

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-343 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 07/20/2023 |
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| NAME OF PROVIDER OR SUPPLIER BLUE SAPPHIRE HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 107 WEST LOUISIANA AVENUE BESSEMER CITY, NC 28016 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 07/20/2023. The complaints (intake #NC00202941 and #NC202945) were 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 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p> | V 000 | | |
| V 366 | <p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> | V 366 | | |

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

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| V 366 | <p>Continued From page 1</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the</p> | V 366 | | |

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| V 366 | <p>Continued From page 2</p> <p>LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the</p> | V 366 | | |

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| V 366 | <p>Continued From page 3</p> <p>facility failed to implement written policies governing their response to level II incidents affecting 1 of 1 Former Client (FC #3). The findings are:</p> <p>Review on 07/19/2023 of the facility records revealed: -No Risk/Cause/Analysis for the call to local law enforcement for FC #3's absent without leave (AWOL) incident dated 05/18/2023.</p> <p>Interview on 07/20/2023 with Staff #1 revealed: -FC #3 went AWOL on 05/18/2023. -FC #3 went out of her bedroom window. -"I think it (FC #3's AWOL incident) had to be around 10 or 10:30 pm." -"Based on what I heard, she was gone for hours."</p> <p>Interview on 07/20/2023 with the Qualified Professional revealed: -"...It (FC #3's AWOL incident) was in May. I want to say May 18th (2023)." -"... She was missing for less than 24 hours, so I would say maybe 12 hours (FC #3 was missing)." -"We called the local police since the county had a curfew and was familiar with the girls (clients). The officer said if the girls ran away to let them know and they would look for them and that is what we (facility staff) did." -Did not complete the Risk/Cause/Analysis for FC #3's AWOL incident dated 05/18/2023.</p> <p>Interview on 07/20/2023 with the Clinical Director revealed: -"She (FC #3) went out of the window on the 18th (May 2023). She was returned by the local police hours later." -Did not complete the Risk/Cause/Analysis for FC #3's AWOL incident dated 05/18/2023.</p> | V 366 | | |

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| V 367 | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 or responding. <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> <ol style="list-style-type: none"> (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. | V 367 | | |

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| V 367 | <p>Continued From page 5</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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 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 | V 367 | | |

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| V 367 | <p>Continued From page 6</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the North Carolina Incident Response Improvement System (IRIS) affecting 1 of 1 Former Client (FC #3). The findings are:</p> <p>Reviews on 07/20/2023 of the facility records revealed: -No IRIS report for the call to local law enforcement for FC #3's absent without leave (AWOL) incident dated 05/18/2023.</p> <p>Reviews on 07/17/2023 and 07/20/2023 of IRIS from 05/01/2023-07/16/2023 revealed: -No IRIS report submitted for the incident identified above.</p> <p>Interview on 07/20/2023 with Staff #1 revealed: -FC #3 went AWOL on 05/18/2023. -FC #3 went out of her bedroom window on 05/18/2023 between 10: 00 pm and 10:30 pm. -FC #3 was missing for a hours.</p> <p>Interview on 07/20/2023 with the Qualified Professional revealed: -Was responsible for completing IRIS reports. -FC #3 went AWOL on 05/18/2023 for approximately 12 hours. -Facility staff notified a local police detective of</p> | V 367 | | |

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| V 367 | <p>Continued From page 7</p> <p>FC #3's AWOL on 05/18/2023. -Did not complete an IRIS report for FC #3's AWOL incident dated 05/18/2023.</p> <p>Interview on 07/20/2023 with the Clinical Director revealed: -"She (FC #3) went out of the window on the 18th (May 2023). She was returned by the local police hours later." -"I think we (facility) were under the impression that an IRIS report would need to be done if we called 911." -"That was an oversight on my part as a Clinical Director." -Did not complete an IRIS report for FC #3's AWOL incident dated 05/18/2023.</p> | V 367 | | |