

060-1488-
POC = 11-7-22

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Residential Adolescent Community Services, LLC _____ MHL
Number: 060-1488 _____
Exit Date: 11-7-22 _____ Surveyor(s): Work _____

EXIT

PARTICIPANTS: _____

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (112) crossed

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements (108) crossed

Rule Violation/Tag #/Citation Level: 10A NCAC 26G .0304 Facility Design and Equipment (784) crossed

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .1701 Scope (293) For a Type A2

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0603 Incident Reporting Requirements (366) standard

Rule Violation/Tag #/Citation Level: 10A NCAC .0604 Incident Reporting (367) standard

Rule Violation/Tag #/Citation Level: 131E-256 Health care Personnel Registry (132) standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27E .0107 Training of alternative to restrictive interventions (536) standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27E Training in seclusion, physical restraint and isolation time-out (537) standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27G Medications (118) standard

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

Rule Violation/Tag #/Citation Level: 10A NCAC 27G Emergency Plans (114) standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27D protect from Harm, abuse, Neglect or Exploitation a No-cite type A1

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Client & Staff Identifier List
(Indicate staff title or number beside each name)

Client # 1 EG
Client # 2PA
Client # 3LR
Client # _____
Client # _____
Client # _____
Client # _____
Client # _____
Client # _____
Client # _____

Staff # 1MC
Staff # 2 LCT
Staff # 3LW
Staff # _____
Staff # _____
Staff # _____
Staff # _____
Staff # _____
Staff # _____
Staff # _____

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Division of Health Service Regulation
Mental Health Licensure and Certification Section

Facility Name: Residential Adolescent Community Services, LLC

MHL Number: 060-1488

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements (108) crossed

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). – Our agency requires that all staff are trained to meet the needs of the client as specified in the treatment/habilitation plan prior to accepting clients.
- Indicate what measures will be put in place to prevent the problem from occurring again – As our clinical team review the treatment/habilitation plan for any referred client the facility will ensure that training has been provided to our staff prior to accepting the client.
- Indicate who will monitor the situation to ensure it will not occur again – The facilities human resources manager will complete the employee check list to ensure all requirements are met before hired. QA/QI will check Quartey for compliance.
- Indicate how often the monitoring will take place - Human resources will monitor upon hiring and QA/QI will monitor it quarterly

Facility Staff completing this form: [REDACTED] CEO

Name/Title

Date 11/29/2022

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (112) crossed

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice – according to governing body policy and prior to the delivery of services the "plan," and strategies to address the client's presenting problem shall be documented.
- Indicate what measures will be put in place to prevent the problem from occurring again – The clinical team will thoroughly review the Person-centered plan for presenting problem, needs and strengths, and provisional or admitting diagnosis to ensure client needs are met and it is indicated on his PCP.
- Indicate who will monitor the situation to ensure it will not occur again – The clinical team, our clinician, QP and program director.
- Indicate how often the monitoring will take place – Monitoring will take place upon review of the documentation submitted as a referral to our agency.

Facility Staff completing this form: [REDACTED] CEO

Name/Title [REDACTED]

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Rule Violation/Tag #/Citation Level: 10A NCAC 26G .0304 Facility Design and Equipment (784) crossed

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.) – During an incident between clients where an in-house investigation is necessary, staff will review findings immediately to determine if a client will need to be separated from their sleeping quarters. In the event the client needs to be placed under 24-hour observation the staff will determine if the client needs to be transported to behavioral health – The sofa bed in the common area will not be used as sleeping quarters unless the request is made and approved of by the state to use the space for an emergency bed.
- Indicate what measures will be put in place to prevent the problem from occurring again – Immediately investigate by having both children write a statement about the incident, interview both clients and assess the risk of the client who makes the report and add additional safety measures such as monitoring the room every seven (7) minutes when the children are asleep for seven (7) days.
- Indicate who will monitor the situation to ensure it will not occur again – All staff will promptly investigate allegations made by clients.
- Indicate how often the monitoring will take place – as necessary and whenever a child makes an allegation.

Facility staff completing this form [REDACTED] CEO

Name/Title [REDACTED]

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .1701 Scope (293) For a Type A2

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. – The facility will ensure that the trainings required to support the clients are completed. The goal is to assure we aid clients to minimize the occurrence of behaviors related to functional deficits and assist the child or adolescent in the acquisition of adaptive functioning in communicating and support the child or adolescent in their treatment goals.
- Indicate what measures will be put in place to prevent the problem from occurring again – The facility staff will review the files of each client and staff to make sure that the necessary trainings are completed in their files to support the client being served.
- Indicate who will monitor the situation to ensure it will not occur again – The human resources staff will ensure the staff files are complete with all trainings prior to the staff member working on the floor with clients.
- Indicate how often the monitoring will take place – As often as necessary

Facility staff completing this form: [REDACTED] CEO

Name/Title

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Rule Violation/Tag #/Citation Level:

10A NCAC 27G .0603 Incident Reporting Requirements (366) standard

10A NCAC .0604 Incident Reporting (367) standard

131E-256 Health care Personnel Registry (132) standard

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice – In the event there is an allegation, the agency will follow the policy and procedures that are in place: all incidents shall be reported verbally immediately, with the written report following within twenty-four hours. The agencies goal is to report all incidents, regardless of the Level within twenty-four hours and recognizes that some incidents must be reported to IRIS within seventy-two hours. We report to the Division of Health Service Regulation/Division of Social Services/ Health Care Personnel Registry and any other relevant agencies allegations against health care personnel as defined in G.S. 131E-256 (a)(1) including injuries of unknown source, shall be done within 24 hours of the health care facility's investigation shall be submitted to the relevant department in accordance with G.S. 131E-256(g).
- Indicate what measures will be put in place to prevent the problem from occurring again – Agency will conduct Quartey trainings on level of incidents and when reporting shall be conducted to whom and when.
- Indicate who will monitor the situation to ensure it will not occur again – the director and the program director will monitor the situation to ensure this does not occur again.
- Indicate how often the monitoring will take place – As often as needed.

Facility Staff completing this form [REDACTED] CEO

Name/Title [REDACTED]

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10A NCAC 27E .0107 Training of alternative to restrictive interventions (536) standard

10A NCAC 27E Training in seclusion, physical restraint and isolation time-out (537) standard

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice - It is our policy to comply with all Federal, State, County, and local training requirements for all personnel. We currently have a designated training for non-violent intervention (NCI) which are required to be completed by all direct care staff upon hire as well as regular intervals. Training will be completed by Executive Director, QP /LPC and employees will not be able to start working without the training.
- Indicate what measures will be put in place to prevent the problem from occurring again - The lead staff of the facility will review staff files to assure the training for NCI has been completed prior to working with the clients.
- Indicate who will monitor the situation to ensure it will not occur again – The human resources staff will ensure the staff files are complete with all trainings prior to the staff member working with clients.
- Indicate how often the monitoring will take place – As often as needed

Facility Staff completing this form: [REDACTED] CEO

Name/Title [REDACTED]

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G Medications (118) Standard

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice – Staff has a MARS tracker sign off sheet for checks and balances in the MARS book which has to be signed by the staff they are relieving. This is to be done daily after each shift to ensure that all medications have been administered and initialed by staff members. The children will be asked about the medication administered if there is an error or concern about MARS sheet. Anytime there is a medication error indicating a missed dosage, wrong dosage, or wrong medication administered our policy is to call the doctor or the pharmacy to find out the next steps and the staff has been trained on these procedures. Additionally, we will continue to review medication administration policies with staff members during bi-weekly staff meetings.
- Indicate what measures will be put in place to prevent the problem from occurring again – The lead shift member will review the MARS sheet daily for medication administration and initials.
- Indicate who will monitor the situation to ensure it will not occur again – The Residential manager will monitor the MARS sheets and MARS tracker sheet weekly to verify each shift has given medication to member and if not the RM will call the pharmacy or doctor to notify of the errors..
- Indicate how often the monitoring will take place – Daily by the lead staff and weekly by the residential manager.

Facility Staff completing this form [REDACTED] CEO

Name/Title [REDACTED]

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G Emergency Plans (114) standard

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- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc – Our agency will follow the current policy and procedures we have in place to ensure that the fire and disaster drills in our 24-hour facility be conducted at least quarterly and shall be repeated for each shift and that they are conducted under conditions that simulate fire emergencies implement the drills. We will follow up once per month during our team meetings to assure that all required drills are discussed, and all staff are prepared to perform and record the drills properly.
- Indicate what measures will be put in place to prevent the problem from occurring again – Residential manager and the health and safety manager will assume the responsibility to review with the staff who is scheduled for the quarterly dates that they are aware of and competent on how to complete the drills and record the drills.
- Indicate who will monitor the situation to ensure it will not occur again – The program director and the residential manager.
- Indicate how often the monitoring will take place – Bi-monthly

Facility Staff completing this form:  CEO

Name/Title 

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