

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/30/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HI	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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(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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on March 30, 2021. The complaint was unsubstantiated (intake #NC00175256). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

TITLE

(X6) DATE

[Signature]
STATE FORM

[Signature]
Clinical Director

[Signature]
4/12/2021

6899

Q9ZS11

If continuation sheet 1 of 14



Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: MHL # 043-050	(X2) Multiple Construction A. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2021
NAME OF PROVIDER: SIERRA'S RESIDENTIAL SERVICES, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS V 000 A complaint and follow up survey was completed on March 30, 2021. The complaint was unsubstantiated (intake #NC00175256). Deficiencies were cited.	V 000	04/12/2021
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). <input type="checkbox"/> Indicate what measures will be put in place to prevent the problem from occurring again. <input type="checkbox"/> Indicate who will monitor the situation to ensure it will not occur again. <input type="checkbox"/> Indicate how often the monitoring will take place. Sierra's Residential Services' Qualified Professional, QP will assure that the Consumer(s) PCP is/are updated as needed to address Strategies/Interventions and Needs. The PCP(s) will also include the Consumer's Primary Care Physician recommendation to all treatment Plans. The Office Administrator will conduct Medical Record Audits on a Random Basis to ensure compliance. assure that all PCP have the Physicians

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

Debra Van Hook MSW, LCSW Clinical Director 4/12/2021

STATE FORM 6899 FE6922 If continuation sheet 1 of 1



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V 132	<p>This Rule is not met as evidenced by: Based record review and interviews the facility failed to ensure one of one client (FC #3) had strategies to address his needs and behaviors.</p> <p>.....</p> <p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: a. Neglect or abuse of a resident in a healthcare</p>	V 132	<p>Sierra's Residential Services' Qualified Professional and Office Administrator will notify and submit a report of Incident and Findings to the NC Healthcare Personal Registry (HCPR) regarding any Allegation of Neglect or Abuse that has been made by a Consume(s) and/or Staff Member(s) within 1-5 Business Days of finding out about an Allegation(s).</p> <p>Office Administrator or Designee will conduct Incident Reporting Record, Medical Record, and/or Personnel Record Audits on a Random Basis to ensure compliance.</p>	04/12/2021
V 318	<p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure allegations of abuse were reported to the North Carolina Health Care.....</p> <p>130 .0102 HCPR - 24 Hour Reporting 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</p>	V 318	<p>Sierra's Residential Services' Qualified Professional and Office Administrator will notify/report to the NC Healthcare Personnel Healthcare Registry (HCPR) regarding any Allegation of Abuse within 24 Hours becoming aware of the Allegation.</p> <p>Office Administrator or Designee will conduct Incident Reporting Record, Medical Record, and/or Personnel Record Audits on a Random Basis to ensure compliance.</p>	



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V 318	Continued From page 2 submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report an allegation of abuse to Health Care Personnel Registry within 24 hours of becoming aware of the allegation.....		04/12/2021
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 ~~~~~ This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:	V 367 Sierra's Residential Services' Qualified Professional will report All Level II Incident Reports to the LME for the catchment area where services are provided within 72 hours of becoming aware of the Incident. Office Administrator or Designee will conduct Audits of SRS' Incident Reporting Record(s), Medical Record(s), and/or Personnel File(s) on a Random Basis to ensure compliance.	



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V 736	<p>27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: V 736. Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner The findings are:.....</p>	V 736	<p>The repairs regarding of the aforementioned were completed by SRS' Maintenance Person on 04/12/2021.</p> <p>All Maintenance orders will be immediately turned into the office and will be completed within 72 hours of the office upon receiving a work order.</p> <p>Group Home Manager, QP or Designee will conduct safety checks on a Daily Basis.</p> <p>Office Personnel will conduct Random checks on Quarterly Basis to ensure compliance.</p> <p>Please see Attachment.</p>	04/12/2021















