

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-870	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/18/2021
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NAME OF PROVIDER OR SUPPLIER UNC HEALTH CARE FACILITY BASED CRISIS /	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SUNNYBROOK ROAD, SUITE A RALEIGH, NC 27610
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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
V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Complaint Survey was completed October 18, 2021. The complaint was unsubstantiated (Intake #180776). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Services for all Disability Groups.</p>	V 000		
V 269	<p>27G .5001 Facility Based Crisis - Scope</p> <p>10A NCAC 27G .5001 SCOPE</p> <p>(a) A facility-based crisis service for individuals who have a mental illness, developmental disability or substance abuse disorder is a 24-hour residential facility which provides disability-specific care and treatment in a non-hospital setting for individuals in crisis who need short-term intensive evaluation, or treatment intervention or behavioral management to stabilize acute or crisis situations.</p> <p>(b) This facility is designed as a time-limited alternative to hospitalization for an individual in crisis.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure disability-specific treatment was provided to meet the treatment needs of one of three audited clients (#2). The findings are:</p> <p>Review on 10/14/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/28/21 and then discharged to local hospital. Readmitted 7/8/21 - Diagnoses: Several major depressive disorder with psychotic features, Diabetes, hip 	V 269		

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

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V 269	<p>Continued From page 1</p> <p>pain, alcohol use Disorder, Neuropathy and history of gastric neuropathy</p> <ul style="list-style-type: none"> - Assessment dated 6/30/21 completed by medical history that included Multiple Sclerosis (MS). Noted upon discharge, recommend client follow up with Neurologist <p>Interview on 10/13/21, client #2 reported:</p> <ul style="list-style-type: none"> - "17 weeks" was how long he had been admitted to the facility - Since his admission, he had some symptoms related to his MS once or twice - MS impacted his train of thought and speech, felt numbness or had difficulty getting out of bed/ putting up a tray - He was prescribed Copaxon for his MS. - He was not given Copaxon since his admission as the facility did not supply the medication. - Prior to his admission he was robbed. His identification and other information was stolen. He was not able to access his bank or funds. He was not given Copaxon because he did not have money or access to money. - He and his counselor had made attempts to secure his identification and birth certificate from out of state. <p>Interview on 10/14/21, the on call nurse supervisor reported:</p> <ul style="list-style-type: none"> - Average stay of the client was 3-7 days depending on needs - Client #2 had been admitted and remained as housing, guardianship and finances were reasons for his extended stay at the facility. However, his Social Worker/Counselor had been working with him to resolve those issues. <p>Interview on 10/14/21, the on call physician reported:</p>	V 269		

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V 269	<p>Continued From page 2</p> <ul style="list-style-type: none"> - She was familiar with client #2 and often spoke to him - His memory or recollection of events were not always accurate - Clients did not have to pay out of pocket for medications. However, there could be concern of starting a medication a client was not financially stable to continue upon discharge. - The hospital would have provided Copaxon for client #2 but he had not received that medication in years - His admission assessment indicated upon discharge, he was to follow up with his Neurologist regarding his MS diagnosis - As he had been admitted longer than expected, no follow up or appointment had been made regarding his MS. - She would order a telehealth appointment for him. This was an "oversight." 	V 269		