Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-343	A. BUILDING: ______ B. WING ______	R 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE SAPPHIRE HOUSE	107 WEST LOUISIANA AVENUE BESSEMER CITY, NC 28016

(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 An annual, complaint, and follow up survey was completed on 07/20/2023. The complaints (intake #NC00202941 and #NC202945) were unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. 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.	V 000		
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 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	V 366	DHSR - Mental Health AUG 07 2023 Lic. & Cert. Section	

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	**ADAPTIVE INTERVENTIONS GROUP, LLC**		
Provider Contact Person for follow-up:	**KAREN WILLIAMS**	**Phone:**	**704-214-1174**
		Fax:	
		Email:	**aigroup14@yahoo.com**
Address:	**107 W. LOUISIANA AVE. BESSEMER CITY, NC 28016**		
		Provider MHL #036-343	

Finding	Corrective Action Steps	Responsible Party	Time Line
1. (V366) 27G .0603 Incident Response Requirements The facility failed to implement written policies governing their response to level II incidents affecting 1 of 1 Former Client (FC #3). -No Risk/Cause/Analysis for the call to local law enforcement for FC #3's absent without leave (AWOL) incident dated 05/18/2023.	1. As part of the quality improvement process, AIG will undertake the following actions at least quarterly: • Address the safety and health needs of all parties involved. • Analyze the root cause(s) of any issues, rectify the problems, and incorporate the findings into the quality improvement process to prevent similar incidents in the future. • Record the incidents and responses on IRIS within the specified timeframes. • Report the incidents to the relevant agencies and individuals within the allowed timeframes. • Conduct a comprehensive analysis of aggregated information from all incidents at each level to identify trends, patterns, and potential areas for improvement. • Provide training opportunities to staff members.	Clinical Director, Qualified Professional(s)	Implementation Date: 8/1/2023 Projected Completion Date: 8/25/2023 and ongoing
2. (V367) 27G .0604 Incident Reporting Requirements 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).	AIG is committed to reporting all level II incidents that occur during the provision of billable services or while the consumer is on the provider's premises to the LME responsible for the catchment area where services are offered. This reporting will take place within 72 hours of becoming aware of the incident. The report will be compiled using the North Carolina Incident Response Improvement System (IRIS). On 8/1/23, AIG fulfilled its responsibility by submitting the missing IRIS report and obtaining the incident number as required.	Clinical Director, Qualified Professional(s)	Implementation Date: 8/1/2023 Projected Completion Date: 8/1/2023 and ongoing

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