

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 19, 2023. Two complaints were substantiated (intake #NC0019516 and #NC00195915). Seven complaints were unsubstantiated (intake #NC00194573, #NC00195133, #NC00196044, #NC00196045, #NC00196088, #NC00196699, and #NC00197155). A deficiency was cited.</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 66. The survey sample consisted of an audit of 4 current clients and 5 discharged clients.</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>	
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with 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>	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, 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</p>	2-18-2023

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

Y1Y511

DHSR - Mental Health

If continuation sheet 1 of 3

FEB 10 2023

Lic. & Cert. Section

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V 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: 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 1/19/23 of a sample of "Facility Daily Staffing Sheets" and midnight census reports for 1/1/23 through 1/18/23 revealed: -100 Hall census ranged from 14 to 17 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty. -200 Hall census ranged from 15 to 17 clients. The night shift staffing ranged from 2 to 4 direct care staff on duty. -300 Hall census ranged from 14 to 17 clients. The night shift staffing ranged from 2 to 4 direct care staff on duty. -400 Hall census maintained 16 clients. The night shift staffing ranged from 2 to 4 direct care staff on duty.</p> <p>Interview on 1/19/23 client #1 stated: -She was admitted to the facility approximately 5 months earlier. -She resided on the 300 hall. -There were 17 girls on the 300 hall and usually 2-3 staff on each shift. -There were generally 2 staff working on overnight and weekend shifts.</p> <p>Interview on 1/19/23 client #3 stated: -He was admitted to the facility approximately 5 months earlier. -He resided on the 400 hall.</p>	V 315	<p>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 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>	

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V 315	<p>Continued From page 2</p> <ul style="list-style-type: none"> -There were 16 boys on the 400 hall and usually 2 -3 staff on shift. -There were occasions where there may only be 1 female staff working the hall. <p>Interview on 1/19/23 client #4 stated:</p> <ul style="list-style-type: none"> -He was admitted to the facility approximately 6 weeks earlier. -He resided on the 400 hall. -There were 18 boys on the 400 hall and usually 2 -3 staff on shift. -There were occasions where there may be as many as 4 staff, but the staffing ratio was never less than 2 staff on the hall. <p>Interview on 1/19/23 the Director of Quality and Risk Management stated:</p> <ul style="list-style-type: none"> -The facility continued to work through staffing shortages. -Efforts were ongoing in recruiting appropriate staff. <p>This deficiency has been cited 6 times since the original cite on 5/10/21 and must be corrected within 30 days.</p>	V 315	The Program Manager will monitor this process daily and report any discrepancies and corrective action to the CEO in the Safety meeting.	
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