

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/23/2022
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NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on February 23, 2022. The complaint was unsubstantiated (intake #NC00184888). 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> <p>The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies based on assessment for one of one current client (#1). The findings are:</p> <p>Review on 2/18/22 - 2/23/22 of client #1's record revealed: -15 year old male. -Admitted on 5/7/21. -Diagnosis of Oppositional Defiant Disorder Moderate.</p> <p>Review on 2/18/22 - 2/23/22 of client #1's treatment plan dated revealed: -"11-16-21: During this authorization: Consumer had a melt down at school on over a girl. Per school counselor stated they intercepted some emails from consumer conversing with a girl because she no longer wants to be his girlfriend. Consumer said in the email that if she didn't see him any more than he is going to cut his wrist or kill himself." -"1-6-22: During this authorization:...Per consumer stated that he got angry, grabbed a knife, and ran out the home. Consumer states he said I guess I will kill myself for you to believe that I didn't touch her." -"2-11-22: During this authorization: Consumer girlfriend broke up with him and he couldn't handle it. Consumer took it upon himself to get on</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>another school bus (the ex-girlfriend) to force her to talk and listen to him...he repeatedly kept saying he is going to cut himself. Consumer got off the bus and ran behind his ex-girlfriend...her mother in their home. Mother was able to coax him out the home and offered to drive him back home to the group home...Then on 2-24-22 the consumer started yelling in his class that he is going to cut himself until he bleeds...the doctor said monitor him and keep him away from sharp objects and discharged him..."</p> <p>-No goals or strategies for client #1's self harm, suicidal or homicidal ideations.</p> <p>-No strategies related to elopement for client #1's elopement goal.</p> <p>Review on 2/18/22-2/23/22 of a Comprehensive Clinical Assessment for client #1 dated 12/29/20 revealed:</p> <p>-"Home/Community Environment: As determined on 4/29/2021 [Client #1]...[Client #1's] mother reports [Client #1] has decreased his behaviors of leaving home without permission, suicidal threats, and stealing...minimal change in decreasing his physically and verbally aggressive behavior...incidents of homicidal threats towards his stepfather in the past 30 days. MST(Multisystemic Therapy) Team has recommended for [Client #1] to be placed at a Level III residential group home."</p> <p>Interview on 2/18/22 client #1 stated:</p> <p>-He had resided at the facility for 7 months.</p> <p>-He had left the facility without permission about 4 times.</p> <p>-The last time he eloped was last month.</p> <p>-He was gone about an hour.</p> <p>-He went skateboarding around the neighborhood.</p>	V 112		
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V 112	<p>Continued From page 3</p> <p>Interview on 2/21/22 the Qualified Professional stated: -She was responsible for the development of the client's treatment plans. -There was no goal for self harm or suicidal/homicidal ideations in client #1's treatment plan. -There were no strategies for suicidal/homicidal ideations or elopements in client #1's treatment plan. -Client #1 eloped from the facility and returned about 20 minutes later. -Client #1 was involuntarily committed after he threatened to cut himself if his girlfriend broke up with him.</p> <p>Interview on 2/23/22 the Licensed Professional stated: -He assisted in the development of client #1's treatment plan. -Client #1's suicidal threats was not a treatment goal. -Client #1 suicidal threats were "done as a reaction" and he needed to use his coping skills. -Client #1 had attention seeking behaviors when he was with his parents.</p> <p>Interview on 2/18/22 - 2/23/22 the Licensee/Associate Professional stated: -Client #1 eloped from the facility. -Client #1 made suicidal threats prior to elopement. -Client #1 had only eloped once from the facility. -Client #1 had eloped from during his therapeutic leave with his family. -Client #1 had been to the hospital for psychiatric evaluation multiple times but she was unsure of dates. -He was evaluated at the hospital the day prior to his elopement.</p>	V 112		

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V 112	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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; (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	V 366		

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V 366	<p>Continued From page 5</p> <p>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 by:</p> <p>(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;</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; (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</p>	V 366		
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V 366	<p>Continued From page 6</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(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 document their response to level II incidents. The findings are:</p> <p>Review on 2/18/22 - 2/23/22 of client #1's record revealed: -15 year old male. -Admitted on 5/7/21. -Diagnosis of Oppositional Defiant Disorder Moderate.</p>	V 366		
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V 366	<p>Continued From page 7</p> <p>Review on 2/18/22 of the North Carolina Incident Response Improvement System revealed no level II incident reports for the facility from 12/1/21 - 2/18/22.</p> <p>Review on 2/21/22 of a level I incident report for client #1 dated 1/25/22 revealed: -"[Client #1] came home from school upset. He was non-compliant with following the rules. Consumer refused to listen to the staff directives and continued to request to leave the facility to go home. Staff tried to process with the consumer, but he was upset and started to threaten the Staff with a fork. Both staff members tried to talk to the consumer he pushed the screen door open and walked out of the house. Staff went after him he grabbed his skateboard and took off down the street through a yard. Staff went back to get his car and the other staff called management. The [local] Police Department was called but the consumer returned back to the home in about 20 minutes prior to the Police arrival. The Runaway Report was cancelled because the consumer had returned and no Police responded. The QP (Qualified Professional) and AP (Associate Professional) responded to the home and processed with the consumer about his behaviors and his consequences for not following the home rules." -Signed by staff #2.</p> <p>Review on 2/21/22 of a hospital after visit summary for client #1 dated 1/24/22 revealed: -"Reason for Visit Psychiatric Evaluation" -"Diagnoses Adjustment disorder with mixed disturbance of emotions and conduct Psychiatric complaint" -"Done Today Nursing communication Patient with suicide precautions. Removed patient's bracelet and ring and any other</p>	V 366		

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V 366	<p>Continued From page 8</p> <p>jewelry...Medications Given..."</p> <p>Interview on 2/18/22 client #1 stated: -He had resided at the facility for 7 months. -He had left the facility without permission about 4 times. -The last time he eloped was last month. -He was gone about an hour. -He went skateboarding around the neighborhood.</p> <p>Interview on 2/18/22 staff #2 stated: -There were no elopements from the facility from 12/1/22 - 2/18/22 (current).</p> <p>Interview on 2/21/22 the Qualified Professional stated: -If a client eloped, they looked for the client for 45 minutes and if unable to locate the client they called the police. -If a client returned within 20 minutes of elopement they do not complete a level II incident report. -A level II incident report was not completed for client #1 because he was gone for 20 minutes and remained in neighborhood. -Client #1 was involuntarily committed after he threatened to cut himself if his girlfriend broke up with him. -The incident occurred at school and client #1 was transported to the hospital school by school resource officer. -A level II incident report was not completed because the incident occurred at school.</p> <p>Interview on 2/18/22-2/23/22 the Licensee/Associate Professional stated: -The QP was responsible for submitting incident reports. -She was told by the Local Management Entity</p>	V 366		

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V 366	Continued From page 9 the facility did not have to report incidents that did not occur at the facility. -She understood level II incidents were needed.	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; (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	V 367		

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V 367	<p>Continued From page 10</p> <p>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> <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</p>	V 367		
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V 367	<p>Continued From page 11</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 2/18/22 - 2/23/22 of client #1's record revealed: -15 year old male. -Admitted on 5/7/21. -Diagnosis of Oppositional Defiant Disorder Moderate.</p> <p>Review on 2/18/22 of the North Carolina Incident Response Improvement System revealed no level II incident reports for the facility from 12/1/21 - 2/18/22.</p> <p>Interview on 2/21/22 the Qualified Professional stated: -The facility had not had any level II incident reports from 12/1/21 - 2/18/22. -A level I incident report was completed for client #1's elopement. -No incident report was completed for client #1's</p>	V 367		

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V 367	Continued From page 12 suicidal threats and hospital visit. -She would complete incident reporting as required. Interview on 2/18/22-2/23/22 the Licensee/Associate Professional stated: -The QP was responsible for submitting level II incident reports. -She understood level II incident reports were needed.	V 367		