STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FID: 140239 MUH0972	A. BUILDING: _____ B. WING _____	10/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERITAS COLLABORATIVE, LLC	4024 STIRRUP DRIVE DURHAM, NC 27703

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on October 21, 2022. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances, 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents, 10A NCAC 27G .6000 Inpatient Hospital Treatment for Individuals who have Mental Illness or Substance Abuse Disorders. This facility is licensed for 40 and currently has a census of 33. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000	DHSR - Mental Health NOV 28 2022 Lic. & Cert. Section	
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone	V 113	27G.0206 We revised the Informed Consent form that all patients and/or their legal guardians review and sign upon admissions to our program to ensure language regarding providing emergency treatment is included. We monitor ongoing conformance to this standard through routine chart audits.	

[redacted]

TITLE: Executive Director (X6) DATE: 11/22/22

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V 113	Continued From page 1 number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were complete affecting 3 of 3 current clients (#1, #2 and #3) and affecting one of one former clients (former client #4). The findings are: Review on 10/20/22 of client #1's record revealed: -Admission date of 9/16/22.. -Diagnoses of Anorexia Nervosa, Binge Eating/Purging Type; Adjustment Disorder with	V 113		

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V 113	Continued From page 2 Mixed Anxiety and Depressed Mood. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. Review on 10/20/22 of client #2's record revealed: -Admission date of 10/5/22. -Diagnoses of Anorexia Nervosa, Binge Eating/Purging Type; PTSD; Major Depressive Disorder, Recurrent Episode, Moderate; Gastro-esophageal reflux disease with Esophagitis; Slow Transit Constipation; Unspecified Severe Protein- Calorie Malnutrition; Bradycardia, Unspecified; Other Fatigue -Discharge date of 8/16/22. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. Review on 10/20/22 of client #3's record revealed: -Admission date of 9/7/22. -Diagnoses of Anorexia Nervosa, Restricting Type; Anxiety Disorder, Unspecified; Other General Symptom and Signs Cold Intolerance; Moderate Protein-Calorie Malnutrition; Constipation, Unspecified; Nutritional Deficiency, Unspecified Hx; Attention Deficit Hyperactivity Disorder, Combined Type. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. Review on 10/20/22 of former client #4's record revealed: -Admission date of 5/5/22.	V 113		

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V 113	Continued From page 3 -Discharge date of 5/23/22. -Diagnoses of Avoidant/Restrictive Food Intake Disorder; Anxiety Disorder, Unspecified; Slow Transit Constipation; Dizziness and Giddiness; Headache, Unspecified; Nausea; Abdominal Distension (Gaseous); Generalized Hyperhidrosis. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. Interview on 10/21/22 with the Executive Director revealed: -She was not aware that clients did not have consent to receive emergency treatment. -Agency recently merged with another company. -New forms were made and information on emergency care seemed to have been kept out. -New write-ups would be made to include information regarding consent to emergency treatment. -New forms would be given to client's family for signatures. -She confirmed there was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care for clients #1, #2, #3 and former client #4.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.	V 118	27G.0209 The Executive Director and Nurse Manager, in partnership with the VP of Nursing, will retrain all nursing staff on standards of medication administration record documentation accuracy and completion. Moving forward, the night shift nurse will check the MAR system daily to ensure there are no missing entries in the MAR.	

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V 118	Continued From page 4 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to 1. Ensure medications were available for administration affecting three of three clients (#1, #2 and #3) and 2. Failed to keep the Medication Administration Record (MAR) current affecting three of three current clients (#1 and #2). The findings are:	V 118	(continued) In addition, nursing leadership will verify ongoing conformance to this standard through weekly auditing of the medication administration record and additional follow up with nursing staff. Site Leadership, in partnership with the VP of Nursing and Executive Director, is remediating this standard through the continuation of seeking a new external pharmacy to provide medications to the facility. This pharmacy has the ability to ensure that medications ordered are in stock and/or are procured from an alternative pharmacy to ensure on time delivery and support medication prescription practices. Ongoing conformance to this standard will be met through implementation of an internal review process to verify the proper amount of medications are on site and to identify appropriate timeframes for medication refills. Any gaps in meeting this standard will be reviewed with site leadership and the appropriate medical/nursing staff member(s).	

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V 118	Continued From page 5 1.The following is evidence the facility failed to ensure medications were available for administration. Review on 10/20/22 of client #1's record revealed: -Admission date of 9/16/22.. -Diagnoses of Anorexia Nervosa, Binge Eating/Purging Type; Adjustment Disorder with Mixed Anxiety and Depressed Mood. Review on 10/20/22 of client #1's physician orders dated 9/16/22 revealed: -Multivitamin, take 1 tablet daily. -Vitamin D3 25 mg, take 1 capsule daily. -Docusate Sodium 100 mg, take 1 capsule every 12 hours as needed for constipation. Observation on 10/20/22 at 1:10 pm of client #1's medications revealed: -Multivitamin, was not available. -Vitamin D3 25 mg was not available. -Docusate Sodium 100 mg was not available. Review on 10/20/22 of client #1's MAR for September through October 2022 revealed: -Multivitamin was marked as being given daily. -Vitamin D3 25 mg was marked as being given daily. -Docusate Sodium 100 mg was marked as being given as needed. Review on 10/20/22 of client #2's record revealed: -Admission date of 10/5/22. -Diagnoses of Anorexia Nervosa, Binge Eating/Purging Type; PTSD; Major Depressive Disorder, Recurrent Episode, Moderate; Gastro-esophageal reflux disease with Esophagitis; Slow Transit Constipation;	V 118		

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V 118	Continued From page 6 Unspecified Severe Protein- Calorie Malnutrition; Bradycardia, Unspecified; Other Fatigue -Discharge date of 8/16/22. Review on 10/20/22 of client #2's physician's orders revealed: -Order dated 10/11/22: -Lactobacillus Rhamnosus Oral Capsule, take 1 capsule twice a day. -Simethicone Oral Tablet Chews 125 mg, take 1 tablet three times a day. Observation on 10/20/22 at 1:15 pm of client #2's medications revealed: -Simethicone Oral Tablet Chews 125 mg was not available. Review on 10/20/22 of client #2's MARs for October 2022 revealed blanks on the following dates: -Lactobacillus Rhamnosus Oral Capsule- 10/17/22 at 8:00 am -Simethicone Oral Tablet Chews 125 mg- 10/11/22 at 9:00 am, 1:00 pm and 6:00 pm; 10/12 at 9:00 am and 6:00 pm. 10/14 at 6:00 pm. Interview on 10/21/22 with the Executive Director revealed: -Facility had been having some difficulties with the pharmacy. -Pharmacy recently changed owners and their system. -Nurses were supposed to review medications and record when given. -Facility would had been implementing a new process. Overnight staff were to review medications during the night and would make the 24 hours report daily. Summary of reports would had been given to the Director. -Clients medications would be changed soon	V 118		

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V 118	Continued From page 7 from bubble packs to packets to minimize errors. -She did not know why there were blank dates in October for client #2. -She confirmed the facility failed to ensure some of the medications were available for administration for clients #1 and #2. -She confirmed the facility failed to keep the MAR current for clients #1 and #2. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.	V 537	27E.0108 The Human Resources department, in conjunction with site leadership, informs new employees of trainings to complete during their onboarding, along with the completion dates. This training includes standards related to training in seclusion, physical restraint and isolation and includes all content as outlined per NC rules. Documentation of this training (including the date, location & instructor's name) will be kept in the employee's file. Site leadership, in partnership with the Learning and Development team and through improvements in our learning management system, will be alerted to scheduled trainings for their staff to assist with follow through and completion of all required trainings. Site leadership and human resources will also be provided with training attendance information to assist with training accountability and follow up.	

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V 537	Continued From page 8 (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 537	(continued) Employees, their supervisors, and human resources will also be alerted to upcoming training needs through routine automatic reminders generated through our internal systems. Ongoing conformance to this standard is monitored through our internal systems. Learning and Development, in partnership with Human Resources and Site Leadership, will continue to routinely audit training completion to ensure all current and future staff meet this training requirement.	

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V 537	Continued From page 9 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least	V 537		

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V 537	Continued From page 10	V 537		

annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
(8) Trainers shall be currently trained in CPR.
(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
(11) Trainers shall complete a refresher instructor training at least every two years.
(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcome (pass/fail);
(B) when and where they attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(l) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times, the course which is being coached.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
(m) Documentation shall be the same preparation as for trainers.

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V 537	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of two staff (Staff #1) had current training in the use of seclusion, physical restraints and isolation time-out. The findings are: Review on 10/20/22 of staff #5's personnel records revealed: -She was hired on 6/6/22. -She was hired as a Therapist Assistant III. -Staff #5 had a Crisis Prevention Institute (CPI), Non-violent crisis intervention training (1st part) completed on 6/7/22. -There was no documentation Staff #5 had training in the use of seclusion, physical restraints and isolation time-out. Interview on 10/21/22 with the Executive Director revealed: -The facility used the CPI Non-violent crisis intervention program. -Staff #5 was recently hired. -Staff #5 had completed the first part of the training, but something had come up on the day that she was scheduled to do the second training and she was not able to complete it. -It seemed that it was then an oversight. -Human Resources (HR) monitored compliance. -Director would meet with HR staff to review training reports and to see if she could gain manager access to staff training reports. -She acknowledged that staff #5 had no current training in the use of seclusion, physical restraints and isolation time-out. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 537		

VERITAS

November 22, 2022

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual and Follow Up Survey completed October 21, 2022

Enclosed, please find the signed Statement of Deficiencies and Plan of Correction Form with our outlined Plans of Correction for the identified deficiencies, in response to the survey report received on November 14, 2022.

Sincerely,

[redacted]

Veritas Collaborative, LLC
4024 Stirrup Creek Drive, Durham, NC 27703
sara.hofmeier@veritascollaborative.com

[redacted]ompliance Manager
888-364-5977, ext. 1637
kristin.surdick@emilyprogram.com