

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-449	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2022
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NAME OF PROVIDER OR SUPPLIER YOUTH EXTENSIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 CHAPEL HILL ROAD, SUITE A DURHAM, NC 27707
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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
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V 000	<p>INITIAL COMMENTS</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	<p>SEE POC ATTACHED...</p> <p>DHSR - Mental Health</p> <p>MAR 04 2022</p> <p>Lic. & Cert. Section</p>	
V 367	<p>27G .0604 Incident Reporting Requirements</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		

Division of Health Service Regulation
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"> -Admission date of 12/1/21. -Diagnosis of Intermittent Explosive Disorder. -He was 9 years old. <p>Interview on 2/16/22 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -Client #1 left the facility on 2/8/22. -He thought the incident around around 7:30 pm. Staff were loading the clients up on the van in order to take them home. -Staff told him client #1 took off running instead of getting on the van -Staff called the police department and client #1's father. -Client #1's father found him near the day treatment in a parking lot about two buildings over. -There was an incident with elopement for client #3 on 1/31/22. -Client #3 got upset and left the day treatment around 3:30 pm. -The police department was also called during that incident. -The police officers found client #3 on the other side of the building within 30-45 minutes. <p>Review on 2/16/22 of facility records revealed:</p> <ul style="list-style-type: none"> -There was no documentation of incident reports for the above incidents. <p>Interview on 2/17/22 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> -The Operations Director would normally put any reported incidents into the Incident Response Improvement System. -The Program Director normally reported incidents to the Operations Director. -She confirmed the facility failed to ensure Level II incident reports were submitted to the LME within 72 hours as required. 	V 367		
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V 367	<p>Continued From page 4</p> <p>Interview on 2/17/22 with the Operations Director revealed:</p> <ul style="list-style-type: none"> -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		
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Youth Extensions, Inc
1915 Chapel Hill Rd. Ste. A Durham, NC 27707

Plan of Correction- Citation V 367

Measures that will be put into place to correct and prevent the deficient area of practice:

-Supervision will be held with each program manager and supervisor to review the incident reporting process and the importance of this. This will be documented in the supervision meetings by the clinical director.

-Email will be sent to the entire agency by the clinical director, with review and approval from the operations director, about the incident reporting process including who is responsible for reporting, how the incidents should be reported, the levels of each incident and what qualifies as an incident, and the importance/urgency of this.

-Process: Staff who learns of the incident will immediately report it to their direct supervisor who will then report it to the clinical director, medical director, and operations director immediately and complete the internal incident report within 24 hours. The operations director will then submit the IRIS report within the state-mandated time frame of 72 hours after the staff is notified of the incident (if report needs to go into IRIS).

-All staff members are trained on how to complete incident reporting procedures and this will be re-iterated and documented at each department meeting. All staff members will also be trained on how to use the person-centered plans and crisis plans to prevent and de-escalate situations based on each consumer's individual needs to help prevent and de-escalate incidents.

-Ensure onboarding staff training includes documented and verbal training on incident reporting procedures

Who will monitor the situation to ensure it will not happen again:

- Entire management team and supervisor of each program
- Monitoring will take place on a daily-basis as incidents occur, but also will always be discussed at each management meeting, supervision meeting, and department meeting (bi-weekly at the least)

<u>JAMARR GARRETS</u>	<u><i>J. Garrets</i></u>	<u>3/1/22</u>
Operations Director (Print)	Operations Director (Sign)	Date
<u>Daria Siegel</u>	<u><i>Daria Siegel</i></u>	<u>3/1/2022</u>
Clinical Director (Print)	Clinical Director (Sign)	Date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 23, 2022

Jamarr Garris, Operations Director
Youth Extensions, Inc.
1303 Jackson St.
Durham, NC 27701

Re: Complaint Survey completed February 17, 2022
Youth Extensions, Inc., 1915 Chapel Hill Road, Suite A, Durham, NC 27707
MHL # 032-449
E-mail Address: jgarris@youthextensionsinc.com,
daria.siegel@youthextensionsinc.com
Intake #NC00186006

Dear Mr. Garris:

Thank you for the cooperation and courtesy extended during the Complaint survey completed 2/17/22. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 4/18/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant