

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2023
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NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORT AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 809 SOUTH MADISON STREET WHITEVILLE, NC 28472
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 9, 2023. The complaints were unsubstantiated (intake #NC00203012 and #NC00203026). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation facilities for Individuals with severe and persistent mental illness, 10A NCAC 27G .1400 Day Treatment for Child and Adolescents with Emotional or Behavioral Disturbances, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>This facility has a current census of 7. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel</p>	V 131		

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

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V 131	<p>Continued From page 1</p> <p>Registry (HCPR) prior to hire for 2 of 3 audited staff (Former Staff (FS)#3 and Former Program Manager). The findings are:</p> <p>Review on 6/9/23 of FS #3's personnel record revealed: -Hire date: 11/28/22. -Job: Paraprofessional -The HCPR was accessed on 6/8/23.</p> <p>Interview on 6/8/23 FS #3 stated: -She worked at the facility as a paraprofessional since December 13, 2022.</p> <p>Review on 6/9/23 of the Former Program Manager's personnel record revealed: -Hire date: 4/19/23 -Job: Program Manager. -The HCPR was accessed on 6/8/23.</p> <p>Attempts to interview the Former Program Manager on 6/8/23 and 6/9/23 were unsuccessful.</p> <p>Interview on 6/9/23 the Executive Director stated: -The HCPR was accessed at hire. -She was unable to locate the HCPR accessed at hire.</p>	V 131		
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</p>	V 318		

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V 318	<p>Continued From page 2</p> <p>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: Based on record review and interview, the facility failed to report all allegations against health care personnel within 24 hours of the health care facility becoming aware of the allegation. The findings are:</p> <p>Review on 6/9/23 of the Qualified Professional's personnel record revealed: -Hire date: 1/28/22. -Job: Qualified Professional.</p> <p>Review on 6/8/23 of client #1's record revealed: -12 year old male. -Admitted on 5/27/21. -Diagnoses of Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 6/8/23 of client #2's record revealed: -9 year old male. -Admitted on 4/22/22. -Diagnoses of ADHD, DMDD, Post Traumatic Stress Disorder and Generalized Anxiety Disorder.</p> <p>Review on 6/8/23 and 6/9/23 of the North Carolina Incident Response Improvement System</p>	V 318		

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V 318	Continued From page 3 (IRIS) revealed: -On 6/8/23 there was no evidence of an IRIS report. -On 6/9/23, an IRIS report was submitted on 6/8/23 for allegations of abuse against the Qualified Professional. Interview on 6/8/23 and 6/9/23 the Executive Director stated: -The Former Program Manager was responsible for reporting allegations of abuse to the HCPR. -She was unsure if a report had been made to the HCPR. -She located incomplete HCPR paperwork in the Former Program Manager's office. -She was unsure if a report had been made through the IRIS. -She had completed the incomplete information on the HCPR report and faxed it to HCPR on 6/8/23. -She understood allegations of abuse should be reported to HCPR within 24 hours of becoming aware of an allegation.	V 318		
V 367	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	V 367		

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V 367	<p>Continued From page 4</p> <p>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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential 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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>are:</p> <p>Review on 6/9/23 of the Qualified Professional's personnel record revealed: -Hire date: 1/28/22. -Job: Qualified Professional.</p> <p>Review on 6/8/23 of client #1's record revealed: -12 year old male. -Admitted on 5/27/21. -Diagnoses of Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 6/8/23 of client #2's record revealed: -9 year old male. -Admitted on 4/22/22. -Diagnoses of ADHD, DMDD, Post Traumatic Stress Disorder and Generalized Anxiety Disorder.</p> <p>Review on 6/9/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -An IRIS report was submitted on 6/8/23 for allegations of abuse against the Qualified Professional (QP).</p> <p>Interview on 6/8/23 the Executive Director stated: -An allegation of abuse was made against the QP on 6/2/23. -It was the facility's policy to place staff on administrative leave until an internal investigation was complete. -The facility had not submitted any IRIS reports.</p> <p>Interview on 6/9/23 the Executive Director stated: -An IRIS report had was submitted on 6/9/23. -She understood level III incident reports should be submitted to the LME within 72 hours.</p>	V 367		