

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHH0976</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/13/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINA DUNES BEHAVIORAL CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2050 MERCANTILE DRIVE<br/>LELAND, NC 28451</b> |
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| V 000 | <p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint, and follow up survey was completed on October 13, 2022. Two complaints were substantiated (intake #NC00192405 and #NC00192795). One complaint was unsubstantiated (intake #NC00193776). Deficiencies were cited.</p> <p>This survey was originally closed on September 29, 2022 but was reopened on October 13, 2022 due to additional complaints.</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>This facility is licensed for 72 and currently has a census of 59. The survey sample consisted of an audit of 7 current clients and 1 discharged client.</p> | V 000 | <p>Carolina Dunes Behavioral Health takes these findings seriously and has implemented what we feel is an effective plan of action to address the identified deficiencies and monitor for compliance with actions taken. Pursuant to your request, the response is structured as follows: 1) the measures put in place to correct the deficient practice, 2) the measures put in place to prevent the problem from occurring again, 3) the person who will monitor the situation to ensure it will not occur again, and 4) how often the monitoring will take place.</p> <p><b>DHSR - Mental Health</b></p> <p><b>NOV 23 2022</b></p> |  |
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| V 108 | <p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff</p> | V 108 | <p><b>V 108</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>Training curriculum has been developed on sexual orientation and gender identity, including using the proper references to a group of people or a person, preventing the use of discriminatory language or slurs, gender terminology, gender dysphoria, use of preferred pronouns, and being unconditionally respectful. A competency-based assessment has also been developed to ensure understanding of the educational material, as well as an acknowledgement for employees to sign agreeing to abide by training. All direct care staff will be trained in this curriculum by 11/30/2022 or will be removed from the schedule until training has been completed.</p> | 11/30/2022 |
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Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
**CPD**

(X6) DATE  
**11/18/22**

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| V 108 | <p>Continued From page 1</p> <p>member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to provide training to meet client needs affecting 1 of 5 staff audited (Staff #1). The findings are:</p> <p>Review on 9/28/22 of staff #1's personnel record revealed:<br/>-Hire date: 1/3/22.<br/>-Position: Mental Health Technician (MHT).<br/>-No evidence of the training titled "Sexual Orientation and Gender Identity" being completed.</p> <p>Review on 9/27/22 of the Grievance Form dated 8/31/22 revealed:<br/>-Client #9 wrote about Staff #1, "She made an extremely transphobic comment that triggered me. She said, 'Even if you identify as a boy, I still see you as a girl.' That's transphobic. I get</p> | V 108 | <p>This training and the competency-based assessment and acknowledgment has been added to the New Employee Orientation. The Program Manager and Director of Nursing will continue to reinforce the training on an ongoing basis by discussing it in Town Halls, shift briefings, etc. Employees found to be in violation of the training's directives will be provided with re-training and/or progressive disciplinary action, as appropriate.</p> <p>The Director of Human Resources will be responsible to ensure that no direct care staff begin working in direct care with patients without the gender sensitivity training. The Patient Advocate will include in the monthly Complaint and Grievance Report to the Quality Council whether any gender insensitivity complaints/ grievances were received and what action was taken to correct the practice, if applicable.</p> <p>The Patient Advocate will provide a Complaint and Grievance Report monthly to the Quality Council.</p> |  |
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| V 108 | <p>Continued From page 2</p> <p>someone asked but if you have nothing nice to say, don't say it."<br/>-The Program Manager documented he followed up with client #9 on 9/8/22 and that Staff #1 had been re-educated on client rights and to be more open to client gender identity.</p> <p>Interview on 9/23/22 client #5 stated:<br/>-She was admitted in May 2022.<br/>-Some of the staff were "homophobic."<br/>-Staff #1 had questioned her, "Can you have a child? Do you have balls? Well I see you as a girl."</p> <p>Interview on 9/27/22 the Patient Advocate stated:<br/>-She had received a grievance from client #5 on 8/31/22 against Staff #1.<br/>-Client #5 complained that after talking with Staff #1 about being transgender, the staff made "transphobic" comments.</p> <p>Interview on 9/28/22 Staff #1 stated:<br/>-She had started working as a Mental Health Technician in January 2022.<br/>-She learned how clients gender identified from the client.<br/>-This had been a problem when she did not know clients identified as a different gender from their biological gender.<br/>-She did not know a lot about transgender issues.<br/>-She typically used the word, "ma'am" when she addressed a female, but this had made the transgender clients angry.<br/>-One of the clients had asked her, "How to you see me?" She responded that she saw the client as a girl, which upset the client and the client accused the staff of "gender bias."<br/>-She had not had any training on how to care for transgender clients.<br/>-It would be helpful to have more training about</p> | V 108 |  |  |
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| V 108              | <p>Continued From page 3</p> <p>sexual identities and how to care for these clients.</p> <p>Interview on 9/27/22 the Program Manger stated:<br/>-He did not recall getting a written grievance from client #5, but he did get one from client #9.<br/>-He discussed the grievance from client #9 with Staff #1.<br/>-Staff #1 had explained that the clients had asked her what her thoughts were about transgender.<br/>-The Program Manager conferenced with Staff #1 and explained staff could not always share their personal opinions.<br/>-Other than training on therapeutic boundaries, there had not been any additional training about "bias" issues.</p> <p>Interviews on 9/27/22 and 9/29/22 the Director of Quality, Compliance and Risk Management stated:<br/>-The Program Manager was Staff #1's supervisor and had addressed the client grievances with the staff and he thought had done a verbal counseling.<br/>-A training entitled, "Sexual Orientation and Gender Identity," had been developed and was now part of new employee orientation training.<br/>-This training had not "rolled out" to existing staff.<br/>-The Program Manager reviewed Staff #1's record and she had not received this training.<br/>-He estimated this new training was implemented as part of new employee orientation around April 2022.</p> | V 108         |  |                    |
| V 315              | <p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF<br/>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with</p>   | V 315         | <p>V 315</p> <p>To improve recruitment and retention of direct care staff, the base salary for the position has been increased and the shift differentials have been increased to incentivize working evenings and nights,</p> | 12/9/2022          |

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| V 315 | <p>Continued From page 4</p> <p>experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p>Review on 9/29/22 of a sample of "Facility Daily Staffing Sheets" and midnight census reports for 9/11/22 through 9/25/22 revealed:</p> <p>-100 Hall census ranged from 12 to 14 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty.</p> <p>-200 Hall census ranged from 13 to 14 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty.</p> <p>-300 Hall census ranged from 11 to 13 clients each night. The night shift staffing ranged from 2 to 3 direct care staff on duty.</p> <p>-400 Hall census ranged from 17 to 18 clients. The night shift staffing ranged from 2 to 4 direct</p> | V 315 | <p>especially on weekends. To ensure that a 2:6 direct care staff to patient ratio is maintained at all times, the Director of Nursing and Program Manager will report daily to the CEO in the Safety Committee meeting the number of staff scheduled for that day and the following day. The census will be capped as needed on the PRTF units when appropriate staffing cannot be guaranteed due to staffing shortages. The Lead MHTs have been empowered to offer critical shift incentive pay to help cover vacant MHT shifts. A central call-out phone is being provided which is answered by a Lead MHT to ensure that coverage for the vacant shift is obtained in a timely manner. In the event of an unforeseen staff vacancy, the Program Manager will notify the designated MHT(s) that they must stay until appropriate relief can be obtained. The Lead MHTs are responsible for obtaining this relief coverage. The facility is using OnShift scheduling software to communicate with employees through blast messages regarding vacant shifts.</p> <p>The Program Manager will monitor staffing ratio compliance and report to the CEO twice daily with an update the following day. A Scheduling Coordinator position has been created and filled in order to improve consistency of MHT scheduling and to ensure the schedule reflects sufficient staff coverage to maintain the correct ratios. The Human Resources Director and leadership team will hold bi-weekly new hire orientation classes instead of monthly classes to expedite the onboarding of prospective employees in</p> |  |
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| V 315 | <p>Continued From page 5</p> <p>care staff on duty.</p> <p>Interview on 9/23/22 client #2 stated:<br/>-She was admitted from the acute unit in May 2022.<br/>-She was moved from the 200 hall to the 300 hall.<br/>-There were 14 girls on her hall and they usually had 3-4 staff.<br/>-On Mondays they seemed to lack staff and it could get down to 1 staff.<br/>-Staffing had improved.</p> <p>Interview on 9/26/22 client #3 stated:<br/>-She was on the "200 hall."<br/>-There were 14 girls on her hall and typically they would have 2-3 staff.<br/>-Usually on Sunday there would be only 1 staff.<br/>-In the last 2 weeks the Sunday staff was working with another staff.<br/>-The facility had been "short staffed" but it was better.</p> <p>Interview on 9/26/22 client #4 stated:<br/>-She had been a client at the facility for 6-7 months.<br/>-She was on the "100 hall."<br/>-There were 14 girls on her hall and typically they would have 2-3 staff.<br/>-Sometimes they had only 1 staff on the hall and it was usually on on Sunday.<br/>-When the staff was "low" the Milieu Manager and nurse would help out.<br/>-Staffing had improved.</p> <p>Interview on 9/23/22 client #5 stated:<br/>-She was admitted in May 2022.<br/>-There were 13 girls on her hall.<br/>-Typically they have 2-3 staff on the unit.<br/>-"Maybe" once a week they would have only 1 staff working on the unit and it could be day or</p> | V 315 | <p>order to increase hiring ahead of turnover. These bi-weekly new hire orientations will continue until staffing levels are adequate to maintain proper ratios at all times on all shifts. In addition to the base salary increases being offered to MHTs, the shift differentials have been increased to promote coverage of the historically more difficult to cover shifts on evenings and weekends.</p> <p>The Program Manager is responsible for maintaining the appropriate 2:6 direct care staff to patient ratio.</p> <p>The Program Manager will monitor this process daily and report any discrepancies and corrective action to the CEO in the Safety meeting.</p> |  |
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| V 315              | <p>Continued From page 6</p> <p>night shift.</p> <p>Interview on 9/23/22 client #6 stated:<br/>-They typically had 2 staff on her unit.<br/>-Sometimes they would have just 1 staff, but this was not as often as it was in the past.</p> <p>Interview on 9/23/22 client #7 stated:<br/>-He was admitted on 8/9/22.<br/>-He has had many stressful situations and altercations with peers on his hall.<br/>-He felt these issues go back to short staffing, "too many kids for the staff."<br/>-They usually had 2 staff on the unit but sometimes only 1.<br/>-In the morning they may only have 1 staff working.</p> <p>Interview on 9/28/22 the Director of Quality and Risk Management stated:<br/>-The facility continued to work through staffing shortages.<br/>-Efforts were ongoing in recruiting appropriate staff.</p> <p>This deficiency has been cited 5 times since the original cite on 5/10/21 and must be corrected within 30 days.</p> | V 315         |   |                    |