

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JASPER'S HOUSE DAY TREATMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 3/21/22. The complaint was unsubstantiated(Intake #186560). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children or Adolescents with Emotional or Behavioral Disturbances.</p> <p>This facility has a current census of 20. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 184	<p><b>27G .1401 Day Tx Child/Adol - Scope</b></p> <p>10A NCAC 27G .1401 SCOPE</p> <p>(a) Day treatment is a day/night facility for children and adolescents who are emotionally disturbed which coordinates educational activities and intensive treatment while allowing the individual to live at home or in the community.</p> <p>(b) This service is designed to increase the ability of a child or adolescent to relate to others and function appropriately within the community while serving as an intervention to prevent hospitalization or placement outside the home or community.</p> <p>(c) It shall provide a therapeutic environment as well as other activities which may include individual therapy, group therapy, recreational therapy, language communication skills development, social skills development, pre-vocational service, vocational training, service to parents, and individual advocacy.</p> <p>(d) The client's educational activities may be provided in this facility or in another educational setting, such as regular classes or special education programs within a typical school setting.</p>	V 184		

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

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V 184	<p>Continued From page 1</p> <p>(e) Treatment, services, and discharge plans provided by day treatment programs shall be coordinated with other individuals and agencies within each client's local system of care.</p> <p>(f) Day treatment facilities may include before/after school and summer facilities, and early intervention.</p> <p>This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to ensure services were provided within the scope of the license. The findings are:</p> <p>Observations on 3/15/22 at 10:47am revealed: -client #1 and client #2 came walking from behind the building beside the facility across the facility's back parking lot; -had papers and pencils in their hands; -they entered the facility.</p> <p>Interview on 3/15/22 with client #1 and client #2 revealed: -were coming from the high school classroom; -reported the high school classroom was in the building next door; -they reported this building(the facility) was the middle school classrooms.</p> <p>Further interview on 3/15/22 with client #1 revealed: -been at the facility for this school year; -in the high school classroom; -high school classroom in the other building; -like it better over there; -have lunch in the other building; -have just one classroom;</p>	V 184		

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V 184	<p>Continued From page 2</p> <p>-not seen any other adults over there.</p> <p>Further interview on 3/15/22 with client #2 revealed: -been here the last couple months; -in high school classroom; -come to this facility to get his lunch and go over to the other building; -don't see anybody else over there.</p> <p>Interview on 3/15/22 with client #3 revealed: -been here this school year; -in the high school classroom; -one big classroom over there; -not any more other people over there; -take lunch over to the high school classroom; -like it better over there than over here with middle school clients and high school girls in this building.</p> <p>Interview on 3/17/22 with former client #4 revealed: -wasn't there very long; -was in the high school class; -it was in the other building; -had 9 kids in his class.</p> <p>Observation on 3/15/22 at 2:20pm revealed: -building identified by client #1 and client #2 as the location of the high school classroom; -building shared a packing lot with the facility; -building faced another street and had a different address than the facility.</p> <p>Review on 3/17/22 of DHSR licensing records revealed the building behind the facility identified by clients #1, #2, #3 and FC#4 as the current location of the day treatment's high school classroom was currently licensed as a Psychosocial Rehabilitation(PSR) and Substance</p>	V 184		

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V 184	Continued From page 3  Abuse Intensive Outpatient Program(SAIOP) with the same licensee/parent agency.  Interview on 3/15/22 with the Program Director revealed: -the high school class was in the building next door; -high school students in that building; -started using it maybe eight months ago; -PSR on the other side of that building; -have two adults in the PSR; -just use one area for the high school clients; -middle school clients were in the building/facility; -try to keep male and female high school clients separated.	V 184		
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;	V 367		

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V 367	<p>Continued From page 4</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> <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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to report all level II incidents to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Interview on 3/15/22 with the Program Director(PD) revealed: -FC#4(Former Client #4) became aggressive; -had three altercations in three weeks with other peers;</p>	V 367		

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V 367	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-had to contact the police for FC#4;</li> <li>-FC#4 was discharged the day the police came.</li> </ul> <p>Interview on 3/17/22 with the Clinical Director(CD) revealed:</p> <ul style="list-style-type: none"> <li>-was in another town and just got back to office;</li> <li>-got a call that there was an issue with FC#4;</li> <li>-saw FC#4 walking through the parking lot;</li> <li>-per staff, FC#4 had refused to get in the van to go home that afternoon;</li> <li>-saw FC#4 walk across the street, behind the store and then out front to the parking lot of that store;</li> <li>-stayed about seven feet behind him, kept FC#4 in line of sight;</li> <li>-attempted to engage FC#4 and he ignored the CD;</li> <li>-FC#4 told the CD to leave him alone;</li> <li>-FC#4 has a history of explosive aggression so the CD did not want to engage him;</li> <li>-FC#4 walked back to the facility and the CD followed him;</li> <li>-other staff tried to engage FC#4 but was not successful;</li> <li>-FC#4 went into the building and into the classroom and "tore the classroom up;"</li> <li>-FC#4 took a chair and put it through the wall with a lot of force;</li> <li>-told his staff to call the police due to the aggressiveness and violence;</li> <li>-"I made a clinical decision that our environment was not conducive to manage his behaviors;"</li> <li>-police took him back to his group home;</li> <li>-was concerned about the other clients at the facility who would be around him;</li> <li>-"the way he put that chair into the wall, I thought what if that had been another client?"</li> <li>-"I did not want my staff to engage him, someone could have gotten hurt."</li> </ul>	V 367		

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V 367	<p>Continued From page 7</p> <p>Review on 3/15/22 of IRIS(Incident Response Improvement System) from 12/1/21 until 3/15/22 revealed:</p> <ul style="list-style-type: none"> <li>-no reports for FC#4 by client name;</li> <li>-no reports by name of the facility;</li> <li>-no reports by name of the parent agency/licensee;</li> <li>-no reports by county where facility was located.</li> </ul> <p>Further interview on 3/15/22 with the PD revealed:</p> <ul style="list-style-type: none"> <li>-had one IRIS report on FC#4;</li> <li>-FC#4 was discharged due to his violent behaviors;</li> <li>-did an IRIS report but when she tried to print it out there was an error.</li> </ul>	V 367		