

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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NAME OF PROVIDER OR SUPPLIER GETTING READY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 510 CHURCH STREET BLACK CREEK, NC 27813
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on January 18, 2023. The complaints were unsubstantiated (Intake #NC00194314 and NC00194328). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances and .4400 Substance Abuse Intensive Outpatient Program.</p> <p>This facility has a current census of 22. The survey sample consisted of audits of 2 former clients.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care</p>	V 132		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 132	<p>Continued From page 1</p> <p>facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 01/18/23 of facility records from September 2022 thru December 2022 revealed no allegations of abuse had been reported to the HCPR.</p> <p>Review on 01/19/22 of Former Client (FC) #9's record revealed: -9 year old male. -Admission date of 03/09/22.</p>	V 132		

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V 132	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Discharge date of 10/06/22. -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Autistic Disorder. <p>Review on 01/18/23 of the facility incident reports revealed:</p> <ul style="list-style-type: none"> -No Level 3 incident reports had been completed for Former Client (FC) #23 accusing staff #3 of "snatching" him up in the van. <p>During interview on 01/19/23 staff #3 revealed:</p> <ul style="list-style-type: none"> -The incident occurred several months ago (did not know specific date). -Staff #3 was driving the van back to the facility. -FC #23 was out of his seat and not in a seat belt. -Staff #3 pulled the van over and asked FC #3 to sit down and put his seat belt on. -FC #23 finally sat down and they arrived back to the facility. -Staff #3 never put his hands on FC #3. -Staff #3 was bothered by the incident because he had worked with children for years and had never had a complaint against him until that incident. <p>During interview on 01/19/23 the Quality Assurance/Human Resource Director (QA/HRD) revealed:</p> <ul style="list-style-type: none"> -QA/HRD had several problems with FC #23 with his behaviors and with the mother. -QA/HRD did not complete a Level 2 and was not aware an incident report had to be completed for all allegations. -QA/HRD interviewed all the clients in the van the day of the incident and no one saw staff #3 touch FC #23. 	V 132		

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V 367	Continued From page 3	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR 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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are:</p> <p>Review on 01/18/23 of the North Carolina Incident Response Improvement System (IRIS) for September 2022-December 2022 revealed no level III reports submitted by the facility for an allegation of abuse.</p> <p>Review on 01/18/23 of the facility incident reports revealed: -No Level 3 incident reports had been completed for Former Client (FC) #23 accusing staff #3 of "snatching" him up in the van.</p> <p>During interview on 01/19/23 the Quality Assurance/Human Resource Director (QA/HRD) revealed: -QA/HRD had several problems with FC #23 with his behaviors and with the mother. -QA/HRD did not complete a Level 2 and was not aware an incident report had to be completed for all allegations. -QA/HRD interviewed all the clients in the van the day of the incident and no one saw staff #3 touch</p>	V 367		

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V 367	Continued From page 6 FC #23.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing	V 500		

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V 500	<p>Continued From page 7</p> <p>the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of resident abuse by health care personnel. The findings are:</p> <p>Review on 01/19/23 of facility records from September 2022 thru December 2022 revealed no reports of allegations of abuse to the local DSS.</p> <p>Review on 01/19/22 of Former Client (FC) #9's</p>	V 500		

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V 500	<p>Continued From page 8</p> <p>record revealed: -9 year old male. -Admission date of 03/09/22. -Discharge date of 10/06/22. -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Autistic Disorder.</p> <p>Review on 01/18/23 of the facility incident reports revealed: -No Level 3 incident reports had been completed for Former Client (FC) #23 accusing staff #3 of "snatching" him up in the van.</p> <p>During interview on 01/19/23 the Quality Assurance/Human Resource Director (QA/HRD) revealed: -QA/HRD had several problems with FC #23 with his behaviors and with the mother. -QA/HRD did not complete a Level 2 and was not aware an incident report had to be completed for all allegations. -QA/HRD interviewed all the clients in the van the day of the incident and no one saw staff #3 touch FC #23.</p>	V 500		