

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 and follow up survey was completed on May 24, 2023. Three complaints were substantiated (intake #NC00201991, #NC00202032, and #NC00201999). Twelve complaints were unsubstantiated (intake #NC00202239, #NC00201174, #NC00201590, #NC00201820, #NC00202028, #NC00202072, #NC00202116, #NC00202107, #NC00202171, #NC00202203, #NC00202315, and #NC00201068). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 72 and currently has a census of 67. The survey sample consisted of an audit of 14 current clients and 3 discharged 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>	V 315		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 315	<p>Continued From page 1</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p>Review on 5/22/23 of a sample of "Facility Daily Staffing Sheets" for 5/1/23 through 5/22/23 revealed:</p> <ul style="list-style-type: none"> -100 Hall: Staffing ranged from 2 to 4 direct care staff on duty for the first, second, and third shifts. -200 Hall: Staffing ranged from 2 to 3 direct care staff on duty for the first and third shifts. Staffing ranged from 2 to 4 direct care staff for the second shift. -300 Hall: Staffing ranged from 2 to 3 direct care staff on duty for the first and second shifts. Staffing ranged from 2 to 4 direct care staff for the third shift. -400 Hall: Staffing ranged from 2 to 4 direct care staff on duty for the first and third shifts. Staffing ranged from 2 to 3 direct care staff for the second shift. <p>Review on 5/22/23 of "Midnight Floor Census" dated 5/22/23 revealed:</p> <ul style="list-style-type: none"> -100 Hall - 18 clients -200 Hall - 17 clients -300 Hall - 15 clients -400 Hall - 15 clients 	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 315	<p>Continued From page 2</p> <p>Interview on 5/19/23 client #2 stated: -She was admitted to the facility approximately 5 months earlier. -She resided on the 200 hall. -There were 17 girls on the 200 hall and usually 2 - 3 staff on each shift.</p> <p>Interview on 5/19/23 client #3 stated: -She was admitted to the facility approximately 6 months earlier. -She resided on the 200 hall. -There were 18 girls on the 200 hall and usually 2 staff on each shift. -There were occasions where there may only be 1 staff working the hall on weekend morning shifts.</p> <p>Interview on 5/19/23 client #4 stated: -She was admitted to the facility approximately 2 months earlier. -She resided on the 100 hall. -There were 18 girls on the 100 hall and usually 2 staff on each shift. -There were occasions where there may only be 1 staff working the hall.</p> <p>Interview on 5/19/23 client #6 stated: -She was admitted to the facility approximately 6 months earlier. -She resided on the 300 hall. -There were 14 - 15 girls on the 300 hall and usually 2 staff on each shift. -There were occasions where there may only be 1 staff working the hall.</p> <p>Interview on 5/19/23 client #7 stated: -He resided on the 400 hall. -There were 16 boys on the 400 hall and usually 2 staff on each shift.</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 315	<p>Continued From page 3</p> <p>Interview on 5/19/23 client #10 stated: -He was admitted to the facility approximately 10 months earlier. -He resided on the 400 hall. -There were 16 boys on the 400 hall. -There were usually 1 - 4 staff working the first shift and 2 - 3 staff working the second and third shifts.</p> <p>Interview on 5/19/23 client #11 stated: -He was admitted to the facility approximately 8 - 9 months earlier. -He resided on the 400 hall. -There were 16 boys on the 400 hall. -There were usually 2 - 3 staff working during the week and 1 - 2 staff working the weekends.</p> <p>Interview on 5/19/23 client #12 stated: -She was admitted to the facility approximately 5 months earlier. -She resided on the 200 hall. -There were 17 girls on the 200 hall and usually 2 - 3 staff on each shift. -There were occasions where there may only be 1 staff working the hall.</p> <p>Interview on 5/19/23 client #13 stated: -She was admitted to the facility approximately 4 months earlier. -She resided on the 100 hall. -There were 18 girls on the 100 hall and usually 2 - 3 staff on each shift. -There were occasions where there may only be 1 - 2 staff working the weekend shifts.</p> <p>Interview on 5/19/23 client #16 stated: -She was admitted to the facility approximately 3 months earlier. -She resided on the 200 hall. -There were 18 girls on the 200 hall and usually 2</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 315	<p>Continued From page 4</p> <p>staff on each shift.</p> <p>-There were occasions where there may only be 1 staff working the hall.</p> <p>Interview on 5/23/23 the Chief Executive Officer stated:</p> <p>-The facility continued to work through staffing shortages with ongoing recruitment efforts to fill open positions.</p> <p>-New staffing schedules from the acute unit of the facility were opening additional staffing options.</p> <p>This deficiency has been cited 7 times since the original cite on 5/10/21 and must be corrected within 30 days.</p>	V 315		