

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/30/2022
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NAME OF PROVIDER OR SUPPLIER BLOSSOM COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1911 WILLIMAX AVENUE GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on March 30, 2022. The complaint was unsubstantiated (Intake #NC00185539). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients 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</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>obtained.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 3/17/22 of Client #1's record revealed: -Admitted 2/26/22; -Diagnosed with Borderline Personality Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder, Depression; -15 years old; -Assessment dated 3/1/22 revealed history of AWOL (absent without leave); -Treatment plan dated 2/18/22 revealed no strategies to address AWOL despite a history of AWOL and two episodes of AWOL after admission to the facility.</p> <p>Review on 3/17/22 and 3/28/22 of Client #2's record revealed: -Admitted 10/8/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder; -14 years old; -Assessment dated 10/17/21 revealed history of substance abuse, suicidal and homicidal ideation, lying, difficulty expressing anger and frustration, and being "very sexual;"</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-Treatment plan dated 1/15/22 revealed no strategies to address job placement.</p> <p>Review on 3/28/22 of Client #3's record revealed: -Admitted 3/11/21; -Diagnosed with Major Depressive Disorder with Psychosis, Bed Wetting; -16 years old; -Assessment dated 3/11/21 revealed "multiple AWOLs;" -Treatment plan dated 2/24/22 revealed no strategies to address AWOL despite a history of AWOL and multiple episodes of AWOL since 1/1/22.</p> <p>Review on 3/18/22 of audio and written service call reports dated 1/1/2022 to 3/17/2022 of law enforcement/emergency services departments provided by the county's 911 Coordinator revealed: -Two calls regarding AWOL of Client #1 (3/4/22 and 3/5/22) and four calls regarding AWOL of Client #3 (1/24/22, 2/15/22, 2/17/22, and 3/3/22).</p> <p>Interview on 3/17/22 with Client #1 revealed: -Went AWOL twice since being at the facility. The first time she went AWOL she was gone overnight spending time at a gas station and walking around town. The second time she went AWOL she spent time walking around town.</p> <p>Attempted interviews on 3/28/22 with Clients #1 and #3 were unsuccessful. According to the Licensee, Clients #1 and #3 were not at the facility as they had gone AWOL during the evening hours of 3/27/22 and had not returned to the facility.</p> <p>Interview on 3/28/22 with the House Manager revealed:</p>	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Clients #1 and #3 went AWOL during the evening hours of 3/27/22 and had not yet returned to the facility; -Was not working when Clients #1 and #3 went AWOL and could not provide specific details regarding the incident; -Staff #2 was working alone when Clients #1 and #3 went AWOL. <p>Interview on 3/28/22 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Client #2 worked on 3/27/22; -Picked Client #2 up from work after Client #2's shift ended on 3/27/22; -Clients #1 and #3 packed bags and walked out the front door of the facility on 3/27/22 after returning from picking Client #2 up from work; -Instructed Clients #1 and #3 not to leave the facility but they left anyway; -Was working alone when Clients #1 and #3 went AWOL. <p>Interviews on 3/28/22 and 3/30/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> -Clients #1 and #3 went AWOL during the evening hours of 3/27/22; -Acknowledged Clients #1 and #3 had histories of AWOL; -Staff #2 was working alone when Clients #1 and #3 went AWOL; -Acknowledged Client #2 had a part-time job during which she was without staff supervision while she worked; -Client #2 had just started working at the part-time job within the past two weeks; -There have been no incidents as a result of Client #2 working at the part-time job while she was without staff supervision; -Will ensure treatment strategies are developed to address the specific needs of each client. 	V 112		

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V 112	Continued From page 4 This deficiency is cross referenced to 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications and failed to keep MARs current affecting 2 of 3 audited clients (Clients #1 and #2). The findings are:</p> <p>Finding #1: Review on 3/17/22 of Client #1's record revealed: -Admitted 2/26/22; -Diagnosed with Borderline Personality Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder, Depression; -15 years old; -Medication order dated 3/17/22 for Vyvanse (stimulant) 40mg (milligram) 1 tab (tablet) daily; -March, 2022 MAR revealed no administration of Vyvanse on 3/14/22-3/17/22 as the facility was awaiting delivery of the medication from the pharmacy.</p> <p>Interview on 3/17/22 with Client #1 revealed: -Had missed doses of Vyvanse over the past few days (3/14/22-3/17/22) as the medication ran out and a new prescription needed to be obtained.</p> <p>Observation on 3/17/22 at approximately 2:30pm and 3/28/22 at 10:30am of Cleint #1's medications revealed: -There was no Vyvanse in the facility on 3/17/22; -Vyvanse 40mg dispensed 3/17/22 observed on 3/28/22.</p> <p>Finding #2:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 3/17/22 and 3/28/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted 10/8/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder; -14 years old; -Medication order dated 10/7/21 for Naphcon A (antihistamine) 0.025-.03% eye solution 2 drops per eye four times daily as needed; -March, 2022 MAR revealed Naphcon A 0.025-.03% eye solution 1 drop per eye four times daily as needed administered with a notation of discontinuing the eye drops on 3/11/22; -No medication order to discontinue Naphcon A 0.025-.03% eye solution 2 drops per eye four times daily as needed and no medication orders to start or to discontinue Naphcon A 0.025-.03% eye solution 1 drop per eye four times daily as needed; -February, 2022 MAR revealed administration of Benadryl (antihistamine) 25mg 1 tab (tablet) every 4 hours as needed administered on 2/20/22, 2/21/22, and 2/22/22 and Tylenol (pain reliever) 325mg 1-2 tabs every four hours as needed administered on 2/20/22 and 2/21/22; -No medication orders for Benadryl or Tylenol available for review; -Over the counter medication order list signed by the legal guardian but not signed by a person authorized by law to prescribe medications. <p>Interview on 3/28/22 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Obtained Vyvanse for Client #1 on 3/17/22 after transferring the medication orders to a local pharmacy. <p>Interviews on 3/17/22, 3/28/22, and 3/30/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> -Client #1's Vyvanse prescription did not contain 	V 118		

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V 118	<p>Continued From page 7</p> <p>any additional refills and another order had to be obtained;</p> <p>-Client #1 was without Vyvanse for three to four days;</p> <p>-Client #1's Vyvanse was in the facility on 3/17/22 after the departure of Division of Health Service Regulation (DHSR) staff;</p> <p>-Did not realize Client #2's over the counter medication order list was not signed by a person authorized by law to prescribe medications;</p> <p>-Will ensure all MARs are kept current in the future;</p> <p>-Will ensure all clients have signed medication orders as well as all prescribed medications at all times.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or</p>	V 293		

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V 293	<p>Continued From page 8</p> <p>adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		

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V 293	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide active therapeutic treatment and interventions within a system of care approach affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 3 of 3 audited clients (Clients #1, #2, and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to maintain minimum staffing ratios of two staff for up to four adolescents.</p> <p>Review on 3/30/22 of the Plan of Protection written by the Licensee dated 3/30/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>Consumers that have a history of elopement will have a goal to address procedures to keep the consumer the safe. If a consumer should go AWOL (absent without leave) the treatment plan will be updated within 24 hours to address an additional protections that may be required. Plans will be updated by the Qualified Professional on duty, along with the treatment team.</p> <p>Blossom's (Licensee) supervisor and CEO (Chief</p>	V 293		

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V 293	<p>Continued From page 10</p> <p>Executive Officer) will be available to fill in when a staff calls out. Blossom will continue to hire and train new staff. Blossom will implement an incentive plan for staff to decrease the number of call outs.</p> <p>[Client #2] PCP (Person Centered Plan) will be updated by 4/1/22. [Client #1] 30-day notice will be provide by 5pm on 3/30/22. [Client #1] Adendum will be update by 4/4/22 and PCP with update goal and transitional language along with call outs. [Client #3] PCP will be updated 4/1/2022.</p> <p>Describe your plans to make sure the above happens. Blossoms CEO [Licensee] will continue to work with the Quality Improvement team to discuss incentives for staff.</p> <p>Consumer files will be audited by the QA/QI (Quality Assurance/Quality Improvement) team and CEO [Licensee] to assure compliance with policies and procedures on a monthly basis."</p> <p>Clients #1, #2, and #3 ranged in age from 14-16 years old. They were diagnosed with mental health needs including, but not limited to, Borderline Personality Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder, and Major Depressive Disorder. Clients #1 and #3 had histories of AWOL (absent without leave). Despite Client #1 going AWOL two times since admission to the facility on 2/26/22 and Client #3 going AWOL four times since 1/1/2022, no treatment plan strategies were developed or implemented to address AWOL. Clients #1 and #3 went AWOL on 3/27/22 during which time there was only one staff (Staff #2) working at the</p>	V 293		

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V 293	Continued From page 11 facility. Furthermore, Client #2 did not have treatment plan strategies to address working in the community despite working a part-time job. While working, Client #2 was without staff supervision. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
V 294	27G .1702 Residential Tx. Child/Adol -Req. for Q P 10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS (a) Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience. (b) For each facility of five or less beds: (1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 10 hours each week; and (2) 70% of the time shall occur when children or adolescents are awake and present in the facility. (c) For each facility of six or more beds: (1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and (2) 70% of the time shall occur when children or adolescents are awake and present in	V 294		

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V 294	<p>Continued From page 12</p> <p>the facility.</p> <p>(d) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include:</p> <ol style="list-style-type: none"> (1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section; (2) oversight of emergencies; (3) provision of direct psychoeducational services to children or adolescents; (4) participation in treatment planning meetings; (5) coordination of each child or adolescent's treatment plan; and (6) provision of basic case management functions. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the qualified professional performed clinical and administrative responsibilities a minimum of 10 hours per week with 70% of the time when adolescents were awake and present in the facility. The findings are:</p> <p>Review on 3/17/22 of Client #1's record revealed: -Admitted 2/26/22; -Diagnosed with Borderline Personality Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder, Depression; -15 years old.</p>	V 294		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/30/2022
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NAME OF PROVIDER OR SUPPLIER BLOSSOM COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1911 WILLIMAX AVENUE GASTONIA, NC 28054
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V 294	<p>Continued From page 13</p> <p>Review on 3/17/22 and 3/28/22 of Client #2's record revealed: -Admitted 10/8/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder; -14 years old.</p> <p>Interviews on 3/17/22 with Clients #1 and #2 revealed: -The LP/QP came to the facility every other week for in-person visits and communicated virtually on the weeks she was not in the facility.</p> <p>Attempted interview on 3/28/22 with the Licensed Professional/Qualified Professional (LP/QP) was unsuccessful. A voicemail message was left requesting a return call, but no return call was received.</p> <p>Interviews on 3/17/22, 3/28/22, and 3/30/22 with the Licensee revealed: -Recently had significant staff changes due to multiple staff resigning and was in the process of looking for a new qualified professional; -The LP/QP was currently serving as the licensed professional as well as the qualified professional; -The LP/QP was present in the facility every other week for face-to-face consultation and therapy and available via telephone as needed; -Will ensure the LP/QP be present in the facility to provide QP services a minimum of 10 hours per week with 70% of the time when adolescents are awake and present in the facility.</p>	V 294		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING</p>	V 296		

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V 296	<p>Continued From page 14</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and</p>	V 296		

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V 296	<p>Continued From page 15</p> <p>needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain minimum staffing ratios of two staff for up to four adolescents. The findings are:</p> <p>Review on 3/28/22 of the House Manager's record revealed: -Hired 5/26/20.</p> <p>Review on 3/28/22 of Staff #2's record revealed: -Hired 3/10/21.</p> <p>Interview on 3/28/22 with the House Manager revealed: -Staff #2 was working alone on 3/27/22 when Clients #1 and #3 went AWOL.</p> <p>Interview on 3/28/22 with Staff #2 revealed: -Was working alone on 3/27/22 when Clients #1 and #3 went AWOL; -Client #2 had a part-time job and worked on 3/27/22.</p> <p>Interviews on 3/17/22, 3/28/22 and 3/30/22 with the Licensee revealed: -Acknowledged Client #2 had a part-time job during which she was without staff supervision while she worked; -Was having significant difficulty maintaining two staff due to call outs and multiple resignations; -Staff #2 was working alone on 3/27/22 when Clients #1 and #3 went AWOL;</p>	V 296		

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V 296	Continued From page 16 -Will implement an incentive program for staff to limit call outs and resignations. This deficiency is cross referenced to 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the licensed professional	V 297		

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V 297	<p>Continued From page 17</p> <p>performed face-to-face clinical consultation a minimum of four hours weekly. The findings are:</p> <p>Review on 3/28/21 of the Licensed Professional/Qualified Professional's (LP/QP) therapy notes from 1/1/2022-3/28/22 revealed: -Detailed weekly therapy notes written in PIE (Problem/Intervention/Evaluation) format for Clients #1, #2, and #3; -No notation if the therapy session was completed in person or virtually.</p> <p>Interviews on 3/17/22 with Clients #1 and #2 revealed: -The LP/QP came to the facility every other week for in-person visits and communicated virtually on the weeks she was not in the facility.</p> <p>Attempted interview on 3/28/22 with the LP/QP was unsuccessful. A voicemail message was left requesting a return call, but no return call was received.</p> <p>Interviews on 3/17/22, 3/28/22, and 3/30/22 with the Licensee revealed: -The LP/QP was currently serving as the licensed professional as well as the qualified professional; -The LP/QP was present in the facility every other week for face-to-face consultation and therapy and available via telephone as needed; -Will ensure the LP/QP be present in the facility to provide face-to-face clinical consultation as the LP a minimum of four hours weekly in the future.</p>	V 297		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 367		

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V 367	<p>Continued From page 18</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> <ol style="list-style-type: none"> (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. <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> <ol style="list-style-type: none"> (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. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential 	V 367		

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V 367	<p>Continued From page 19</p> <p>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 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>	V 367		

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V 367	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure Level II incident reports were reported to the local management entity responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/17/22 of Client #1's record revealed: -Admitted 2/26/22; -Diagnosed with Borderline Personality Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder, Depression; -15 years old.</p> <p>Review on 3/28/22 of Client #3's record revealed: -Admitted 3/11/21; -Diagnosed with Major Depressive Disorder with Psychosis, Bed Wetting; -16 years old.</p> <p>Review on 3/18/22 of audio and written service call reports dated 1/1/22 to 3/17/22 of law enforcement/emergency services departments provided by the county's 911 Coordinator revealed: -Two calls regarding AWOL of Client #1 (3/4/22 and 3/5/22) and four calls regarding AWOL of Client #3 (1/24/22, 2/15/22, 2/17/22, and 3/3/22). -One call for a former client who independently called a suicide hotline on 1/15/22 and the call was transferred to local law enforcement.</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>Review on 3/17/22 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No documentation of two incidents of AWOL of Client #1 (3/4/22 and 3/5/22) or four incidents of AWOL of Client #3 (1/24/22, 2/15/22, 2/17/22, and 3/3/22); -No documentation of the call made by a former client to a suicide hotline on 1/15/22.</p> <p>Interviews on 3/17/22, 3/28/22, and 3/30/22 with the Licensee revealed: -Had instructed her staff to complete incident reporting in NC IRIS; -Not all incident reports were completed in NC IRIS as required; -Would continue to train, instruct, and monitor the incident reporting process through NC IRIS in the future.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND 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.</p> <p>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:</p> <p>Observation on 3/17/22 at approximately</p>	V 736		

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V 736	<p>Continued From page 22</p> <p>12:45pm of the facility revealed: -Dresser with 2 broken drawers in Client #2's bedroom; -Broken window blinds and missing electrical outlet cover for the outlet opposite the window in Client #3's bedroom; -Cracked enamel in the sink and hole in the wall next to the shower measuring approximately 3"x3" in Client #3's bathroom; -Missing bathroom tiles resulting in sharp edges in the hallway bathroom.</p> <p>Interviews on 3/17/22 and 3/30/22 with the Licensee revealed: -Will continue to work with the landlord to ensure repairs are made to the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		