STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601404	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRUCE COTTAGE	6200-E THERMAL ROAD CHARLOTTE, NC 28211

(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	INITIAL COMMENTS A complaint and follow up survey were completed on 07/28/2023. The complaint was unsubstantiated (intake #NC00205178). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 1 current client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client.	V 132		

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V 132	Continued From page 1 e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are: Review on 07/27/2023 of the facility records revealed: -No documentation of HCPR notifications for the allegations against Staff #1 and Staff #2 for hitting, kicking, and punching Client #1 incident (date unknown). Review on 07/27/2023 of the North Carolina Incident Response Improvement System from	V 132		

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V 132	Continued From page 2 06/07/2023-07/25/2023 revealed: -Incident report dated 07/23/2023 for Client #1. -No HCPR notifications for Staff #1 or Staff #2. Interview on 07/27/2023 with the Qualified Professional revealed: -Did not notify HCPR of the allegations against Staff #1 or Staff #2 for hitting, kicking, and punching Client #1 incident (date unknown). -"I would say that [Executive Director (ED)] would have completed the HCPR report." Interviews on 07/27/2023 and 07/28/2023 with the ED revealed: -Was made aware of the allegations against Staff #1 and Staff #2 on 07/20/2023. -Did not know the date the alleged incident occurred. -"It (failure to notify HCPR) was an oversight." -Did not notify HCPR of the allegations against Staff #1 or Staff #2.	V 132		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider	V 366		

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V 366	Continued From page 3	V 366		

specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(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
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(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.
(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:
(1) immediately securing the client record by:
(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;
(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:

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(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;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(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
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;
(D) the Department;
(E) the client's legal guardian, as applicable; and
(F) any other authorities required by law.

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This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents. The findings are:

Review on 07/27/2023 of the facility records revealed:
-No Risk/Cause/Analysis or submission of the written preliminary findings of fact report to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days for the level III alleged abuse incident (date unknown) for Staff #1 and Staff #2 hitting, kicking, and punching Client #1.

Review on 07/27/2023 of the North Carolina Incident Response Improvement System from 06/07/2023-07/25/2023 for Client #1 revealed:
-"Date Last Submitted: 7/23/2023.
-Date Provider Learned of Incident: 7/20/2023."
-No submission of the written preliminary findings of fact report to the LME/MCO.

Interview on 07/27/2023 with the Qualified Professional revealed:
-Did not complete the Risk/Cause/Analysis or submit the written preliminary findings of fact report to the LME/MCO within five working days for the alleged abuse incident (date unknown) for Staff #1 and Staff #2 hitting, kicking, and punching Client #1.

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V 366	Continued From page 6 Interview on 07/28/2023 with the Executive Director revealed: -"It (failure to complete Risk/Cause/Analysis and written preliminary findings of fact) was overnight." -Did not complete the Risk/Cause/Analysis or submit the written preliminary findings of fact report to the LME/MCO within five working days for the alleged abuse incident for Staff #1 and Staff #2 hitting, kicking, and punching Client #1 (date unknown).	V 366		
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	V 367		

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V 367	Continued From page 7 (6) other individuals or authorities notified 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:	V 367		

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V 367	Continued From page 8 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 24 hours of becoming aware of the incident and failed to submit to the LME/MCO upon request other information obtained regarding the incident. The findings are: Review on 07/27/2023 of the IRIS Report dated 07/23/2023 for Client #1 revealed: -Completed by the Executive Director (ED). -"Date Last Submitted: 7/23/2023.	V 367		

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-Date Provider Learned of Incident: 7/20/2023."
-Physical Abuse
-07/23/2023 [Local County Department of Social Services (DSS)] arrived to campus and explained a report was received indicating that consumer [Client #1] had reported that staff members [Staff #1] and [Staff #2] punched him in the stomach and tried to break his arm. There were no dates/times provided. The agency had no knowledge of the reported concerns until arrival of DSS. The consumer (Client #1) had not reported the allegations to any staff member at the agency. Upon receiving the information from DSS, the agency proceeded with the internal investigation process.
-LME/MCO 07/24/2023 Incident reviewed. Please submit an internal investigation, DSS determination letter, HCPR determination letter, and accused staff training on abuse/neglect/exploitation ... "
-Advocacy 07/24/2023 Incident reviewed. Awaiting provider response to LME/MCO request.
-Advocacy 07/26/2023 Please provide information regarding status of staff and safety measures that have been implemented."
-No provider response to the above requests.

Interview on 07/27/2023 with the Qualified Professional revealed:
-ED completed the IRIS report for the alleged abuse incident for Client #1.
-Did not update the IRIS report with the requested additional information.
-"I will be responsible for updating the IRIS report."

Interviews 07/27/2023 and 07/28/2023 with the Executive Director revealed:
-Was made aware of the allegations against Staff #1 and Staff #2 on 07/20/2023.

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V 367	Continued From page 10 -Did not complete the IRIS report for the alleged abuse incident for Client #1 within 24 hours of becoming aware of the incident. -Did not update the IRIS report with requested information. -"It (failure to complete the IRIS report within 24 hours and update IRIS report with requested information) was an oversight."	V 367		