

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 01/19/2023
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NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
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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 and follow up survey was completed on January 19, 2023. Two complaints were substantiated (intake #NC0019516 and #NC00195915). Seven complaints were unsubstantiated (intake #NC00194573, #NC00195133, #NC00196044, #NC00196045, #NC00196088, #NC00196699, and #NC00197155). 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 66. The survey sample consisted of an audit of 4 current clients and 5 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> <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 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 1/19/23 of a sample of "Facility Daily Staffing Sheets" and midnight census reports for 1/1/23 through 1/18/23 revealed: -100 Hall census ranged from 14 to 17 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty. -200 Hall census ranged from 15 to 17 clients. The night shift staffing ranged from 2 to 4 direct care staff on duty. -300 Hall census ranged from 14 to 17 clients. The night shift staffing ranged from 2 to 4 direct care staff on duty. -400 Hall census maintained 16 clients. The night shift staffing ranged from 2 to 4 direct care staff on duty.</p> <p>Interview on 1/19/23 client #1 stated: -She was admitted to the facility approximately 5 months earlier. -She resided on the 300 hall. -There were 17 girls on the 300 hall and usually 2 -3 staff on each shift. -There were generally 2 staff working on overnight and weekend shifts.</p> <p>Interview on 1/19/23 client #3 stated: -He was admitted to the facility approximately 5 months earlier. -He resided on the 400 hall.</p>	V 315		

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V 315	<p>Continued From page 2</p> <ul style="list-style-type: none"> -There were 16 boys on the 400 hall and usually 2 -3 staff on shift. -There were occasions where there may only be 1 female staff working the hall. <p>Interview on 1/19/23 client #4 stated:</p> <ul style="list-style-type: none"> -He was admitted to the facility approximately 6 weeks earlier. -He resided on the 400 hall. -There were 18 boys on the 400 hall and usually 2 -3 staff on shift. -There were occasions where there may be as many as 4 staff, but the staffing ratio was never less than 2 staff on the hall. <p>Interview on 1/19/23 the Director of Quality and Risk Management stated:</p> <ul style="list-style-type: none"> -The facility continued to work through staffing shortages. -Efforts were ongoing in recruiting appropriate staff. <p>This deficiency has been cited 6 times since the original cite on 5/10/21 and must be corrected within 30 days.</p>	V 315		