

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual, follow-up and complaint survey was completed on December 13, 2021. The complaint was unsubstantiated (Intake #: NC00183168). 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 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol>	V 367		

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

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V 367	<p>Continued From page 1</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 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>	V 367		

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V 367	<p>Continued From page 2</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</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 record reviews and interview, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are:</p> <p>Review on 12/9/21 of Client #3's record revealed: -Admitted 10/26/20. -12 years old. -Diagnoses of Oppositional Defiant Disorder, Fecal Alcohol Syndrome, and Intellectual Development Disorder, mild.</p> <p>Review on 12/8/21 of facility incident reports for Client #3 from September 2021 to present revealed: 9/3/21 - level II - client was escalated pushed, hit and kicked two staff members, police were called, client calmed down.</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>10/1/21 - level II - client irate due to his cereal options. In staff office, flipped desk, tore papers, tossed vacuum cleaner across the room, hit and kicked staff. Police called - client able to calm down.</p> <p>10/9/21 - level II - client shoved and hit another resident repeatedly- caused hand print on the other client's back.</p> <p>Review on 12/8/21 of the Incident Response Improvement System (IRIS) did not reveal any incident reports for Client #3 from September 2021 to present.</p> <p>Interview on 12/9/21 with the Department of Mental Health IRIS lead via telephone revealed: -Client #3 was not found for any incident reports in IRIS.</p> <p>Interview on 12/13/21 with the Qualified Professional revealed: -He was currently responsible to review incident reports and make sure they were entered into IRIS if needed. -In September and October of this year the Associate Professional was responsible, however he no longer worked at the facility. -The above incidents for Client #3 should have been entered into IRIS.</p>	V 367		
V 736	<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>	V 736		

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V 736	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation and interview on 12/7/21 at 2:45 p.m. with the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-There were two shower stalls in the shower room- one was inoperable per Supervisor.</li> <li>-The operational shower had 3 tiles missing off the wall as entered the shower stall.</li> <li>-There were black substances along the floor tile inside and outside the shower.</li> <li>-The corner on the right side of the floor outside the shower stall had a small hole between the floor and wall.</li> <li>-Three tiles were loose on the first step as walked out of the shower.</li> <li>-The plan was to re-do the shower room per the Supervisor.</li> </ul> <p>Interviews on 12/7/21 with Client's #1 and #2 revealed:</p> <ul style="list-style-type: none"> <li>-The shower was "disgusting;" the tile was "ripped up."</li> <li>-There was "black stuff" that looked like mold.</li> <li>-Holes between the wall and floor - it leaked - water went into the kitchen.</li> </ul> <p>Interview on 12/9/21 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-The shower was in "active construction."</li> <li>-Water from the shower leaked into the kitchen from the edge of the sink cabinet.</li> <li>-It had been like this for about a month.</li> <li>-The shower was repaired this summer and tile</li> </ul>	V 736		

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V 736	<p>Continued From page 5</p> <p>was replaced - the problem ended up being something else.</p> <p>Review on 12/9/21 of an undated invoice provided via the phone of the Supervisor revealed: -Estimate to replace tiles in shower and floor as needed. -Frame an interior door, and replace exhaust fan.</p> <p>Interview on 12/9/21 with the Supervisor revealed: -The proposal date of the repairs were on 6/28/21. -The job was completed on 7/16/21.</p> <p>Interview on 12/13/21 with the Qualified Professional revealed: -They had a handy man repair the shower in September and the Supervisor may have done some re-grouting. -The challenge was to find someone to do the work. -The plan was to re-vamp the entire shower room once the construction of 2 new facilities were completed. -They currently have 2 shower stalls, but always just used the one as they did not allow clients to shower at the same time.</p>	V 736		