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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		mhl049-098	B. WING		10/06/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
STICKNE	Y HOUSE		KWELL LOOP SVILLE, NC 281	15		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 000	00 INITIAL COMMENTS		V 000			
	on 10/6/21. Deficienci	d for the following service 27G 1700 Residential				
V 114	AND SUPPLIES (a) A written fire plant area-wide disaster plath shall be approved by authority. (b) The plan shall be rand evacuation procesposted in the facility. (c) Fire and disaster dishall be held at least or repeated for each shift under conditions that shall be sh	TEMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff dures and routes shall be rills in a 24-hour facility	V 114			
	facility failed to hold fir quarterly on each shift Interview on 10/5/21 v Professional (AP) reve -The staff worked 3 sh	ws and interviews, the re and disaster drills t. The findings are: with the Associate ealed:		RECEIVED OCT 1 8 2021 DHSR-MH Licensure Se	ct	

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

TITLE

(X6) DATE

SLK811

PRINTED: 10/07/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING mhl049-098 10/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP STICKNEY HOUSE MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 114 V 114 Continued From page 1 -It was her responsibility to ensure that fire and disaster drills were completed as required; -She was aware that drills were required to be completed on each shift every quarter; -She was aware that fire and disaster drills had not been completed as required and contributed it to forgetfulness. Review on 10/5/21 of the completed fire drills for the time period of October 2020 - September 2021 revealed: -There was no documentation that drills were completed during the quarter of October 2020 -December 2020: -There was no documentation that drills were completed on 1st or 2nd shifts for the quarter of January 2021 - March 2021; -There was no documentation that drills were completed on 2nd or 3rd shifts for the quarters of April 2021 - June 2021 and July 2021 -September 2021. Review on 10/5/21 of the completed disaster drills for the time period of October 2020 - September 2021 revealed: -There was no documentation that drills were completed during the quarters of October 2020 -December 2020 and January 2021 - March 2021: -There was no documentation that drills were completed on 2nd or 3rd shifts for the guarters of

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April 2021 - June 2021 and July 2021 -

Interview on 10/6/21 with client #2 revealed: -She was admitted to the facility on 7/23/21; -She had never participated in a fire or disaster

Interview on 10/6/21 with client #3 revealed: -She was admitted to the facility on 4/6/21;

September 2021.

drill at the facility.

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		mhl049-098	B. WING		1	R 06/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST.	ATE, ZIP CODE		
STICKNEY HOUSE 120 ROCKWELL						
			/ILLE, NC 281	15		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 114	Continued From page	2	V 114			
	Continued From page 2 -She had never participated in a fire or disaster drill at the facility. Interview on 10/6/21 with staff #1 revealed: -She worked either 1st or 2nd shifts at the facility; -She was unable to remember the last time she had participated in a fire or disaster drill at the facility but knew, "the last one has been a while." Interview on 10/6/21 with staff #2 revealed: -She was transferred to the facility from a sister facility approximately 9 months prior; -She had participated in 1 fire and 1 disaster drill since she was transferred; -She didn't like conducting drills during 3rd shift"I don't want to wake them (clients) up in the middle of the night;" -She was aware that drills were required to be completed quarterly on each shift;					
	-"We kind of neglect it	(drills)."				
V 296	27G .1704 Residentia Staffing	I Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the facili times. (b) The minimum num required when children present and awake is (1) two direct ca one, two, three or four (2) three direct of for five, six, seven or eadolescents; and	sional shall be available by direct care staff shall be ty within 30 minutes at all on the property of direct care staff or adolescents are as follows: In estaff shall be present for children or adolescents; care staff shall be present				

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R B. WING 10/06/2021 mhl049-098 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP STICKNEY HOUSE MOORESVILLE, NC 28115 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 296 Continued From page 3 V 296 nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: two direct care staff shall be present and one shall be awake for one through four children or adolescents; two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and 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. (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. (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. This Rule is not met as evidenced by: Based on record review, interviews, and observations, the facility failed to ensure two direct care staff were present for one child or

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adolescent. The findings are:

Observations on 10/5/21 from approximately

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl049-098	B. WING		R 10/06/2021		
			DDRESS, CITY, STATE, ZIP CODE				
STICKNEY HOUSE			WELL LOOP VILLE, NC 28115				
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 296	9:15am - 12:30pm rev Associate Professional individuals present at Review on 10/5/21 of -An admission date of -An age of 17 years of -Diagnoses included F Disorder, Cyclothymia Interview on 10/6/21 vr -There was typically 1 while the other clients -Occasionally, she was facility or a staff from a sand during those times but that did not occur. Interview on 10/5/21 vr -She was aware that the present when clients vr -There had previously the facility"because she to do there."	realed client #1 and the al (AP) were the only 2 the facility. client #1's record revealed: 3/5/21; Id; Post Traumatic Stress a, and Anxiety. with client #1 revealed: staff with her at the facility were at school; s transported to a sister a sister facility was present so, there were 2 staff present routinely. with the AP revealed: wo staff were required to be were in the facility; been an additional staff at a to go to a sister had some paperwork stuff with the Qualified wo staff were required to be	V 296				

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Plan of Correction October 2021 Stickney House

Violation and Rules:

V114: 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 approved 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 under conditions that simulate fire emergencies.
- (d) Each facility shall have basic first aid supplies accessible for use.

RDC Violation:

This Rule is not met as evidenced by: V 114 Based on record reviews and interviews, the facility failed to hold fire and disaster drills quarterly on each shift. The findings are: Interview on 10/5/21 with the Associate Professional (AP) revealed: -The staff worked 3 shifts 7 days a week; -She had been employed as the AP since May 2021; -It was her responsibility to ensure that fire and disaster drills were completed as required; -She was aware that drills were required to be completed on each shift every quarter; -She was aware that fire and disaster drills had not been completed as required and contributed it to forgetfulness. Review on 10/5/21 of the completed fire drills for the time period of October 2020 - September 2021 revealed: -There was no documentation that drills were completed during the quarter of October 2020 - December 2020; -There was no documentation that drills were completed on 1st or 2nd shifts for the quarter of January 2021 - March 2021; -There was no documentation that drills were completed on 2nd or 3rd shifts for the quarters of April 2021 - June 2021 and July 2021 - September 2021. Review on 10/5/21 of the completed disaster drills for the time period of October 2020 - September 2021 revealed: -There was no documentation that drills were completed during the quarters of October 2020 - December 2020 and January 2021 - March 2021; -There was no documentation that drills were completed on 2nd or 3rd shifts for the quarters of April 2021 - June 2021 and July 2021 - September 2021. Interview on 10/6/21 with client #2 revealed: -She was admitted to the facility on 7/23/21; -She had never participated in a fire or disaster drill at the facility. Interview on 10/6/21 with client #3 revealed: -She was admitted to the facility on 4/6/21; -She had never participated in a fire or disaster drill at the facility. Interview on 10/6/21 with staff #1 revealed: -She worked either 1st or 2nd shifts at the facility; -She was unable to remember the last time she had participated in a fire or disaster drill at the facility but knew, "the last one has been a while." Interview on 10/6/21 with staff #2 revealed: -She was transferred to the facility from a sister facility approximately 9 months prior; -She

had participated in 1 fire and 1 disaster drill since she was transferred; -She didn't like conducting drills during 3rd shift..."I don't want to wake them (clients) up in the middle of the night;" -She was aware that drills were required to be completed quarterly on each shift; -"We kind of neglect it (drills)."

Solution: In accordance to 10A NCAC 27G .0207 Emergency Plans and Supplies, Rockwell Development Center will ensure that quarterly fire and disaster drills are performed and documented for each shift represented in a 24-hour facility. Rockwell Development Center will send out quarterly reminders to all Associate Professionals as a way to ensure completion.

This deficiency has been corrected by placing the fire and disaster tracking logs into the facilities D.O.G. (Daily Operations Guide) with marked year, month, day, time, shift, and personnel the emergency drill was performed. This form shall be easily accessible to all direct care staff for review. This will be reviewed by management monthly during treatment team meetings. Management spoke to AP regarding this rule and ensure AP was aware, reminded, and provided a counseling statement for the lack of compliance in the matter.

V296: 10A NCAC 27G .1704 Residential Tx. Child/Ado. Minimal 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 for four, six, seven, or eight children or adolescents; and 3. four direct care staff shall be present for nine, ten, eleven, or twelve children or adolescents.
- (C) The minimum number of direct care staff during child or adolescents sleep hours is as follows: 1. two direct are staff shall be present and one shall be awake for one through four children or adolescents; 2. two direct care staff shall be present and both shall be awake for five through eight children or adolescents; 3. three direct care staff shall be present of which two shall be present of which two shall be awake and the third may be asleep or nine, ten, eleven, or twelve children or adolescents
- (d) In addition to 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.
- (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.

RDC Violation: b 1-3

This Rule is not met as evidenced by: Based on record review, interviews, and observations, the facility failed to ensure two direct care staff were present for one child or adolescent. The findings are:

Observations on 10/5/21 from approximately 9:15am - 12:30pm revealed client #1 and the Associate Professional (AP) were the only 2 individuals present at the facility. Review on 10/5/21 of client #1's record revealed: -An admission date of 3/5/21; -An age of 17 years old; -Diagnoses included Post Traumatic Stress Disorder, Cyclothymia, and Anxiety. Interview on 10/6/21 with client #1 revealed: - There was typically 1 staff with her at the facility while the other clients were at school; -Occasionally, she was transported to a sister facility or a staff from a sister facility was present and during those times, there were 2 staff present but that did not occur routinely. Interview on 10/5/21 with the AP revealed: - She was aware that two staff were required to be present when clients were in the facility; -There had previously been an additional staff at the facility but she had to go to a sister facility..."because she had some paperwork stuff to do there." Interview on 10/6/21 with the Qualified Professional revealed: -She was aware that two staff were required to be present when clients were in the facility; -Client #1 was left with one staff when staff from a sister facility had to transport another client to an appointment.

Solution: In accordance to 10A NCAC 27G .1704 Minimal Staffing Requirements, Rockwell Development Center will ensure that when children or adolescents are present in the facility the staff to client ratio is in congruence with the NCAC 27G .1704 Rule of Minimum Staffing Requirements.

This deficiency has been corrected by ensuring the staffing schedule reflects which direct care staff member is to report to the facility to ensure compliance. In addition, the qualified professional will remain available by telephone or page to ensure compliance with said rule. Management spoke to QP and AP regarding this rule and ensure they were aware, reminded, and provided a counseling statement for their lack of compliance in the matter.