depends, they mostly don't do one staff."

Interview on 2-22-21 with Client #3 revealed:
-There is sometimes one staff working on the different shifts.
-Then he said that staff was not by themselves, but sometimes one staff would walk the clients to school and one staff would stay back with any clients that couldn't go to school.
-He has been restrained in the past, but there had been at least two staff working at the time.

Interview on 2-22-21 with Client #4 revealed:
-There was always two staff working per shift.

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-One staff might be the floor supervisor.

Interview on 2-22-21 with Client #5 revealed:
-There was always two staff working

Interview on 2-23-21 with Staff #1 revealed:
-There had been staff working by themselves the past weekend (2-20-2021--2-21-2021).
-Teachers are counted as part of the staff ratio and are included as staff when the clients were in school.
-"Supervisors help out who they want to, staff helps out who they want to."
-"I can't speak for anyone else, but as soon as state (Division of Health Service Regulation) came yesterday, it was said don't talk too much."
-"A supervisor said 'don't mention working alone.'"
-"A supervisor text me saying don't mention working alone to avoid further questions, other supervisors say it, but they are not dumb enough to put it in writing."
-"I want Thompson's to improve. I was telling the kids to speak up. It is not helping anyone." (to not speak up about staffing.)
-"Sometimes they are short staffed from 7 am-10 am or 11am."
-"Sometimes only one staff is scheduled, sometimes one will call and say they aren't coming to work."
-Staff #1 stated that Staff #2 has worked by themselves several times, but won't admit it.
-"Supervisors are very much aware staff is working by themselves. Staff only talk amongst staff, they want their job."

Interview on 2-22-21 with Staff #2 revealed:
-There was always two staff working.
-If they are short staffed, the Program Supervisor will step in and be counted as being in

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	MHL0601227	A. BUILDING: ______ B. WING ______	03/29/2021

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the staff ratio.

Interview on 3-2-31 with Staff #3 revealed:
-Staff #3 has never worked alone
-If there is not enough staff, the Program Supervisor will work to cover a shift.
-Staff #3 has not heard of any staff working by themselves "at least not recently."

Interview on 3-2-21 with Staff #4 revealed:
-Staff #4 works second shift and has never worked alone.
-The Floor Supervisor and the Program Supervisor will fill in if there are not enough staff.
-Staff #4 has never heard any staff complaining about working by themselves.

Interview on 3-2-21 with Staff #5 revealed:
-"When I'm working, I'm by myself, or one other person."
-The last time Staff #5 worked alone was one week ago.
-When Staff #5 works by themselves "there is someone that comes in and checks, like for a bathroom break."
-Staff #5 has worked all 8 hours alone.
-Staff #5 has had no issues when working alone.
-Staff #5 could not say how often they worked alone, "well, some of the time."

Interview on 2-26-21 with Staff #7 revealed:
-Staff #7 will usually work second shift, but will sometimes work first shift on the weekends.
-Staff #7 has "been left by myself a few times", Staff #7 would come in and be the only person on shift and would work by themselves until someone else was found.
-"Just had to hang in until somebody came."
-Staff #7 had never had any problems when

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they were by themselves.
-Staff #7 stated that the longest time they were by themselves was "at night, maybe a couple of hours from 9:00 pm-11:00pm during shift change."
-On first shift it was a few minutes, "half an hour maybe" that Staff #7 worked by themselves.
-Staff #7 didn't think people were ever scheduled to work by themselves.
-"It usually just happens, someone is not on time or scheduling got screwed up some how."

Interview on 3-1-21 with Staff #8 revealed:
-Staff #8 has never worked alone but has floated between two cottages.
-"So lets say [sister facility] has two (staff) and Merancas has one, I would go to Merancas."
-Staff #8 did not know if other staff have complained about working short.
-"It is so frustrating, you can't get in the groove."
-"The kids can go the other way really fast." (meaning start to have behaviors)
-Staff #8 thought one staff was working when Client #1 threw a wireless speaker through a window, but could not confirm that.
-"We have been down staff for sometime. I have said it to the supervisors and they say they are in the process of hiring new people."

Interview on 3-9-21 with Nurse #1 revealed:
-She has seen one staff come in at eight am and both night shift people leave, which leaves one staff working by themselves for "a couple hours."
-She has seen one person on third shift at all of the cottages at one time or another.
-She has heard staff complaining about working by themselves.
-"I'm pretty sure they have brought it to the

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attention of management."

Interview on 3-4-21 with the Floor Supervisor revealed:
-"Third shift or no shift works by themselves, there are always two staff on the unit"
-In response as to why he had to go give staff bathroom breaks: "Well sometimes if I'm free I go. We have two people and step in."

Interview on 3-15-21 with the Floor Supervisor revealed:
-"I'm not aware of any staff working by themselves."
-"If I'm on the unit, I have to...I'm a staff but I have the title of Floor Supervisor, if I'm not in ratio."
-"Say somebody's missing, I have to fill in."
-"I don't do the schedule."
-He stated that the day shift Floor Supervisors did the schedule.
-The Floor Supervisor would not comment on whether or not the Program Supervisor knew that third shift was working short staffed.

Interview on 3-9-21 with the Director revealed:
-The Floor Supervisors make the schedule and submit it to Program Supervisors.
-The Floor Supervisors would provide coverage and work a shift in ratio if needed.
-The Program Supervisors would also provide coverage and work a shift and be counted as staff ratio if needed.
-He was "not aware of any staff that have worked the floor by themselves in January and February 2021."

Interview on 3-11-21 with the Chief Performance and Quality Officer, Quality Improvement Specialist, and the Chief Program Officer

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revealed:
-They have an administrator on call at all times.
-They have 10 minutes to respond and 17 minutes to arrive at the facility if they have to go to the facility.
-The on call group consists of a core group of six leaders, including Program Supervisors and Directors.
-They have a Floor Supervisor that covers third shift.

Review on 3-18-21 of the Plan of Protection dated 3-18-21 and signed by the Chief Performance and Quality Officer revealed:

What immediate action will the facility take to ensure the safety of the consumers in your care?

"1. Institute daily staffing call (9am) facilitated by Program Director [Program Director].
2. Created/updated policy specific to ratio and was distributed to all residential staff on 3-12-21.
3. Created new email distribution so staff can email any concerns related to staffing/ratio and all staff were informed.
4. Distribute Administrator on call schedule to all staff via email, teams,+ posted in all cottages by [Program Director] on 3-12-21.
5. Train supervisors on the following policies: ratio, administrator on call, scheduling, and attendance on 3-16-21 by [Program Director] + [Vice President of Residential Services].
6. Instituted new relay Walkie Talkie communication system when there are needs- retrained Program Supervisors on 3-12-21 and all staff will be retrained by 3-24-21.
7. [Chief Program Officer] + [Vice President of Residential Services] (Senior leadership) sent email out to all residential staff regarding ratio

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expectations, administrator on call, and new email distribution on 3-11-21."

Describe your plans to make sure the above happens.

"1. [Program Director's] daily staffing call..
2. Weekly POC (Plan of Correction) review meeting on Mondays."

Audited Clients, #1, #2, and #3 had diagnoses including Attention Deficit Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, and Post Traumatic Stress Disorder. All audited clients have a history of physical aggression. Two of three audited clients admit to having been restrained at some point. There was an on call system that the QP#1/Program Supervisor apparently failed to implement on occasions where staff had to work by themselves. Multiple staff report being left alone on their shift, for varying time lengths. Client #3 reports that staff will split up when taking them to school, with one staff staying behind and working by themselves. Staff report that the someone would come in and relieve them for bathroom breaks. All staff agreed that there had been no AWOL's or restraints when working by themselves. Due to the clients history of aggressive behaviors, lack of supervision is detrimental to the health, safety and welfare of the clients in the facility. This deficiency constitutes a Type B rule violation If the violation is not corrected within 45 days, an administrative penalty of 200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.