

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2021
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NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1024 JUNIUS STREET GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 6-7-21. The complaint was unsubstantiated (intake #NC 00177228). 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct fire and disaster drills on a quarterly basis, repeated for each shift. The findings are:</p> <p>Review on 6-1-21 of the facility's Emergency Drill Report logs from May 2020 to May 2021</p>	V 114		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> -the facility operated on 3 eight hour shifts, from 8:00am - 3:00pm (1st shift), 3:00pm - 11:00pm (2nd shift), and 11:00pm-8:00am (3rd shift); -no Fire or Disaster Drills were held during 3rd shift from May 2020 through May 2021; -only 2 Fire and Disaster Drills (5-31-20 and 6-30-20) were held during 1st shift hours from May 2020 through May 2021; -no Fire or Disaster Drills were held for 1st shift during 3rd quarter (July-September) 2020, 4th quarter (October-December) 2020, 1st quarter (January-March) 2021, and 2nd quarter (April-May) 2021; -Fire and Disaster Drills were only held during 2nd shift hours from 7-31-20 through 5-4-21. <p>Interview on 6-2-21 with Client #1 revealed:</p> <ul style="list-style-type: none"> -had practiced Fire and Disaster Drills at the facility; -did not know how often the facility conducted Fire and Disaster Drills; -felt safe at the facility. <p>Interview on 6-2-21 with Client #2 revealed:</p> <ul style="list-style-type: none"> -had practiced Fire and Disaster Drills at the facility; -did not know how often the facility conducted Fire and Disaster Drills; -felt safe at the facility. <p>Interview on 6-2-21 with Client #3 revealed:</p> <ul style="list-style-type: none"> -the facility conducted Fire and Disaster Drills on a monthly basis; -had participated in all of the facility Fire and Disaster Drills; -felt safe at the facility. <p>Interview on 6-4-21 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -worked 3rd shift in the facility; 	V 114		

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V 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> -the facility conducted Fire and Disaster Drills on a monthly basis; -had recently been informed (this week) that he needed to perform more Fire and Disaster Drills on 3rd shift; -practiced a Fire Drill during 3rd shift earlier this week. <p>Interview on 6-4-21 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -worked 2nd and 3rd shift in the facility; -Fire and Disaster Drills should be conducted monthly and should rotate between all shifts; -had received recent training (this week) on how to effectively complete and document the facility Fire and Disaster drills. <p>Interview on 6-4-21 with Staff #3 revealed:</p> <ul style="list-style-type: none"> -worked 3rd shift in the facility; -was unsure how often the facility conducted Fire or Disaster Drills. <p>Interview on 6-4-21 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -worked 2nd shift in the facility; -Fire and Disaster Drills should be conducted on a monthly basis; -the Associate Professional (AP) was responsible for oversight of the Fire and Disaster Drills. <p>Interview on 6-4-21 with the AP revealed:</p> <ul style="list-style-type: none"> -worked 2nd shift; -Fire and Disaster Drills should be conducted on a monthly basis at different times and should rotate shifts each month; -was responsible for monitoring the Fire and Disaster Drill logs for the home; -despite being responsible for the Fire and Disaster Drills, she was unaware that the drills had not been conducted on rotating shifts. <p>Interview on 6-2-21 with the Qualified</p>	V 114		

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V 114	Continued From page 3 Professional (QP) revealed: -Fire and Disaster Drills should be conducted on a monthly basis and rotate between 1st, 2nd, and 3rd shift each quarter; -"I monitor it (the Fire and Disaster Drills) and [Executive Administrator] monitors it (the Fire and Disaster Drills);" -once he became aware of the missed Fire and Disaster Drills this week, he met with staff to start correcting the problem; -"we have already met about correcting the Fire Drills." Interview on 6-1-21, 6-2-21, and 6-4-21 with the Executive Administrator revealed: -the Fire and Disaster Drills should be completed monthly in accordance to the calendar in the front of the Emergency Drills Reports notebook; -didn't know why staff were not following the calendar in the front of the Emergency Drill Reports notebook; -would follow up with staff immediately to get this corrected.	V 114		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present	V 296		

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V 296	<p>Continued From page 4</p> <p>for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the required staff/client ratio affecting 3 of 3 clients. The findings are:</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>Review on 6-2-21 of Client #1's record revealed: -admission date: 4-1-21; -11 years old; -diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Unspecified Anxiety Disorder.</p> <p>Review on 6-2-21 of Client #2's record revealed: -admission date: 10-26-20; -14 years old; -diagnoses of Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, Disruptive Mood Dysregulation Disorder.</p> <p>Review on 6-2-21 of Client #3's record revealed: -admission date: 4-2-20; -15 years old; -diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Interview on 6-2-21 with Client #1 revealed: -the facility operated with 2 staff in the afternoons, 2 staff at bedtime, 1 staff during the night, 1 staff in the mornings, and 2 staff on the weekend shifts.</p> <p>Interview on 6-2-21 with Client #2 revealed: -the facility operated with 2 staff per shift; -always had 2 staff on second shift; -thought there were 2 staff on 3rd shift but was not sure because he slept through the night; -"most of the time there is just 1 staff there when I wake up in the mornings."</p> <p>Interview on 6-2-21 with Client #3 revealed: -the facility operated with "2 staff during the day and 1 staff at night;" -the facility operated with 2 staff during the day, 2 staff at bedtime, 1 staff overnight, and 1 staff in</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>the mornings.</p> <p>Interview on 6-4-21 with Staff #1 revealed: -was the only staff member in the home when interviewed by the Division of Health Service Regulation Surveyor via phone on the morning of 6-4-21; -had worked with Staff #2 during the overnight on 6-4-21 but Staff #2 had left the home early that morning to attend to a matter at another facility; -"don't know where my partner is...she didn't show up last night;" -Staff #2 worked 3rd shift when needed.</p> <p>Interview on 6-4-21 with Staff #2 revealed: -the facility typically worked 2 staff on each shift; -a 3rd shift staff member did not show up for work last night and he went in to work the shift; -he had left the facility to attend to another facility on the morning of 6-4-21, leaving Staff #1 alone in the facility.</p> <p>Interview on 6-1-21, 6-2-21, and 6-4-21 with the Executive Administrator revealed: -was unaware that 1 staff member was at the facility on the morning of 6-4-21; -would address the staffing issue.</p>	V 296		
V 367	<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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</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</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>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 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:</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Based on record reviews and interviews, the facility failed to report all Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 6-2-21 of Client #1's record revealed: -admission date: 4-1-21; -11 years old; -diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Unspecified Anxiety Disorder; -behaviors consisted of: hyperactivity, impulsiveness, oppositional behaviors, lying, unruly/ungovernable behaviors. verbal and physical aggression.</p> <p>Review on 6-2-21 of the facility's Internal Investigation report (not dated) revealed: -on 5-7-21 Client #1 alleged that Staff #1 pushed him against the wall resulting in him hitting his head on the bathtub; -Department of Social Services (DSS) visited the facility to conduct an investigation, interviewing all of the clients; -DSS re-visited the facility on 5-14-21 and completed a corrective action plan, re-interviewing Client #1, at which time, Client #1 revealed to the DSS worker that he had falsified the incident because he was upset with Staff #1 and the allegation was not true; -Staff #1 was removed from the schedule until the investigation was completed and the findings were unsubstantiated.</p> <p>Review on 6-2-21 of the Incident Response Improvement System (IRIS) revealed: -no Level II incident report had been submitted for</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Client #1; -no incident reports had been submitted for the facility in 2021.</p> <p>Interview on 6-1-21, 6-2-21, and 6-4-21 with the Executive Administrator revealed: -the Clinical Director was responsible for completing all IRIS reports for the facility; -he had requested a copy of the IRIS report from the Clinical Director; -no incident report had been completed or submitted into IRIS regarding Client #1's allegation; -an incident report for Client #1's allegation made on 5-7-21 towards Staff #1 would be completed immediately and submitted into the IRIS system.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		