STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601519	A. BUILDING: _____ B. WING _____	R-C 06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENAN COTTAGE THOMPSON CHILD & FAMILY FOC	6736 SAINT PETER'S LANE MATTHEWS, NC 28105

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V 000	INITIAL COMMENTS A complaint and follow up survey were completed on June 26, 2023. The complaints were unsubstantiated (intake #NC00200484, #NC00202247, #NC00203624). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children or Adolescents. This facility is licensed for 9 and currently has a census of 6. The survey sample consisted of audits of 4 current clients, 2 former clients.	V 000	RECEIVED By Laura Bryant at 9:33 am, Jul 27, 2023	
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;	V 118	V118- Correction: Nursing Supervisor will provide additional medication administration training classes to Kenan identified direct care staff who will be administering medications and assure MARS are being signed and updated when there are changes in medication orders. Prevention: 1. Nursing will continue to provide Medication Administration training courses to Residential Care Specialists and will do periodic observations on medication passes to ensure proficiency. 2. Medication orders will be documented in Dr. First (software) by the Psychiatrist and these orders will automatically be transferred into Quick Mar through Pharamerica. 3. Residential Care Specialists will notify Nursing when medication supplies are running low to ensure all medications are properly stocked for clients.	7/26/23 Ongoing Ongoing Ongoing

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V 118	Continued From page 1 (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure a MAR of all drugs administered to each client was kept current affecting 1 of 4 audited clients (#1). The findings are: Review on 6/14/23 of client #1's record revealed: - Admitted 6/5//23; - Diagnoses: Reaction to severe stress, unspecified; - Physician's Order dated 6/8/23 Guanfacine Hydrochloric Acid (HCl) Extended Release (ER) (Attention Deficit Hyperactivity Disorder) 1 milligram (mg) Take 1 tablet by mouth every morning; Divalproex (Bipolar) Tablet 250 mg, Take 1 tablet by mouth twice daily. Observations on 6/12/23 at 4:18pm of client #1's medications revealed: - Guanfacine HCl ER 1mg Take 1 tablet by mouth every morning; - Divalproex Tablet 250 mg, Take 1 tablet by mouth twice daily.	V 118	V118 continued Monitor: The assigned direct care staff administering medications will review QuickMar twice a day (to cover both shifts) to ensure all medications are being distributed and that there are no blanks on the documentation.	7/26/23

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V 118	Continued From page 2 Review on 6/12/23 of client #1's MAR from June 1, 2023-June 12, 2023 revealed: - No signature for Guanfacine HCl ER 1mg on MAR from June 8-9 2023 at 8am; - No signature for Divalproex 250mg on MAR from June 7, 2023 at 8pm and June 8-9 2023 at 8 am. Interview on 6/12/23 with client #1 revealed: - Received medications daily; - Denied any medication errors. Interview on 6/12/23 with staff #1 revealed: - Do not administer medication to clients. Interview on 6/21/23 with staff #2 revealed: - Denied any medication errors. Interview on 6/21/23 with staff #3 revealed: - Denied any medication errors. Interview on 6/12/23 with staff #4 revealed: - Staff administer the medications in the cottage and not the nurses; - Denied any medication errors. Interview on 6/12/23 with the Registered Nurse revealed: - The cottage was a crisis stabilization cottage and therefore the staff administered the medications to the clients instead of the nurses; - The MARs are hand written before they are put into "QuickMAR"(system used to sign off on medications administered by all staff); - Unable to provide explanation for why the medications for client #1 were not signed off on MAR. Interview on 6/13/23 with the Quality Improvement Specialist revealed:	V 118		

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V 118	Continued From page 3 - Would discuss with the lead registered nurse about the missing signatures on the MAR. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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 cause of the incident; and (6) other individuals or authorities notified	V 367	V367- Correction: 1.Program Supervisor and Coaches will be trained on Incident Reporting guidelines and expectations to have IRIS reports completed within the 72 hour time frame. Expected training is 8/1/23 by Learning & Development Specialist. 2. Program Director held Program Supervisor accountable for not following incident reporting expectations and timelines. Program Director coached Program Supervisor on performance. Program Supervisor received a corrective action for late IRIS reporting. Prevention: 1. All Residential Care Specialists are trained by Program Supervisors and/or Coaches on the incident reporting guidelines and expectations during onboarding within 30 days of hire. 2. PQI will complete an ongoing incident review of clients' EHR to ensure all incidents that require an IRIS report are completed and submitted prior to the 72 hour timeframe. Monitoring: 1. Program Director will utilize monthly supervisions of Program Supervisors to ensure compliance with the prevention plan. 2. PQI and Program Leaders will review incidents and response in Incident Review Committee/ Scorecard Meetings monthly. 3. PQI will continue to email Program Supervisors about upcoming IRIS deadlines to ensure all IRIS's are being submitted within 72 hour timeframe.	8/1/23 8/1/2023 8/25/23 Ongoing Ongoing Ongoing Ongoing

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V 367	Continued From page 4 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	V 367		

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V 367	Continued From page 5 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all critical incidents in the North Carolina Incident Response improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 1 of 4 audited clients (#2). The findings are: Review on 6/13/23 of client #2's record revealed: -Admitted 6/2/23; -Diagnoses Attention Deficit Hyperactivity Disorder, Impulse Disorder. Review on 6/13/23 of Incident Response Improvement System (IRIS) from 3/1/23-6/13/23	V 367		

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V 367	Continued From page 6 revealed: -Facility became aware of the incident on 6/7/23 and did not complete an IRIS report until 6/12/23 of client #2 went to the basement and broke the glass in the basement window and ran away; - Facility became aware of incident on 6/7/23 and did not complete an IRIS report until 6/12/23 of client #2 broke out his bedroom window, jumped out of his window and ran away. The police were contacted for assistance to get client back to the cottage. Review on 6/13/23 of the facility's record revealed: - Incident report dated 6/7/23 of client #2 went to the basement and broke the glass in the basement window and ran away; - Incident report dated 6/7/23 of client #2 broke out his bedroom window, jumped out of his window and ran away. The police were contacted for assistance to get client back to the cottage. Interview on 6/15/23 with the Quality Improvement Specialist revealed: - Aware the incident reports were reported late into IRIS; - Staff was reminded to make sure all reports were in IRIS in a timely manner.	V 367		