

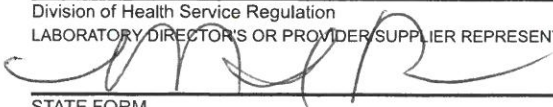
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/16/2022
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NAME OF PROVIDER OR SUPPLIER THE NORLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 16, 2022. Deficiencies were cited. The facility is licensed for the following service categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were completed quarterly and repeated for each shift. The findings are:	V 114	PCS will ensure disaster drills are held at least quarterly and repeated for each shift. PCS will do an in-service on Fire and Disaster Drills requirements with staff. QA Director will verify with Program Manager on a monthly basis that disaster drills were completed and repeated for each shift. Monitor by: QA/QI Director, Clinical Director and Program Manager Complete date: 4/15/2022 and ongoing DHSR - Mental Health APR 04 2022 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



QA Director

4/11/22

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V 114	Continued From page 1 Review on 3/16/22 of the facility's fire and disaster drill log revealed: -No 2nd shift fire drill for 4th quarter (October-December) 2021; -No 3rd shift disaster drill for 4th quarter (October-December) 2021 and 1st quarter (January-March) 2022. Interview on 3/16/22 with the House Manager revealed: -Did not realize the drills were not completed quarterly and repeated for each shift; -Will make sure the drills are completed quarterly and repeated for each shift in the future. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all medication administration	V 123	PCS staff will receive additional training on Medication Requirements 10A NCAC 27G .0209 (h). Monitor by: QA/QI Director, Clinical Director and Program Manager Complete date: 5/15/2022	

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V 123	Continued From page 2 errors or adverse effects were reported to the physician or pharmacist affecting 1 of 2 clients (Client #1). The findings are: Review on 3/15/22 and 3/16/22 of Client #1's record revealed: -Admitted 12/2/21; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -15 years old; -Medication orders dated 11/29/21 for Zyrtec (allergies) 10mg (milligrams) 1 tab (tablet) daily, Flonase Nasal Spray (allergies) 50mcg (micrograms) 2 sprays per nostril daily, and Clindamycin (acne) to face daily; -January, February, and March MARs revealed daily refusals of Zyrtec, Flonase Nasal Spray, and Clindamycin; -No documentation of contact to the physician or pharmacist regarding daily refusals of Zyrtec, Flonase Nasal Spray, and Clindamycin. Interview on 3/15/22 with Client #1 revealed: -Did not take any medications at the facility. Interview on 3/16/22 with the House Manager revealed: -Client #1 refused Zyrtec, Flonase Nasal Spray, and Clindamycin daily as he did not feel he needed the medications; -Will speak with the physician during the next appointment and discuss Client #1's refusals and discuss if the medication orders need to be changed.	V 123		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing	V 296		

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V 296	Continued From page 3 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the	V 296	PCS will ensure two direct care staff are present for one, two, three or four children or adolescents. When applicable, staff will stay to cover the next shift and will call the manager on-call for additional coverage. Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 5/15/2022 and ongoing	

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V 296	Continued From page 4 child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to maintain minimum staffing ratios of 2 staff for up to four adolescents. The findings are: Observation on 3/16/22 at approximately 10:00am - 10:40am revealed: -The House Manager was alone in the facility with Client #1. Interview on 3/16/22 with the House Manager revealed: -Did not know that she needed to maintain two staff for up to four adolescents; -Thought one staff was adequate supervision for one client; -Will ensure two staff for up to four adolescents in the future.	V 296		
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	V 367	PCS staff will receive additional training on Incident reporting requirements. PCS will ensure all Level II incidents be completed in NC IRIS within 72 hours of the facility staff becoming aware of the incident. Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 5/15/2022 and ongoing	

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V 367	Continued From page 5 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 information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367			

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V 367	<p>Continued From page 6</p> <p>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). (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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III 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>This Rule is not met as evidenced by:</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>Based on interview and record review, the facility failed to ensure all Level II incidents were reported to the LME responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/15/22 of the facility's Incident Reports and the North Carolina Incident Response Improvement System (NC IRIS) revealed:</p> <ul style="list-style-type: none"> -No incident reports completed for the physical altercation between Clients #1 and #2 on 3/12/22 resulting in a call to law enforcement. <p>Interview on 3/15/22 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Was in a physical altercation with Client #2 on 3/12/22 resulting in a call to law enforcement. <p>Interview on 3/16/22 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Was in a physical altercation with Client #1 on 3/12/22 resulting in a call to law enforcement. <p>Interview on 3/16/22 with the Quality Improvement/Quality Assurance Manager revealed:</p> <ul style="list-style-type: none"> -Had not yet completed the incident report in NC IRIS because she had only found out about the incident on 3/14/22 and understood she had 72 hours from the time she was informed of the incident to complete the incident report; -Would ensure all Level II incidents be completed in NC IRIS within 72 hours of the facility staff becoming aware of the incident as opposed to 72 hours of her personally becoming aware of the incident. 	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND</p>	V 736		

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V 736	Continued From page 8 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. This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observation on 3/16/22 at approximately 9:45am of the facility yard revealed: -Brown van covered in dust on the lower portion of the driveway. Interview on 3/16/22 with the Qualified Professional revealed: -The brown van belonged to the agency and had been at the lower portion of the driveway for months; -Not sure what the plan was for the van. Interview on 3/16/22 with the House Manager revealed: -A tree had fallen on the van in the past, but the tree was cut away; -The tow truck called to the facility to remove the van was unable to do so; -Will arrange for the van to be removed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	PCS will arrange for the van to be removed by 4/15/2022 Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 4/15/2022	

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V 750 V 750	<p>Continued From page 9</p> <p>27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(3) Electrical, mechanical and water systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility's electrical and mechanical systems were not maintained in operating condition affecting 2 of 2 clients. The findings are:</p> <p>Observation on 3/16/22 at approximately 10:00am - 10:40am revealed: -Two smoke detectors beeping approximately once every 30 seconds; -Beeping appeared to have been coming from two separate areas of the facility: the office adjacent to the kitchen and the hallway near the client bedrooms.</p> <p>Interview on 3/16/22 with the House Manager revealed: -Was aware of the beeping and was working to have the batteries replaced in the smoke detectors.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 750 V 750	<p>PCS will ensure the Electrical, mechanical and water systems are maintained in operating conditions. PCS will fix the smoke detector by 4/15/2022. Monitor by: QA/QI Director, Clinical Director and House Manager. Complete date: 4/15/2022</p>	