

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2023
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP H	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on January 23, 2023. The complaints were substantiated (intakes #NC00194230, #NC00194317, #NC00194686, #NC00194247 and #NC00197079). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and maintain a current MARs affecting three of four audited clients (#1, #3, #4). The findings are:</p> <p>Finding #1 Review on 1/20/22 of client #1's record revealed: -11 year old male. -Admitted on 5/13/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Other reactions to severe stress, Developmental Coordination Disorder and Seizures.</p> <p>Review on 1/20/22 of client #1's signed physician orders revealed: -9/27/22: Lamotrigine 100 milligrams (mg) tablet daily with 75 mg. (Seizure) -10/3/22: Lamotrigine 25 mg 3 tablets every morning with 100 mg. -12/5/22: Olanzapine 2.5 mg daily. (Mood)</p> <p>Review on 1/20/22 of client #1's MARs from</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>November 2022 - January 20, 2023 revealed: -Lamotrigine 25 mg was not administered on 11/5/22, 11/6/22. -Lamotrigine 100 mg was not administered on 11/5/22, 11/6/22.</p> <p>Observation on 1/20/22 at approximately 4:45 pm of client #1's medications revealed: -Olanzapine 2.5 mg daily was not available for review.</p> <p>Interview on 1/20/23 client #1 stated: -He received his medications daily but sometimes staff forget to get his medications.</p> <p>Finding #2 Review on 1/18/23 of client #3's record revealed: -11 year old female. -Admitted on 11/10/21. -Diagnoses of Attention Deficit Hyperactivity Disorder combined type, Post Traumatic Stress Disorder, Adjustment Disorder with Disturbance of Conduct and Oppositional Defiant Disorder.</p> <p>Review on 1/18/23 of client #3's signed physician orders revealed: -2/2/22: Cetirizine Hydrochloride (HCL) 10 mg daily. (allergy) -9/1/22: Montelukast Sodium (SOD) 5 mg daily. (allergy) -10/1/22: Atomoxetine HCL 25 mg twice daily. (Attention Deficit Hyperactivity Disorder (ADHD))</p> <p>Review on 1/18/23 and 1/20/23 of client #3's MARs revealed: -Cetirizine HCL 10 mg was not administered on 11/12/22, 11/13/22. -Montelukast SOD 5 mg was not administered on 11/1/22, 11/25/22 - 11/27/22. -Atomoxetine HCL 25 mg was not administered</p>	V 118		

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V 118	<p>Continued From page 3 on 12/18/22 (8pm).</p> <p>Interview on 1/20/23 client #3 stated: -He took his medications daily. -Sometimes his medications were not available at the facility.</p> <p>Finding #3 Review on 1/18/23 and 1/19/23 of client #4's record revealed: -12 year old male. -Admitted on 12/15/20. -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder combined presentation moderate, Posttraumatic Stress Disorder and Unspecified Depressive Disorder.</p> <p>Review on 1/19/23 of client #4's signed physician orders revealed: -8/29/22: Clonidine HCL Extended Release (ER) 0.1 mg twice daily.</p> <p>Review on 1/19/23 of client #4's MARs from November 2022 - December 2022 revealed: -Clonidine HCL ER was not administered on 11/11/22-11/13/22, 11/20/22. (ADHD)</p> <p>Interview on 1/20/23 client #4 stated: -He received his medications daily.</p> <p>Interview on 1/20/23 the Qualified Professional stated: -Medications were not administered when they were waiting on medications from the pharmacy. -Client #1's medication was not available at the facility for review because they had to get it from the pharmacy. -She would ensure medication are administered as ordered.</p>	V 118		

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V 118	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private	V 133		

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V 133	<p>Continued From page 5</p> <p>entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of</p>	V 133		

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V 133	<p>Continued From page 6</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. <p>(e) Relevant Offense. - As used in this section,</p>	V 133		

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V 133	Continued From page 7 "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in	V 133		

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V 133	<p>Continued From page 8</p> <p>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete a statewide criminal background check within seven days of employment for one of four audited paraprofessional staff (#2, #6 and Former Staff (FS) #10) The findings are:</p> <p>Finding #1</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>Review on 1/20/23 of staff #2's personnel record revealed: -Hire date: 5/12/22. -Title: Paraprofessional -No documentation of a statewide criminal background check completed within seven days of employment.</p> <p>Interview on 1/20/23 staff #2 stated: -He worked at the facility since last May.</p> <p>Finding #2 Review on 1/20/23 of staff #6's personnel record revealed: -Hire date: 8/20/22. -A signed authorization to complete criminal record check. -No documentation of a statewide criminal background check completed within seven days of employment.</p> <p>Interview on 1/20/23 staff #6 stated: -She worked at the facility for almost 3 years.</p> <p>Finding #3 Review on 1/20/23 of FS #10's personnel record revealed: -Hire date: 1/24/22. -Title: Paraprofessional. -No documentation of a statewide criminal background check completed within seven days of employment.</p> <p>Interview on 1/20/23 FS #10 stated: -She was employed with the facility about 10 months.</p> <p>Interview on 1/23/23 the Office Administrator stated: -She mailed the criminal background request at</p>	V 133		

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V 133	Continued From page 10 hire for staff. -During corona virus disease 19 (COVID) many were not returned. -She would ensure criminal background checks were completed within 7 days of employment.	V 133		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of	V 295		

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V 295	Continued From page 11 an Associate Professional (AP). The findings are: Review on 1/18/23 of the client/staff census revealed no AP listed. Interview on 1/18/23 and 1/20/23 the Qualified Professional stated: -She had an AP who assisted from a sister facility. -The facility did not have a full time AP. -The facility was currently looking to hire a new AP. Interview on 1/20/23 the Office Administrator stated: -They did not have a full time AP at the facility.	V 295		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements	V 366		

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V 366	<p>Continued From page 12</p> <p>set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p>	V 366		

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V 366	<p>Continued From page 13</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement policies for reporting/responding to level one incidents as required. The findings are:</p> <p>Finding #1 Review on 1/20/22 of client #1's record revealed: -11 year old male. -Admitted on 5/13/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Other reactions to severe stress, Developmental Coordination Disorder and Seizures.</p> <p>Review on 1/20/22 of client #1's MARs from November 2022 - January 20, 2023 revealed: -Lamotrigine 25 mg was not administered on 11/5/22, 11/6/22. -Lamotrigine 100 mg was not administered on 11/5/22, 11/6/22.</p> <p>Interview on 1/20/23 client #1 stated: -He received his medications daily but sometimes staff forget to get his medications.</p> <p>Finding #2 Review on 1/18/23 of client #3's record revealed: -11 year old female. -Admitted on 11/10/21. -Diagnoses of Attention Deficit Hyperactivity Disorder combined type, Post Traumatic Stress Disorder, Adjustment Disorder with Disturbance of Conduct and Oppositional Defiant Disorder.</p> <p>Review on 1/18/23 and 1/20/23 of client #3's MARs revealed: -Cetirizine HCL 10 mg was not administered on</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>11/12/22, 11/13/22. -Montelukast SOD 5 mg was not administered on 11/1/22, 11/25/22 - 11/27/22. -Atomoxetine HCL 25 mg was not administered on 12/18/22 (8pm).</p> <p>Interview on 1/20/23 client #3 stated: -He took his medications daily. -Sometimes his medications were not available at the facility.</p> <p>Finding #3 Review on 1/18/23 and 1/19/23 of client #4's record revealed: -12 year old male. -Admitted on 12/15/20. -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder combined presentation moderate, Posttraumatic Stress Disorder and Unspecified Depressive Disorder.</p> <p>Review on 1/19/23 of client #4's MARs from November 2022 - December 2022 revealed: -Clonidine HCL ER was not administered on 11/11/22-11/13/22, 11/20/22.</p> <p>Interview on 1/20/23 client #4 stated: -He received his medications daily.</p> <p>Interview on 1/18/23 and 1/20/23 the Qualified Professional stated: -Medications not administered were supposed to be documented on the back of the MAR. -Staff were supposed to document level I incident as a significant event note. -There was no level I incident reports for missed medications.</p> <p>Interview on 1/20/23 the Office Administrator stated:</p>	V 366		

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V 366	Continued From page 16 -Missed medications was supposed to be documented on a level I incident report by staff after every shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 367	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; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	<p>Continued From page 17</p> <p>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 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>	V 367		

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V 367	<p>Continued From page 18</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 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 1/19/22 client #2's record revealed: -12 year old male. -Admitted on 3/28/22. -Diagnoses of Attention Deficit Hyperactivity Disorder combined presentation, Oppositional Defiant Disorder, Traumatic Brain Injury, Tourette Syndrome and Mild Neurocognitive Disorder.</p> <p>Review on 1/18/23 of the North Carolina Incident Response Improvement System (IRIS) for November 2022- January 18, 2022 revealed no level II incident reports submitted by the facility for client #2.</p> <p>Review on 1/19/23 of facility's records for level I</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>incident reports revealed level I incident report due to the clients behaviors and placed in a therapeutic hold.</p> <p>Interview on 1/20/23 client #1 stated: -He had not been hurt or injured by any staff. -He had not had any marks or bruises from staff.</p> <p>Interview on 1/20/23 staff #6 stated: -Client #2 made an allegation against her stated she bent his finger back on Christmas Eve. -Client #2 was fighting with another client over a present and she took the present from them. -She was not aware of the allegation until later. -She spoke with client #2's guardian about it.</p> <p>Interview on 1/18/23 and 1/20/23 the Qualified Professional stated: -Client #2 made an allegation to his mother about staff #6 bending his finger back. -She learned of the allegation from client #2's guardian. -Client #2 had not been placed in any type of therapeutic hold during December. -She had not submitted a level II incident report because she knew the allegation had not occurred.</p> <p>Interview on 1/20/23 the Office Administrator stated: -The facility was not certain a level II incident report was needed. -The facility would review the incident reporting requirements and report incidents timely.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		

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V 736 V 736	Continued From page 20 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/20/23 at approximately 4:05pm during the tour of the facility revealed: -3 of the 4 rectangle light fixtures in the game room had blown light bulbs. -The game room stairway had several white paint plaster circular spots of various sizes. -There was a large basketball size white paint plaster spot next to the pantry in the game room and white paint spots on the floor. -The laminate kitchen floor was torn in front of the cabinets and dishwasher. -The outside deck adjacent to the back door had a square hole approximately 6 inches by 3 inches in 1 on the wooden planks. -Client #3's bedroom closet doors were missing. -The on suite bathroom in client #4's bedroom had 2 of 6 light bulbs blown above the vanity. -Client #1's bedroom closet lights were blown. There was vulgar language written in black marker behind the bedroom door. -The dresser in client #2's bedroom was missing a drawer. There was a crack in the wall near the	V 736 V 736		

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V 736	<p>Continued From page 21</p> <p>light switch.</p> <p>-The hall bathroom shower had a sock around the shower head. The floor vent was loose. The window blinds had broken slates and 2 of the 6 light bulbs were blown.</p> <p>-The living room window had broken blind slates. The laminate floor was torn in several areas.</p> <p>Interview on 1/20/23 the Qualified Professional stated:</p> <p>-She had maintenance began on some of the repairs.</p> <p>-She would follow up with the repairs.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit where clients had access to hot water. The findings are:</p> <p>Observation on 1/20/23 at approximately 4:05pm during the tour of the facility revealed:</p>	V 752		

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V 752	Continued From page 22 -The hot water temperature at the kitchen sink measured 120 degrees Fahrenheit. -The Qualified Professional checked the hot water temperature at the kitchen sink and measured 120 degrees Fahrenheit. -The hot water temperature at the hall bathroom sink measured 118 degrees Fahrenheit. Interview on 1/20/23 the Qualified Professional stated: -Staff checked the water temperatures daily and documented the reading on a log. -Staff misread the water temperatures when measured. -She submitted a work order to adjust the water temperatures.	V 752		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview, the facility	V 774		

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V 774	<p>Continued From page 23</p> <p>failed to provide minimum furnishings for client bedrooms. The findings are:</p> <p>Observation on 1/20/23 at approximately 4:05pm during the tour of the facility revealed:</p> <ul style="list-style-type: none"> -There was no bedside table in client #1's bedroom. -There was no bedside table in client #2's bedroom. -There was no bedside table in client #4 double occupancy bedroom. <p>Interview on 1/20/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -She was aware of the minimum furnishing requirement. -She understood the bedrooms needed bedside tables. 	V 774		