

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2022
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NAME OF PROVIDER OR SUPPLIER COGNITIVE CONCEPTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 BROWNSTONE COURT GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/28/2022. The complaint (intake #NC00192524) was substantiated. 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 4 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 2 former clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure disaster drills were conducted quarterly and repeated on each shift.</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review on 10/21/2022 of the facility's fire and disaster drill log from 05/01/2022- 10/14/2022 revealed:</p> <ul style="list-style-type: none"> -No documentation of Monday-Friday 2nd shift (2pm-11pm), 3rd shift (11pm-8am), Saturday-Sunday 2nd shift (11am-11pm) and 3rd shift (11pm-11am) disaster drills for the 1st quarter from May 2022-July 2022. -No documentation of Monday-Friday 2nd shift (2pm-11pm), 3rd shift (11pm-8am), Saturday-Sunday 2nd shift (11am-11pm) and 3rd shift (11pm-11am) disaster drills for the 1st quarter from August 2022- October 2022. <p>Interview on 10/28/2022 with Client #2 revealed: -Did fire and disaster drills.</p> <p>Interview on 10/28/2022 with Client #3 revealed: -Did fire and disaster drills.</p> <p>Interview on 10/28/2022 with Client #4 revealed: -" ...We don't really practice tornado (disaster) drills. We just practice fire drills."</p> <p>Interview on 10/27/2022 with Staff #1 revealed: -" ...We were only doing fire drills but did a worksheet on disaster drills with the kids. We have it (disaster drills) now."</p> <p>Interview on 10/28/2022 with Staff #2 revealed: -Did fire and disaster drills.</p> <p>Interview on 10/28/2022 with the Owner/Licensee/Qualified Professional revealed: -Shifts were Monday-Friday 2nd shift (2pm-11pm), 3rd shift (11pm-8am), Saturday-Sunday 2nd shift (11am-11pm) and 3rd shift (11pm-11am).</p>	V 114		

Division of Health Service Regulation

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V 114	Continued From page 2 "We are a new facility, and I was not aware of that (disaster drill completion requirement). But since you (Division of Health Service Regulation Surveyor) told me we have adopted that (practice of completing and documenting disaster drills)."	V 114		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be	V 300		

Division of Health Service Regulation

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V 300	<p>Continued From page 3</p> <p>by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate service planning decisions prior to the transfer or discharge of the child or adolescent from the facility affecting 1 of 2 Former Clients (FC #6). The findings are.</p> <p>Review on 10/21/2022 of FC #6's record revealed: -Admission date 07/20/2022. -Discharge date 07/25/2022. -Age 10. -Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Attachment Disorder, Primary Nocturnal Enuresis, Conduct Disorder, and Disruptive Mood Dysregulation Disorder (DMDD). -Admission assessment dated 07/20/2022; "Behavioral Problems: Bedwetting, property destroying, perception of reality, self-destructive behavior, antisocial behavior, eating disorder, low self-esteem, stool/feces smearing, depression, impulsive, social immaturity, suicidal, problems with sleep, running away, cruelty to animals, hygiene/cleanliness issues, history with weapons, and lying; History of self-injury and risk behaviors: cuts on body, hits himself, suicidal thoughts, homicidal thoughts, homicidal plans, attempt to hurt himself with a knife, and attempts were planned."</p> <p>Review on 10/21/2022 of emailed</p>	V 300		

Division of Health Service Regulation

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V 300	<p>Continued From page 4</p> <p>correspondence from Megatouch Concepts, Inc. to the Owner (O)/Licensee (L)/Qualified Professional (QP), FC #6's Care Manager and two other unidentified individuals revealed: -"Sent: Monday, July 25, 2022 4:34 pm -Subject: Health and Safety --[FC #6] - ...Attached is the health/safety and discharge letter for [FC #6] -Kind regards, Megatouch Concepts, Inc., the Executive Director, and the O/L/QP."</p> <p>Review on 10/21/2022 of an untitled letter addressed To Whom It May Concern dated 07/24/2022 for FC #6 completed by Megatouch Concepts, Inc. revealed: -"July 23, 2022- [FC #6] urinated on himself and refused to clean himself. [FC #6] was physically and verbally aggressive towards clients and staff. [FC #6] threatened to kill clients and staff while they were sleeping." -"July 24, 2022- [FC #6] was verbally and physically aggressive towards clients and staff. [FC #6] cursed staff and other clients. [FC #6] refused to follow directives or utilized coping skills. [FC #6] had a tantrum and threw toys at other clients and staff. [FC #6] threw toys and furniture. [FC #6] broke another client ' s toy. Additionally, [FC #6] urinated and defecated on himself several times in bed and refused to clean himself. When asked to take a shower, [FC #6] defecated in the shower and refused to clean after himself ..."</p> <p>Review on 10/21/2022 of a discharge letter dated 07/24/2022 for FC #6 completed by the Executive Director and O/L/QP revealed: -FC #6 would be discharged effective 08/24/2022. -"[FC #6] has demonstrated a pattern of deterioration to the extent that this program can no longer meet his needs. Due to the health and</p>	V 300		

Division of Health Service Regulation

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V 300	<p>Continued From page 5</p> <p>safety concerns of Megatouch Concepts, Inc. client ' s and staff, it is recommended that [FC #6] be transferred immediately to a higher level of care."</p> <p>- "In summary, [FC #6] has cursed and threatened to kill Megatouch Concepts, Inc. clients and staff. He has damaged other client ' s property. He has no regard for authority. [FC #6] is verbally aggressive, and he does not follow directive ..."</p> <p>- "He (Client #1) is fearful of sharing a room with him (FC #6); therefore, he (Client #1) has had to sleep in the day room..."</p> <p>- "This letter is considered a final 30-day notice."</p> <p>Interview on 10/27/2022 with FC #6 ' s Guardian revealed:</p> <p>- "Yes (hospital attempted to release FC #6 into the care of the facility on 7/27/2022), but the Group Home refused to take him back. They did not feel it was safe for the other clients and staff."</p> <p>- FC #6 remained on the psychiatric ward for three weeks due to the facility ' s refusal to pick him up.</p> <p>- Picked up FC #6 from the hospital and took him to a treatment center in a nearby county.</p> <p>Interview on 10/27/2022 with FC #6 ' s Care Manager revealed:</p> <p>- "Yes, he was taken to the hospital and when the hospital was ready to discharge him the Group Home sited health and safety concerns and would not pick him up."</p> <p>- "... I don ' t believe they helped with getting his next placement."</p> <p>Interview on 10/14/2022 with the Executive Director revealed:</p> <p>- Received guidance from an owner/licensee of another facility about discharge protocols and standards.</p> <p>- Discharged FC #6 based on health and safety</p>	V 300		

Division of Health Service Regulation

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V 300	Continued From page 6 concerns. Interview on 10/28/2022 with the O/L/QP revealed: -FC #6 was hospitalized for behavior difficulties on 07/24/2022. -"He (FC #6) made some threats, began throwing toys and defecating in the shower. Things of that nature." -Issued a written 30-day discharge notice for FC #6 on 07/24/2022. -Did not honor written 30-day discharge notice and discharged FC #6 on 07/25/2022. -Did not pick up FC #6 from the hospital after he was stabilized on 07/27/2022. -"After he (FC #6) was hospitalized, his mother opted for him not to come back to this facility. She indicated that she did not want him to come back, and he needed a higher level of care." -Did not assist the treatment team with locating alternative placement for FC #6.	V 300		
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		

Division of Health Service Regulation

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V 366	<p>Continued From page 7</p> <p>specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding 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>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 8</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 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>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level I, II, or III incidents affecting 1 of 2 audited Former Clients (FC #6). The findings are:</p> <p>Review on 10/21/2022 of an untitled letter addressed To Whom It May Concern dated 07/24/2022 for FC #6 completed by Megatouch Concepts, Inc. revealed: - "... July 23, 2022- [FC #6] urinated on himself and refused to clean himself. [FC #6] was physically and verbally aggressive towards clients and staff. [FC #6] threatened to kill clients and staff while they were sleeping." - "July 24, 2022- [FC #6] was verbally and physically aggressive towards clients and staff. [FC #6] cursed staff and other clients. [FC #6] refused to follow directives or utilized coping skills. [FC #6] had a tantrum and threw toys at other clients and staff. [FC #6] threw toys and furniture. [FC #6] broke another client 's toy. Additionally, [FC #6] urinated and defecated on himself several times in bed and refused to clean himself. When asked to take a shower, [FC #6] defecated in the shower and refused to clean after himself ..."</p> <p>Review on 10/21/2022 of the Facility Incident Reports revealed: - No incident report for the incident dated 07/23/2022 for FC #6 urinating on himself,</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 10</p> <p>displaying physical and verbal aggression toward staff and clients, and threatening to kill clients and staff in their sleep.</p> <p>-No incident report for the incident dated 07/24/2022 for FC #6 displaying physical and verbal aggression toward staff and clients, throwing toys and furniture at clients and staff, destroying the property of a peer, threatening to kill his roommate in his sleep, and urinating and defecating on himself.</p> <p>Review on 10/21/2022 of the Facility Records revealed:</p> <p>-No documentation to support the above incidents had been evaluated to:</p> <p>(1) Attend to the health and safety needs of individuals involved in the incident;</p> <p>(2) Determine the cause of the incident; (3) Develop/implement measures to correct and/or prevent similar incidents; (4) Assign person(s) to be responsible for implementation of the corrective and/or preventive measures.</p> <p>Interview on 10/28/2022 with the Owner/Licensee/Qualified Professional revealed:</p> <p>-FC #6 was taken to the Emergency Department and admitted on 07/24/2022 due to behaviors.</p> <p>-Did not complete an incident report for the incidents dated 07/23/2022 and 07/24/2022 for FC #6.</p> <p>-Did not complete Risk/Cause/Analysis for the incidents dated 07/23/2022 and 07/24/2022 for FC #6.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 11</p> <p>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> <ol style="list-style-type: none"> (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 (6) other individuals or authorities notified or responding. <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> <ol style="list-style-type: none"> (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. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p>	V 367		

Division of Health Service Regulation

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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
V 367	<p>Continued From page 12</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2022
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NAME OF PROVIDER OR SUPPLIER COGNITIVE CONCEPTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 BROWNSTONE COURT GASTONIA, NC 28054
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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
V 367	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to report all level II 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 2 audited Former Clients (FC #6). The findings are:</p> <p>Review on 10/21/2022 of the Facility Incident Reports for FC #6 revealed: -No Level II incident report for incident dated 07/24/2022 for FC #6 displaying physical and verbal aggression toward staff and clients, throwing toys and furniture at clients and staff, destroying the property of a peer, threatening to kill his roommate in his sleep, and urinating and defecating on himself. -No documentation of LME/MCO notifications.</p> <p>Review on 10/21/2022 of IRIS from 05/01/2022-10/13/2022 revealed: -No IRIS report submitted for FC #6.</p> <p>Interview on 10/28/2022 with the Owner/Licensee/Qualified Professional revealed: -"An incident report was not completed for him (FC #6) because I did not think it warranted an IRIS (Incident Response Improvement System) Report."</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2022
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V 367	Continued From page 14 -Transported FC #3 to the Emergency Department on 07/24/2022 due to the above behaviors. -Did not complete an IRIS report or report to the incident dated 07/24/2022 for FC #6 to the LME/MCO within 72 hours of becoming aware of the incident.	V 367		