

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>YOUTH EXTENSIONS, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 CHAPEL HILL ROAD, SUITE A DURHAM, NC 27707</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 2/17/22. The complaint was unsubstantiated (intake #NC00186006). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p> <p>The survey sample consisted of audits of 7 current clients.</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> <p>(1) reporting provider contact and identification information;</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>	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>(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 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>	V 367		

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V 367	<p>Continued From page 2</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> <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 interviews, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>a. Review on 2/16/22 of client #1's record revealed: -Admission date of 7/12/21. -Diagnoses of Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder. -He was 12 years old.</p> <p>b. Review on 2/16/22 of client #3's record revealed:</p>	V 367		

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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-Admission date of 12/1/21.</li> <li>-Diagnosis of Intermittent Explosive Disorder.</li> <li>-He was 9 years old.</li> </ul> <p>Interview on 2/16/22 with the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 left the facility on 2/8/22.</li> <li>-He thought the incident around around 7:30 pm. Staff were loading the clients up on the van in order to take them home.</li> <li>-Staff told him client #1 took off running instead of getting on the van</li> <li>-Staff called the police department and client #1's father.</li> <li>-Client #1's father found him near the day treatment in a parking lot about two buildings over.</li> <li>-There was an incident with elopement for client #3 on 1/31/22.</li> <li>-Client #3 got upset and left the day treatment around 3:30 pm.</li> <li>-The police department was also called during that incident.</li> <li>-The police officers found client #3 on the other side of the building within 30-45 minutes.</li> </ul> <p>Review on 2/16/22 of facility records revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation of incident reports for the above incidents.</li> </ul> <p>Interview on 2/17/22 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>-The Operations Director would normally put any reported incidents into the Incident Response Improvement System.</li> <li>-The Program Director normally reported incidents to the Operations Director.</li> <li>-She confirmed the facility failed to ensure Level II incident reports were submitted to the LME within 72 hours as required.</li> </ul>	V 367		

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V 367	Continued From page 4  Interview on 2/17/22 with the Operations Director revealed: -They didn't know about the elopement incident with client #3 in January 2022. -They were aware of the incident with client #1 eloping from the facility in February 2022. -He was not sure why staff didn't do incident reports for those incidents. -He confirmed the facility failed to ensure Level II incident reports were submitted to the LME within 72 hours as required.	V 367		