OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL014-006		B. WING		01/05/2023		
OVIDER OR SUPPLIER						
L			VARD			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
INITIAL COMMENTS		V 000				
An annual survey was completed on January 5, 2023. Deficiencies were cited.						
category: 10A NCAC	27G .1700 Residential					
census of 7 clients. T	he survey sample consisted					
27G .0604 Incident R	eporting Requirements	V 367				
REPORTING REQUI CATEGORY A AND E (a) Category A and B level II incidents, exce the provision of billab consumer is on the princidents and level II to to whom the provider 90 days prior to the in responsible for the ca services are provided becoming aware of th be submitted on a for Secretary. The report in person, facsimile o means. The report sh information: (1) reporting pri identification informati (2) client identifi (3) type of incide (4)	REMENTS FOR PROVIDERS providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within ncident to the LME tchment area where within 72 hours of the incident. The report shall m provided by the t may be submitted via mail, r encrypted electronic nall include the following ovider contact and ion; fication information; lent; of incident;					
	OVIDER OR SUPPLIER L SUMMARY ST, (EACH DEFICIENC) REGULATORY OR I INITIAL COMMENTS An annual survey was 2023. Deficiencies w This facility is licensed category: 10A NCAC Treatment Staff Secu Adolescents. This facility is licensed census of 7 clients. T of audits of 3 current 27G .0604 Incident R 10A NCAC 27G .0604 REPORTING REQUI CATEGORY A AND E (a) Category A and B level II incidents, excet the provision of billab consumer is on the pri- incidents and level II to whom the provider 90 days prior to the ir responsible for the ca- services are provided becoming aware of the be submitted on a for Secretary. The repor in person, facsimile o means. The report sf information: (1) reporting pri- identification informati (2) client identifi (3) type of incident (4) description	OF DEFICIENCIES F CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL014-006         OVIDER OR SUPPLIER       STREET / 3476 MC LENOIR         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS         An annual survey was completed on January 5, 2023. Deficiencies were cited.         This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.         This facility is licensed for 8 and currently had a census of 7 clients. The survey sample consisted of audits of 3 current clients and 1 former client.         27G .0604 Incident Reporting Requirements         10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident;	OF DEFICIENCIES FORRECTION       (X1) PROVIDERSUPPLIENCLA IDENTIFICATION NUMBER:       (X2) MULTIPLE O. A. BUILDING:         MHL014-006       B. WING	OF DEFICIENCIES       (X1) PROVIDERSUPPLICE(CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING:         MHL014-006       B. WING         OVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         STATE MORGANTON BOULEVARD LENOIR, NC 28645       PROVIDERS PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCE OT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG       ID PREFIX TAG       PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCE OT OF DEFICIENC         INITIAL COMMENTS       V 000       V 000       ID PREFIX       PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCE OT OF DEFICIENC         INITIAL COMMENTS       V 000       V 000       ID PREFIX       PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCE OT OF DEFICIENC         INITIAL COMMENTS       V 000       V 000       ID PREFIX       ID PREFIX         INITIAL COMMENTS       V 000       V 000       ID PREFIX       ID PREFIX         Trading to tradit Secure for Children or Adolescents.       V 367       ID SIGNAL AND AD CAC 27G .0604       INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level III incidents, except deaths, that occur during the provision on the providers premises or level III incidents and level II deaths involving the clients to whom the provider shall report shall be submitted on a form provider by the Secretary. The report may be submitted	OPERCIENCIES       [X1] PROVIDERSUPPLIERCIAN IDENTIFICATION NUMBER:       IPA MULTIFIC CONSTRUCTION A BUILDING:       [X2] DATE COMP         OWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       10         OWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       1475 MORGANTON BOULEVARD         LENDIR, NC 28645       SUMMARY STATEMENT OF DEFICIENCIES (EACH ODRRECTIVE ACTION BOULEVARD LENOR, NC 28645       IPA OPTICATION BOULEVARD         INITIAL COMMENTS       V 000       PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFIRENCED TO THE APPROPRATE DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OF LSC IDENTIFYING INFORMATION)       V 000         INITIAL COMMENTS       V 000       DEFICIENCY Tradement Staff Secure for Children or Adolescents.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.       V 367         27G .0604 Incident Reporting Requirements       V 367         10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY AND B PROVIDERS GAL Category 4 and B provider shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the provider shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer of the incident. The report shall be submitted on a form provided by the Secretary. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) typ	

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 01/05/2023	
		MHL014-006				
	ROVIDER OR SUPPLIER		r Address, City, State, Zip Code			105/2025
BURKWE	LL	LENOIR	, NC 28645			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ACTION SHOULD BE COMF TO THE APPROPRIATE DA	
V 367	Continued From page 1		V 367			
	<ul> <li>or responding.</li> <li>(b) Category A and E missing or incomplete shall submit an updar report recipients by the day whenever: <ul> <li>(1) the provide information provided erroneous, misleadin</li> <li>(2) the provide required on the incide unavailable.</li> <li>(c) Category A and E upon request by the lobtained regarding the (1) hospital receinformation;</li> <li>(2) reports by a definition of the provide (d) Category A and E of all level III incident Mental Health, Devel Substance Abuse Se becoming aware of the providers shall send finition incidents involving a Health Service Reguing aware of the client death within se or restraint, the provide report quarterly to the catchment area when The report shall be sended.</li> </ul> </li> </ul>	g or otherwise unreliable; or r obtains information ent form that was previously B providers shall submit, LME, other information he incident, including: cords including confidential other authorities; and r's response to the incident. B providers shall send a copy reports to the Division of opmental Disabilities and rvices within 72 hours of he incident. Category A a copy of all level III client death to the Division of lation within 72 hours of he incident. In cases of ven days of use of seclusion der shall report the death ired by 10A NCAC 26C C 27E .0104(e)(18). B providers shall send a e LME responsible for the re services are provided. ubmitted on a form provided electronic means and shall				

AND PLAN OF CORRECTION IDENTIF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING TADDRESS, CITY, STATE, ZIP CODE			(X3) DATE SURVEY COMPLETED	
		MHI 014 006				/05/2023	
NAME OF P	AME OF PROVIDER OR SUPPLIER STREET				[ 01	105/2023	
			RGANTON BOULE				
BURKWE	LL	LENOIR,	NC 28645				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COMF TO THE APPROPRIATE DA		
V 367	<ul> <li>Continued From page 2</li> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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</li> <li>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ul>		V 367				
	failed to report all leve Response Improvement the Local Management for the catchment are provided within 72 ho the incident affecting (FC #4). The findings Review on 1/5/23 of I -Admitted 11/18/22. -Discharged 12/17/22 -Diagnoses of Disrup	ew and interview, the facility el II incidents in the Incident ent System (IRIS) and notify ent Entity (LME) responsible ea where services were burs of becoming aware of 1 of 1 audited Former Client are: FC #4's record revealed: 2. butive Mood Dysregulation reficit Hyperactivity Disorder					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-006			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		01/05/2023			
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
BURKWEI	LL		, NC 28645				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COMP TO THE APPROPRIATE DAT		
V 367	Continued From page 3		V 367				
		from 9:00 a.m. to 9:00 p.m for self harming and property s."					
incidents submitted in	facility level II and level III in IRIS revealed: or 12/17/22 regarding FC #4.						
	<ul> <li>Interview and record review on 1/5/23 with the Quality Improvement/Residential Treatment Director revealed:</li> <li>She had a more detailed shift note regarding the incident with FC #4 and pictures of the property damage.</li> <li>The pictures revealed holes in the wall and large chunks of drywall lying on the floor as a result of FC #4's behavior.</li> <li>The detailed shift note indicated the local police were called and FC #4 was transported to the hospital.</li> <li>The staff on call at the time of the incident was responsible to do an IRIS report.</li> <li>She would complete the IRIS report today and discuss with staff who did not complete the report.</li> </ul>						