STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-085	A. BUILDING: _____ B. WING _____	04/09/2021

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V 000	INITIAL COMMENTS A complaint survey was completed on 4/9/21. The complaint was substantiated (intake #NC174739). A deficiency was 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 recommendations;	V 105	DHSR - Mental Health APR 23 2021 Lic. & Cert. Section	

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V 105	Continued From page 1 (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; This Rule is not met as evidenced by:	V 105		

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V 105	Continued From page 2 Based on records review and interviews, the facility failed to ensure adoption of standards that assured operational and programmatic performance meeting applicable standards of practice. The findings are: Review on 4/9/21 of a letter dated 2/18/20 from Disability Rights North Carolina addressed to the facility Program Director(PD) revealed the following documented: -"This is a letter being sent to all facilities license under 10A NCAC 27G .1900 in order to clarify the reporting requirements;" -"All Psychiatric Residential Treatment Facilities(PRTFs) are required to report serious occurences to Disability Rights North Carolina (DRNC) pursuant to federal law. Reporting serious occurences and incidents to the North Carolina Department of Health and Human Services(NC DHHS) through the State's online Incident Response and Improvement System (IRIS) does not fulfill the federally mandated reporting requirement to DRNC because DRNC does not have access to IRIS and does not receive IRIS reports to the State;" -"All serious occurences which must be reported to DRNC under the federal Conditions of Participation may meet the State definition of Level I, II and III incidents under state reporting rules. Therefore each occurrence requires an independent determination for whether or not it must be reported as a serious occurrence. A PRTF must report each serious occurrence to DRNC pursuant to Conditions of Participation (CoP) in order to lawfully attest to compliance with Centers for Medicare & Medicaid's (CMS) standards governing the use of restraint and seclusion;" -"Serious occurrences that must be reported include a resident's death, a serious injury to a	V 105	In an effort to provide additional oversight, the creation of a secured email address specific incident reporting to be monitored and reviewed by the Quality Management Department, Program Director and Clinical Director (Incidentreports@psocinc.org) A mass email will be sent to all employees of the facility to provide instruction and training on the new process for incident reporting as well as including the new secured email address to scan and enter incident details. The staff assigned for receiving the reports at the facility will submit them to the incident reporting email address. This staff is currently the Lead Staff supervisor but can change based on efficiency needs for the facility. The reports will be reviewed by the Clinical Director and Program Director, and Quality Management Department to ensure the report is free from errors and then submitted to the North Carolina Incident Response Improvement System (IRIS) reporting system and the Disability Rights North Carolina (DRNC). The Clinical Director will create a spreadsheet for the monitoring of the number and severity of incidents that occur at the facility. This spreadsheet will provide data to be able to create charts/graphs to show the fluxuatuon of restrictive interventions and serious incidents. In addition, The Quality Management Department will provide additional oversight by tracking timely submissions of reports to IRIS and DRNC. The staff will be trained on the new process for incident reporting using the email address created for this purpose.	4.14.2021 4.22.2021 4.14.2021 4.22.2021 4.22.2021 and ongoing 4.22.2021 and ongoing 4.30.2021 and ongoing with new staff hired

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V 105	Continued From page 3 resident as defined in 483.352 of this part, and a resident's suicide attempt;" -"Serious injury means any significant impairment of physical condition of the resident as determine by qualified and medical personnel. This include, but is not limited to, burns lacerations, bone fractures, substantial hematoma, and injuries to internal organs, which self-inflicted or inflicted by someone else;" -"Be aware that language of the law does not provide an exclusive list of events that are serious occurences or serious injuries. Rather, it provides a list that includes particular types of events but is not exclusive of any events. Therefore, the law itself does to serve as an exclusive listing of the only events that are required to be reported as serious occurrences. Underscoring this important point, NC DHHS issued the following statement in the May 11, 2018 bulletin LME-MCO Communication Bulletin J287. 'Serious Occurrences are any event that results in Restraint or Seclusion, Resident Death, Any Serious Injury to a Resident and a Resident Suicide Attempt.' " Review on 4/9/21 of documentation provided by the PD in regards to complying with the reporting requirements of serious occurrences sent to DRNC from 1/1/20-present revealed: -letter dated 3/4/20 signed by the PD titled "Written Corrective Action Plan" documented the following: "Premier Service of Carolina, Inc. is aware of the Federal requirement of notifying all serious occurences to Disability Rights of North Carolina (DRNC). Premier's (Staff Supervisor, Program Director and/or Clinical Director) will ensure that all serious occurrences are reported to DNRC within the close of business the next business day after a serious occurrence. Attached are the requested serious occurrences	V 105		

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V 105	Continued From page 4 for January 1, 2019-February 2020;" -above documentation was faxed on 3/6/20 per the fax confirmation form; -last serious occurrence reported in the attachment referenced in the above letter was dated 1/23/20; -incident report dated 6/25/20 with fax cover sheet but no fax confirmation form regarding former client #8(FC#8) suffered a concussion requiring medical treatment as the result of a physical altercation with a peer; -no further documentation was provided regarding compliance with DRNC reporting requirements. Review on 4/9/21 of incident reports from 1/23/20-present (including review of documentation of incident reports reviewed during prior surveys completed during this time frame) revealed: -client #1 exhibited suicide ideation and was transported to the local hospital for evaluation on 3/27/21 ; -client #2 was restrained for physical aggression towards staff and attempted AWOL(absence without leave) on 3/11/20; -client #3 was restrained for verbal and physical aggression towards staff on 12/23/20; -former client (FC) #4 was restrained for physical aggression towards staff on 1/17/21; -FC#5 was restrained for physical aggression towards staff on 11/30/20 and 12/22/20 , was injured during the physical restraint on 12/22/20, internal investigation completed, restraint determined inappropriate; -FC#6 was restrained for physical aggression towards peers on 9/5/20; -FC#7 was restrained for physical aggression towards staff and peers on the following dates: 6/1/20, 6/5/20, 6/27/20, 7/18/20, 8/1/20, 8/2/20,	V 105		

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V 105	Continued From page 5 8/12/20; -FC#8 was restrained for physical aggression towards staff and peers on the following dates: 4/7/20, 6/1/20, 6/20/20, 6/25/20 and 7/14/20, went AWOL with police involvement 4/25/20; -FC#9 was restrained for physical aggression towards peers on 6/25/20; -FC#10 engaged on sexual interaction with a peer on 1/23/20; -FC#11 engaged in sexual interaction with a peer on 1/23/20; -FC#12 was restrained for physical aggression towards staff and peers as well as property destruction on the following dates: 2/2/20, 4/15/20, 5/6/20, 5/31/20, 6/19/20, 6/20/20, 6/25/20, 6/29/20, 7/13/20, 8/23/20, 8/24/20, 8/30/20 and 9/5/20, FC#12 went into a staff pocketbook, obtained some pills and was taken to the local hospital for evaluation on 11/22/20; -FC#13 was restrained for physical aggression towards staff and property destruction on 4/7/20; -FC#14 was restrained for physical aggression towards staff on 4/3/20; -FC#15 was restrained for physical aggression towards staff and property destruction on 3/2/20; -FC#16 was restrained for physical aggression towards staff and peers as well as suicidal ideation/self harm on the following dates: 3/26/20, 4/1/20, 4/20/20, 5/11/20,7/4/20, 7/25/20 and 11/3/20; -FC#17 was restrained for physical aggression towards peers and staff, property destruction and suicidal ideation/self harm on the following dates: 3/24/20, 3/26/20, 3/27/20 and 3/31/20; -FC#18 was restrained for physical aggression towards peers and staff, property destruction and suicidal ideation/self harm on the following dates: 2/25/20, 3/15/20 and 3/31/20; -FC#19 was restrained for physical aggression towards peers and staff and property destruction	V 105		

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V 105	Continued From page 6 on the following dates: 1/30/20, 2/23/20, 4/3/20, 4/25/20, 4/27/20, 6/5/20, 6/10/20, 7/13/20, 7/17/20, 7/18/20, 7/20/20, 8/28/20 and 8/30/20; -FC#20 was restrained for physical aggression towards peers and staff and property destruction on the following dates: 2/15/20, 2/18/20, 2/20/20, 2/25/20, 3/1/20, 3/14/20, 3/15/20, 3/22/20, 4/8/20, 4/9/20, 4/10/20, 4/13/20, 4/20/20, 4/29/20, 5/1/20, 5/3/20, 5/5/20, 5/10/20, 5/12/20, 5/14/20, 5/17/20, 5/21/20, 5/24/20, 6/1/20, 6/10/20, 6/25/20, 6/28/20, 7/6/20, 7/14/20, 7/17/20 and 7/19/20. Interview on 4/9/21 with the PD and the Clinical Director (CD) revealed: -received a letter from DRNC regarding serious occurrences on 2/18/20. -was confused about what was a "serious occurrence;" -did not interpret restraints as a "serious occurrence;" -sent in for 2019 and early 2020 what they felt was "serious occurrences;" -sent in report of FC#8 who received concussion during fight 6/2020; -admitted did not send in incident regarding FC#12 and pills; -information received was "ambiguous" about what was considered a "serious occurrence;" -CD started a Client Rights Committee meeting that meets quarterly and reviews all incident reports, all psychotropic medications and all restraints; -will send all Level II and III incident reports and restrictive interventions to DRNC to comply with reporting requirements.	V 105		