

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed 11/23/21. The complaint (Intake # NC00182052) was unsubstantiated. 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (#5, #6, #7) received training to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Review on 11/16/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 11/10/21 - Age: 13 - Diagnoses: Conduct Disorder, Childhood Onset Type, Attention-Deficit Hyperactivity Disorder (ADHD), Combined Type, Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse and Encounter for Mental Health Services for Victim of Child Sexual Abuse by Parent <ul style="list-style-type: none"> - Treatment plan goal #3 from previous placement identified as goals for current facility signed 11/3/21: "[Client #1] will refrain and display "Zero Occurrences" of Involvement in problematic sexual behaviors which manifest as: <ol style="list-style-type: none"> a). Victimized younger brothers b). Engaging in sex act (including penetration) with family dog c). Distorted beliefs about sex framed by secrecy and manipulation d). Taught at a early age that it was ok to engage in illicit sexual activity as long as he didn't get caught e). Exhibiting sexual behaviors' towards peers at 	V 108		

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V 108	<p>Continued From page 2</p> <p>school, and</p> <p>f). Sneaking on the internet and bypassing security settings to access child pornography on school laptop that was not connected to the internet by demonstrating knowledge of appropriate and healthy sexuality for adolescents on a daily basis for the next 60 days as evidence by Self-reports, School reports, Level III Residential Staff reports and his Legal Guardian's reports while receiving therapeutic leave."</p> <p>A. Review on 11/16/21 of staff #5's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 6/27/19 - No training in dealing with adolescents with sexually aggressive behavior. <p>Interview on 11/16/21 staff #5 reported:</p> <ul style="list-style-type: none"> - No training in dealing with adolescents with sexually aggressive behavior. - Worked first shift <p>B. Review on 11/16/21 of staff #6's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/1/17 - No training in dealing with adolescents with sexually aggressive behavior. <p>Interview on 11/18/21 staff #6 reported:</p> <ul style="list-style-type: none"> - They have various trainings during their monthly staff meetings. <p>C. Review on 11/16/21 of staff #7's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 8/28/16 - No training in dealing with adolescents with sexually aggressive behavior. <p>Interview on 11/16/21 the Qualified Professional (QP) reported:</p>	V 108		

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V 108	<p>Continued From page 3</p> <ul style="list-style-type: none"> - They have monthly staff meetings where training topics are presented. - They have had sexually aggressive behavior training, crisis intervention training and training on self injurious behaviors. - He was unable to provide training dates for the sexually aggressive behavior, crisis intervention training and training on self injurious behaviors. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - "They haven't had much sexual aggressor training, but planned to add it as soon as possible." - The facility's Nonviolent Crisis Intervention (NCI) Trainer was approached to facilitate sexually aggressive behavior training. - There is no date scheduled for the sexual predator training. <p>Review on 11/16/21 of Monthly Staff Meeting Minutes from January 2021-October 2021 revealed:</p> <ul style="list-style-type: none"> - No sexual aggressor training 	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</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</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <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 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 observation, record review and interview, the facility failed to ensure 1 of 1 Qualified Professional (QP) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Interview between 11/16/21-11/17/21 the QP reported: - Hire date: 6/2012</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>Review on 11/17/21 of the QP's Job Description revealed:</p> <ul style="list-style-type: none"> - "Duties include: schedule staff for the residence and ensure that all shifts are covered, while keeping overtime to a minimum." - "Ensure that the home is a clean, safe, the therapeutic environment." - "Monitor licensing checklist on a weekly basis." - Education and training of Para-Professionals, Associate Professional and Qualified Professionals and others who have a legitimate role on addressing the needs identified in the Person Centered Plan. <p>Review on 11/22/21 of the facility's Staffing Schedule revealed:</p> <ul style="list-style-type: none"> - QP was scheduled on site Monday, Tuesday, Thursday and Friday 8 am-6 pm; Wednesday 8-12pm. <p>Review on 11/16/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 11/10/21 - Age: 13 - Diagnoses: Conduct Disorder, Childhood Onset Type, Attention-Deficit Hyperactivity Disorder (ADHD), Combined Type , Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse and Encounter for Mental Health Services for Victim of Child Sexual Abuse by Parent <p>Review on 11/16/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 2/19/21 - Age: 13 - Diagnoses: Post Traumatic Stress Disorder (PTSD), ADHD, Unspecified Disruptive 	V 109		

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V 109	<p>Continued From page 6</p> <p>Disorder, Impulse Control Disorder and Unspecified Anxiety Disorder</p> <p>Review on 11/16/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 7/7/21 - Age: 8 - Diagnoses: PTSD, Disruptive Mood Dysregulation, ADHD-combined type, Borderline Intellectual Functioning, other development disorders, and speech/language disorder <p>A. Examples the QP failed to ensure minimum staffing ratios.</p> <p>Review on 11/17/21 of the facility's Level III Operations Manual ("OpsManual") revealed:</p> <ul style="list-style-type: none"> - "Para Professionals (as defined by 10A NCAC 27G .0104) 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." <p>1. Review on 11/17/21 of client #4's Incident Report Progress Note revealed:</p> <ul style="list-style-type: none"> - "On 11/12/2021 consumer was being redirected to discontinue using verbal and physical aggression towards his peer [client #2]. Staff separated consumer instructed consumer to ignore his peer and continue completing his pm responsibilities with no further problems." - The Incident Report Progress Note was completed and signed by staff #6. <p>Interview on 11/16/21 client #1 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation between client #2 and client #4 on 11/12/21. - Staff #6 was working by herself during the incident. 	V 109		

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V 109	<p>Continued From page 7</p> <p>Interview on 11/17/21 client #2 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation in which client #4 attacked him on 11/12/21. - Staff #6 was working that shift by herself when the incident occurred. <p>Interview on 11/17/21 client #4 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation with client #2 but he was not sure of when it occurred. - Staff #6 was working by herself. <p>Interview on 11/18/21 staff #6 reported:</p> <ul style="list-style-type: none"> - She was the only staff member in the facility between 4:00-9:30 pm when staff #8 arrived on 11/12/21. - Staff #8 had called to inform her he would be late on shift as he had a family emergency. - She was told by staff #8 that he had informed the QP that he would be late. - She did not contact the QP about being the only staff member on duty. - The physical altercation between client #2 and client #4 occurred between 7:15 pm and 7:30 pm. <p>2. Observation on 11/16/21 from 9:30-11:00 am revealed one staff (#5) with one client (client #1) at the facility.</p> <p>Interview on 11/16/21 staff # 5 reported:</p> <ul style="list-style-type: none"> - Was at the home with client #1 as he was a new admission and was not registered in school yet. <p>Interview between 11/16/21-11/23/21 the QP reported:</p> <ul style="list-style-type: none"> - Staffing ratios for the facility were 2 clients to 1 staff. - He had not read the program rules. 	V 109		

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V 109	<p>Continued From page 8</p> <ul style="list-style-type: none"> - He was unaware of the 2 staff requirement for up to four clients at all times. - He was aware that staff sometimes worked by themselves. - He was unaware that staff #6 worked by herself during the incident on 11/12/21 with client #2 and client #4. - He was aware that client #1 was at the facility on 11/16/21 with only one staff as client #1 was admitted on 11/10/21 and was not registered for school yet. - He was responsible for developing the staffing schedule. - He scheduled staff #5 with client #1 by herself during first shift as he was unaware that 2 staff were required at all times. - He fills in for staff when they "call out." - He was aware of the repairs needed in the home and reported that the facility was in the process of making the repairs. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - The facility QP was responsible for the facility schedule. - The schedule did not change that often. - The QP was responsible for facility coverage if staff "call out." - She was unaware that facility staff worked alone during any shift. <p>B. Example the QP failed to report in the Incident Reporting Information System (IRIS).</p> <p>Refer to V367 for specific details of client #4's elopement incident.</p> <ul style="list-style-type: none"> - Two or three weeks ago, client #4 ran into the woods. - The Police were called to assist in locating client #4. 	V 109		

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V 109	<p>Continued From page 9</p> <p>Review on 11/17/21 of the IRIS revealed:</p> <ul style="list-style-type: none"> - No entries submitted for the elopement of client #4. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - The facility QP is responsible for submitting level II incident reports. - She was unaware that the report had not been submitted. <p>Interview on 11/17/21 the QP reported:</p> <ul style="list-style-type: none"> - A facility incident report was completed by staff #5. - Staff #5 documented the incident in client #4's facility Incident Report Progress Note. <p>C. Example the QP failed to ensure that staff were trained in client specific needs.</p> <p>Interview on 11/16/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - They admitted a client (client #1) with a history of sexually aggressive behavior on 11/10/21. - They have monthly staff meetings where training topics are presented. - They have had sexually aggressive behavior training, crisis intervention training and training on self injurious behaviors. - He was unable to provide training dates for the sexually aggressive behavior, crisis intervention training and training on self injurious behaviors. <p>Review on 11/16/21 of staff #5, #6, and #7 records revealed:</p> <ul style="list-style-type: none"> - No sexually aggressive behavior training. 	V 109		

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V 109	<p>Continued From page 10</p> <p>Interview on 11/16/21 staff #5 reported:</p> <ul style="list-style-type: none"> - No training in dealing with adolescents with sexually aggressive behavior. - Worked first shift. <p>Interview on 11/18/21 staff #6 reported:</p> <ul style="list-style-type: none"> - They have various trainings during their monthly staff meetings, but she did not remember when they had sexually aggressive behavior training. - Worked second shift. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - "They haven't had much sexual aggressor training, but planned to add it as soon as possible." - The facility's Nonviolent Crisis Intervention (NCI) Trainer was approached to facilitate sexually aggressive behavior training. - There is no date scheduled for the sexual predator training. <p>Review on 11/16/21 of Monthly Staff Meeting Minutes from January 2021-October 2021 revealed:</p> <ul style="list-style-type: none"> - No sexual aggressor training 	V 109		
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</p>	V 296		

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V 296	<p>Continued From page 11</p> <p>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> <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>	V 296		

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V 296	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to provide the minimum number of direct care staff required. The findings are:</p> <p>Review on 11/16/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 11/10/21 - Age: 13 - Diagnoses: Conduct Disorder, Childhood Onset Type, Attention-Deficit Hyperactivity Disorder (ADHD), Combined Type , Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse and Encounter for Mental Health Services for Victim of Child Sexual Abuse by Parent <p>Review on 11/16/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 2/19/21 - Age: 13 - Diagnoses: Post Traumatic Stress Disorder (PTSD), ADHD, Unspecified Disruptive Disorder, Impulse Control Disorder and Unspecified Anxiety Disorder <p>Review on 11/16/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 10/8/20 - Age: 12 - Diagnoses: Attention-deficit hyperactivity disorder combined, Oppositional defiant disorder, Autism Spectrum disorder and Learning Specific Learning Disorder with impairment in reading <p>Review on 11/16/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 7/7/21 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
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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 296	<p>Continued From page 13</p> <ul style="list-style-type: none"> - Age: 8 - Diagnoses: PTSD, Disruptive Mood Dysregulation, ADHD-combined type, Borderline Intellectual Functioning, other development disorders, and speech/language disorder <p>A. Observation on 11/16/21 from 9:30-11:00 am revealed one staff (#5) with one client (client #1) at the facility.</p> <p>Interview on 11/16/21 staff # 5 reported:</p> <ul style="list-style-type: none"> - She had worked at the home since September 2021. She had worked for the facility previously for about 2 years. - Was at the home with 1 client (#1) as he was a new admission and was not registered in school yet. <p>B. Review on 11/17/21 of client #4's Incident Report Progress Note revealed:</p> <ul style="list-style-type: none"> - "On 11/12/2021 consumer was being redirected to discontinue using verbal and physical aggression towards his peer [client #2]. Staff separated consumer and instructed consumer to ignore his peer and continue completing his pm responsibilities with no further problems." - The Incident Report Progress Note was completed and signed by staff #6. <p>Interview on 11/16/21 client #1 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation between client #2 and client #4 on 11/12/21. - Staff #6 asked him to assist her in de-escalating the physical altercation. - He assisted in separating the clients by holding the hands of client #2 while staff #6 escorted client #4 to his room. - Staff #6 was working by herself during the incident. 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
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V 296	<p>Continued From page 14</p> <p>Interview on 11/17/21 client #2 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation in which client #4 attacked him on 11/12/21. - Staff #6 was working that shift by herself when the incident occurred. - Staff #6 requested that client #1 assist with de-escalating the physical altercation. - Client #1 pulled him away from client #4. <p>Interview on 11/17/21 client #4 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation with client #2 but he was not sure of when it occurred. - Client #2 started the altercation. - Staff #6 was working by herself. - Client #1 was asked to intervene by staff #6. <p>Interview on 11/18/21 staff #6 reported:</p> <ul style="list-style-type: none"> - She was the only staff member in the facility between 4:00-9:30 pm when staff #8 arrived on 11/12/21. - Staff #8 had called to inform her he would be late on shift as he had a family emergency. - She was told by staff #8 that he had informed the Qualified Professional (QP) that he would be late. - She did not contact the QP about being the only staff member on duty. - The physical altercation between client #2 and client #4 occurred between 7:15 pm and 7:30 pm. - She requested that client #1 assist her by "standing" near client #2 as he appeared scared. - She did not request that client #1 hold either client. - She did not use a therapeutic hold on any clients during the incident and escorted client #4 to his room. - The incident was "very brief." 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 296	<p>Continued From page 15</p> <ul style="list-style-type: none"> - No clients were injured in the incident. <p>Interview on 11/17/21 the QP reported:</p> <ul style="list-style-type: none"> - He was aware of the "fight" between client #2 and client #4. - He was unaware that staff #6 was alone during the incident. - He was unaware of client #1's involvement in the de-escalation of the incident. - He was aware that staff #5 worked alone with client #1. - He reported the staffing ratio for the facility was 2 clients to 1 staff. - He was unaware that the facility required 2 staff for up to four clients at all times. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - She was unaware of the incident involving client #2 and client #4 - She was unaware that staff #6 worked alone during the incident. - She was unaware that client #1 was involved in the de-escalation of the incident. <p>Review on 11/17/21 of the facility's Plan of Protection dated 11/17/21 submitted and written by the Administrator Assistant revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?"</p> <ul style="list-style-type: none"> -There will always be two staff on every shift -If one staff call out the group home manager will fill the missing shift. -[The Administrator Assistant] will do random checks to assure all schedules are followed -All group home managers will turn in schedules weekly" <p>"Describe your plans to make sure the above</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 296	<p>Continued From page 16</p> <p>happens: -[Administrator Assistant] will complete random checks daily on each group home to assure that all policies are being followed and there are two staff at all times."</p> <p>The facility served four clients ranging in age from 8, 12 and 13 years old with diagnoses of ADHD, Autism and Oppositional Defiant Disorder, PTSD, Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse, Encounter for Mental Health Services for Victim of Child Sexual Abuse by Parent, along with Borderline Intellectual functioning and learning disabilities. There were several incidents where staff arrived on site late, or called out which resulted in one staff working the shift alone. During one of these incidents, client #2 and client #4 engaged in a physical altercation which resulted in staff #6 requesting client #1 to assist in the de-escalation of client #2 and #4. Client #1 physically pulled client #2 away from client #4 by holding his shoulders or arms while staff #6 physically took hold of client #4's hand. As client #1 was significantly larger in size than client #2 and client #4, this posed a risk of injury to both clients. Staff #6 was not able to manage the safety of the clients in the home by herself. These deficient practices were detrimental to the health, safety and welfare of the clients. This deficiency constitutes a Type B violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 296		
V 366	27G .0603 Incident Response Requirments	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 366	<p>Continued From page 17</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 366	<p>Continued From page 18</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to</p>	V 366		

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V 366	<p>Continued From page 19</p> <p>three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 11/16/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 11/10/21 - Age: 13 - Diagnoses: Conduct Disorder, Childhood Onset Type, Attention-Deficit Hyperactivity Disorder (ADHD), Combined Type , Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse and Encounter for Mental Health Services for Victim of Child Sexual Abuse by Parent 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 366	<p>Continued From page 20</p> <p>Review on 11/16/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 2/19/21 - Age: 13 - Diagnoses: Post Traumatic Stress Disorder (PTSD), ADHD, Unspecified Disruptive Disorder, Impulse Control Disorder and Unspecified Anxiety Disorder <p>Review on 11/16/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 7/7/21 - Age: 8 - Diagnoses: PTSD, Disruptive Mood Dysregulation, ADHD-combined type, Borderline Intellectual Functioning, other development disorders, and speech/language disorder <p>A. Review on 11/17/21 of client #4's Incident Report Progress Note revealed:</p> <ul style="list-style-type: none"> - "On 11/12/2021 consumer was being redirected to discontinue using verbal and physical aggression towards his peer [client #2]. Staff separated consumer and instructed consumer to ignore his peer and continue completing his pm responsibilities with no further problems." - The Incident Report Progress Note was completed and signed by staff #6. - No determination of the cause of the incident. - No corrective measures developed or implemented. - No measures developed to prevent similar incidents from occurring. - No responsible person identified for implementation of corrections and preventative measures. <p>Interview on 11/16/21 client #1 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation between 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 366	<p>Continued From page 21</p> <p>client #2 and client #4 on 11/12/21.</p> <ul style="list-style-type: none"> - Staff #6 asked him to assist her in de-escalating the physical altercation. - He assisted in separating the clients by holding the hands of client #2 while staff #6 escorted client #4 to his room. - Staff #6 was working by herself during the incident. <p>Interview on 11/17/21 client #2 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation with client #4 on 11/12/21. - Client #4 attacked him. - Staff #6 was working that shift by herself when the incident occurred. - Staff #6 requested that client #1 assist with de-escalating the physical altercation. - Client #1 pulled him away from client #4. <p>Interview on 11/17/21 client #4 reported:</p> <ul style="list-style-type: none"> - There was a physical altercation with client #2 but he was not sure of when it occurred. - Client #2 started the altercation. - Staff #6 was working by herself. - Client #1 was asked to intervene by Staff #6. <p>Interview on 11/18/21 staff #6 reported:</p> <ul style="list-style-type: none"> - She was the only staff in the facility at the start of her shift on 11/12/21. - Staff #8 had called to inform her he would be late on shift as he had a family emergency. - She was told by staff #8 that he had informed the Qualified Professional (QP) that he would be late. - She did not contact the QP about being the only staff member on duty. - The physical altercation between client #2 and client #4 occurred between 7:15 pm and 7:30 pm. 	V 366		

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V 366	<p>Continued From page 22</p> <ul style="list-style-type: none"> - She was the only staff member in the facility until 9:30 pm when staff #8 arrived. - She requested that client #1 assist her by "standing" near client #2 as he appeared scared. - She did not request that client #1 hold either client. - She did not use a therapeutic hold on any clients during the incident and escorted client #4 to his room. - The incident was very brief. - No clients were injured in the incident. <p>Interview on 11/23/21 the QP reported:</p> <ul style="list-style-type: none"> - He was not aware that staff #6 was the only staff working during the incident. - The incident was staffed with client #4's clinical team. - No corrective measures were identified or implemented after the incident. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - She was unaware of the incident on 11/12/21. - She was unaware staff #6 was alone during the incident. - She was unaware of any corrective measures put in place following the incident. <p>B. Review on 11/16/21 of facility records revealed no documentation of client #4's elopement.</p> <p>Interview on 11/16/21 staff # 5 reported:</p> <ul style="list-style-type: none"> - Two or three weeks ago, client #4 ran into the woods. - Client #4 returned to the facility in 40 seconds with some bricks. - Client #4 ran into the woods a second time. - Staff #5 contacted police to assist with 	V 366		

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V 366	Continued From page 23 locating and returning client #4. - She was concerned for client #4 as there were hunters in the woods as it was hunting season. - Police came on site. - Client #4 returned in 15 minutes without police assistance. Interview on 11/23/21 the QP reported: - The facility had alarms on exterior doors and all windows to alert when opened. - Interventions put in place after the elopement incident included the following: discussion with client #4's clinical team, verbal redirection and "keep client [#4] from leaving by locking all exterior doors."	V 366		
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;	V 367		

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V 367	<p>Continued From page 24</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider 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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
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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 367	<p>Continued From page 25</p> <p>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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report Level II incidents within 72 hours of becoming aware of the incident affecting one of five clients (#4). The findings are:</p> <p>Review on 11/16/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 7/7/21 - Age: 8 - Diagnoses: Post Traumatic Stress Disorder (PTSD), Disruptive Mood 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
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V 367	<p>Continued From page 26</p> <p>Dysregulation, Attention-Deficit Hyperactivity Disorder (ADHD) -combined type, Borderline Intellectual Functioning, other development disorders, and speech/language disorder</p> <p>Interview on 11/16/21 staff # 5 reported:</p> <ul style="list-style-type: none"> - Two or three weeks ago, client #4 ran into the woods. - Client #4 returned to the facility in 40 seconds with some bricks. - Client #4 ran into the woods a second time - Staff #5 contacted police to assist with locating and returning client #4 - She was concerned for client #4 as there are hunters in the woods as it was hunting season - Police came on site. - Client #4 returned in 15 minutes without police assistance. <p>Review on 11/17/21 of the Incident Reporting Information System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No entries submitted for the elopement of client #4. <p>Interview on 11/17/21 the Administrator Assistant reported:</p> <ul style="list-style-type: none"> - The facility Qualified Professional (QP) is responsible for submitting level II incident reports. - She was unaware that the report had not been submitted. <p>Interview on 11/17/21 the QP reported:</p> <ul style="list-style-type: none"> - A facility incident report was completed by staff #5. - Staff #5 documented the incident in client #4's facility Incident Report Progress Note. 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
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V 736 V 736	<p>Continued From page 27</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the home was maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 11/16/21 between 11:00am-12:00 pm revealed:</p> <ul style="list-style-type: none"> - Two light bulbs out over dining room table. - Two light bulbs out in over head family room light. - One light bulb out in overhead light in client #2's bedroom. - Wood floor planking popped up in client #2's bedroom. - Fist size hole in wall of client #3 and #4's shared bedroom. - Sides and front of the bottom dresser drawer were laying in pieces in the bottom of the dresser of client #3 and #4's dresser shared 	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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V 736	<p>Continued From page 28</p> <p>bedroom.</p> <ul style="list-style-type: none"> - Separated wood plank flooring in client #3 and #4's shared bedroom. - Door knob size hole behind the bathroom door where the knob was making contact in the wall of hallway bathroom. - Sink in the hallway bathroom did not drain after water faucet was turned on. - Client #1's bedroom had wood planking that was separated and popped up. - Closet door of client #1's bedroom was cracked on both sides halfway down the door. - Hall smoke alarm chirping. - Paint peeling on the wall of the "game room." <p>Interview on 11/16/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Division of Health Service Regulation Construction team had conducted a survey recently and the facility was in the process of making recommended repairs. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		