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
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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, follow up and complaint survey was completed on 7/28/23. The complaint was unsubstantiated (#NC 203582). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000	Please see attached Corrective Action Plan. Please see attached Corrective Action Plan.	
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained	V 108		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 108	Continued From page 1 to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that each staff was provided client specific trainings effecting 2 of 3 staff (Staff #1 and Staff #2). Record review on 7/27/23 for Staff #1 revealed: -Date of hire: 11/14/22 as a behavioral health technician. -No client specific training documentation was presented. Record review on 7/27/23 for Staff #2 revealed: -Date of hire: 11/14/22 as a behavioral health technician. -No client specific training documentation was presented. Interview on 7/27/23 with Staff #1 revealed: -Did not receive any client specific training. -"I had no information about the client admission this morning. I asked their name and pronouns when they came in." -"Sometimes we don't know about an admission	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 108	Continued From page 2 until the day before (they arrive)." Interview on 7/27/23 with Staff #2 revealed: -With a new admission we're given their name and record number; no specific information. Interview on 7/27/23 with the Executive Director (ED) revealed: -The most recent client specific training documentation she could find in their electronic system was from early May. She had only been ED for 5 weeks and was still finding things that needed to be completed. -She would make sure information was shared with all staff about all new admissions and documented.	V 108		
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:	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 118	Continued From page 3 (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. (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 and interviews, the facility failed to keep the MAR current and failed to ensure medications were administered on the written order of a physician for 2 of 3 clients (Clients #1, #2). The findings are: Record review on 7/27/23 for Client #1 revealed: -Date of admission 5/11/23. -Diagnoses-Anorexia Nervosa, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD). -Physician's orders dated 5/11/23 included: - Gabapentin 600mg (milligram) (pain) - 1 tablet 3 times daily. -Gabapentin 300mg- 1 tablet at noon along with 600mg tab daily. -Propranolol 10mg (anxiety)- 1 tablet 3 times daily. -Docusate Sodium 100mg (constipation)- 1 tablet twice daily. -Sertraline 100mg (depression)- 1 tablet at	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 118	Continued From page 4 bedtime. -Zolpidem 12.5mg (sleep)- 1 tablet at bedtime. -Miralax 3350 (constipation)- 17 grams with fluids at bedtime. -Prazosin 5mg (antihypertension)- 1 tablet at bedtime. -Prazosin 1mg- 2 tablets along with 5mg tablet at bedtime. Review on 7/27/23 of May-July 2023 MARs for Client #1 revealed: -Gabapentin 600mg was not initialed as administered on 5/31/23 for 5pm dose or 7/11/23 for 7am dose. -Gabapentin 300mg was not initialed as administered on 5/31/23 for 5pm dose. -Propranolol was not initialed as administered on 5/24/23 for 8pm dose. -Docusate Sodium was not initialed as administered on 5/24/23 for pm dose, 6/29/23 for am and pm doses, 7/13/23 for am dose. -Sertraline was not initialed as administered on 5/24/23, 6/28/23. -Zolpidem was not initialed as administered on 5/24/23, 7/5/23. -Miralax was not initialed as administered on 5/14/23, 5/24/23, 6/7/23, 7/4/23, 7/5/23. -Prazosin 5mg was not initialed as administered on 5/24/23, 7/5/23 -Prazosin 1mg was not initialed as administered on 5/24/23, 7/5/23. Record review on 7/27/23 for Client #2 revealed: -Date of admission to PHP (partial hospitalization program) 7/5/23. -Diagnoses-depression, GAD, PTSD, other specific eating disorder, Crohn's disease, auditory processing delay. -Review of PRN (as needed) Standing Order form signed by nurse on 7/13/23 as Verbal Order	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 118	Continued From page 5 included: Pain Protocol: -Ibuprofen 600mg- every 6 hours as needed for pain/cramps/fever. -Acetaminophen 500mg- every 6 hours as needed for pain/cramps/fever. Gastrointestinal (GI) Protocol: -Did not include Clearlax 3350- 1 capful (17grams) once daily as needed for constipation. Review on 7/27/23 of July 2023 MAR for Client #2 revealed: -Ibuprofen was administered 7/17/23, 7/26/23 without a doctor's order. -Acetaminophen was administered 7/17/23, 7/23/23 without a doctor's order. -Clearlax was administered 7/18/23, 7/27/23 and 7/28/23 without a doctor's order. Interview on 7/26/23 with Client #1 revealed: -"The BHTs (behavioral health technicians) are excellent. They go above and beyond ...pass medications upstairs. They observe and document. I never missed any meds (medications)." Interview on 7/26/23 with Client #2 revealed: -She lived in a condo next door and came to groups at the facility. She took care of her medications herself at her condo. -Occasionally she would request ibuprofen of Tylenol at the facility. She had to go upstairs in the facility to the medication room for staff to access the medications. Interview on 7/28/23 with the Executive Director revealed: -MARs were kept on paper and were scanned into an electronic system but not their main electronic system. Finding specific documents	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 118	Continued From page 6 was sometimes difficult. -Our PA (physician's assistant) is great and here almost every day. He must have just overlooked the order for Client #2.	V 118	Please see attached Corrective Action Plan.	
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 3 audited clients (Clients #1 and #3) and 3 of 3 former clients (FC) (FC #4, #5, #6). The findings are: Review on 7/27/23 of incident report reporting revealed: -5/18/23-FC #4 was "scheduled to receive Gabapentin 300mg (milligram), Zoloft 100mg, Abilify 5mg at 5pm. BHT (behavior health technician) forgot to administer until 7:20pm. Called RN (registered nurse) for permission to	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING _____	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 123	Continued From page 7 administer meds (medications) late. Meds given 7:30pm." -5/25/23-FC #5-missed the new medication on the MAR-given the next day at the proper time. -7/13/23-FC #6-refused Prazosin 1mg-will discuss concerns with doctor. -7/17/23-FC #6 refused Prazosin as it makes her sleepy-informed of importance of taking medications. -7/19/23-Client #3-missed medication while on an outing with group. RN approved med to be given at a later time. -7/19/23-Client #1-missed medication while on outing with group. RN approved med to be given at a later time. -There was no documentation that a pharmacist or physician was immediately notified about a missed, refused or late medication. Record review on 7/27/23 for Client #3 revealed: -Date of admission 6/27/23. -Diagnoses-Anorexia Nervosa, Bipolar I disorder, ADHD, PTSD, GAD. -Physician's order dated 7/15/23 for Clonidine HCL ER 0.1mg - 1 tablet at bedtime. Review on 7/27/23 of July 2023 MAR for Client #3 revealed: -Clonidine had "R" written on the 7/24/23 and no additional note on back of MAR. -There was no incident report of the refusal and no documentation of pharmacist or physician notification. The RN was on vacation during this survey and could not reached for an interview. Interview on 7/26/23 with Staff #1 revealed: -If a medication was refused, staff completed a medication refusal form but that didn't happen	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 123	Continued From page 8 very often. -If refused, staff mark R on the MAR but do not continue to offer the medication within the hour. -Staff will call the nurse if it's late or they drop a medication. Interview on 7/27/23 with the Executive Director revealed: -Was not aware of notification requirement to pharmacist or physician. -Felt this could be easily put in place because of their relationship with their PA (physician's assistant).	V 123	Please see attached Corrective Action Plan.	
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 536	Continued From page 9 behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 536	Continued From page 10 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 536	Continued From page 11 (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on personnel record review and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention annually for 1 of 3 audited staff (Staff	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING	R 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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

Pyramid
Healthcare, Inc.

CORPORATE OFFICE
P.O. Box 967
Duncansville, PA 16635
P: 814-940-0407
F: 814-946-1402
1-888-694-9996

August 25, 2023

Division of Health Service Regulation
Mental Health Licensure and Certification Section

Re: Tapestry Eating Disorder Program Unannounced Audit July 2023

Dear Ms. Samford,

The following citations were noted during the unannounced audit conducted July 23, 2023 through July 25, 2023 for Tapestry Eating Disorder Program:

1. **Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements (V108) standard**

2. **Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 Medication Requirements (V118) standard**

3. **Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 Medication Requirements (V123) standard**

4. **Rule Violation/Tag #/Citation Level: 10A NCAC 27E .0107 Training in Alternative to Restrictive Interventions (V536) standard**

Please see below for a detailed response of the action steps to be taken by Tapestry Eating Disorder Program to address these violations.

Corrective Action Plan

Action Steps and Monitoring Plan

Problem: Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements (V108) standard: A review of personnel records indicated that one or more staff did not meet the requirement for client-specific training.

Goal: To ensure that all relevant staff meet the requirement for client-specific training.

Barriers: None identified.

Impact Assessment: N/A

Action Steps:	**Completion Date:**	**Responsible Party:**	**Supporting Documentation:**	**Status Update:**
1. Responsible parties will review staff Relias transcripts and assign staff to complete additional trainings specific to the populations served as needed to meet the requirement by August 25, 2023. Staff will be up to date with this requirement by September 30, 2023	August 25, 2023 for assignment of trainings by Executive Director.	**J. Tedder, Executive Director** **L. Brown, VP of Operations**	**Relias transcripts**	N/A
Monitoring Plan: 1. The Executive Director will keep staff accountable for completing required trainings by assigned due dates by running a monthly report in Relias at the month's end to view completed as well as outstanding trainings and review expectations with staff during individual supervision with Clinical Director monthly and group supervision biweekly with Behavioral Health Technicians.	September 30th, 2023 for staff completion of training.	**Quality and Compliance Teams**		
2. The VP of Operations will revise the New Hire documentation to include the assignment of client-specific trainings that meet the requirement by September 11, 2023.	September 11, 2023.			

Problem: Tag 118 Rule 27G0209--> Meds-keeping MAR current and following MD orders: A review of medication protocol indicated that the MAR and physician orders did not correspond in some instances.

Goal: To revise the medication protocol to ensure that the MAR is kept current and corresponds directly to physician orders.

Barriers: None identified.

Impact Assessment: N/A

Action Steps:	**Completion Date:**	**Responsible Party:**	**Supporting Documentation:**	**Status Update:**
1. Physician orders are no longer being hand-delivered as of August 1, 2023.	Effective August 1, 2023	**J. Tedder, Executive Director**	**Available in EMR system**	N/A

to ensure they are documented in the EMR system. Orders will be printed and kept with the MAR. 3. Staff will be able to immediately update with Quick MAR. *Monitoring Plan:* 1. ED and VP of Operations will communicate with physician at least monthly to ensure that the MAR is up to date and that physician orders are printed and being kept with the MAR.	August 1, 2023 TBD	**VP of Operations** **D. Swinehart, Nurse**	**Library** **MAR** **Quick MAR**	

Problem: Tag 123 Rule 27G0209--> Meds-Med Errors reported immediately to MD or pharmacy: A review of medication protocol indicated that medication errors were not immediately reported to the physician in some instances.

Goal: To revise the medication protocol to ensure that medication errors are immediately reported to the physician.

Barriers: None identified.

Impact Assessment: N/A

Action Steps:	**Completion Date:**	**Responsible Party:**	**Supporting Documentation:**	**Status Update:**
1. Additional logic was added to the internal Unusual Event (UE) form that will immediately and automatically notify the physician when a medication error is identified. *Monitoring Plan:* 1. ED and VP of Operations will communicate with physician at least monthly to ensure that this internal reporting function is functioning properly.	Effective August 1, 2023	**J. Tedder, Executive Director** **L. Brown, VP of Operations** **C. Stutesman, PA**	**Relias transcripts**	N/A

Problem: Rule Violation/Tag #/Citation Level: 10A NCAC 27E .0107 Training in Alternative to Restrictive Interventions (V536) standard: A review of personnel records indicated that one or more staff did not meet the requirement for crisis de-escalation training in full, although partial training for some staff was noted.

Goal: To ensure that all staff meet the full requirement for crisis de-escalation training.

Barriers: None identified.

Impact Assessment: N/A

Actions:	**Completion Date:**	**Responsible Party:**	**Supporting Documentation:**	**Status Update:**
1. Responsible parties will review staff Relias transcripts and assign staff to complete additional trainings specific to crisis de-escalation training to meet the requirement by August 25, 2023. Staff will be up to date with this requirement	August 25, 2023 for assignment of trainings	**J. Tedder, Executive Director**	**Relias transcripts**	N/A

	Director. September 30th, 2023 for staff completion of training. TBD	**VP of Operations**		

2. Pyramid Healthcare as an organization is in the process of implementing in-person company-wide safety trainings.

Monitoring Plan:

1. The Executive Director will keep staff accountable for completing required trainings by assigned due dates by running a monthly report in Relias at the month's end to view completed as well as outstanding trainings and review expectations with staff during individual supervision with Clinical Director monthly and group supervision biweekly with Behavioral Health Technicians.

2. The VP of Operations will revise the New Hire documentation to include the assignment of crisis de-escalation trainings that meet the requirement.

Thank you for the opportunity to provide a Quality Improvement Plan to address your concerns. We look forward to further collaboration to ensure that our clients receive the highest quality services.

Sincerely,

J. Tedder, MSW, MS, LCSWA, LCASA
Executive Director, Tapestry Eating Disorder Program- Brevard
jtedder@tapestrync.com
(828) 884-2475 opt. 1

V 536	Continued From page 12 #2). The findings are: Record review on 7/26/23 for Staff #2 revealed: -Date of hire- 11/14/22 -Date of training: Relias-NC (North Carolina) Rules for prevention of seclusion and restraint and use of safety interventions completed 12/8/22. Interview on 7/27/23 with Staff #2 revealed: -Had a de-escalation training with on-line learning program. It was just 1 training not a group of trainings. Interview on 7/27/23 with Executive Director revealed: -Their corporate human resources was responsible for assigning trainings. -Had already discussed changing some of their training modules.	V 536		