

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/06/2022
NAME OF PROVIDER OR SUPPLIER CLEAR SKY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 55 RAILROAD STREET MARION, NC 28752		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on July 6, 2022. The complaint was unsubstantiated (intake #NC00190374). Deficiencies were cited.</p> <p>This 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 8 and currently has a census of 8. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p> <p>(7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 109	<p>Continued From page 1</p> <p>met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the one of one Qualified Professional (QP) failed to demonstrate knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to V367 for specific information regarding failure to report incidents.</p> <p>-QP was responsible for submitted incidents into North Carolina Incident Response Improvement System (IRIS).</p> <p>Review on 7-6-22 of the QP's record revealed:</p> <p>-Date of Hire: 8-7-17</p> <p>-Title/Position: Behavioral Health Director (QP).</p> <p>-A Master's degree and work history that qualifies him as a QP.</p> <p>-Signed job description revealed: " ...will coordinate and monitor all aspects of the consumer case ...and managing the consumer caseload/documentation ..."</p>	V 109			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLEAR SKY GROUP HOME

**55 RAILROAD STREET
MARION, NC 28752**

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V 109	<p>Continued From page 2</p> <p>Interview on 7-5-22 with Client #2 revealed: -He denied reporting allegation. -He denied any clients touched him in a sexual manner.</p> <p>Interview on 7-5-22 and 7-6-22 with the Direct Care Supervisor revealed: -Client #2 likes to make accusations. In his first week he made an allegation that another client had touched him. "I reported it to my higher ups." -Allegation made by Client #2 was not documented in writing but verbally reported. -"Direct care staff report to me and then write up a statement about the incident and then it is forwarded to the QP." -Daily notes are written about the clients. -"Sexual behaviors aren't necessarily written in them (daily notes) in the event that a client were to see them." -Neither she nor the Associate Professional are responsible for submitting incidents into IRIS. -The QP is responsible for inputting incidents into IRIS.</p> <p>Interview on 7-5-22 with the QP revealed: -Client #2 has made allegations about other clients. -"We (the facility) have followed up on that. There is no corroboration or suspicion that this has happened." -There were no internal investigations or incident reports regarding allegations made by Client #2. -"Not really anything to document. You have an inquiry. Did this happen? Could it have happened?" -"We have staffing once a week and talk about things that are reported to [Clinical Director] that are a concern for direct care staff to follow up on." -He was responsible for submitting IRIS reports.</p>	V 109		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</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> <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>	V 367		

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V 367	Continued From page 4 (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 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: (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	V 367		

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V 367	<p>Continued From page 5</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit incident reports to the local LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours of learning of the incident. The findings are:</p> <p>Review on 7-5-22 of Client #2's record revealed: -No documentation regarding any sexual assault.</p> <p>Review on 7-6-22 of facility incident reports from March 2022 to present revealed: -4-25-22 - marked as a Level I incident - Former Client (FC) #9 began making threats, proceeded to destroy facility property, unable to de-escalate and a "therapeutic hold" was initiated. 4-25-22 - marked as a Level I incident - FC #10 became escalated and began to damage facility property and threaten other clients, an "NCI (Nonviolent Crisis Intervention) Therapeutic Intervention" was used, client said he could maintain himself but began damaging property immediately and a "second intervention" was initiated. -4-26-22 - FC #9 became escalated and began to destroy his personal and facility property, as well as display self-injurious behaviors, a "therapeutic hold" was used. -4-26-22 - FC #10 began to destroy facility property and threaten other clients, a "therapeutic</p>	V 367			

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V 367	<p>Continued From page 6</p> <p>hold" was used, client calmed down and then re-escalated and was placed in a second "therapeutic hold."</p> <p>-5-11-22 - Level II - Client #5 stole an item while in the community, became escalated toward another client when confronted, punched other client 3 times, Law Enforcement (LE) was called.</p> <p>-6-9-22 - Level II - Client #7 became escalated, punched Client #2, LE was called.</p> <p>-6-22-22 - Level II - Client #2 had threatened self-harm and was Involuntary Committed to the hospital.</p> <p>-No incident report or internal investigation regarding allegations of sexual assault made by Client #2.</p> <p>Review on 7-6-22 of North Carolina Incident Response Improvement System (IRIS) revealed:</p> <p>-No IRIS reports were submitted for the following incidents: 4-25-22, 4-26-22, 5-11-22, and 6-9-22.</p> <p>-Incident with Client #2 dated 6-22-22 regarding threats of self-harm and subsequent Involuntary commitment was submitted on 7-5-22.</p> <p>-No IRIS report was found regarding Client #2's allegation of sexual assault by another client.</p> <p>Interview on 7--22 and 7-6-22 with the Direct Care Supervisor revealed:</p> <p>-Client #2 likes to make accusations. In his first week he made an allegation that another client had touched him. "I reported it to my higher ups."</p> <p>-"Direct care staff report to me and then write up a statement about the incident and then it is forwarded to the QP."</p> <p>-Neither she nor the Associate Professional are responsible for submitting incidents into IRIS.</p> <p>-The QP is responsible for inputting incidents into IRIS.</p> <p>Interview on 7-5-22 with the QP revealed:</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>-There were no internal investigations or incident reports regarding allegations made by Client #2.</p> <p>-When asked about allegations made by Client #2, "Not really anything to document. You have an inquiry. Did this happen? Could it have happened."</p> <p>-He was responsible for submitting IRIS reports.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		