Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-138	A. BUILDING: _____ B. WING _____	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LIGHTHOUSE II OF CLAYTON	2016 FORT DRIVE CLAYTON, NC 27520

(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 A complaint survey was completed on 5/4/23. The complaints were substantiated (Intake #NC00200463, #NC00201356, #NC00200983). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 0. The survey sample consisted of 1 former client. All clients were discharged on 3/24/23.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .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). This Rule is not met as evidenced by:	V 318	See attached POC DHSR - Mental Health MAY 18 2023 Lic. & Cert. Section	

Division of Health Service Regulation

LABORATORY DIRECTOR'S [redacted] ENTATIVE'S SIGNATURE TITLE (X6) DATE

Director of Operations 5/16/23

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V 318	Continued From page 1 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: Review on 4/18/23 of Former Client #1's record revealed: - Admitted: 10/12/22 - Diagnoses: Disruptive Mood Dysregulation Disorder, Attention-Deficit/Hyperactivity Disorder, combined, and Autism Spectrum Disorder - Discharged: 3/24/23 Review on 4/18/23 of the Program Director's record revealed: - Hired: 3/6/20 - Date of Separation: 3/29/23 Review on 4/18/23 of the HCPR 24-Hour Initial Report revealed: - completed and signed by the Director of Operations on 3/24/23 Interview on 4/20/23 & 5/4/23 the Director of Operations revealed: - 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	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 367	See attached POC	

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V 367	Continued From page 2 (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 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	V 367		

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V 367	Continued From page 3	V 367		

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 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

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V 367	Continued From page 4	V 367		

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:

Review on 4/18/23 of Former Client #1's record revealed:
- Admitted: 10/12/22
- Diagnoses: Disruptive Mood Dysregulation Disorder, Attention-Deficit/Hyperactivity Disorder, combined, and Autism Spectrum Disorder
- Discharged: 3/24/23

Review on 4/18/23 of the Program Director's record revealed:
- Hired: 3/6/20
- Date of Separation: 3/29/23

Review on 4/18/23 of the facility's internal investigation revealed:
- Investigation started 3/22/23
- Investigation ended 3/23/23

Review on 4/18/23 of the North Carolina Incident Response Improvement System (IRIS) website revealed:
- An IRIS report for a physical abuse allegation was generated on 3/31/23

Interview on 5/4/23 the Director of Operations reported:
- Management was made aware of the

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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		

PLAN OF CORRECTION

LH2

Complaint Survey completed on May 4, 2023

KMG Holdings, Inc.

The Lighthouse of Clayton

2016 Fort Dr.

Clayton, NC 27520

MHL-051-138

PLAN OF CORRECTION

Compliant Survey completed May 4, 2023

V318 13O .0102 HCPR - 24 Hour Reporting

10A NCAC 13O .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).

During the Complaint Survey the following deficiency was noted:

1. 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.

Effective immediately, the Director of Operations will be responsible for reporting all allegations of abuse to the Health Care Personnel Registry within 24 hours of becoming aware of an allegation. This action will take place concurrently to an internal investigation taking place. The internal investigation shall be completed within 24 hours of becoming aware of an allegation of abuse. The Director of Operations will complete and submit the 24-hour Initial Report within 24 hours of learning of an allegation of abuse. The CEO of KMG Holdings, Inc. will follow up with the Director of Operations during the 24-hour period of learning of the allegation of abuse to ensure the 24-hour Initial Report is completed and submitted within the 24-hour mandated timeframe. Upon the completion of the agency internal investigation the 5-Working Day Report will be completed and submitted by the Director of Operations. The CEO of KMG Holdings, Inc. will follow up with the Director of Operations within 5 days of the completion of the agency internal investigation to ensure the 5-Working Day Report is completed and submitted within the mandated timeframe. The agency internal investigation, 24-hour Initial Report, 5-Working Day Report, and the IRIS Incident Report will be reviewed on a quarterly basis by the Quality Assurance/Quality Improvement Team to ensure all steps were followed via agency and state policies/rules. The Quality Assurance/Quality Improvement Team will look for trends and ways to improve this process to ensure the agency and state policies/rules are maintained at a high standard.

V367 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. (2) client identification information;
3. (3) type of incident;
4. (4) description of incident;
5. (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 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 of 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 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

During the Complaint Survey the following deficiency was noted:

1. 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.

Effective immediately, the Director of Operations will be responsible for submitting incident reports to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. This action will take place concurrently to an internal investigation taking place. The internal investigation shall be completed within 24 hours of becoming aware of an incident. The Director of Operations will ensure a Level 1 incident report is completed for all incidents by direct care staff prior to them leaving their shift. This Level 1 Incident Report shall be documented on the DHHS Incident and Death Report form. Upon the completion of the agency internal investigation and if the incident meets the criteria of a Level II or Level III incident then the Director of Operations will enter the required data in the IRIS system with 72 hours of becoming aware of the incident. The information entered into IRIS will be based upon information that's in the agency internal investigation and Level 1 incident report. The CEO of KMG Holdings, Inc. will follow up with the Director of Operations within 48 hours of learning of the incident to ensure the internal investigation and Level 1 incident report has been completed. The CEO will also follow up with the Director of

Operations to ensure the IRIS report has been completed and submitted (if applicable) within 72 hours of initial report of and incident. The agency internal investigation, Level 1 incident report, and the IRIS Incident Report will be reviewed on a quarterly basis by the Quality Assurance/Quality Improvement Team to ensure all steps were followed via agency and state policies/rules. The Quality Assurance/Quality Improvement Team will look for trends and ways to improve this process to ensure the agency and state policies/rules are maintained at a high standard.

Respectfully submitted,

[redacted] Director of Operations

5/16/23
Date