

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHER ASPIRATION BEHAVIORAL HEALTH C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>272 WHITEN AVENUE HENDERSON, NC 27536</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed 7/3/23. The complaint (Intake # 0020215) was unsubstantiated. 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 four clients and currently has a census of four. The survey sample consisted of audits of two current clients and one former client.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a discharge summary was completed for one of one audited former clients (FC #5). The findings are:</p> <p>Review on 7/3/23 of FC #5 revealed: -Admission date of 4/17/23 -Diagnoses of Autism and Anxiety -No discharge date present</p> <p>Interview on 6/27/23 the Qualified Professional (QP) stated: -FC #5 was with them for approximately one month. -His legal guardian called on a Friday and said they would be picking him up over the weekend. -He was picked up from the facility by the legal guardian on Mother's Day (5/14/23). -The Licensee would have completed the discharge summary from the facility.</p> <p>Interview on 7/3/23 the Licensee stated: -Did not complete a discharge for FC #5. -The legal guardian just picked up FC #5 without much notice. -When he questioned where FC #5 would be going, he was told they were not at liberty to say. -Did not think he needed to do a discharge summary for that situation as they did not discharge because he was removed by the guardian.</p>	V 105		

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V 114	Continued From page 3	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly for each shift. The findings are:</p> <p>Review on 6/27/23 and 7/3/23 of facility records revealed: -No documentation of fire and disaster drills completed.</p> <p>Interview on 6/27/23 client #3 stated: -Moved in the facility in April 2023. -Had done at least one fire drill, not sure when he did it. -Did not recall if they did a disaster drill.</p> <p>Interview on 6/27/23 client #4 stated: -Had been in the facility since April 2023.</p>	V 114		

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V 114	Continued From page 4  -Had done a fire drill and "maybe" did a disaster drill. -Not sure when the drills were completed.  Interview on 6/27/23 and 7/3/23 the Qualified Professional stated: -Had documented the fire and disaster drills but could not locate it. -They had completed drills for fire and disaster drills.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	<p>Continued From page 5</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician and the MAR was kept current for one of three audited clients (#1). The findings are:</p> <p>Review on 6/27/23 of client #1's record revealed: -Admission date of 3/7/23 -Diagnoses of Attention Deficit with Hyperactive Disorder (ADHD) and Post Traumatic Disorder (PTSD).</p> <p>A. Review on 6/27/23 of client #1's MARs dated April, May and June 2023 revealed: -Sertraline (anxiety) HCL 50 mg (milligram)- once a day -Vyvanse (ADHD) 30 mg -once a day -Risperidone (mood) 1 mg- take 1/2 twice a day -Hydroxyzine (anxiety) 25 mg - One at bedtime</p> <p>Further review on 6/27/23 of FC #5 did not reveal any physician's orders for the above medications.</p> <p>B. Review on 6/27/23 of client #1's MARs dated April, May and June 2023 revealed the following medications not initialed on the MAR: -Sertraline HCL 50 mg-4/24/23, 5/1/23, 5/2/23, 5/3/23, 5/10/23, 5/11/23, 5/12/23, 6/1/23, 6/2/23</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-Vyvanse 30 mg - 4/5/23, 4/6/23, 4/24/23, 4/30/23, 5/1/23, 5/2/23, 5/3/23, 5/7/23, 5/11/23, 6/1/23, 6/2/23, 6/10/23, 6/11/23, 6/15/23, 6/16/23, 6/18/23</p> <p>-Resperidone 1 mg- Not given 4/1/23-5/23/23 "Med out"</p> <p>-Hydroxyzine 25 mg -4/1/23, 4/2/23, 4/3/23, 4/4/23, 4/5/23, 4/8/23, 4/9/23, 4/10/23 4/21/23, 4/22/23, 4/23/23, 5/17/23</p> <p>Interview on 6/27/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-Been having issues with getting the client's physicians orders from the doctor.</li> <li>-Was told the order was sent to the pharmacy and then would call the pharmacy and they would not have it.</li> <li>-Had been using two pharmacies, one is local with back up to ensure they could get the medications filled.</li> <li>-The psychiatrist who saw their clients was difficult to communicate with.</li> <li>-There are no other providers in the area that would see their clients due to their medicaid coverage.</li> <li>-The psychiatrist office would not give them copies of the physician's orders to keep for their records.</li> </ul> <p>Interview on 6/29/23 the Pharmacist stated:</p> <ul style="list-style-type: none"> <li>-They had been receiving physician orders for client #1 since 4/3/23.</li> <li>-Had several refills on file and no one had requested.</li> <li>-Did two deliveries a day.</li> <li>-The facility needed to stick with one pharmacy and only use the back up on emergency only.</li> </ul> <p>Interview on 6/29/23 the Nurse with Psychiatrist stated:</p>	V 118		

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-They saw client #1 on 4/3/23 and orders were sent to their primary pharmacy.</li> <li>-6/7/23 orders were sent to their local back up pharmacy for client #1.</li> <li>-Someone from the facility had called on 6/15/23 requesting a refill for Vyvanse and it was sent to their local back up pharmacy.</li> <li>-Someone called on 6/19/23 regarding client #1 requesting a refill on Risperidone, but told them they had enough refills due to order written on 5/1/23 had two refills.</li> <li>-Facilities can ask for the orders to be printed at the end of their visit.</li> <li>-They have many clients in the area who reside in licensed facilities and need the hard copy, so they are familiar with those request.</li> </ul> <p>Further interview on 6/27/23 the QP stated:</p> <ul style="list-style-type: none"> <li>-They had been having issues with staff documenting the MAR correctly.</li> <li>-Had recently hired a nurse to come out and train staff again specifically on the MAR and physicians orders.</li> <li>-Will stay with the primary pharmacy for now since they are coming out to do the medications reviews and trainings if needed.</li> <li>-Had physician orders printed for client #1 on 6/26/23 to have them in the record.</li> </ul> <p>Interview on 6/27/23 and 7/3/23 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-Was aware they were having issues with staff documenting the MARs correctly.</li> <li>-Staff were having medication training today (7/3/23) at the facility.</li> <li>-Looking into corrective actions on staff if they continue to have medication errors.</li> <li>-The nurse will now monitor the medication administration, documentation and deliveries.</li> <li>-Plan to ensure they have medication orders</li> </ul>	V 118		



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V 118	Continued From page 8  present and medications are filled timely.	V 118		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's	V 296		

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V 296	<p>Continued From page 9</p> <p>individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the minimum staff were present for four of four clients (#1, #2, #3, #4). The findings are:</p> <p>Observation on 6/27/23 at 10:20 AM of staff #1 in the facility with client #1 and client #2.</p> <p>Observation on 6/27/23 at 12:15 PM staff #2 arrived to the facility with client #3 and #4, then left again with client #1 at 12:50 PM.</p> <p>Interview on 6/27/23 client #2 stated: -One staff took him and client #1 to the doctor this morning. -One staff will stay in the house with them while another staff took clients to appointments. -When all four clients were in the home, sometimes only had one staff present. -Most of the time there were two staff in the facility.</p> <p>Interview on 6/27/23 client #3 stated:</p>	V 296		

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V 296	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Been in the home "sometimes" with one staff, but not that "often."</li> <li>-One staff did take them to their doctor appointments.</li> </ul> <p>Interview on 6/27/23 client #4 stated:</p> <ul style="list-style-type: none"> <li>-Went to the doctor appointments with only one staff.</li> <li>-Went to a doctor appointment this morning with client #1 and staff #2.</li> <li>-During the daytime, "sometimes have one staff and two at night."</li> <li>"Here lately, they have had two staff here."</li> </ul> <p>Interview on 6/27/23 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-Staff #2 left a few minutes ago to take client #1 and client #2 to the doctor.</li> <li>-Had been working in the facility for a few weeks.</li> <li>-Here with two staff unless the clients have appointments.</li> </ul> <p>Interview on 6/27/23 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>-Always scheduled two staff for each shift.</li> <li>-When clients had appointments, one staff would transport them and the other staff stayed home.</li> <li>-Was not aware one staff could not transport clients.</li> <li>-"Thought" if they had two staff working, that would be the correct coverage.</li> <li>-Worked in the facility to maintain coverage.</li> </ul> <p>Interview on 6/27/23 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-Always tried to have two staff present for each shift.</li> <li>-Not ware clients could not be transported with one staff.</li> <li>-Had a difficult time finding staff to work.</li> <li>-He and the QP had worked in the home a lot in the beginning until he could get the staff hired.</li> </ul>	V 296		

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V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Licensed Professional (LP) provided for one of one audited Former Clients (FC #5). The findings are:</p> <p>Review on 7/3/23 of FC #5 revealed: -Admission date of 4/17/23 -Diagnoses of Autism and Anxiety -No notes present completed by the LP.</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHER ASPIRATION BEHAVIORAL HEALTH C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>272 WHITEN AVENUE HENDERSON, NC 27536</b>
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V 297	Continued From page 12  Interview on 7/3/23 the Licensee stated: -He provided the LP service to the clients in the facility four hours a week. -FC #5 refused to talk to him when he was in the facility for therapy services. -Did not provide any group or individual therapy for FC #5. -Was not aware that the four hours could also count as his supervision of staff and treatment team participation. -Will document that from this point on as part of his four hours.	V 297		
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 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	V 367		

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V 367	<p>Continued From page 13</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>include summary information as follows:</p> <ul style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ul> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure level II incident reports were completed for one of three audited clients (#1). The findings are:</p> <p>Review on 6/27/23 of client #1's record revealed: -Admission date of 3/7/23 -Diagnoses of Attention Deficit with Hyperactive Disorder (ADHD) and Post Traumatic Disorder (PTSD).</p> <p>Interview on 6/27/23 client #2 stated: -He and FC #5 had been in a physical altercation. -FC #1 had broken some of his stuff. -He and and FC #5 got into the physical</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>altercation and staff had to break it up.</p> <p>Interview on 6/27/23 client #4 stated: -FC #5 starts fights with everyone in the facility. -FC #5 would touch their stuff or be disrespectful to staff. -FC #5 and client #3 got into a physical altercation and staff had to break up the fight. -FC #5 had attempted to run away, he left and was walking down the street. -The police had been out for FC #5 and other clients in the past few months.</p> <p>Interview on 6/27/23 the Qualified Professional stated: -FC #5 was having lots of behaviors in the home. -FC #5 had attempted to climb out of the window once and had walked down the street with an attempt to run away. -Police had been called on FC #5 for incidents of attempting to elope and aggressive behaviors. -Police had been out for former clients who went to the hospital and discharged. -Had been doing level I incident reports and not completed any level II incident reports.</p> <p>Interview on 6/27/23 the Licensee stated: -Police had been out several times in the last few months for client behaviors and hospitalizations. -FC #5 had attempted to elope, and this was not part of his history. -Had updated FC #5's treatment plan to address the elopement behavior but did not do any level II incident reports regarding the incidents. -FC #5 also had a physical altercation with client #2 and they both had "goose eggs" afterwards. -Did not complete level II incident report regarding the fight, just completed level I in house report. -Was not aware they needed to do level II incident reports regarding the elopements and fights.</p>	V 367		



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