STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl043-039	A. BUILDING: _____ B. WING _____	R-C 09/13/2022

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SIERRA'S RESIDENTIAL SERVICES GROUP H(	21 LANEXA LANE SPRING LAKE, NC 28390

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on September 13, 2022. The complaint was unsubstantiated (intake #NC00192747). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 1 former client.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify Health Care Personnel Registry	V 318		

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V 318	Continued From page 1 (HCPR) within 24 hours of learning about all allegations of abuse affecting 1 of 2 audited staff (#2).The findings are: Review on 9/13/22 of staff #2's personnel record revealed: -Hire date: 7/15/19. -Job: Paraprofessional. Review on 9/13/22 of the HCPR initial allegation report revealed: -A internal investigation was completed on 9/6/22 and faxed to HCPR on 9/7/22. Interview on 9/13/22 the Office Administrator stated: -It was her responsibility to report to the HCPR. -The allegations was reported to staff on 9/4/22. -She had not submitted the initial allegation within 24 hours. -The submitted the report to the HCPR on 9/7/22.	V 318		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider	V 366		

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V 366	Continued From page 2	V 366		

specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:

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V 366	Continued From page 3 (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to implement written policies governing their response to Level II incidents. The findings are:

Review on 9/13/22 of the facility's incident reports from 7/1/22 to 9/13/22 for FC #4 revealed:
-A Level I incident report for FC #4's behaviors completed by staff #1.
-No evidence of a level II incident report for abuse allegation made by FC #4 against staff #2.

Review on 9/13/22 of the facility's internal investigation revealed:
-"In the case of: Consumer [FC #4] alleged Employee abused him and pushed him into the tub and sprayed him with the shower."
-"Investigation Start Date: 9/4/2022."
-"Completion Date: 9/7/2022."

Interview on 9/13/22 the Associate Professional stated:
-She transported FC #4 to the hospital for an evaluation after his behaviors on 9/4/22.
-FC #4 made allegation against staff #2 at the hospital on 9/4/22 to the doctor while she was present.
-She reported the allegation to the Qualified Professional (QP) who completed an internal investigation.

Interview on 9/13/22 the QP stated:

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V 366	Continued From page 5 -He completed an internal investigation for the allegation FC #4 made against staff #2. -The office administrator submitted a North Carolina Incident Response Improvement System (IRIS) report. Interview on 9/13/22 the Office Administrator stated: -Normally level II IRIS reports were submitted by the Clinical Director. -No level II IRIS report was submitted.	V 366		
V 367	27G .0604 Incident Reporting Requirements 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 means. The report shall include the following information: (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	V 367		

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V 367	Continued From page 6 (6) other individuals or authorities notified or responding. (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: (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. (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:	V 367		

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V 367	Continued From page 7 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 9/13/22 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incident reports were submitted by facility between 7/1/22 - 9/13/22. Interview on 9/13/22 the Qualified Professional stated: -He completed an internal investigation for the abuse allegation FC #4 made against staff #2. -The office administrator submitted an IRIS	V 367		

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V 367	Continued From page 8 report. Interview on 9/13/22 the Office Administrator stated: -No level II IRIS report was submitted.	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 interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 9/13/22 at approximately 10:15am during a tour of the facility revealed: -The front entrance door frame between the door and screen door was broken and exposed screws at the top and the bottom portion was missing. -The living room curtain rode was bent and hanging. -Client #3's bedroom had a hole in the wall behind the door from the door knob and a smaller hole above it from the door stop. Another hole about the size of a grapefruit was in the middle of the same wall. The bottom dresser drawer was broken. -The hallway bathroom had a flooring strip missing at entrance.	V 736		

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V 736	Continued From page 9 -Client #1's bedroom was a double occupancy room. There was 2 holes in the wall behind the door from the doorknob and door stop. The back of the door was cracked and damaged. There was a hole square in shape about 6 inches next to the bedroom door near the baseboard. The attached bathroom had a hole in the wall next to the door. There was a hole in the wall next to the dresser. The blinds had missing and broken slates. -The dinning room's light fixture about the table had a blown light bulb and 1 bulb cover missing. Interview on 9/13/22 the Qualified Professional stated: -He would submit a maintenance request for repairs. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		