| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|---|--|-----------------------------------|--------------------------|--|
| MHH0976 | | | B. WING | | 06/ | 06/14/2022 | |
| CAROLINA DUNES BEHAVIORAL CENTER 2050 MER | | | ET ADDRESS, CITY MERCANTILE I AND, NC 28451 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| V 000 | INITIAL COMMENT | rs | V 000 | | | | |
| | 2022. The complain | was completed on June 14 nt was substantiated (intak deficiency was cited. | | | | | |
| | category: 10A NCA | sed for the following service C 27G .1900 Psychiatric ent Facility for Children and | | | | | |
| | | sed for 72 and currently ha survey sample consisted of ient. | | | | | |
| V 110 | 27G .0204 Training Paraprofessionals | /Supervision | V 110 | | | | |
| | SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills an population served. (d) At such time as employment system then qualified profe professionals shall | ledge; ess; ; g; kills; | s for an king, | | | | |

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

(X6) DATE TITLE

| NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | | |
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| CAROLINA DUNES BEHAVIORAL CENTER 2050 MERCANTILE DRIVE LELAND, NC 28451 (X4) ID PREFIX FREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 10 PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG CROSS-REFERENCED TO THE APPROPRIATE DAT | МНН0976 | | | B. WING | | | 06/14/2022 | |
| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAT | CAROLINA DUNES BEHAVIORAL CENTER 2050 MER | | | RCANTILE D | | | | |
| | PRÉFIX | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR | JLD BE | (X5) COMPLETE DATE | |
| V 110 (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hirring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, one of four audited paraprofessional staff (staff #1) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are: Review on 6/14/22 of client #1's record revealed: -14 year old female -Admission date of 2/2/22 -Diagnoses of Major Depressive Disorder Review on 6/14/22 of facility Incident Report for client #1 dated 5/16/22 revealed: -Client #1 had been in an altercation with several peers on the 300 hall at approximately 4pmSeveral peers were viewed pulling at client #1's legs and pushing her as she attempted to enter a dayroomStaff #3 intervened and brought client #1 to safety roomClient #1 complained of arm pain and was escorted for evaluation by nurse, -Client #1 was provided ice and ibuprofen for arm painEvaluation of client #1's arm revealed a bruise and slight swelling, | V 110 | (7) clinical skills. (f) The governing is develop and impler for the initiation of the plan upon hiring ear the plan upon hiring ear to demonstrate the required by the popare: Review on 6/14/22 - 14 year old female - Admission date of - Diagnoses of Major Review on 6/14/22 client #1 dated 5/16 - Client #1 had been peers on the 300 harseveral peers were legs and pushing he dayroom. - Staff #3 intervened safety room. - Client #1 complaint escorted for evalual - Client #1 was proving pain. - Evaluation of client - Evaluation - Evaluation of client - Evaluation | body for each facility shall ment policies and procedures the individualized supervision ich paraprofessional. Let as evidenced by: Leviews and interviews, one of rofessional staff (staff #1) failed knowledge skills and abilities bulation served. The findings Lof client #1's record revealed: Lo | | DELITION () | | | |

Division of Health Service Regulation STATE FORM

K1UZ11 If continuation sheet 2 of 5

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------------------------|--|--------|--------------------------|
| | | A. Bolizino. | | | | |
| МНН0976 | | B. WING | · · · · · · · · · · · · · · · · · · · | 06/1 | 4/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| CAROLI | NA DUNES BEHAVIO | RAI CENTER | RCANTILE DI NC 28451 | RIVE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| V 110 | Observation at app facility security vide -Client #1 was obse 300 hall outside the -Client #1 attempted dayroom from the stayroom door oper -Client stuck her ar attempted to scoot by the clients on the -Two clients came #1 out of the doorwell -Unknown clients was attempted to grab of clients immediately and staff #1 was not entered the hallway stop their activity. -The clients immediately and staff #3 is seen at walking her off came. Interview on 6/14/2 -She had been in a several weeks earled weeks earled weeks earled weeks earled weeks earled weeks earled ayroom for behaven. | proximately 4pm on 6/14/22 of the dated 5/16/22 revealed: erved sitting in the floor of the erved dayroom. In the dayroom in the open door and in, but she was denied access the inside of the room. In the dayroom by her feet, or heard yelling that client #1 and the day room and client #1 seed for your and walked by the theorem out of the day room and walked by the theorem of the dayroom of the day room on turned and walked by the theorem of the clients to the dayroom of the clients to the clients to the clients to the client #1 and the coom at that time. It is also viewed entering the coom at that time. It is the dayroom of the client #1 and the client #1 a | V 110 | | | |

Division of Health Service Regulation

STATE FORM 6899 K1UZ11 If continuation sheet 3 of 5

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
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| мнн0976 | | B. WING | | 06/14/2022 | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADD | | | DRESS, CITY, S | STATE, ZIP CODE | | |
| CAROLI | NA DUNES BEHAVIO | RAI CENTER | CANTILE DI NC 28451 | RIVE | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | |
| V 110 | sticking her arm int -Several peers tried dayroom and attem -Two other peers t began pulling her ir from entering the ro -She felt staff shou try stopping her pee -She was seen by a right away and eval daysX-rays were taken injuries. Interview on 6/14/2 -She had been wor #1 had an altercation -She had been wor time of the incident -She heard common she got into the hal addressed the issu -Staff #1 had been at the time of the in -She did not view wor Interview on 6/14/2 -She had been wor #1 had an altercation -She had been wor #1 had an altercation -She was at the nur videos of the hallwa -From the live video | r way in to the dayroom by on the door. If pushing her out of the apted to force the door closed. The distriction in the arm and there were no a staff #2 stated: In a facility for over a year. It with peers outside the day were in the hall and by the time on the 300 hall. It ion in the hall and by the time on the hall observing client #1 cident. If hat occurred. If a stated: If a facility for approximately 2 with peers outside the day were no a staff #3 stated: If a facility for approximately 2 with peers outside the day were nother to the shift where client what occurred. If a stated: If a facility for approximately 2 with peers outside the day were station and could see | V 110 | | | |

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STATE FORM 6899 K1UZ11 If continuation sheet 4 of 5

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER: | ` ' | E CONSTRUCTION | (X3) DATE COMF | E SURVEY PLETED |
|--------------------------|---|---|----------------------------------|--|-----------------------------------|--------------------------|
| | | MHH0976 | B. WING | | 06/· | 14/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STRI | EET ADDRESS, CITY, | STATE, ZIP CODE | | |
| CAROLI | NA DUNES BEHAVIOR | RAI CENTER | 0 MERCANTILE D .AND, NC 28451 | RIVE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| V 110 | her outShe then witnesse out and attempt to gattempt to pull her food the situation from ender the situation from the situation | d client #1 's peers comir grab at client #1 's legs in from the day room. 00 hall and intervened to s scalating. immediately released clie ted client #1 to be evaluate uple of seconds away from o intervene quickly. o intervene due to staff no y enough. The staff prese | ent #1 ted in the ot | | | |

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