STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-011	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL HORIZONS CENTER, INC	615 SHIPYARD BLVD WILMINGTON, NC 28412

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on December 16, 2021. The complaint was unsubstantiated (intake #NC00178922). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G.3300 Outpatient Detoxification for Substance Abuse; 10A NCAC 27G. 3600 Outpatient Opioid Treatment; 10A NCAC 27G.3700 Day Treatment facilities for Individuals with Substance Abuse Disorders; 10A NCAC 27G.4400 Substance Abuse Intensive Outpatient Program. The survey sample consisted of audits of 25 current clients and 2 deceased clients. The client census at the time of the survey was 613.	V 000		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;	V 366		

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(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
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(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.
(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:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(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:
(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;

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V 366	Continued From page 2 (B) gather other information needed; (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 (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 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.	V 366		

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V 366	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level II incidents. The findings are: Requests on 12/16/21 for facility incident reports from September-December 2021 revealed no documented incident reports involving client #1 and police responses to the facility on 11/15/21 or 12/10/21. Review on 12/16/21 of client #1's record revealed: -38 year old male admitted 1/6/21. -Diagnoses included opioid use disorder, cocaine use disorder, alcohol use disorder, cannabis use disorder, sedative/hypnotic or anxiolytic use disorder, and post traumatic stress disorder. -Progress note dated 11/15/21 documented client #1 hit a car in the parking lot after he had received his daily dose of methadone 90 mg (milligrams). The owner of the car called police. When the police responded they arrested the client #1 because of an outstanding warrant. -Urine drug screen dated 11/15/21 was positive for benzodiazepine, cocaine, alcohol, gabapentin, and Fentanyl. -Nursing note dated 12/10/21 documented client #1 was impaired and not appropriate for dosing. Interview on 12/16/21 the Director of Nursing stated: -Client #1 had arrived for his dose around 6:30 am on 12/10/21. -The nurses saw he was impaired and would not administer his medication until he could be evaluated by a provider.	V 366		

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-The provider was not on site at that time so the client had to wait.
-Client #1's behavior escalated and staff called the police.
-The police responded and client was arrested and incarcerated for 3 days.

Interview on 12/15/21 counselor #1 stated:
-Local law enforcement had been called out to facility on at least two occasions.
-A male client may have been drinking while speeding through the facility parking lot on one of the occasions.
-Local emergency services were notified for another male client who required medical care. The client was not doing well.

Interview on 12/15/21 counselor #4 stated:
-Client #1 arrived for his dose impaired during the week of 12/06/21.
-Police were notified to prevent client #1 from leaving the facility in his vehicle.
-Police arrived at the facility and took client #1 into custody.

Interview on 12/15/21 licensed practical nurse (LPN) #6 stated:
-Client #1 arrived for his dose intoxicated during the week of 12/06/21.
-He presented with slurred speech and unsteady stance and was prevented from dosing.
-Police were notified as he attempted to leave the facility in his vehicle.
-Police arrived and prevented client #1 from leaving the facility parking lot impaired.

Interview on 12/16/21 the Program Director stated there were no level 2 incident reports when police responded to the facility due to client #1's behaviors on 11/15/21 and 12/10/21.

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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 shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable.	V 367		

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V 367	Continued From page 6 (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (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	V 367		

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V 367	Continued From page 7 (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. See Tag V366 for specifics. Review on 12/16/21 of the North Carolina Incident Response Improvement System (IRIS) website revealed no Level II incident reports had been submitted for incidents on 11/15/21 and 12/10/21 when police responded due to client #1's behaviors. Interview on 12/16/21 the Program Director stated there were no level 2 incident reports when police responded to the facility due to client #1's behaviors on 11/15/21 and 12/10/21. Refer to V366 for description of client #1's incidents on 11/15/21 and 12/10/21.	V 367		