

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2022
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NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
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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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 6, 2022. The complaints were unsubstantiated (#NC00193515, #NC00193595, #NC00193783 and #NC00193762). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescent.</p> <p>This facility is licensed for 12 beds and currently has a census of 12. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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		

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

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V 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview, the facility failed to provide 24-hour on-site coverage by a Registered Nurse (RN). The findings are:</p> <p>An interview was attempted with the RN on 10/3/22. During the request for the interview, surveyor was informed that no nurse was on the facility grounds.</p> <p>Interview on 10/3/22 with staff #2 revealed: -She was the charge staff. -Was trained by the nurse to give medications or medical assistance if needed. -Confirmed the other facility across the parking lot had a staff onsite as well.</p> <p>Interview on 10/3/22 with Executive Director revealed: -She and staff #2 were trained to administer medication. -Also have nurse in the other facility across the parking lot. -Nurse was last in the building this morning at 7am. -Nurse scheduled to come in this evening at 7pm. -Confirmed the facility failed to provide 24-hour coverage by a Registered Nurse.</p>	V 315		