

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2022
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NAME OF PROVIDER OR SUPPLIER JACKSON SPRINGS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on November 4, 2022. The complaint was substantiated (intake #NC00193788). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment Facility for Children and Adolescents</p> <p>The facility is licensed for 12 and currently has a census of 12. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting</p>	V 105		

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

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V 105	Continued From page 1 problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the governing body failed to ensure their incident reporting system was followed and failed to implement policies to assure their operational and programmatic performance was meeting applicable standards of practice. The findings are:</p> <p>The facility did not comply with Disability Rights North Carolina (DRNC) reporting requirements.</p> <p>Review on 11/4/22 of the Facility's Incidents reports dated from 12/4/21 through 5/15/22 revealed the Level status:</p> <ul style="list-style-type: none"> -12/4/21 - Elopement attempt, Aggressive Behavior. Police Called - (Level II). -1/13/22 - Police had to be called. Aggressive behavior and elopement attempt - (Level II). -2/24/22 - Elopement attempt. Fire alarm pressed. Fire Department and Police came to center - (Level II). -3/4/22 - Restraint - small injury to his lip - (Level I). -3/28/22 - Involuntarily Committed due to suicidal ideology, Hearing voices - (Level II). -4/16/22 - Elopement attempt. Police contacted - (Level II). -4/20/22 - Elopement attempt. Police contacted - (Level II). -4/20/22 - Aggressive behavior. Police called. Elopement attempt (Level II). -4/21/22 - Involuntarily committed. Suicidal 	V 105		

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V 105	<p>Continued From page 3</p> <p>Ideologies (Level II). -4/24/22 - Involuntary committed due to self-injuries behavior. Suicidal ideologies - (Level II).</p> <p>Review on 11/4/22 of the Facility's Law Enforcement contacts dated from 1/13/22 through 5/15/22 revealed Level status: -1/13/22 - 10:50:04 a.m. Disturbance [Routine] Handled on scene. - (Level II). -2/2/22 - 15:35:49 (3:35 p.m.) assault [Routine] Handled on scene. No incident; signal problems. -2/9/22 - 10:46:34 a.m. Mental Patient [Routine] No Action - No incident; signal problems. -2/24/22 - 17:53.03 (5:53 p.m.) Disturbance [Routine] Handled on Scene. (Level I). -2/26/22 - 13:22:03 (1:22 p.m.) Assist other agency Routine Assist - No incident, signal problems. -3/6/22 - 20:04:41 (8:04 p.m.) Disturbance [Routine] Handled on Scene - (Level II). -3/28/22 - 09:08:29 a.m. Disturbance Routine Handled on Scene - No Incident, signal problems. -4/16/22 - 15:37:22 (3:37 p.m.) Juvenile/Low/Report - (Level II). -4/16/22 - 17:07:30 (5:07 p.m.) Juvenile/Low/Handled on Scene - (Level II). -4/20/22 - 21:33:16 (9:23 p.m.) Juvenile Love Report - (Level II). -5/15/22 - 20:36:08 (8:36 p.m.) Juvenile Run Away Report - (Level II). -There was no evidence the facility submitted Level II IRIS reports to DRNC.</p> <p>Interview on 11/1/22 with the Director of Operations revealed: -He just started in the position and only sent one report for this facility. -He completed the IRIS reports for all the facilities within the agency. -Incident reports were faxed to Disability Rights</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>within 24 hours.</p> <ul style="list-style-type: none"> -The fax machine provided receipts when sent. -The fax machine did not provide a receipt if the document was not delivered. -He said, "rules of engagement; 24 hours business day to disability." -The Executive Director or whoever completed the facility's Level II paper form. -Disability Rights did not send confirmation that the IRIS report was received. -There was no evidence the facility developed and implemented policies and procedures to ensure IRIS reports were sent to DRNC. <p>Interview on 11/1/22 with the Vice President of Administration revealed:</p> <ul style="list-style-type: none"> -After the incident was completed in IRIS it would be faxed to Disability Rights. -They would list the name and fax number on the IRIS report to Disability Rights. -Disability Rights never called when fax was received. -The previous assistant would give the report to her to send if she had problems faxing. -To track they would make a notation on the IRIS Report that it was sent. <p>Interview on 11/4/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Some of the incidents identified as no incident, signal problems were due to weather shaking the door. -She reported bad weather would cause the alarm to trigger emergency services and the police department. -Some of the police calls were in relation to Level II incidents in the paper Level II report. -Level II incidents reports were completed on the facility's paper form. -The facility Level II paper form would then be 	V 105		

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V 105	Continued From page 5 faxed to corporate to complete the IRIS. -Administrative staff at the corporate office would then send the report via faxed to the appropriate agencies. -Currently the Director of Operations completed the IRIS report and would send to the agencies. -The corporate office did not provide her copies of the IRIS report. -She kept the completed copies of the facility Level II paper form incident reports. -Moving forward her administrative assistant would be responsible for completing and submitting IRIS reports. -Her administrative assistance would fax the IRIS report and follow-up with a phone call for confirmation. -She would also attach the faxed receipt as a confirmation the report was sent to appropriate agencies. -She would maintain all IRIS incident reports in a folder. -Each facility should be responsible for their own submission of the incident report.	V 105		
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	V 736		

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V 736	<p>Continued From page 6</p> <p>failed to ensure the facility grounds were maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 11/1/22 at 11:30 a.m. revealed: -The bathroom in suite #1 sink was damaged to where the brown gravel was exposed. It was about 18 inches long extended from one side of the sink bowl to the other.</p> <p>Interview on 11/4/22 with the Executive Director revealed: -She submitted a work order on 11/2/22. -Maintenance staff worked for the facility. -Maintenance would usually respond immediately.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		