

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 09/23/2022 |
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| NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 09/23/2022. The complaint (intake #NC00192244) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p> <p>This facility has a current census of 36. The survey sample consisted of audits of 3 current clients.</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> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <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 facility failed to ensure 1 of 4 audited Staff (Program Director/Principal) demonstrated competency in knowledge, skills, and abilities required by the population served. The findings are:</p> <p>CROSS REFERENCE: § 131E-256. Health Care Personnel Registry (V132). Based on records reviews and interviews, the Program Director/Principal failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel and protect clients during an internal investigation.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents affecting 1 of 3 Clients (#1).</p> | V 109 | | |

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| V 109 | <p>Continued From page 2</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to report all level III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 Clients (#1).</p> <p>CROSS REFERENCE: 10A NCAC 27D.0101 Policy on Rights Restrictions and Interventions (V500). Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse are reported to the County Department of Social Services (DSS).</p> <p>Reviews on 08/25/2022, 09/02/2022, and 09/07/2022 of Client #1's record revealed: -Admitted 06/09/2022. -Diagnosed with Post Traumatic Stress Disorder, Child Physical Abuse, Child Psychological Abuse, Cannabis Use Disorder, and Unspecified Alcohol Related Disorder. -Age 16. -Comprehensive Clinical Assessment (CCA) dated 08/21/2021 specified; "... [Client #1] reported that the emotional and physical abuse have been ongoing most of his life."</p> <p>Interviews on 08/23/2022 and 09/15/2022 with the Program Director/Principal revealed: -Job Title of Program Director/Principal. -Employed since 2009. -Was credentialed as a Qualified Professional (QP). -Ran the day-to-day operations for the facility to</p> | V 109 | | |

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| V 109 | <p>Continued From page 3</p> <p>include supervising support staff. -"[QP] got physical when [Client #1] started to invade his (QP) personal space." -"08/17/2022 later in the evening while I was at the hospital is when I found out about the allegation of abuse against staff [QP]." -"I spoke to the officers [local police officers] and told them that [Client #1] was in a restraint. I gave them staff (QP) information."</p> <p>Review on 09/19/2022 of the Plan of Protection (POP) dated 09/19/2022 and signed by the Program Director/Principal revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ol style="list-style-type: none"> 1. Immediately respond to any and all physical restraint's 2. Gather all information from all involved and those that may have witnessed the incident. 3. Ensure that any staff involved are suspended as investigation is taking place 4. Complete incident reports in the IRIS system in a timely manner 5. Ensure all the necessary parties for the client (guardian, parent's staff) are contacted. 6. Make any additional reports to the registry or law enforcement. <p>Describe your plans to make sure the above happens. [Clinical Director] will ensure that all steps are in place and be the one to oversee all incidents moving forward to ensure things are done accurately and correctly. Weekly staff meeting will be conducted to have check-ins to see what occurred with clients on a weekly basis. All incidents and investigating will be reported within 24hoursopposeto72hours. If any additional information is presented after internal investigation that has bearing on the current incident staff will complete an additional incident</p> | V 109 | | |

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| V 109 | <p>Continued From page 4</p> <p>report documenting new information found. [Clinical Director] will ensure all steps are completed in a timely manner."</p> <p>Review on 09/19/2022 of the POP Addendum dated 09/19/2022 and signed by the Program Director/Principal revealed the following updated information: -"Effective September 19, 2022 [Clinical Director] will initiate the following steps ... -The purpose of this ins to ensure that all clients under the care of Jasper's house day treatment program are protected and kept safe. [Clinical Director] will ensure that all clients emergency contact information is placed in a secured binder to ensure that staff has immediate access to it in the event of a crisis. In the event of any crisis such as restrain, AWOL (Absent without leave) or physical aggression towards peers. Incident report's will be done both in the IRIS system and in house. [Clinical Director] will ensure that all data is collected and filed with any and all incident reports. Prior to incidents being completed in IRIS system [Clinical Director] will review all information to ensure it is correct and accurate prior to it being uploaded. [Clinical Director] will also do follow up calls to the clients' caregivers afterwards to answer and or address any questions or concerns they may have above the incident... -Effective on September 19, 2022 [Clinical Director] ...The first staff meeting will occur on Friday, September 23, 2022 at 3:30 pm. All staff will have to attend these weekly meetings. If any staff has an obligation the day of the staff meeting and are unable to attend, they will be briefed on what occurred the following Monday morning by 8 am. -Effective September 19, 2022 all incidents and investigating will be reported within 24 hours</p> | V 109 | | |

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| V 109 | <p>Continued From page 5</p> <p>oppose to 72hours ..."</p> <p>Review on 09/20/2022 of the POP Addendum dated 09/19/2022 and signed by the Program Director/Principal revealed the following updated information: -No change.</p> <p>Review on 09/21/2022 of the POP Addendum dated 09/20/2022 and signed by the Program Director/Principal revealed the following updated information: -"Dated 09/20/2022."</p> <p>Client #1 was a 16-year-old diagnosed with Post Traumatic Stress Disorder, Child Physical Abuse, Child Psychological Abuse, Cannabis Use Disorder, and Unspecified Alcohol Related Disorder. Client #1 alleged that the QP placed him in a choke hold on 08/17/2022. The Program Director/Principal was made aware of the abuse allegation while at the hospital with Client #1 on 08/17/2022. After becoming aware of the allegation of abuse incident, the Program Director/Principal failed to protect clients by allowing the QP to continue to work without putting systems in place. In addition, she failed to complete an Internal Investigation, IRIS Report, and Risk/Cause/Analysis for the allegation of abuse incident. Furthermore, the Program Director/Principal failed to notify the HCPR, the LME/MCO, and DSS of the allegation of abuse incident dated 08/17/2022. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p> | V 109 | | |

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| V 131 | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 2 of 4 audited Staff (#1 and Qualified Professional (QP)). The findings are:</p> <p>Review on 08/25/2022 of Staff #1's personnel record revealed: -Hire date of 02/07/2018. -Job title of Teacher. -HCPR check 02/09/2018.</p> <p>Review on 08/23/2022 of the QP's personnel record revealed: -Hire date of 05/31/2022. -Job title of QP/Teacher. -HCPR check 06/03/2022.</p> <p>Interview on 09/01/2022 with Staff #1 revealed: -Employed since February 2018.</p> <p>Interview on 09/01/2022 with the QP revealed:</p> | V 131 | | |

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| V 131 | Continued From page 7 -Employed since 05/31/2022. Interview on 09/15/2022 with the Program Director/Principal revealed: -The Licensee was responsible for HCPR checks. -Was not sure why the HCPR checks were not completed prior to hire for Staff #1 and the QP. | V 131 | | |
| V 132 | G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the | V 132 | | |

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| V 132 | <p>Continued From page 8</p> <p>investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the Program Director/Principal failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel and protect clients during an internal investigation. The findings are:</p> <p>Review on 08/23/2022 of the facility records revealed: -No documentation of an internal investigation for the alleged abuse incident dated 08/17/2022 for Client #1 being placed in a choke hold by the Qualified Professional (QP). -No notification to the HCPR for the alleged abuse incident dated 08/17/2022 for the QP.</p> <p>Interview on 09/01/2022 with the QP revealed: -Learned of the allegation of abuse against him on 08/17/2022 from the local police. -Continued to work his normal full-time (Monday-Friday) schedule after the alleged abuse</p> | V 132 | | |

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| V 132 | <p>Continued From page 9</p> <p>incident dated 08/17/2022 involving Client #1.</p> <p>Interview on 09/15/2022 with the Program Director/Principal revealed:</p> <ul style="list-style-type: none"> -Learned of the allegation of abuse against the QP on 08/17/2022 while at the hospital with Client #1. -Did not investigate the allegation of abuse incident involving Client #1 and the QP. -QP continued to work his normal full-time (Monday-Friday) schedule with Client #1 and other clients after she (Program Director/Principal) became aware of the allegation of abuse incident. - "...The only reason why (incident not investigated) is because no one witnessed anything." -Did not notify the HCPR of the allegation of abuse incident dated 08/17/2022 for the QP. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect.</p> | V 132 | | |
| V 133 | <p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an</p> | V 133 | | |

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| V 133 | <p>Continued From page 10</p> <p>applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available</p> | V 133 | | |

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| V 133 | <p>Continued From page 11</p> <p>upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of | V 133 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 09/23/2022 |
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| (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 |
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| V 133 | <p>Continued From page 12</p> <p>a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or</p> | V 133 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 09/23/2022 |
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| (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 |
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| V 133 | <p>Continued From page 13</p> <p>Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for</p> | V 133 | | |

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| V 133 | <p>Continued From page 14</p> <p>criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request the required statewide criminal records check no later than five business days after the individual began conditional employment for 2 of 4 audited Staff (#1 and Qualified Professional (QP)). The findings are:</p> <p>Review on 08/25/2022 of Staff #1's personnel record revealed: -Hire date of 02/07/2018. -Job title of Teacher. -No documentation of request for statewide criminal records check.</p> <p>Review on 08/23/2022 of the QP's personnel record revealed: -Hire date of 05/31/2022. -Job title of QP/Teacher. -Request for statewide criminal records check ordered 04/16/2018.</p> <p>Interview on 09/01/2022 with Staff #1 revealed: -Employed since February 2018.</p> | V 133 | | |

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| NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212 |
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| (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 |
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| V 133 | Continued From page 15 Interview on 09/01/2022 with the QP revealed: -Employed since 05/31/2022. Interview on 09/15/2022 with the Program Director/Principal revealed: -The Licensee was responsible for background checks. -"He (QP) was with us before, he left to take care of family business and returned." -Background check was not completed for the QP upon rehire. | V 133 | | |
| 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 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 | V 366 | | |

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| V 366 | <p>Continued From page 16</p> <p>Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> | V 366 | | |

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| V 366 | <p>Continued From page 17</p> <p>located and to the LME where the client resides, if different; and</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies</p> | V 366 | | |

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| V 366 | <p>Continued From page 18</p> <p>governing their response to level III incidents affecting 1 of 3 audited Clients (#1). The findings are:</p> <p>Review on 08/23/2022 of the facility records revealed:</p> <ul style="list-style-type: none"> -No incident report for the allegation of abuse incident dated 08/17/2022 for Client #1 being placed in a choke hold by the Qualified Professional (QP). -No Risk/Cause/Analysis for the allegation of abuse incident dated 08/17/2022. -No documentation to support completion or submission of the written preliminary findings of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the incident dated 08/17/2022 for Client #1. <p>Interview on 09/15/2022 with the Program Director/Principal revealed:</p> <ul style="list-style-type: none"> -Did not complete an incident report for the allegation of abuse incident dated 08/17/2022 for Client #1. -Did not complete Risk/Cause/Analysis for the allegation of abuse incident dated 08/17/2022 for Client #1. -Did not complete or submit the written preliminary findings of fact to the LME/MCO within five working days of the incident dated 08/17/2022 for Client #1. -Did not think she needed to respond to the level III incident dated 08/17/2022. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect.</p> | V 366 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 09/23/2022 |
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| V 367 | Continued From page 19 | V 367 | | |
| 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</p> | V 367 | | |

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| (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 |
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| V 367 | <p>Continued From page 20</p> <p>unavailable.</p> <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 information; (2) reports by other authorities; and (3) the provider's response to the incident. <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> <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 | V 367 | | |

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| V 367 | <p>Continued From page 21</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 audited Clients (#1). The findings are:</p> <p>Review on 08/23/2022 of the facility records revealed: -No incident report for the allegation of abuse incident dated 08/17/2022 for Client #1 being placed in a choke hold by the Qualified Professional (QP). -No documentation of LME/MCO notification.</p> <p>Review between 08/23/2022 and 09/14/2022 of the IRIS from 04/01/2022-08/22/2022 revealed: -No level III IRIS report submitted for the allegation of abuse incident dated 08/17/2022 for Client #1 being placed in a choke hold by the QP.</p> <p>Interview on 09/15/2022 with the Program Director/Principal revealed: -Learned of Client #1's allegation of abuse against the QP on 08/17/2022.</p> | V 367 | | |

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| NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212 |
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| V 367 | <p>Continued From page 22</p> <p>-"I did not know if I needed to do one (IRIS Report/LME/MCO notification). So, no ma'am. I did not."</p> <p>-Did not complete an IRIS report for the allegation of abuse incident dated 08/17/2022 for Client #1.</p> <p>-Did not report the allegation of abuse incident dated 08/17/2022 for Client #1 to the LME/MCO within 72 hours of becoming aware of the incident.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect.</p> | V 367 | | |
| V 500 | <p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy</p> | V 500 | | |

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| V 500 | <p>Continued From page 23</p> <p>that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> | V 500 | | |

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| V 500 | <p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse are reported to the County Department of Social Services (DSS). The findings are:</p> <p>Review on 08/23/2022 of the facility's record revealed: -No notification to the DSS for the alleged abuse incident dated 08/17/2022 for Client #1 being placed in a choke hold by the Qualified Professional (QP).</p> <p>Interview on 09/15/2022 with the Program Director/Principal revealed: -Did not notify the DSS of Client #1's allegation of abuse incident dated 08/17/2022.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect.</p> | V 500 | | |
| V 512 | <p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> | V 512 | | |

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| V 512 | <p>Continued From page 25</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, 1 of 3 audited Staff (Qualified Professional (QP)) abused 1 of 3 Clients (#1). The findings are:</p> <p>Reviews on 08/25/2022, 09/02/2022, and 09/07/2022 of Client #1's record revealed: -Admitted 06/09/2022. -Diagnosed with Post Traumatic Stress Disorder, Child Physical Abuse, Child Psychological Abuse, Cannabis Use Disorder, and Unspecified Alcohol Related Disorder. -Age 16. -Comprehensive Clinical Assessment (CCA) dated 08/21/2021 specified; "... [Client #1] reported that the emotional and physical abuse have been ongoing most of his life." -CCA Addendum dated 04/01/2022 specified; "... [Client #1] endorses the following symptoms: intrusive thoughts of the abuse, feeling disconnected for his body, flashbacks, persistent avoidance of stimuli associated with the traumatic events, negative alterations in cognitions and mood associated with the traumatic events ..."</p> | V 512 | | |

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| V 512 | <p>Continued From page 26</p> <p>Review on 08/23/2022 of the QP's personnel record revealed: -Hire date of 05/31/2022. -Job title of QP/Teacher.</p> <p>Review on 09/02/2022 of a document titled [Local Hospital] After Visit Summary for Client #1 dated 08/17/2022 revealed: -Diagnoses: Strangulation or suffocation, initial encounter and Neck pain. -Imaging Tests: CT (Computed Tomography) Angio Neck and CT Spine Cervical WO (Without) Contrast.</p> <p>Review on 08/25/2022 of a internal document titled Incident Report for Client #1 "undated" and completed by the Program Director/Principal revealed: -"On Wednesday August 17, 2022 I was informed of a situation that resulted in a physical restrain. [QP] explained that [Client #1] was slightly agitated in class when he returned to his room with breakfast ... [QP] stated [Client #1] became very argumentative and when he saw that beginning to occur, he asked the other students to step out (of the classroom) so he could process with [Client #1]. [QP] stated that as they were standing and talking about what was going on with him [Client #1] began to approach him. [QP] stated he held his hands up to avoid [Client #1] invading his personal space. [QP] stated at that time he realized that [Client #1] wasn't willing to process and began to escort him to another class ..." -" ... [QP] began to restrain [Client #1]."</p> <p>Interview on 09/02/2022 with Client #1 revealed: -"This man (QP) started tripping over pop tarts. The principal (Program Director/Principal) asked</p> | V 512 | | |

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| V 512 | <p>Continued From page 27</p> <p>me to take them (pop tarts) over (to the classroom) and I put them on the table. He (QP) said 'are you going to pass them out' and I said no because it was high school boys and they can get it (pop tarts) themselves. He was like excuse me that is disrespect. And I said it was not disrespect. He told everybody to get out. He started getting in my face and started to lecture me about disrespect. He (QP) was in my face. I tried to walk away, and he stopped me from walking out of the room. He (QP) put me in a choke hold against the wall."</p> <p>"I maneuvered out of the first choke hold and I started swinging. He put me in another choke and slammed me to the floor. I was still in the choke hold on the floor. I think I blacked out for a minute. I really don't remember s**t, don't remember jack. I regained consciousness and staff came in. He was telling me to ask, 'him nicely to get off of me'."</p> <p>Interview on 09/01/2022 with Client #3 revealed: -Did not witness what transpired between Client #1 and the QP on 08/17/2022. -"No. I was in the same classroom, but I did not see what was going on. I was cleaning at the time."</p> <p>Interview on 09/01/2022 with Client #4 revealed: -Did not witness what transpired between Client #1 and the QP on 08/17/2022. -"No, because he (QP) made us step out of the classroom."</p> <p>Interview on 09/01/2022 with Staff #1 revealed: -"I saw [QP] had [Client #1] in a hold position. [Client #1] was on floor and [QP] was on the side of [Client #1] holding his arms down. [QP] was on his knees. I asked [Client #1] if he was okay and he said yes. I then asked him if [QP] let him up</p> | V 512 | | |

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| V 512 | <p>Continued From page 28</p> <p>would he come with me and he said yes. [QP] let him up and he came with me where we processed. [Client #1] was saying get off me when I get there. He was not struggling." -"Protocol is not to make a kid pass out something. You ask someone else to pass out the items. [Client #1] liked to help and I feel like something proceeded that, because this does not add up to me."</p> <p>Interview on 09/14/2022 with Client #1's Therapist revealed: -Saw Client #1 by appointment on 08/17/2022 (Wednesday) between 2 and 3 pm. -Client #1 disclosed that he had experienced an assault at the day program earlier that day. -"He (Client #1) said [QP] assaulted him." -"His teacher (QP) told him to pass out pop tarts and [Client #1] said 'no'. They (Client #1 and QP) exchanged words. The teacher told the other boys to leave the classroom and the staff (QP) put [Client #1] in a choke hold. [Client #1] was able to maneuver out of the first choke hold and the staff placed in another one. [Client #1]'s back was to him. They (Client #1 and QP) were struggling and fell to the ground and [Client #1] said he faded (losing consciousness) out. When he came back to, he told the staff to get off him and the staff said, 'say it nicely'. Around that time another staff came in and [Client #1] was released from, the restraint." -"[Client #1] was fading (losing consciousness) in and out while he was talking to me. He complained that his back and neck hurt. I called [Client #1's Group Home Licensee] and told them what happened and that [Client #1] needed to go to the hospital. I also told them that I would call 911. They (Client #1's Group Home Licensee) told me that they were on the way and would take him to the hospital."</p> | V 512 | | |

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| V 512 | <p>Continued From page 29</p> <p>-"Two times while talking to me, he (Client #1) closed his eyes and placed his head back. I asked him if he was okay, 'he said he was', but he (Client #1) clearly was not."</p> <p>-Did not see visible marks on Client #1, but noticed his eyes were a slight pinkish color.</p> <p>-"[Client #1] is a small kid. Maybe 130 lbs. He clearly was not okay."</p> <p>Interview on 09/02/2022 with Client #1's Group Home Licensee revealed: -"Staff picked him up from ARJ (Licensee) and took him to therapy (on 08/17/2022). The therapist called me and told me what happened and said that she was going to make a report. She (Therapist) said that we needed to come get him and take him to the hospital. She said that he had reported to her that he had a confrontation with a staff called [QP]. Staff (QP) told clients to get out of the classroom and the teacher (QP) choked him out. My staff took him to the hospital and client told the doctor the same thing."</p> <p>-After speaking with Client #1's Therapist, called and notified the Program Director/Principal of the above information.</p> <p>Interview on 09/02/2022 with Client #1's Group Home Manager revealed: -"I dropped him (Client #1) off at therapy. He did not say anything to me but reported it (allegation of abuse) to the therapist and the therapist reported it to [Client #1's Group Home Licensee]."</p> <p>-"They (doctor) did X rays and diagnosed him with strangulation or suffocation. He had blood vessel that popped in his eyes and face."</p> <p>Interview on 09/01/2022 with the QP revealed: -On 08/17/2022, instructed the other Clients to leave the classroom leaving him alone with Client #1.</p> | V 512 | | |

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| V 512 | <p>Continued From page 30</p> <p>-"Because of his demeanor and what he was saying (felt that Client #1 had escalated). I was trying to explain, and we were going back and forward, and he came and approached me. I (QP) put my hand out and pushed him back and I told him that he could not walk up into someone's personal space. He walked up on me again and I swung him around with his back to my stomach, put my arm up and underneath his arm, like a sling, right across the chest, and tried to walk him to staff [Staff #1] and he started to resist. I came down with him landing on me on the floor. I rolled him over and side straddled him and yelled for [Staff #1] to come in."</p> <p>-Was triggered to physically engage Client #1. "Because he came back into my personal space, and no one can gage someone's intention. I grabbed him and brought him close to my body."</p> <p>-"I (QP) feel that once someone come into your personal space, I have the right to defend myself. It is on the books for common law. I could have waited to see what his actions would be and potentially get harmed."</p> <p>-Placed Client #1 in a chest hold.</p> <p>- "I (QP) explained to him (Client #1) why I did what I did (physically engaged him), and he said he understood."</p> <p>-"We try to avoid restraints here."</p> <p>Interviews on 08/23/2022 and 09/15/2022 with the Program Director/Principal revealed:</p> <p>-"[QP] got physical when [Client #1] started to invade his (QP) personal space."</p> <p>-Would ensure two staff are always in classrooms.</p> <p>-Would ensure that staff contact her if a client escalates.</p> <p>-Would ensure staff re-take National Crisis Intervention (NCI) Training.</p> | V 512 | | |

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| V 512 | <p>Continued From page 31</p> <p>Review on 09/19/2022 of the Plan of Protection (POP) dated 09/19/2022 and signed by the Program Director/Principal revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will be removed form his position effective immediately. A thorough meeting with all staff will be conducted on September 20th 2022 to make all staff aware of the importance of utilizing least restrictive interventions when working with clients. Clients will be able to submit things that trigger them and copy of those things will be provided to staff so they are aware of best steps in working with clients and understanding what things may trigger or escalate them and what coping skills work best for each individual. All staff will begin bi-weekly therapy to ensure they are having their mental health needs addressed to assist them with working in their current positions. Describe your plans to make sure the above happens. Provide the disciplinary action to staff involved in incident immediately (9-19-2022). Ensure staff are working with clients two at a time at all times to ensure proper safety of clients and staff. If a staff is having trouble processing with clients or feels he or she are unable to be effective allow client to have a self-imposed time out where staff can still monitor. Also see if client is more comfortable processing with someone else. Ensure staff is not personalizing behaviors that client may be exhibiting."</p> <p>Review on 09/19/2022 of the POP Addendum dated 09/19/2022 and signed by the Program Director/Principal revealed: "What immediate action will the facility take to</p> | V 512 | | |

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| V 512 | <p>Continued From page 32</p> <p>ensure the safety of the consumers in your care? -Staff will be removed from his position effective immediately September 19, 2022. A staff meeting with all staff will be conducted on September 20, 2022 to make all staff aware of the importance of utilizing least restrict interventions when working with clients. This meeting will be conducted by [Program Director/Principal] and [Clinical Director]. [Program Director/Principal] will ask all clients to complete a form on what triggers them and what coping skills do they prefer staff use with them when they are escalated. Clients will have this form completed by Wednesday September 21, 2022. Staff will receive a copy of client's trigger on Thursday morning September 22, 2022 by 9 am. Staff will receive refresher course on NCI+ by September 30, 2022 between 4-5 pm. The purpose of this training will to allow clients to understand acceptable and unacceptable restrain hold. [Program Director/Principal] will ensure this training is scheduled and that all staff attend. By October 3, 2022 [Program Director/Principal] will set up for all staff to begin bi-weekly therapy to ensure they are having their mental health needs addressed to assist them with working in their current positions. Describe your plans to make sure the above happens. Provide the disciplinary action to staff involved in incident immediately (9-19-2022). Ensure staff are working with clients two at all times to ensure proper safety of clients and staff. If a staff is having trouble processing with clients or feels he or she are unable to be effective allow client to have a self-imposed time out where can still monitor, Also see if client is more comfortable processing with someone else. Make sure staff has a clear understanding of</p> | V 512 | | |

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| V 512 | <p>Continued From page 33</p> <p>NCI+ holds and ember that NCI is to be used as a last resort and only if the client is cause harm to himself or others.</p> <p>Additional trainings on understanding how to work with kids with mental health diagnosis. These training will be conducted by [Clinical Director] beginning September 26, 2022."</p> <p>Review on 09/20/2022 of the POP Addendum dated 09/19/2022 and signed by the Program Director/Principal revealed the following updated information: -Clinical Director named as the sole correction implementer.</p> <p>Review on 09/21/2022 of the POP Addendum dated 09/19/2022 and signed by the Program Director/Principal revealed the following updated information: -"Dated 09/20/2022."</p> <p>Client #1 was a 16-year-old diagnosed with Post Traumatic Stress Disorder, Child Physical Abuse, Child Psychological Abuse, Cannabis Use Disorder, and Unspecified Alcohol Related Disorder. He had an extensive history of physical and psychological abuse. Client #1 was non-compliant with the QP's directives, which led to a verbal and physical altercation between Client #1 and the QP. Client #1 entered the QP's personal space, resulting in the QP pushing Client #1. The QP placed Client #1 in a choke hold. Client #1 began to struggle and maneuvered out of the initial choke hold. Client #1 was placed in a second choke hold and as he (Client #1) continued to struggle, he and the QP fell to the ground. While on the ground, Client #1 experienced a brief loss of consciousness. Client #1 sought medical treatment from a local hospital on 08/17/2022, which resulted in the diagnoses of</p> | V 512 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 09/23/2022 |
|--|---|---|--|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212 |
|---|---|

| (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 512 | Continued From page 34 Strangulation or Suffocation and Neck Pain. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$6000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 512 | | |