

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2021
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NAME OF PROVIDER OR SUPPLIER
STRATEGIC BEHAVIORAL CENTER-GARNER

STREET ADDRESS, CITY, STATE, ZIP CODE
**3200 WATERFIELD DRIVE
GARNER, NC 27529**

(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	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on 7/07/21. The complaints were unsubstantiated (Intake # NC00164658, NC00178774, NC00178699, NC00178447, NC00177440) Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000	<i>Please note that Strategic Behavioral Center – Raleigh takes these findings seriously and is fully committed towards developing effective strategies for compliance with regulations and monitoring and evaluation activities to ensure compliance with same.</i> <i>Pursuant to your request, the corrective actions are delineated in the following pattern:</i> <i>a) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified.</i> <i>b) The date by which all corrective actions will be completed, and the monitoring system will be in place.</i> <i>c) The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.</i> <i>d) The title of the person responsible for implementing the acceptable plan of correction.</i>	b) 8/21/2021
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 6/22/21 of facility records revealed:	V 114	<i>(V114 starts here)</i> <i>a) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified.</i> <i>1) A new Environment of Care (EOC) Director was hired, and an immediate evaluation of the department was completed to include all required fire and disaster drills.</i> <i>2) A schedule was developed and implemented for the required drills.</i> <i>3) All fire and disaster drills are documented and kept in a binder.</i> <i>4) Any fire or disaster drills not completed per schedule will be addressed by the CEO.</i>	

DHSR - Mental Health
AUG 6 2021
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Evelyn Alsop

TITLE
CEO

(X6) DATE

8-6-2021

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V 114	Continued From page 1 -Fire Drills were completed only three times in the last twelve months on their second shift -No Disaster Drills completed within the last twelve months. Interview on 6/22/21 the Environment of Care Director (EOC) stated: - Started job on 6/14/21. - No disaster drills had been done. - Joined the Safety-Environment of Care Committee and noted the need for fire and disaster drills. - Developed a fire and disaster drill schedule to meet the requirements. -The facility had two twelve hour shifts.	V 114	<i>c) The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.</i> The EOC Director or designee during monthly Quality/PI Council meetings will report out the results of fire and disaster drills. A summary of the findings is being forwarded to the Medical Executive Committee and Governing Board at each of their respective meetings. <i>d) The title of the person responsible for implementing the acceptable plan of correction.</i> EOC Director. <i>(V114 ends here).</i>	
V 314	27G .1901 Psych Res. Tx. Facility - Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.	V 314		

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V 314	<p>Continued From page 2</p> <p>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide mental health therapeutic care. This affected 3 of 5 audited clients (#1,#2, & #3). The findings are:</p> <p>Review on 7/7/21 of "Weekday Schedule" revealed: -"Therapy Group" at 11:00 am daily.</p> <p>A. Review on 6/21/21 of client #1's record revealed: -Admitted on 5/26/21 -Age 15</p>	V 314	<p>(V 314 starts here).</p> <p><i>The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified.</i></p> <ol style="list-style-type: none"> 1) A new Interim Director of Clinical Services (IDCS) has been hired. 2) The Interim Director of Clinical Services (IDCS) or designee will provide education to her clinical team by 8/21, regarding the expectations of following the schedules, conducting individual, family and or group session to include documentation of all. Any staff that has not completed the required training by 8/21, will be removed from the schedule. <p><i>The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.</i></p> <ol style="list-style-type: none"> 1) The IDCS or designee will conduct bi-weekly random audits of the medical record to ensure there is documentation of all required sessions. 2) The IDCS or designee will do weekly audits to ensure the program schedules are being followed to include group sessions. 3) The IDCS or designee will report out the results of the audits. A summary of the findings is being forwarded to the Quality/PI Council, Medical Executive Committee and Governing Board at each of their respective meetings. <p><i>d)The title of the person responsible for implementing the acceptable plan of correction.</i> Interim Director of Clinical Services (IDCS).</p> <p>(V 314 ends here).</p>	a) 8/21/2021
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V 314	<p>Continued From page 3</p> <p>-Diagnoses of Major Depressive Disorder (MDD), Attention Deficit with Hyperactive Disorder (ADHD) and Oppositional Defiant Disorder (ODD)</p> <p>Interview on 6/21/21 client #1 stated:</p> <ul style="list-style-type: none"> -The therapist was not doing a "good job." -A few weeks ago they got in trouble because some of the girls had items and were using them to cut themselves. -There were only eight of twelve kids that were self harming during that situation. -Was upset because the Therapist held a group and said, "I am going to address this as a group since you are doing it as a group." -Felt this was not fair to everyone because they were not a part of the self harm and she was telling everyone's business during that group. -The Therapist should have addressed the situation individually with them instead of in a group. -They did not always get their individual therapy as they were supposed to. <p>B. Review on 7/7/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted 5/12/21 -Age 17 -Diagnoses of Major Depressive, recurrent severe w/o psychotic features <p>Interview on 7/7/21 client #2's guardian refused to give consent for client to be interviewed.</p> <p>C. Review on 7/07/21 of client # 3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/15/21 - Age: 15 - Diagnosis: Disruptive mood Dysregulation disorder 	V 314		

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V 314	<p>Continued From page 4</p> <p>Interview on 6/22/21 client #3 stated:</p> <ul style="list-style-type: none"> - Group Therapy sessions were supposed to be every day at 11:00am and last for an hour. - Had not had group therapy sessions on some days. - Therapist had been too busy to have groups. - Individual sessions were supposed to be weekly and hadn't had consistent weekly sessions. - Was supposed to have a family session, the Therapist showed up late missed the session and it hasn't been rescheduled. -Asked Therapist if she could talk to her Sunday and Monday and she said, "yes," but never was available to talk. -Asked Therapist today to talk and she said she was "too busy." -She hasn't had a individual session since being in the facility the first couple of weeks. -It had been two months and two weeks since last individual therapy session. -She had received packages (self assessment sheets, coloring sheets) from the Therapist. <p>Interview on 7/7/21 staff #2 stated:</p> <ul style="list-style-type: none"> -Been working here since May 2021 but been employed in and out for five years. -Programming here had "gone down the drain." -Felt like the clients needed more incentives, "they have nothing to work for." -The clients on the girls hall had not gotten the individual therapy like they were supposed to. -They barely had the group therapy that's supposed to be daily. -Yesterday the Therapist brought them some coloring and games to do, but no incentives to work for. -Client #1 told her that it had been a month since she had individual therapy. -The clients complained about the Therapist and how they had not meet with her. 	V 314		
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V 314

Continued From page 5

- The Clinical Director left two weeks ago and a new one came today to do a group with the clients.

Interview on 6/07/21 staff #3 stated:

- Group sessions were scheduled for one hour per day.
- Group sessions were not happening daily and when they did have them, they had not lasted for one hour.
- The clients are supposed to have one individual therapy session every week, and a family session every two weeks.
- Girl clients had complaint about therapist not being available.
- The Therapist had the 300-400 hall which consisted of twelve clients.

Interview on 6/07/21 staff # 4 stated:

- Clients had not met with the Therapist as often as they had met with therapist years ago.
- The Therapist may not be available or too busy to meet with clients.
- They had not had group sessions as much as the clients would like.
- Daily schedule had group session starting at 11:00am.
- The Therapist served twelve clients.

Interview on 7/6/21 the Therapist stated:

- Started work as the Therapist on 4/5/21.
- Therapy group is daily at 11:00 am-12:00 pm Sunday through Thursday.
- She is responsible for the girls hall consisting of currently 12 clients.
- Tried to conduct group therapy daily but varied if there were Client Family Treatment (CFT) meetings or if there is a behavior on the hall.
- Had tried to do most CFT's on Sundays due to interfering with family/guardian's work schedules.

V 314

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V 314	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Individual therapy is to be done one time week. -Clients had not gone more than a week without her at least "touching base" with them. -Would "touch base" with them if she could not do a traditional session. -That would consist of maybe 15-30 minutes of going on the hall to see how they were doing. -Her duties included completing a psycho social evaluation when they first arrive, case management with their care coordinators and parents, weekly individual and daily group sessions. -Not able to get all these things done. -Felt like if caseload was smaller she could better meet the client needs. -Felt "pulled in a thousand directions when its issues that well trained staff could accommodate and handle." -Family sessions were to be done bi- weekly. -If there was a session scheduled and had no parent response she would call 3-4 times to reschedule. -Client #3 recently missed her family session. -Had to push the session back by thirty minutes because she was running late. -She sent client #3's family member an email to let her know. -Had not heard back from client #3's family member at the point to reschedule. -The original meeting was scheduled for 6/27/21. -Reached out to reschedule by leaving her a voicemail and emailed her. -Client #3's aunt varied with her responses. -Client #2 had not had an individual session since 6/15/21. -She had a family session on 6/17/21. -Did not currently have client #2 scheduled for a session. -Documented individual sessions, but had been behind on her notes. 	V 314		
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V 314	Continued From page 7 -Client #1's individual session was on 6/29/21. -6/29/21 was supposed to be her family session, but did not hear from them, so she just did an individual therapy. -Had not rescheduled a family session at this point for client #1. -Had poor communication with the Clinical Director who left two weeks ago. -"I run into struggles with having time to do everything." Interview on 7/07/21 the Chief Executive Officer (CEO) stated: -Daily therapy groups should be conducted on a daily basis. -The Clinical Director is no longer with them. -She had items on her plan of improvement that she did not complete. -Individual and family therapy was expected to happen weekly. -Had audited charts and saw the notes where the individual and group therapies were being done. -Family and individual therapy was one time a week, and group therapy was daily. -Therapist had a case load of twelve clients. -They were looking at ways to help support the Therapist and was aware that paperwork was one of those areas.	V 314	(V 503 starts here). a) The procedure for preventing the deficiency and implementing the acceptable plan of correction for the specific deficiency identified. 1) Nursing staff will be provided reeducation on Clinical Policy 1000.7 Search for Contraband by 8/21/2021. Any staff that has not completed the policy reeducation by this date will be remove from the schedule. 2) All contraband checks that occur will be documented in a search documentation form. 3) Contraband checks will be time limited with a start date and an end date and specific to the period for which contraband continues to be found and warranted by self-harming behaviors that relate to the contraband. 4) Contraband searches will be initiated through the direction of the Physician/Provider. c) The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. 1) Physician/Provider order directing the search will be time limited with a start date and an end date for searches. 2) Search documentation form will be in medical record and forwarded to the Risk manager. 3) Search documentation forms will be monitored, and number of searches performed will be reported out in QAPI.	B) 8/21/2021
V 503	27D .0103 Client Rights - Search And Seizure Policy 10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living	V 503		

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V 503	<p>Continued From page 8</p> <p>area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure six of six audited clients (#1, #2, #3, #4, #5, #6) were subjected to unwarranted invasion of privacy. The findings are:</p> <p>Review on 6/22/21 of the facility's policy on "Room Searches" revealed:</p> <ul style="list-style-type: none"> -Policy- Searches of the rooms and personal belonging are conducted only to the extent required in order to ensure safety of all patients and/or to locate dangerous contraband. -Purpose- To ensure a safe environment for all patients admitted to the hospital. -Procedure- When there is a reasonable concern dangerous contraband is present, the following steps should occur: <ul style="list-style-type: none"> -Notify the unit nurse, the Executive Director and /or the Administrator on call (AOC). -Organize a patient meeting with all patients in attendance. -Explain what is missing (i.e., dangerous chemical from housekeeping cart) or what item is suspected of being hidden (metal window pieces, hardware removed and missing, etc.) -Enlist the patients' participation in turning in 	V 503	<p>4) The Director of Quality, Compliance/RM (DQCR) or designee will report out the results of the audits. A summary of the findings is being forwarded to the Quality/PI Council, Medical Executive Committee and Governing Board at each of their respective meetings.</p> <p><i>d)The title of the person responsible for implementing the acceptable plan of correction.</i> CNO, and DQCR.</p> <p><i>(V 503 ends here).</i></p>	

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V 503	<p>Continued From page 9</p> <p>the article.</p> <p>-If this fails to resolve the issue:</p> <ul style="list-style-type: none"> -Determine whether to call a unit wide search or whether to limit the search to rooms of concern. -Inform the charge nurse and ask two (2) staff be assigned to conduct the search. Staff members must stay together. -Ensure if safety permits, each patient is present when his or her room or belongings are searched. -Attempt to get his/her permission. -Search only to the extent required, i.e., if searching for an aerosol can, it would not be appropriate to search a patient's wallet. <p>-Documentation- All facts constituting 'good cause' to search.</p> <p>-The scope of the search and the manner in which it was conducted (who conducted search, witnesses present, what was searched, items seized, etc.)</p> <p>-Actions taken as a result of the search (i.e. Patient placed on appropriate precautions, patient placed on 1:1, contracting with patient.)"</p> <p>Review on 6/22/21 of the "Environmental Round, Room Search, and Contraband Competency" training sheet for new employees revealed:</p> <p>- "Staff are able to demonstrate a check of patient belongings for contraband (checking seams, pockets or areas that would conceal potentially harmful items.)"</p> <p>A. Below are examples where clients were searched by staff without following their policy.</p> <p>Review on 6/21/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted on 5/26/21 -Age 15 -Diagnoses of Major Depressive Disorder (MDD), 	V 503		
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V 503	<p>Continued From page 10</p> <p>Attention Deficit Disorder (ADHD) and Oppositional Defiant Disorder (ODD)</p> <p>Interview on 6/23/21 Client #1 stated: -Staff searched their rooms daily. -They always search them when they are in school. -Could tell when staff went through her items because her clothes were moved or not folded the same way.</p> <p>Review on 7/07/21 of Client # 3's record revealed: - Admitted: 4/15/21 - Age: 15 - Diagnoses: Disruptive mood Dysregulation disorder</p> <p>Interview on 7/07/21 client #3 stated: - Room had been searched daily. -The searches were done while they were in school. - She was searched when entering from the courtyard by staff.</p> <p>Review on 6/22/21 of client # 5's record revealed: - Admitted: 4/22/21 - Age: 14 - Diagnoses: Borderline personality disorder, Post-traumatic stress disorder, Generalized anxiety disorder</p> <p>Interview on 6/22/21 client #5 stated: - Room searches happened every day. - Usually not in the room when it's searched. - All belongings left on the bed and told to put away belongings when she returned to her room. - Sometimes when the day room is searched everything is pulled out even the cushions on the couch. -The staff tell "us" to clean up the day room.</p>	V 503		

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V 503	<p>Continued From page 11</p> <ul style="list-style-type: none"> -All clients had been searched each time when they were coming in from the courtyard. <p>Review on 6/21/21 of Client #4's record revealed:</p> <ul style="list-style-type: none"> -Admitted on 4/19/21. -Diagnosis: Disruptive mood Dysregulation disorder. <p>Interview on 6/24/21 Client #4 stated:</p> <ul style="list-style-type: none"> -Staff searched their room everyday. -Not aware if they had found anything during the daily searches. -No contraband was found in her room. <p>Interview on 6/22/21 and 7/7/21 the Program Coordinator stated:</p> <ul style="list-style-type: none"> -Room searches are completed twice a day on each shift. -The rooms were searched as part of the Environment of Care (EOC) checklist to be completed on each shift. -Staff were to check all areas of the room for safety. -The searches were not "unwarranted" because they are not searching the client themselves, just their room and items. -Staff were trained to go through the clients' items to ensure there was no contraband. -Created the Environment of Care (EOC) training curriculum for staff with approval from management. -If any contraband was found, it was documented on the EOC checklist. -A few weeks ago a client informed him she had used a small piece of a Digital Video Disc (DVD) to cut herself. -The client told him where she hid it in her room. -At that point it was management's decision to search all twelve clients' rooms on the 300-400 hall. 	V 503		

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V 503	<p>Continued From page 12</p> <ul style="list-style-type: none"> -No other items were found in the clients' rooms. -Clients on that hall had been caught a few weeks ago bringing in rocks from the courtyard to cut themselves. -Staff was instructed by management to start searching the clients every time they came in from the courtyard. -Staff had been checking the shoes, socks and clothes. -The clients go on the courtyard a minimum of one time a day. -These searches of the clients had not found any items as far as he knew. -These searches are not documented. <p>Review on 6/22/21 of the "EOC Shift Walk through Checklist" for the month of June 2021 in the 300-400 and 700-800 halls revealed:</p> <ul style="list-style-type: none"> -Searches completed twice a day. -Food was found in client rooms on 6/11/21, 6/16/21 & 6/18/21. -Shower curtain issues on 6/19/21 and 6/20/21. -Screws in bathroom on 6/10/21. -"Sharp red plastic" on 6/20/21. <p>Interview on 6/17/21 Staff #5 stated:</p> <ul style="list-style-type: none"> -She worked on hall 400 as a mental health technician (MHT). -She was trained to search rooms daily. -Beds were checked, the creases of the mattress are checked, the client's cubby and their clothes. -Usually rooms checks were two times a day and documented. -Haven't found any contraband during any search completed. <p>Interview on 7/06/21 Staff # 4 stated:</p> <ul style="list-style-type: none"> - Searches were completed everyday. - Tried to complete searches when the clients were not on the hall. 	V 503		
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V 503	<p>Continued From page 13</p> <ul style="list-style-type: none"> - Never found any rocks or other contraband when a search was completed. - Searches of the clients' clothes and shoes were done when the clients came in from the courtyard. <p>Interview on 7/06/21 Staff #3 stated:</p> <ul style="list-style-type: none"> - All the girl rooms were searched daily. - Had not found contraband during any searches. - When searches completed they were documented on the environmental checklist shift check. -All girls were searched before coming in from the courtyard. <p>Interview on 7/6/21 Staff #1 stated:</p> <ul style="list-style-type: none"> -Did room searches on each shift. -Had not found anything during searches. -They completed the searches when the girls were not on the hall. -Sometimes one staff did them, sometimes two, "yesterday I was by myself." -When clients came in from outside they had to take their shoes and socks off and shake them, empty their pockets and open their mouths. - "We do these searches every time, we check them regardless." -They were told to do these searches on everyone because "it would be fair." -Was told the female clients had a history of taking rocks from the courtyard and hiding them. -Not found any since she started two months ago. <p>Interview on 7/6/21 Staff #2 stated:</p> <ul style="list-style-type: none"> -Moved to the 300-400 hall on 6/25/21. -Searched rooms daily on each shift. -No contraband found as far as she knew. -Lead MHT did the searches for the room checks. -When clients came in from the courtyard, would make them take off their shoes and socks, shake 	V 503		

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V 503	<p>Continued From page 14</p> <p>under their bra, shake their shirt and check the waistband of their pants. -Had not found anything during these searches. -Not aware of anything being found from other staff. -Had no issues with the clients cutting or having contraband.</p> <p>B. Below is an example of where clients' items were seized and there was no account of the description of any property seized and and no account of the disposition of seized property.</p> <p>Review on 6/21/21 of "Incident Log" revealed: -June 9, 2021-Four clients (#1, #7, #8 and #9) were identified as having used different items to cut themselves.</p> <p>Review on 6/21/21 of Client #1's "Physician Order Sheet" revealed: 6/9/21- "Remove all personal belongings from patient room and reassess daily for safety"</p> <p>Review on 6/21/21 of Client #4's "Physician Order Sheet" revealed: 6/9/21- "Remove all personal belongings from patient room and reassess daily for safety"</p> <p>Review on 7/7/21 of Client #2's "Physician Order Sheet" revealed: 6/9/21- "Remove all personal belongings from patient room and reassess daily for safety"</p> <p>Interview on 6/23/21 Client #1 stated: -About a week ago, staff took all their items away. -A week or so went by before they got all their items back. -Only got a stuffed animal and books at first. -They did not have their clothes. -Their items were placed in the "bin room" and</p>	V 503		
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V 503	<p>Continued From page 15</p> <p>some of her items were lost. -Had to ask the staff for a new outfit everyday. -Eight of twelve girls were supposedly cutting themselves. -Was not one of the ones cutting or found with items in room, but still lost all of her stuff.</p> <p>Interview on 6/24/21 Client #4 stated: -Girls on the hall lost all their items because certain ones were cutting. -Was not cutting and had not had any items found in her room. -It was a few days before they got some of their items back. -They had to "earn" their stuff back with good behaviors. -As of today, had some of her items returned, not all. -Her prescription eye glasses were taken and had not yet been returned. -Was told by staff they were at the nurses station.</p> <p>Interview on 7/07/21 Client #5 stated: - She was not one of the clients that self harmed. - Staff had taken all personal belongings out of her room. - Personal belongings were packed in bins with room numbers on them and kept in the bin room. - Staff would give them one shirt, one pair of pants and underwear for the next day. - Staff would give them soap and shampoo in a paper cup before time to take a shower. - Staff were not aware of when their items could be returned.</p> <p>Interview on 6/22/21 Client #3 stated: - Staff had taken all personal belongings, while she was out of the room. - Had gotten belongings back but was missing some items, a journal, a book and some personal</p>	V 503		
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V 503	<p>Continued From page 16</p> <p>papers.</p> <ul style="list-style-type: none"> - Reported to staff that items were missing. - Hadn't gotten her things back in a couple of days. -Did not remember how long her belongings were taken away. - After things were taken away everyone on the hall started "throwing popcorn, spit balls and mattresses in the hallways." <p>Interview on 7/06/21 Staff #3 stated:</p> <ul style="list-style-type: none"> - Had not worked at the time of the incident, when client's belongings were taken away. - Administration decided to remove "the girls'" personal items from their rooms. - Unsure about if there were doctors' orders to take their personal items. - Some of the girls had their items returned to them. - Not all the girls' items were returned. - Had not worked when the "riot" happened but heard the clients threw their mattresses in the hallway, wet tissue balls at staff, wall and ceiling and threw water on the floors. -Was told the decision to remove the girls' items was made by the Chief Executive Officer (CEO) and the Clinical Director (CD). <p>Interview on 7/06/21 Staff #4 stated:</p> <ul style="list-style-type: none"> - Had not worked at the time of the incident when the clients' belongings were taken. - Wasn't aware of why the belongings were taken away. - Was told that clients' were to receive belongings back for good behavior. - Was not aware of when the belongings were to be returned. - Was not working when the "riot" happened on the 300 hall but was aware because clients informed her. 	V 503		
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V 503	<p>Continued From page 17</p> <ul style="list-style-type: none"> - Was told the decision of removing the clients' belongings came from administration the CEO and CD. <p>Interview on 7/06/21 the Therapist stated:</p> <ul style="list-style-type: none"> - She had not worked when the "riot" on the hall happened. - She was told about the "riot." - The "riot" was talked about during a group session with the 12 female clients. - The clients had not felt supported and things escalated to them destroying the hall or the "riot", after all of their personal belongings had been taken away. - She did speak with the girls about the "riot" and that they were divided on different halls. - Was told that the decision to remove all there belongings came from the CEO and the CD. - Communication about how and when the clients' belongings would be returned, had appeared to be a problem among staff and administration. <p>Interview on 7/06/21 Staff #1 stated:</p> <ul style="list-style-type: none"> -Was not working when all the clients' items were taken. -Came back to work and all the girls were upset about their items being removed from their rooms. -They were confused that everyone lost their stuff, even the ones who had not cut themselves. -They recently got the call to give them their stuff back. -Had to give them their hygiene items in paper cups and clothes for that day only. -A few clients were able to keep a stuffed animal to help keep them calm. -They now have their clothes, not sure when they got them back. -Did not get a directive to give anything back, no one seemed to know when they would get their 	V 503		
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V 503	<p>Continued From page 18</p> <p>stuff.</p> <ul style="list-style-type: none"> -When she worked over the weekend the clients told her they had got their stuff back, so she just went with what they said. -Asked the Therapist and she did not know when they were to get their stuff back. -Gave the clients their items back and no one as of today has said any different, so assumed it was "ok." <p>Interview on 7/06/21 Staff #2 stated:</p> <ul style="list-style-type: none"> -Moved to the 300-400 hall on 6/25/21. -The 400 hall had some of their items but the 300 hall did not have all their items back. -The clients told her it was because of their behaviors of cutting. -They only had one change of clothes and hygiene products were provided daily in a paper cup. -Had questioned other staff "whose decision," it was to remove all items. -Was told it was management. -Staff #3 said it was their (management/ lead MHT) decision for when clients could get their items back. -Was not given any specific time as to if or when they got their items back. -Clients said they had not understood why they could not have their items since they had not had behavior issues since their items were taken. -Heard contraband was only found in one client's room. <p>Interview on 7/7/21 the Program Director stated:</p> <ul style="list-style-type: none"> -Client #7 reported to him she had a piece of DVD to self harm which prompted them to search her room. -Client #7 showed him where she had hid the piece in her room between the crack of her desk. -The Dr. #1 then ordered staff to search all 12 	V 503		
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V 503	<p>Continued From page 19</p> <p>client rooms.</p> <ul style="list-style-type: none"> -Had not found anything else in any of the client rooms -Administration (Chief Nursing Officer -CNO, the CD and the CEO) decided to remove all items from their rooms. -He went down with the Clinical Director to inform the clients of the decision to remove all items -They tried to explain the decision was made for their safety. -Only things left in their room was their sheets, pillow, towels and wash cloths. -Was not given a time frame for how long their items were to be removed. -The clients were very upset and this "fractured some rapport" with the clients. -They asked the clients to continue to have safe behaviors. -There was no expectations given by administration as to when their items would be returned if they exhibited good behaviors. -The clients were "quite irritated" and it became "damage control." -The clients became verbally aggressive. -They then proceeded to throw toilet paper, their mattresses in the hallway, pour soap on the floor and threw pop corn. -These behaviors lasted about three hours. -Also it was decided that the clients would be separated from twelve on one hall to six on two halls. -The news of separating them also made them upset. -Administration (CEO and CNO) came on the hall at the end of things to make sure they did as ordered with separating into the two halls. -The CEO spoke to the clients in a group setting and said the decision was ultimately hers on whether they could reconvene again on the same hall. 	V 503		

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V 503	<p>Continued From page 20</p> <ul style="list-style-type: none"> -After a few days, certain clients were given some of their items, not sure how that was determined. -Not sure how long it was before all items were returned. -Items were placed in the bin room. -Items were placed in bags based on the client room numbers. -They have instances of the clients saying they were missing some of their items. -Less than maybe five items not located -Administration is aware of certain items missing. -Client #1 had clothing items missing and had not been located. <p>Interview on 6/23/21 Doctor #1 stated:</p> <ul style="list-style-type: none"> -A few weeks ago, he wrote an order to remove all personal items from the girls' rooms. -The girls had a rough month being caught with rocks and cutting. -Made the decision to take all personal items due to safety. -They were just trying to get a "hold of the whole unit." -Not aware of all clients cutting, but there were a lot doing it. -Felt like it was a competition to see who could harm themselves the most. -The unit was run by the nurses and they could "institute whatever to keep the unit safe." <p>Interview on 7/7/21 the CNO stated:</p> <ul style="list-style-type: none"> -After the clients had been cutting and items were found, the CEO spoke with the CD about moving them and removing their belongings. -Agreed with their decision. -Was aware it was not all twelve cutting, but not sure how many. -After search and nothing found, decision was made to take all items. -She and the CEO went back on the unit to 	V 503		

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V 503	<p>Continued From page 21</p> <p>explain their decision and safety reasons along with when their items would be returned.</p> <ul style="list-style-type: none"> -They were told they would receive an item each day, "not sure if they did?" -Did not recall any behaviors on the hall. -The treatment team would discuss when the staff could give the clients back their items. -Not sure of how long the items had been taken during that time. -Had heard the items were mixed up in the bin room, had not heard of anything missing. <p>Interview on 7/7/21 the CEO stated:</p> <ul style="list-style-type: none"> -A few weeks ago, Dr. #2 came down to let her know that the girls were under duress and were getting very loud. -Walked on the unit with Dr. #2 and the CD because they wanted to separate the girls because of the behaviors. -They were "loud and rambunctious." -They made the plan of who they were going to separate and placed them on two separate halls. -The treatment team had made decision and were in agreement to remove all the girls' items to get a hold of what was going on. -The treatment team consisted of, the Doctors, the Therapist, the CNO, the Program Director and the CD. -They took everything out of the rooms including books, stuffed animals and all clothes other than what they were wearing. -After items were removed the CD along with the team members were to reassess on a daily basis. -This should have been documented in their treatment plan. -They were to be given back two items a day until they received all of their items. -After the clients lost their items and were told they would be separated they did become disruptive. 	V 503		
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V 503	<p>Continued From page 22</p> <ul style="list-style-type: none"> -There was toilet paper on the walls, and other items thrown into the hall. -She immediately walked on the unit and started taking it down and the clients proceeded to help her. -Everyone had all their items returned within that following weekend of the incident. -Client #1 had told her she was missing items but this was not from when the items were removed. -Client #1 had given her a list of items of which they had searched for and could not locate. -Had let her and her family know they will replace those items. -Some things on her list were not on her initial inventory list at the time of admission. -Not heard of journals or work folders missing. -The item found was a piece of DVD located in client #7's desk. -Also found a staple in a clients' book. -"We couldn't be certain in any shape or form" what was in their rooms. -Looking back we should have searched everything and not taken the items. <p>Review on 7/7/21 of "Plan of Protection" dated 7/7/21 completed by the CEO revealed:</p> <ul style="list-style-type: none"> -"What immediate action will the facility take to ensure the safety of the consumer in your care?" 1. All contraband checks that occur will be documented in a search documentation form. 2. Contraband checks will be time limited with a start date and an end date and specific to the period for which contraband continues to be found and warranted by self harming behaviors that relate to the contraband. 3. Contraband searches will be initiated through the direction of the Physician/Provider. <p>-Describe your plans to make sure the above happens.</p>	V 503		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2021
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NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER-GARNER	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 WATERFIELD DRIVE GARNER, NC 27529
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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
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V 503	<p>Continued From page 23</p> <ol style="list-style-type: none"> 1. Physician/Provider order directing the search will be the time limited with a start date and an end date for searches. 2. Search documentation form will be in medical record and forwarded to Risk Manager. 3. Search documentation forms will be monitored, and number of searches performed will be reported out in QAPI." <p>Clients with diagnoses of MDD, ADHD, ODD, and Disruptive Mood Dysregulation disorder were subjected to a twice a day search that consisted of staff going through their personal items and leaving their items out for them to clean up. There was no evidence that lead to these daily searches and staff had been trained to complete these on their shifts. The Program Director trained employees to conduct these searches which did not follow the facility's policy in doing so. Twelve clients on the 300-400 hall had their rooms searched due to client #7 admitting she had a piece of DVD and had self harmed. Client #7 directed staff to the location she had hid the DVD and it was recovered. As a result all clients' rooms were searched and the CEO along with the Dr. #1, the CNO and the CD instructed staff to remove all their items from the room. Clients were only provided with a daily change of clothes and hygiene items in paper cups. The CEO stated the clients were to get two items back daily as they were assessed. During multiple interviews with staff and clients, this had not happened. No staff along with the Program Director and Therapist were aware of when and how clients were to receive their items. After the items were removed from the clients' rooms, they engaged in behaviors that lasted for three hours with them throwing their mattresses, soap and toilet paper down the hall. The clients went for almost two weeks before receiving all of their</p>	V 503		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2021
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NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER-GARNER	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 WATERFIELD DRIVE GARNER, NC 27529
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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
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V 503	Continued From page 24 items back and some clients had items missing that could not be located. The facility's failure to follow their own policy of search and seizure resulted in daily unwarranted searches and all twelve clients' personal items being removed causing aggressive behaviors was detrimental to their health, safety and welfare. 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 45 th day.	V 503		
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STRATEGIC
BEHAVIORAL CENTER

DHSR - Mental Health

AUG 6 2021

Lic. & Cert. Section

August 6, 2021

NCDHHS/DHSR
Kimberly Thigpen & Keisha Douglas
Facility Compliance Consultant I
1800 Umstead Drive
Williams Building
Raleigh, NC 27603

RE: Annual, Follow up and Complaint Survey Intake #: 00178774, 00178699, 00178447, 00177440, 00164658.

Dear Ms. Thigpen & Ms. Douglas:

Please see the enclosed Standard Level Plan of Correction and the Type B for the survey that was completed on 7/7/2021. Please don't hesitate to reach out if you have any additional questions.

Respectfully,

Evelyn Alsup, CEO

Evelyn Alsup
by Jeneka Parker

Enc: Plan of Correction

qsj