

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/27/2021
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NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1024 JUNIUS STREET GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 27, 2021. The complaint was unsubstantiated (intake # NC 00182136). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</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> <ol style="list-style-type: none"> 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. 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. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged</p>	V 132		

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

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V 132	<p>Continued From page 1</p> <p>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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify the Department of all allegations against health care personnel affecting 1 of 3 audited staff (Staff #2). The findings are:</p> <p>Review on 10/25/21 of Client #1's record revealed: -Admitted 10/26/20; -14 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, Disruptive Mood Dysregulation Disorder.</p> <p>Review on 10/26/21 of the facility's Incident Reports revealed: -An incident report through the North Carolina Incident Response Improvement System (NC IRIS) dated 1/1/0001 regarding an incident involving Client #1 on 9/24/21. There was limited</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>information available from the incident report.</p> <p>Interview on 10/26/21 with the NC IRIS Administrator revealed: -The incident involved an allegation of abuse made by Client #1 on 9/24/21; -There was no notification to Health Care Personnel Registry regarding the allegation; -The incident report through NC IRIS was created but not submitted.</p> <p>Interview on 10/27/21 with the Executive Administrator revealed: -Was not aware the incident report was created in NC IRIS but not submitted.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 132		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p>	V 296		

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V 296	<p>Continued From page 3</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 interview, record review, and observation, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 10/25/21 at approximately 3:25pm revealed:</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>-No answer at the door to the facility; -Within minutes, one staff member (Staff #1) arrived at the facility with four clients in a white van.</p> <p>Review on 10/25/21 of Client #1's record revealed: -Admitted 10/26/20; -14 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, Disruptive Mood Dysregulation Disorder.</p> <p>Review on 10/25/21 of Client #2's record revealed: -Admitted 4/1/21; -11 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and Unspecified Anxiety Disorder.</p> <p>Review on 10/25/21 of Client #3's record revealed: -Admitted 4/2/20; -15 years old; -Diagnosed Post-Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Interview on 10/25/21 with Staff #1 revealed: -He was the only staff working currently with four clients at the facility.</p> <p>Interviews on 10/25/21 with Clients #1, #2, and #3 revealed: -Only one staff (Staff #1) was currently working with four clients present at the facility; -Usually two staff worked per shift.</p> <p>Interview on 10/27/21 with Executive Administrator revealed:</p>	V 296		

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V 296	Continued From page 5 -There should have been two staff working each shift; -Will immediately investigate why there was only one staff at the facility during the visit. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 296		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider	V 367		

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V 367	<p>Continued From page 6</p> <p>shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to complete all level III incident reports to the LME responsible for the catchment area where services are provided affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 10/25/21 of Client #1's record revealed: -Admitted 10/26/20; -14 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, Disruptive Mood Dysregulation Disorder.</p> <p>Review on 10/26/21 of the facility's Incident Reports revealed: -An incident report through the North Carolina Incident Response Improvement System (NC IRIS) dated 1/1/0001 regarding an incident involving Client #1 on 9/24/21. There was limited</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>information available from the incident report.</p> <p>Interview on 10/26/21 with the NC IRIS Administrator revealed: -The incident involved an allegation of abuse made by Client #1 on 9/24/21; -The incident report through NC IRIS was created but not submitted.</p> <p>Interview on 10/27/21 with the Executive Administrator revealed: -Was not aware the incident report was created in NC IRIS but not submitted.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		