

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL087-016 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/05/2023 |
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| NAME OF PROVIDER OR SUPPLIER HAWTHORN HEIGHTS | STREET ADDRESS, CITY, STATE, ZIP CODE 656 BLACK HILL ROAD BRYSON CITY, NC 28713 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/5/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 9 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 4/4/23 of fire and disaster drills</p> | V 114 | | |

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

Kana Long
STATE FORM

TITLE

Executive Director

(X6) DATE

04/24/2023

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| V 114 | Continued From page 1 revealed: -There was no documentation of disaster drills having been conducted on 1st shift (day shift) in the quarter from January-March 2023, April-June 2022 or October-December 2022. Interview on 4/4/23 with the Executive Director revealed: -Facility ran 12-hour shifts. -Thought the requirement for fire and disaster drills was monthly. -Will create a master schedule for quarterly drills on both shifts. | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>(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 ensure medications were administered on the written order of a physician for 1 of 3 clients (Client #2). The findings are:</p> <p>Record review on 4/4/23 for Client #2 revealed: -Date of admission-2/8/23. -Age-14 years old. -Diagnoses- Anxiety Disorder, Major Depressive Disorder. -Physician ordered medication on 11/22/22 included: -Sertraline 50mg (milligrams) (depression) -1 tablet at bedtime. -There was no discontinue order for Sertraline. -Ventolin HFA 90mcg (micrograms) (shortness of breath) 2 puffs every 4 hours PRN (as needed). -There was no order at the facility for Ventolin.</p> <p>Review on 4/4/23 of MARs for 2/8/23 to 4/4/23 for Client #2 revealed: -Sertraline was not administered after 3/23/23. -Ventolin was administered on 4/2/23.</p> | V 118 | | |
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RECEIVED
By Starr J Massey at 3:54 pm, Apr 26, 2023

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| V 118 | Continued From page 3 Interview on 4/5/23 with Unit Supervisor/Qualified Professional revealed: -Client # had come in with a list of medications which he sent to the pharmacy. The pharmacy must have followed up with the prescribing physician to fill the medication but he never received a copy of the medication orders. -Will continue providing support (notes and reminders) for staff passing medications. | V 118 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed | V 536 | | |

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| V 536 | <p>Continued From page 4</p> <p>by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> | V 536 | | |

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| V 536 | <p>Continued From page 5</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> | V 536 | | |

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| V 536 | <p>Continued From page 6</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on personnel record review and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention annually for 1 of 3 audited staff (Staff #2). The findings are:</p> <p> </p> <p>Record review on 4/5/23 for Staff #2 revealed: -Date of hire- 10/25/21</p> | V 536 | | |

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| V 536 | <p>Continued From page 7</p> <p>-Date of training in CPI (Crisis prevention intervention) was 1/12/22 expiring on 1/12/23.</p> <p>Interview on 4/5/23 with Unit Supervisor/Qualified Professional revealed:</p> <p>-He was a certified CPI trainer.</p> <p>-Despite being trained in restrictive interventions the facility never restrained a client.</p> <p>-Was not aware Staff #2 's training had expired.</p> | V 536 | | |



656 Black Hill Rd.
 Bryson City, NC 28713
 828-488-6512 (office)
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 www.hawthornheights.org

April 14th, 2023

Cathy Samford
 NC Health Service Regulation
 Mental Health Licensure & Certification Section
 2718 Mail Service Center
 Raleigh, NC 27699-2718

Ms. Samford:

Since our survey on April 4th and 5th, 2023, our agency has worked to bring the identified rule violations into compliance. Below are specific actions we have taken to remedy this.

| Identified Deficiency | Corrective Action Taken | Completion Date (Actual or Estimated) |
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| Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) standard | The agency has implemented a new schedule for fire and disaster drills, scaling back from monthly sleep and awake drills to quarterly sleep and awake drills. A new checklist tool, which will be posted in the staff office, will allow for a visual reminder of when drills are due. We will also schedule drills on our shared staff calendar and set reminders of when to perform these drills. Our updated drill procedures will be reviewed with employees at our next All Staff Meeting. | 04/24/2023 |
| Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 Medication Requirements (V118) standard | Unit Supervisors have been informed that medications shall only be administered upon the written and signed order of a physician or other legally authorized prescriber as documented in the client's record. Medications orders will not be transcribed/approved in the client MAR until a Unit Supervisor certifies that a copy of the prescription is on file. This will be communicated to employees at our next All Staff Meeting. | 04/24/2023 |
| Rule Violation/Tag #/Citation Level: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V526) standard | Reminders for annual recertification training will be entered into our shared calendar by the Unit Supervisor who facilitated the initial alternatives to restrictive interventions training. The Executive Director will also check each | 04/24/2023 |

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| | employee's certification expiration date, at minimum, upon the anniversary date of their hire, ensuring that a recertification training shall be scheduled in a timely manner. | |
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We appreciate the feedback received from our survey on how to improve our agency's processes and services, as we continually strive to provide the best possible care for youth in need. If additional information is needed concerning these corrections, please let me know.

Sincerely,



Kara Long, Executive Director

cc: Ralph Murphy, Board Chair