

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2022
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NAME OF PROVIDER OR SUPPLIER JACKSON SPRINGS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on May 3, 2022. The complaint was substantiated (intake #NC00188243). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF- Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 12. The survey sample consisted of audits of 6 current clients and 2 former clients.</p>	V 000		
V 314	<p>27G .1901 Psych Res. Tx. Facility - Scope</p> <p>10A NCAC 27G .1901 SCOPE</p> <p>(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.</p> <p>(b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting.</p> <p>(c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis.</p> <p>(d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.</p> <p>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential</p>	V 314		

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

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V 314	<p>Continued From page 1</p> <p>to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on interviews and records review, the facility failed to provide required supervision and specialized interventions to ensure the safety of clients on a 24-hour basis affecting 1 of 2 former clients (#7). The findings are:</p> <p>Review on 4/28/22 of Former Client #7 (FC #7)'s record revealed: -Admission date of 10/24/21. -Diagnoses of Conduct Disorder, Childhood Onset Type; Disruptive Mood Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation (per history); Intellectual Developmental Disorder, Mild; Cannabis Use Disorder, Moderate; Child Physical Abuse (per history); Child Neglect (per</p>	V 314		

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V 314	<p>Continued From page 2</p> <p>history).</p> <p>-Child and Family Team Meeting- 4/7/22. Client was hospitalized 3/28/22 and discharged on 3/29/22-Suicidal ideation and hearing voices.</p> <p>-Discharge plan: "Jackson Springs Treatment Facility requesting for neuropsychological assessment at this time. Currently waiting for response from provider. Guardian states providers have not contacted her. Client's behaviors continue to escalate on the unit at this time. Client is a threat to peers and staff members. Client has multiple elopement attempts, displays verbal and physical aggression, property destruction, non-compliant and has suicidal attempts. Jackson Springs Treatment Facility is currently requesting a lateral move to another PRTF at this time. Client received 14 day discharge from Jackson Springs Treatment Center. Client's discharge date is 4/11/22.</p> <p>-Discharge summary dated 4/11/22: -Per conversation 4/11/22 with care coordination, guardian and Jackson Spring Treatment Center's Treatment Team; team will transport client to Psychiatric Hospital and guardian will meet them there."</p> <p>Review on 4/28/22 of FC #7's hospital laboratory results revealed: -Collection date 4/11/22 at 4:40 PM. -Positive for Tetrahydrocannabinol (THC.)</p> <p>Review on 4/28/22 of FC #7's Medication Administration Record (MAR) for the months of February 2022 through April 2022 revealed: -Client #7 was administered the following medications: -Fluoxetine. -Lithium Carbonate. -Aripiprazole.</p>	V 314		

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V 314	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Divalproex EX. -Trazodone. -Erythromycin-Benzoyl Gel. -Zyprexa. -Minocycline. -Invega. -Invega Sustenna. <p>Review on 4/28/22 of FC #7's medications on WebMD revealed:</p> <ul style="list-style-type: none"> -None of FC #7's prescribed medications from January 2022 through April 2022 would have caused a false positive result for marijuana. <p>Interview and observation on 5/2/22 at approximately 10:15 am with FC #7 revealed:</p> <ul style="list-style-type: none"> -He was quiet, but cooperative. -He had poor eye contact, especially when answering questions asked. -He knew that he had tested positive for Marijuana when he was admitted at the Psychiatric Hospital. -He further informed that he had received from a staff person at Jackson Springs Treatment Facility some marijuana edibles in the form of "gummies." -When asked about staff that may had given him the gummies, his tone of voice was very low and poor eye contact. -He reported that Staff #9 had given them to him. He was unable to say how long he had been getting the gummies. -FC #7 did not inform on why he may had been given the gummies. <p>Interviews on 4/28/22 with Clients #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -They denied hearing or knowing of anyone ever bringing drugs to the center. -They had never seen any other clients doing 	V 314		

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V 314	<p>Continued From page 4</p> <p>drugs.</p> <p>Interview attempt on 5/2/22 with Staff #9 revealed: -Telephoned Staff #9 at number provided. -No response. Message left on Staff #9's voice mail. -Staff #9 did not return phone call.</p> <p>Interview on 4/28/22 with the Counselor revealed: -She worked one on one with each client. -Former Client #7 never informed her of receiving any drugs from anyone. -She was not aware of any clients at the center receiving any drugs other than prescribed drugs from the center.</p> <p>Interview on 4/28/22 with the Executive Director revealed: -FC #7 was admitted on October of 2021. Discharged on April 11, 2021. -Mother was afraid of FC #7. -FC #7 had low Intelligence Quotient (IQ,) aggressive behavior and he heard voices. -FC #7 had tried to chop his mother with an ax prior to coming to the center. -FC #7 never had any home leave from time that he came to the center to when he was discharged. -He displayed aggressive behavior often. -"If kids came to the agency with a drug abuse diagnosis, they would get drug therapy monthly." -Drug tests were only completed when clients would return after going home for therapeutic leave. -Searches for contraband were being conducted daily. -No drug paraphernalia had ever been found. -Clients coming from the hospital would not get drug tested.</p>	V 314		

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V 314	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She was under the impression that some of the client's medications would show as positive on the drug tests. -She reported that she received report from hospital regarding FC #7 testing positive for THC. She completed sweep of the facility and nothing was found. -She had a good rapport with FC #7. She interviewed him and he informed her that he did not do any drugs. -Nursing staff informed her that some medications could have produced a false positive, so she did not think anything else about FC #7 being positive for THC and did not investigate any further. -Another child that went to the hospital was also tested and he did not test positive. -Agency did not do drug screenings on any other clients after learning about FC #7 being positive for THC at the hospital. -She acknowledged that no actions were done after learning that FC #7 had tested positive for THC. <p>Review on 5/3/22 of Plan of Protection revealed:</p> <ul style="list-style-type: none"> -Plan was dated 5/3/22. -Written by the Director of Operations. <p>(1) What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ul style="list-style-type: none"> -"Per company policy, all staff and visitors to the facility will be searched upon entering. No staff is allowed to bring anything to clients without prior approval of the Executive Director. No staff will be left alone with any clients (staff will always intervene with two or more staff. " <p>(2) Describe your plans to make sure the above happens:</p> <ul style="list-style-type: none"> -"After a search is completed an incident report will be generated, and a log will be signed by the staff member conducting the search and the 	V 314		

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V 314	<p>Continued From page 6</p> <p>person being searched. This log book will be inspected by the Executive Director daily. Failure to follow this policy will result in a disciplinary for the shift leader and could lead to suspension or separation from the company.</p> <p>Former Client #7 (FC #7) was a 17 year old male with diagnoses of Conduct Disorder, Childhood Onset Type; Disruptive Mood Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation (per history); Intellectual Developmental Disorder, Mild; Cannabis Use Disorder, Moderate; Child Physical Abuse (per history); Child Neglect (per history). FC #7 had a planned discharge on 4/11/22 to the psychiatric hospital. Upon admission to the psychiatric hospital, FC #7 received a drug test and results showed positive for Tetrahydrocannabinol (THC.) FC #7 had no time outside of the facility besides going to the hospital on 3/28/22. FC #7 informed of consuming edible marijuana in the form of a gummy that was given to him by Staff #9 at the facility. There was lack of supervision which allowed FC #7 the opportunity to ingest marijuana edibles.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 314		
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 7</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 8</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 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all Level II incident report were completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 4/28/22 of Client #2's record revealed: -Admission date of 4/27/21. -Diagnoses of Conduct Disorder, Childhood Onset Type; Disruptive Mood Dysregulation Disorder; Child Neglect.</p> <p>Review on 4/28/22 of Client #4's record revealed: -Admission date of 8/8/20. -Diagnosis of Disruptive Mood Dysregulation Disorder.</p> <p>Review on 4/28/22 of Client #5's record revealed: -Admission date of 3/18/22. -Diagnoses of Conduct Disorder, Childhood Onset Type; Attention Deficit Hyperactivity Disorder, Combined Presentation.</p> <p>Review on 4/28/22 of Client #6's record revealed: -Admission date of 2/18/22. -Diagnosis of Conduct Disorder, Childhood Onset Type.</p> <p>Review on 4/28/22 of Former Client #7 record revealed: -Admission date of 10/24/21. -Discharge date of 4/11/22. -Diagnoses of Conduct Disorder, Childhood</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Onset Type; Disruptive Mood Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation (per history); Intellectual Developmental Disorder, Mild; Cannabis Use Disorder, Moderate; Child Physical Abuse (per history); Child Neglect (per history).</p> <p>Review on 4/28/22 of Former Client #8's record revealed: -Admission date of 2/11/22. -Diagnoses of Conduct Disorder, Childhood Onset Type; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder; Child Physical Abuse, Suspected.</p> <p>Review on 4/28/22 of the facility's Incident Reports Notebook revealed: -Incidents related to Client #2: -4/20/22- Elopement attempt. Police contacted. -4/16/22- Elopement attempt. Police contacted. -3/4/22- Restraint- small injury to his lip. -1/13/22- Police had to be called. Aggressive behavior and elopement attempt. -12/4/21- Elopement attempt. Aggressive behavior. Police called. -Incidents related to Client #4: -4/20/22- Elopement attempt- Police called. -4/16/22- Elopement attempt. Police called. Incident related to Client #5: -4/20/22- Elopement attempt. Police called. Incidents related to Client #6: -4/20/22- Aggressive behavior. Police called. Elopement attempt. -4/24/22- Involuntarily Committed due to Self injurious behavior. Suicidal Ideologies. -4/21/22- Involuntarily Committed. Suicidal Ideologies</p>	V 367		

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V 367	<p>Continued From page 11</p> <ul style="list-style-type: none"> -4/16/22- Elopement attempt. Police called. Incidents related to Former Client #7: -3/28/22- Involuntarily Committed due to Suicidal Ideology. Hearing voices. -2/24/22- Elopement attempt. Fire alarm pressed. Fire Dept. and Police came to center. Incident related to Former Client #8: -1/13/22- Elopement attempt. Aggressive behavior. Police called. Residential Mentor sustained injuries <p>Review on 4/28/22 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> -There were no Level II incident reports for Clients #2, #4, #5, Former Client #7, Former Client #8 for the months of January 2022 through April 2022. -There was only one Level II incident report for Client #6 dated 4/24/22. <p>Interview on 4/28/22 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He had been restrained only twice in the time that he had been there. -He warranted the restraints as he had been acting aggressive. -Denied getting hurt from the restraints. <p>Interview on 4/28/22 with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> -As an ED, she made sure that incident reports were sent to the Vice President of Operations. -Vice President of Operations was in charge of submitting incidents to IRIS. -All incident reports had been sent to the Vice President of Operations. -She felt that Former Client #8's behavior had a negative impact on the clients at the facility during the time that he was there. -Former Client #8 had been discharged due to aggressive and disruptive behavior. 	V 367		

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V 367	Continued From page 12 -Some of the clients at the facility started mimicking Former Client #8's behavior in their attempt to be discharged from the facility. -They also had a few incidents related to various clients trying to elope and being non compliant. Police had to be called and attended the facility. Clients did not leave facility grounds in their attempts. -She did not know why the incident reports were not submitted by the Vice President of Operations to the IRIS website. -She acknowledged that reports were not submitted to the MCO within 72 hours.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner. The findings are: Observation on 4/28/22 at approximately 12:50 pm of the facility revealed: -Only suites 1 and 3 were being used. -Suite 3: -Entrance door to suite 3 was stained and dirty. -Reflection room--Paint was peeling on the door.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2022
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NAME OF PROVIDER OR SUPPLIER JACKSON SPRINGS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376
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V 736	<p>Continued From page 13</p> <p>Walls had writing and paint was also peeling off. Section of rug had come off. Plywood was covering the window,</p> <ul style="list-style-type: none"> -Room #1-- Paint was peeling off from the walls. Plywood covering the window. -Room #2--There was writing on the walls. -Common Area--There was writing on the walls. Paint was chipping off from the wall. -Room #3--There was writing on the wall. -Room #4--Part of the wood panel from the door was peeled off. Air conditioning vents on the ceiling were off. -Bathroom--Light bulbs were dimmed. Only one light bulb would turn on right away. There were sticky residues on the outside of the walls from the toilet stalls. Only two out of the four sinks were working. There were stains on top of the sink counter. There was a large hole on the wall between the two toilet stalls. There were unfinished repaired patched up work inside one of the toilet stalls. There was mold/mildew on the floor tiles inside the shower. There was a plastic panel peeled off from the wall by the shower exposing unfinished drywall. Only one of two showers was working. -Recreational area--Basketball court had one piece of the wooden fence missing. -Suite 2: -Suite 2 was being remodeled. No clients in suite. -Suite 3: -Bathroom--Walls were dirty/stained. Paint was peeling off and there was writings on them. Sink counter had panel broken off. There was writing and paint peeling off from the door. -Reflection Room--Door had paint peeling off. Lights did not work. Curtains on the window were broken. -Room #1--There was writing on the walls. There was unfinished repaired patch on the wall needing to be repainted. 	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Common Area--Paint on walls was peeling off. -Room #2--There was writing on the walls. -Room #3--There was a piece of plywood covering a section of the wall. Walls had different color paints. There was writing on the walls. -Room #4--Air conditioning vents wee off the ceiling. There was writing on the walls. Mica from window ledge was peeled off. <p>Interview with the Executive Director on 4/28/22 revealed:</p> <ul style="list-style-type: none"> -She was aware of the majority of the maintenance issues with the facility. -The majority of the property damage was caused by the clients. The clients punched several holes in the walls. -Suite 2 was not being utilized at the present time. It was being remodeled. Clients had not resided on Suite 2 in about a year. Plan was to finish renovations on Suite 2 and move clients from suite 3 there. -She submitted work orders to the Director of Operations every Monday for maintenance issues at the facility. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		