

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/06/2021
NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/6/21. 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 record reviews and interviews, the facility failed to hold fire and disaster drills quarterly on each shift. The findings are:</p> <p>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;</p>	V 114		

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OCT 18 2021
DHSR-MH Licensure Sect

Division of Health Service Regulation
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>-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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 10/6/21 with client #3 revealed: -She was admitted to the facility on 4/6/21;</p>	V 114		

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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 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 for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for	V 296		

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V 296	<p>Continued From page 3</p> <p>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 review, interviews, and observations, the facility failed to ensure two direct care staff were present for one child or adolescent. The findings are:</p> <p>Observations on 10/5/21 from approximately</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>9:15am - 12:30pm revealed client #1 and the Associate Professional (AP) were the only 2 individuals present at the facility.</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>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.</p>	V 296		



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 care 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.