

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/19/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE GARDENS TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1958 TURNPIKE ROAD RAEFORD, NC 28376</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual, Follow-Up and Complaint survey was completed on August 19, 2021. Two complaints were substantiated (Intake #NC00178248 and #NC00178449). One complaint was unsubstantiated (Intake #NC00178138). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(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</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>MH/DD/SAS.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review 1 of 1 Qualified Professional (the Executive Director (ED)) failed to demonstrate the knowledge, skills and abilities required for the population served.</p> <p>On 6/18/21 an allegation made by Client #3 of verbal abuse by staff was reported to the ED.</p> <p>No internal investigation was completed and documented, and clients protected from the accused staff while the allegations were investigated.</p> <p>** Refer to tag V-132, G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY for specific details.</p>	V 109		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>(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:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		
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V 132	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interview and record review, facility failed to have evidence an alleged abuse was investigated, failed to protect a client from harm during the investigation and failed to report the allegations within five working days to Healthcare Personnel Registry (HCPR). The findings are:</p> <p>Review on 8/5/21 of Client #3's record revealed the following information: -- A 14 year old male admitted to the facility on 1/4/21. -- Diagnoses include Disruptive Mood Dysregulation Disorder, PTSD (Post Traumatic Stress Disorder), Conduct Disorder, ADHD (Attention Deficit Hyperactivity Disorder), Cannabis Use Disorder - Mild and Enuresis - Nocturnal Only.</p> <p>Review of documentation contained in the complaint, the client's LME/MCO (Local Management Entity/Managed Care Organization) Case Manager reported the following information: -- She completed a weekly virtual meeting with Client #3 on 6/18/21. -- Client #3 reported to her that two staff (Staff #1 and Staff #2) at the facility have made and continue to make derogatory comments toward clients at the facility. -- He named Staff #1 as the staff who has made the most comments over the past weeks. -- He said that staff have called the clients 'dogs' and referred to their rooms as 'dog kennels.' -- Staff referred to the clients as 'gay' and made negative comments about their families.</p>	V 132		

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V 132	<p>Continued From page 4</p> <p>-- Client #3 indicated that he has recorded some of these remarks on his MP3 player.</p> <p>-- Client #3 indicated that he has brought these concerns to other staffs' attention but it does not appear anything has been done and "he would like to see something done because it is not right."</p> <p>-- With Client #3's consent, the Case Manager spoke with the Assistant Clinical Director (ACD) on the same date (6/18/21) and shared the above information with her and informed her about the MP3 player with some of the recordings based on Client #3's report.</p> <p>-- Case Manager spoke with the ACD again on 6/22/21 to see if she has followed up on the concerns, and she said the Executive Director (ED) at the facility has the MP3 player but the button on it is broken and they have not been able to listen to it.</p> <p>-- Case Manager asked what they are going to do to address the concerns and she (the ACD) said they will speak with the staff in supervision and if the comments continue then it could lead to the staff's termination.</p> <p>Interview on 8/4/21 with the Executive Director (ED) revealed there were no internal investigations that he had investigated.</p> <p>Interview on 8/5/21 with the Assistant Clinical Director (ACD) revealed the following information:</p> <p>-- She was aware of the allegations made by Client #3.</p> <p>-- Client #3's MP3 player was not able to operate as there was a button broken off and missing.</p> <p>-- No one was able to listen to what Client #3 alleges that he recorded.</p> <p>-- The MP3 players that were issued to the clients prior to this issue were able to record.</p> <p>-- This fact was unknown by any staff.</p>	V 132		

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V 132	<p>Continued From page 5</p> <p>-- The facility has removed all of the MP3 players issued to clients with the capability of recording, and the clients have been given new MP3 players that do not have a record option.</p> <p>-- The person who would have completed the internal investigation was the Director of Operations.</p> <p>-- There was nothing that she knew of in written form addressing the issues identified.</p> <p>Interview on 8/5/21 with the ED revealed the following information:</p> <p>-- Staff #1 was moved to the sister facility next door to this facility.</p> <p>-- Staff #2 was dealt with regarding the allegations in a supervision meeting conducted by him.</p> <p>-- He did not do a formal internal investigation.</p> <p>-- He would obtain documentation of the supervision meeting with Staff #2.</p> <p>Interview on 8/16/21 with the Director of Operations revealed the following information:</p> <p>-- There was not any formal documentation of an internal investigation regarding the allegations.</p> <p>-- He understood that the ED had dealt with the issue with Staff #2 through a supervision meeting.</p> <p>-- It would have been the ED's responsibility to gather information and document the same.</p> <p>-- He would have the ED fax me the documentation of that meeting.</p> <p>No documentation regarding any internal investigation nor documentation of any supervision meeting addressing the verbal abuse of Client #3 was received by exit date of this survey (8/19/21).</p> <p>Review on 8/5/21 of the staff schedule for the time period on 6/27/21 through 7/21/21 revealed</p>	V 132		

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V 132	Continued From page 6  the following information: -- Staff #1 worked at the facility on second shift after the ACD and the ED were made aware of the allegations by Client #3 on 6/28/21, 6/29/21, 7/1/21, 7/2/21 and on 7/3/21. This staff was also scheduled as the On-Call staff (would have to work the second shift if any of the scheduled staff could not work or did not come in for their scheduled shift) on 6/27/21 and 6/30/21. -- Staff #2 worked at the facility on second shift after the ACD and the ED were made aware of the allegations by Client #3 on 6/28/21, 6/29/21, 6/30/21 (third shift), 7/2/21, 7/4/21, 7/5/21, 7/6/21, 7/9/21, 7/10/21, 7/11/21, 7/14/21, 7/15/21, 7/19/21, 7/21/21, 7/23/21, 7/24/21, 7/26/21, 7/28/21 and 7/30/21 (19 shifts in a 26 day period). He was also scheduled as the On-Call staff on second or third shift on 7/1/21, 7/21/21 and 7/31/21.  Interview on 8/16/21 with the ACD revealed the following information: -- She confirmed that Staff #1 and Staff #2 continued to work in the facility following Client #3's allegation on 6/18/21 of verbal abuse by these 2 staff. -- She confirmed Staff #2 continues to work in the facility with Client #3 despite his allegations. -- The allegation was not reported to the HCPR as it was her understanding that the ED handled the situation. -- She confirmed that nothing was put into place to protect this client and the other clients from further verbal abuse by Staff #1 and Staff #2 following the above allegations reported on 6/18/21.	V 132		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff	V 315		

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V 315	<p>Continued From page 7</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(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.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(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.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide 24 hour on-sight coverage by a Registered Nurse (RN). The findings are:</p> <p>Review on 8/4/21 of Hope Gardens Treatment Center facility file revealed a Waiver request and approval for: "10A NCAC 27G .1902 (e) the Psychiatric Residential Treatment Facility (PRTF) shall provide 24 hour on-site coverage by a Registered Nurse." -- These waiver requests were granted due to difficulty of the facility to identify and hire RNs in the immediate area. -- The waiver requests identify that a Licensed</p>	V 315		



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V 315	<p>Continued From page 8</p> <p>Practical Nurse (LPN) could be utilized to cover for RN coverage. -- These requests were granted for the years of 2012 and 2013.</p> <p>Review on 8/5/21 of the LPN #1's personnel file revealed that she was hired on 11/1/13 to work at a sister facility operated by the same company. This sister facility closed and she transferred to Hope Garden Treatment Center to work on 10/25/15.</p> <p>Interview on 8/5/21 with the Executive Director revealed the following information: -- The Nurses work 12 hour shifts, from 7 am to 7 pm, and 7 pm to 7 am. -- There is 1 nurse on each shift. -- He was unaware of the requirement of a waiver to cover part of a 24 hour shift with an LPN. -- He was unable to state how long the LPN had been working in the role of an RN per the waiver.</p> <p>Review on 8/5/21 of the facilities Nurse schedule for July 2021 revealed that the LPN worked by herself on the 7 pm to 7 am shift on July 2, 3, 4, 7, 8, 12, 13, 16, 17, 18, 21, 22, 26, 27, 30 and the 31st.</p>	V 315		