STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ANDERSON HEALTH SERVICES-SIMMONS	1915-C HASTY ROAD MARSHVILLE, NC 28103

(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
V 000	INITIAL COMMENTS An annual and complaint survey was completed on 02/02/2023. The complaint was substantiated (intake #NC00195370). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 12 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to develop a treatment plan within 30 days of admission for 1 of 2 Clients (#2). The findings are:

Review on 01/31/2023 of Client #2's record revealed:
-15-year-old male.
-Admitted 12/01/2022.
-Diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and other Specified Depressive Episodes.
-A local Department of Social Services representative is his guardian.
-No Treatment Plan developed since admisson to the facility.

Review on 01/31/2023 of a "Person-Centered Profile" for Client #2 completed on 09/27/2022 revealed:
-Client #2's previous facility and staff were responsible for the individual goals.
-Level II Residential Type listed instead of Psychiatric Residential Treatment Facility.

Interview on 01/31/2023 with Client #2 revealed:
-Had resided at the facility for a month.
-Had previously lived at a Sister Facility for two months.

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V 112	Continued From page 2 Interview on 02/01/2023 with the Chief of Business Development Officer revealed: -The person responsible for completing treatment plans is no longer with the agency. -"At the meeting, it (treatment plan) is supposed to be updated and signatures obtained."	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are: Review on 01/31/2023 of the facility's fire and disaster drills log from 02/01/2022- 01/31/2023 revealed: -No documentation to support completion of 1st	V 114		

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V 114	Continued From page 3 shift (7am-3pm), 2nd shift (3pm-11pm), and 3rd shift (11pm-7am) fire and disaster drills for the 1st quarter from February 2022 - April 2022, 2nd quarter from May 2022 - July 2022, 3rd quarter from August 2022 - October 2022, or 4th quarter from November 2022 - January 2023. Interview on 01/31/2023 with Client #1 revealed: -Completed fire drills. -Did not complete disaster drills. -"So, it was probably 2 months that we did the last one (fire drill)." Interview on 01/31/2023 with Client #2 revealed: -Did not complete fire or disaster drills at the facility. -"Yes, sir they do it (fire and disaster drills) here (administrative building) because they said it is more structured." Interview on 02/01/2023 with Staff #1 revealed: -Completed fire and disaster drills once or twice per month at the facility. Interview on 02/01/2023 with Staff #2 revealed: -"I believe they (fire and disaster drills) are campus wide." -"I am not sure if it (fire and disaster drills) is monthly. I think its monthly." Interview on 01/31/2023 with the Residential Services Maintenance Supervisor revealed: -"The last COO (Chief Operation Officer) did not want us to do it (fire and disaster drills) separate." -Fire and disaster drills were completed at the same time for the entire campus. Interview on 02/01/2023 with the Chief Business Development Officer revealed: -"He (Residential Services Maintenance	V 114		

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V 114	Continued From page 4 Supervisor) is going to have to change the way he records them (fire and disaster drills)." -"I am going to have to get with him (Residential Services Maintenance Supervisor) to ensure he document what he is doing accurately."	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 3 audited Staff (#1, #2, Qualified Professional (QP)/Residential Director (RD)) and 1 of 1 Former Staff (FS #4). The findings are: Review on 01/31/2023 of Staff #1's personnel record revealed: -Hire date 2/7/2022. -Job title Residential Care Worker (RCW). -HCPR check 03/22/2022. Review on 01/31/2023 of Staff #2's personnel	V 131		

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V 131	Continued From page 5	V 131		

record revealed:
-Hire date 01/10/2022.
-Job title RCW.
-HCPR check 03/30/2022.

Review on 01/31/2023 of FS #4's personnel record revealed:
-Hire date 08/29/2022.
-Job title RCW.
-No HCPR check.

Review on 01/31/2023 of the QP/RD personnel record revealed:
-Hire date 10/03/2022.
-Job title QP/RD.
-No HCPR check.

Interview on 02/01/2023 with Staff #1 revealed:
-Employed since Feb 7, 2023.

Interview on 02/01/2023 with Staff #2 revealed:
-Employed since January 2022.

Interview on 02/01/2023 with FS #4 revealed:
-Employed since August 29, 2022.

Interview on 02/01/2023 with the Human Resource Employee Experience Specialist revealed:
-Hired [Third Party Vendor] to run all employee HCPR checks.
-"I send the link to the staff and [Third Party Vendor] is responsible for running the checks... The results I gave you came from [Third Party Vendor]'s website. What is there is what [Third Party Vendor] has done and nothing that Anderson (Licensee) has done."

Interview on 01/31/2023 with the Chief Business Development Officer revealed:

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V 131	Continued From page 6 -"This is all we have from [Third Party Vendor]."	V 131		
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 entity to conduct a State criminal history record	V 133		

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V 133	Continued From page 7 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. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all	V 133		

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V 133	Continued From page 8 of the following factors in determining whether to hire the applicant: (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. 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. (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: (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. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or	V 133		

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V 133	Continued From page 9 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 violation of G.S. 18B-302 or driving while	V 133		

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V 133	Continued From page 10 impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (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. (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: (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. (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.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request the required statewide criminal records check no later than five business days after the individual began conditional employment for 2 of 3 audited Staff (#1 and #2). The findings are: Review on 01/31/2023 of Staff #1's personnel record revealed:	V 133		

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V 133	Continued From page 11 -Hire date 2/7/2022. -Job title Residential Care Worker (RCW). -Request for statewide criminal records check 04/07/2022. Review on 01/31/2023 of Staff #2's personnel record revealed: -Hire date 01/10/2022. -Job title RCW. -Request for statewide criminal records check 03/29/2022. Interview on 02/01/2023 with Staff #1 revealed: -Employed since Feb 7, 2023. Interview on 02/01/2023 with Staff #2 revealed: -Employed since January 2022. Interview on 02/01/2023 with the HR Employee Experience Specialist revealed: -Hired [Third Party Vendor] to run all employee criminal records checks. -Had nothing to do with criminal records check process. -"I send the link to the staff and [Third Party Vendor] is responsible for running the checks ...The results I gave you came from [Third Party Vendor]'s website. What is there is what [Third Party Vendor] has done and nothing that Anderson (Licensee) has done."	V 133		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF (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.	V 315		

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V 315	Continued From page 12 (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (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. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure at least two direct care staff members were present for every six children and to provide 24-hour on-site coverage by a Registered Nurse (RN) for all clients in the facility. The findings are: Finding #1: Review on 01/31/2023 of Client #1's record revealed: -15-year-old male. -Intially admitted 07/29/2022, Discharged 10/29/2022 to Sister Facility #2, and Re-admitted 01/26/2023. -Diagnoses of Attention Deficit Hyperactivity (ADHD)-Combined Presentation, Prolonged Grief Disorder and Autism Spectrum Disorder. Review on 01/31/2023 of Client #2's record revealed: -15-year-old male.	V 315		

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V 315	Continued From page 13 -Admitted 12/01/2022. -Diagnoses of ADHD, Intermittent Explosive Disorder, and other Specified Depressive Episodes. Review on 01/31/2023 of a Comprehensive Clinical Assessment Addendum for Client #1 dated 01/24/2023 revealed: -"He response to 'no' with aggressive behavior, excessive profanity, property destruction, wondering off, or negotiation tactics." -"[Client #1] is not sufficiently stable emotionally and /or behaviorally, to be treated outside of a highly-structure 24-hour therapeutic environment." -"His recommendation for a level of care remains for PRTF (Psychiatric Residential Treatment Facility) Placement." Reviews on 01/31/2023 and 02/01/2023 of a level I facility incident report for Client #2 revealed: -Date of Incident: 12/29/2022. -Time of Incident: 10:27 pm. -Details of Incident: Cottage: Simmons Level I incident. -"What happened? [Client #2] entered [Sister Facility] cottage due to a previous incident, [Client #2] got up from the chair that he was sitting in and walked outside saying he was going back to Simmons by himself. When staff greeted client, he continued to walk away laughing, and then proceeded to walk to the admin (administrative) building pulling on the doors to get in. [Client #2], then ran to the basketball court and went into the woods. Staff remained outside looking for [Client #2] and was not able to find him. [Local Police Department] was called to file a report. Staff followed him and gave him the option to sleep in one of the two other cottages that had staff, but he refused. [Client #2] went up to the admin	V 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL090-195	A. BUILDING: _____ B. WING _____	02/02/2023

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V 315	Continued From page 14 building and was trying to break into the building despite staff redirection. Any time staff approached him [Client #2] would run away and run through the woods. [Client #2] entered [closed sister facility] and ran through the cottage to hide behind the cottage with staff in it, and he was not cooperative with any of them. Around 10:30 a supervisor called the police to report [Client #2] missing. [Client #2] was not back by the end of shift. -When did it happen? The incident occurred after [Client #2] returned on campus from an off-campus field trip, approximately 9:30pm. -Where did it happen? The incident occurred while [Client #2] was sitting in [sister facility] cottage. -How did it happen? [Client #2] got up from his chair and walked out of the cottage. Client refused to process with staff, while running away from staff. Client ran across the basketball court and into the woods where staff was not able to see him. -Prevention and correction: How was the situation mitigated and the child kept safe? Staff continued to look for [Client #2] for more than 45 minutes and notified [Local Police Department]. -How do we intend to prevent this in the future? Staff will continue to monitor client closely for his (Client #2) safety and wellbeing." Review on 02/02/2023 of the facility staff assignment schedule from 12/01/2022 - 01/31/2023 revealed the following number of entries without required staff identified for specific shifts: -First Shift - 14 days no staff were identified and 6 days one staff was identified. -Second Shift - 19 days no staff were identified and 7 days one staff was identified. -Third Shift - 15 days no staff were identified and	V 315		

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V 315	Continued From page 15 3 days one staff was identified. Attempted review of facility timesheets and interview with the Chief Business Development Officer on 02/01/2023 revealed there were no facility time documentation to review. Observation on 01/31/2023 at approximately 9:10 am revealed Client #2 in the facility with only Staff #1. Interview on 01/31/2023 with Client #1 revealed: -"Right now, it's just 2 (staff). We have 3 shifts: 1st, 2nd, and 3rd. If there is not enough staff at the PRTF (Anderson Health Services (AHS)-Simmons), we have to go down to the other cottage." Interview on 01/31/2023 with Client #2 revealed: -"Like two staff (at the facility)." -Had gone to a Sister Facility when there was not enough staff at the facility. Interview on 02/01/2023 with Staff #3 revealed: -Employed since May 2022. -Worked at all 3 operational Anderson Behavioral Health, Inc. (Licensee) facilities. -Facility did not have required staff coverage. Interview on 02/02/2023 with Staff #4 revealed: -Employed for approximately 2.5 years. -Served as a direct care staff. -Clients had to go to a Sister Facility at times for a few hours until staff arrived for coverage. -12/29/2022 incident with Client #2 occurred after all 3 operational facilities had been to an activity and when the clients arrived back to the facility, 1st shift staff left which led to a shortage of staff at the facility and Client #2 had to stay at a sister facility until additional coverage arrived.	V 315		

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V 315	Continued From page 16 Interview on 02/02/2023 with the Direct Care Supervisor #1 revealed: -Provided supervision for the PRTF on 1st shift. -Always had 2 staff at the PRTF scheduled. -Supervisors or lead staff provided fill in coverage as needed at AHS-Simmons. -Completed staff schedules and would send emails to staff to fill vacant shifts. -Staff schedule did not reflect the names of staff, but coverage had been secured for the clients. Interview on 02/01/2023 with the Direct Care Supervisor #2 revealed: -Employed since August 2022. -Was the 3rd shift supervisor and worked other shifts as needed. -The clients are usually asleep during 3rd shift. -Clients may have to go to a sister facility for a few hours if there is inadequate staff. -Staff may call out and the clients go to a sister facility until additional coverage arrived. Interview on 02/01/2023 with the Qualified Professional/Residential Director revealed: -There were 3 operational facilities: AHS-Simmons, Sister Facility #1, and Sister Facility #2. -Shift supervisor or lead staff should cover shifts to ensure adequate staff for AHS-Simmons. -Had covered shifts in the past for the facility. Interviews on 02/01/2023 and 02/02/2023 with the Chief Business Development Officer revealed: -PRTF should be staffed with 2 direct care staff and a RN at all times. -PRTF and other sister facilities have activities scheduled together. -PRTF clients should not be sent to sister facilities due to staffing issues.	V 315		

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V 315	Continued From page 17 -The agency has adequate staff to provide coverage for the PRTF. -Was unable to access the specific time sheets for the individual staff to show client/staff ratio. Finding #2: Review on 02/01/2023 of Division of Health Service Regulation (DHSR) records revealed no waiver had been requested by the facility to allow the RN to provide onsite coverage for the all three currently operational Anderson Behavioral Health, Inc. (Licensee) facilities at the same time; AHS-Simmons and two Level II facilities (Sister Facility #1 and Sister Facility #2) at . Review on 02/02/2023 of Anderson Behavioral Health, Inc.'s campus map revealed: -AHS-Simmons was approximately 360 feet from Sister Facility #1 and approximately 525 feet from Sister Facility #2. Interview on 02/01/2023 with the Direct Care Supervisor #2 revealed: -RN worked at all 3 operational Anderson Behavioral Health, Inc. facilities. Interview on 02/01/2023 with the Qualified Professional/Residential Director revealed: -RN was onsite 24/7 for the facility. -RN provided medications and authorized physical restraints to all 3 operational Anderson Behavioral Health, Inc. facilities. Interview on 02/01/2023 with the RN revealed: -Nursing staff worked 12-hour shifts. -Had an office in the facility. -Worked weekends and occasionally one staff was with AHS-Simmons clients. -Approximately once a week the clients at AHS-Simmons went to a Sister Facility for a few	V 315		

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V 315	Continued From page 18 hours until additional staff arrived. -Was responsible for medication administration and physical restraint oversight of all 3 operational Anderson Behavioral Health, Inc. facilities. Interviews on 02/01/2023 and 02/02/2023 with the Chief Business Development Officer revealed: -PRTF should be staffed with 2 direct care staff and a RN at all times. -RN was supposed to provide coverage for the PRTF facility only. -Did not have a DHSR waiver permitting the RN to cover all 3 operational Anderson Behavioral Health, Inc. facilities. Review on 02/01/2023 of the Plan of Protection dated 02/01/2023 and signed by the Quality Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Anderson Health services (AHS) will ensure that the residential facility is in ration at all times and providing ongoing supervision surround staff to client ratios. Describe your plans to make sure the above happens. *The Residential Services Director or designee will conduct a verbal check per shift to provide oversite to ensure that the appropriate ratios are being met. The following check will be documented and stored in AHS's HRIS system. This will be done starting today and each day for the next 90 days. These verbal checks will then be done randomly on a quarterly basis. *AHS will provide an accurate schedule that shows ratios for 24 hours per day. This schedule will be stored in our HRIC system. *Quality Director will facilitate an emergency meeting with Direct Care staff and leadership to	V 315		

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V 315	Continued From page 19 explain the importance of regulation around ratios, providing clients with 24-hour supervision, not moving clients to other unassigned cottages, engaging with clients at all times. This meeting will be conducted no later than 02.07.2023, documented, and saved in AHS's HRIS system." This facility is licensed as a PRTF and required to provide two direct care staff for every six or fewer children. The facility's census consisted of two 15-year-old males with diagnoses to include ADHD-Combined Presentation, Prolonged Grief Disorder and Autism Spectrum Disorder, Intermittent Explosive Disorder, and other Specified Depressive Episodes. Client #1 was discharged from the facility on 10/21/2022 and was recently readmitted on 01/26/2023. Client #1 had a history of aggressive behavior, excessive profanity, property destruction and wandering off. Client #2 was involved in an incident which required law enforcement involvement on 12/29/2022. During the 12/29/2022 incident, Client #2 was required to stay at a sister facility until additional staff arrived to meet the staff/client ratio required at the facility. There was no evidence that the provider adhered to the staff/client ratio. The planned work schedule for the facility from 12/01/2022 through 01/31/2023 documented either no staff or one staff was identified for 64 of 186 shifts. Staff and clients made statements about the staff/client ratio not being adhered to all the time. An observation also corroborated the staffing concern. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 315		

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V 367	Continued From page 20	V 367		
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 report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously	V 367		

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V 367	Continued From page 21 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that	V 367		

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V 367	Continued From page 22 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all critical incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 2 Clients (#2). The findings are. Review on 01/31/2023 of IRIS from 11/01/2022 - 01/31/2023 revealed: -No Level II IRIS report submitted for incident dated 12/29/2022 for Client #2 exhibiting behaviors that required law enforcement involvement. Reviews on 01/31/2023 and 02/01/2023 of a level I facility incident report for Client #2 revealed: -Date of Incident: 12/29/22. -Time of Incident: 10:27pm. -Details of Incident: Cottage: Simmons Level I incident. -"What happened? Client [#2] entered [Sister Facility] cottage due to a previous incident, [Client #2] got up from the chair that he was sitting in and walked outside saying he was going back to Simmons by himself. When staff greeted client,	V 367		

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V 367	Continued From page 23 he continued to walk away laughing, and then proceeded to walk to the admin (administrative) building pulling on the doors to get in. [Client #2], then ran to the basketball court and went into the woods. Staff remained outside looking for [Client #2] and was not able to find him. [Local Police Department] was called to file a report." -No documentation of LME/MCO notification as required for behavior requiring law enforcement involvement. Interviews on 01/31/2023 and 02/02/2023 with the Chief Business Development Officer revealed: -Incident dated 12/29/2022 with Client #2 should have been documented as a Level II incident and entered into IRIS. -Not sure why an IRIS report was not completed for Client #2's incident dated 12/29/2022. -IRIS reporting was required when law enforcement becomes involved with a client incident.	V 367		