

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/10/2022
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NAME OF PROVIDER OR SUPPLIER TAPESTRY ADOLESCENT RESIDENTIAL PRO	STREET ADDRESS, CITY, STATE, ZIP CODE 5030 HENDERSONVILLE ROAD FLETCHER, NC 28732
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on May 10, 2022. The complaint was unsubstantiated (Intake #NC00187269). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 4. The survey sample consisted of audits of 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>Review on 4-29-22 of Disaster Drills revealed: -First quarter of 2022 (January - March) had no disaster drills for first, second, or third shift.</p> <p>Review on 4-29-22 of Fire Drills revealed: -First quarter of 2022 (January - March) had no fire drills for first shift.</p> <p>Interview on 5-10-22 with the Vice President of Operations revealed: -Had been the Vice President of Operations over the facility since mid-January 2022. -Maintenance was in charge of drills in the past and were doing one drill per shift each month. -There were no disaster drills being completed. -The responsibility of completing drills was "transitioning over to the center directors."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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> <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</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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: Based on record reviews and interviews, the facility failed to report all level II incidents. The findings are:</p> <p>Review on 4-29-22 of Internal Incident Reports revealed: -On 2-15-22 an unaudited client eloped from the</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>facility.</p> <p>-Upon return to the facility on 2-15-22, the unaudited client continued to pose a danger to herself and was Involuntarily Committed to a local hospital.</p> <p>Review on 5-10-22 of North Carolina Incident Reporting and Improvement System (IRIS) revealed:</p> <p>-No incident reports in IRIS since June 2021.</p> <p>-No incident reports for the unaudited client named in the 2-15-22 incident.</p> <p>Interview on 5-10-22 with the Director of Compliance revealed:</p> <p>-He was responsible for reviewing IRIS reports, completing the supervisor section of incident reports and educating staff on incident reporting requirements.</p> <p>-"I'm ultimately responsible for making sure they (reports) get submitted."</p> <p>-He did not know if there was "a good system" for ensuring reports were entered into IRIS.</p> <p>-He would not be aware that an incident occurred unless staff completed an internal report.</p> <p>-He stated, " ...There is no way for me to oversee that unless staff call me ..."</p> <p>Interview on 4-29-22 and 5-10-22 with the Vice President of Operations revealed:</p> <p>-Had been the Vice President of Operations over the facility since mid-January 2022.</p> <p>-"The issue is HR (Human Resources) took over ...incidents ...They were not aware that they had to be reported into the system."</p> <p>-"We haven't had any level II or III's since [former Program Director] left."</p> <p>-"Everyone is accustomed to using the internal system ...I will recognize what is a (level) two or three and forward what needs to happen."</p>	V 367		

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