

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/04/2023
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NAME OF PROVIDER OR SUPPLIER THE LIGHTHOUSE II OF CLAYTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2016 FORT DRIVE CLAYTON, NC 27520
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 5/4/23. The complaints were substantiated (Intake #NC00200463, #NC00201356, #NC00200983). 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 0. The survey sample consisted of 1 former client.</p> <p>All clients were discharged on 3/24/23.</p>	V 000		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by:</p>	V 318		

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

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V 318	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation. The findings are:</p> <p>Review on 4/18/23 of Former Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/12/22 - Diagnoses: Disruptive Mood Dysregulation Disorder, Attention-Deficit/Hyperactivity Disorder, combined, and Autism Spectrum Disorder - Discharged: 3/24/23 <p>Review on 4/18/23 of the Program Director's record revealed:</p> <ul style="list-style-type: none"> - Hired: 3/6/20 - Date of Separation: 3/29/23 <p>Review on 4/18/23 of the HCPR 24-Hour Initial Report revealed:</p> <ul style="list-style-type: none"> - completed and signed by the Director of Operations on 3/24/23 <p>Interview on 4/20/23 & 5/4/23 the Director of Operations revealed:</p> <ul style="list-style-type: none"> - he was made aware of the abuse allegation on 3/22/23 - they immediately started their internal investigation on 3/22/23 - their internal investigation was completed on 3/23/23 and then he reported to HCPR on 3/24/23 	V 318		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(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:</p> <ol style="list-style-type: none"> (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 unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential 	V 367		

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V 367	<p>Continued From page 3</p> <p>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> <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>	V 367		

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V 367	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 4/18/23 of Former Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/12/22 - Diagnoses: Disruptive Mood Dysregulation Disorder, Attention-Deficit/Hyperactivity Disorder, combined, and Autism Spectrum Disorder - Discharged: 3/24/23 <p>Review on 4/18/23 of the Program Director's record revealed:</p> <ul style="list-style-type: none"> - Hired: 3/6/20 - Date of Separation: 3/29/23 <p>Review on 4/18/23 of the facility's internal investigation revealed:</p> <ul style="list-style-type: none"> - Investigation started 3/22/23 - Investigation ended 3/23/23 <p>Review on 4/18/23 of the North Carolina Incident Response Improvement System (IRIS) website revealed:</p> <ul style="list-style-type: none"> - An IRIS report for a physical abuse allegation was generated on 3/31/23 <p>Interview on 5/4/23 the Director of Operations reported:</p> <ul style="list-style-type: none"> - Management was made aware of the 	V 367		

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V 367	Continued From page 5 physical abuse allegation on 3/22/23 - The Program Director was the primary person that submitted IRIS reports - He was the secondary person to submit to IRIS - Confirmed he did not submit to IRIS until 3/31/23 - "With so much going on and the kids being taken, then the weekend came, that's when I had time to enter into the system" -	V 367		