


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2023
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NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 19, 2023. The complaint was unsubstantiated (intake #NC00205673). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 54 and currently has a census of 39. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000	<p>Carolina Dunes Behavioral Health takes these findings seriously and has implemented what we feel is an effective plan of action to address the identified deficiencies and monitor for compliance with actions taken. Pursuant to your request, the response is structured as follows: 1) the measures put in place to correct the deficient practice, 2) the measures put in place to prevent the problem from occurring again, 3) the person who will monitor the situation to ensure it will not occur again, and 4) how often the monitoring will take place.</p>	
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 	V 367	<p>The required IRIS report was submitted immediately following the survey exit on October 19, 2023.</p> <p>The Director of Quality, Compliance, and Risk Management has completed a review of the current Incident Response and Reporting (IRIS) Manual (February 2011 edition), specifically regarding the completion of IRIS reports regarding behaviors that involve a report to law enforcement. The Director of Quality, Compliance, and Risk Management agrees to complete IRIS reports in these circumstances going forward and will report on these as a standing agenda item in the daily Safety Committee meetings.</p> <p>The facility CEO will monitor the completion of the Safety Committee standing agenda item on IRIS reporting for non-routine law enforcement visits to ensure that all required IRIS reports are completed when client behaviors involve a report to law enforcement.</p>	10-24-2023

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **CEO** (X6) DATE **10/24/23**

OCT 27 2023

Lic. & Cert. Section

Division of Health Service Regulation

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V 367	<p>Continued From page 1</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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</p>	V 367	<p>The CEO or designee will monitor compliance daily Monday through Friday at Safety Committee (Monday's reporting will include any required weekend reporting).</p>	

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V 367	<p>Continued From page 2</p> <p>include summary information as follows:</p> <ul 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 (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 10/19/23 of the North Carolina Incident Response Improvement System (IRIS) for Former Client (FC) #2 revealed no level II report submitted by the facility in reference to an allegation of being inappropriately touched.</p> <p>Review on 10/19/23 of FC #2's record revealed: -16 year old female. -Admission date of 04/21/23.</p>	V 367		
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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Discharge date of 10/11/23. -Diagnoses of reaction to severe stress, unspecified. <p>Review on 10/19/23 of the Therapy Discharge Note dated 10/03/23 revealed:</p> <ul style="list-style-type: none"> -"Clinician met with [FC #2] to complete discharge paperwork. [FC #2] did provide insight into previous incident of alleging peer 'touched me inappropriately.' [FC #2] reported peer 'touched her butt' but denied further incidents of inappropriate touching and/or boundary violations...[FC #2] did report DSS (Department of Social Services) worker 'came here last night and they woke me up to talk to them.' [FC #2] expressed disclosing same incident to DSS Investigator and 'nothing else happening....'" <p>During interview on 10/19/23 the Therapist revealed:</p> <ul style="list-style-type: none"> -She was told another client had grabbed FC #2 on the butt. -When she returned to the unit she called her Social Worker and told her she had been sexually assaulted. -The footage from the cameras were reviewed and determined the two girls were not in the same area. -FC #2 informed her the police and DSS came to the facility to interview her about the incident. <p>During interview on 10/19/23 the Director of Quality Compliance and Risk Management revealed:</p> <ul style="list-style-type: none"> -FC #2 did not tell anyone at the facility about the incident initially. -FC #2 told her DSS case worker. -The police did come to the facility to investigate the allegation. -FC #2 told the police no one had touched her but 	V 367		

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V 367	Continued From page 4 someone had gotten too close to her. -He would complete the incident report in IRIS.	V 367		



Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Complaint Survey completed October 19, 2023
Carolina Dunes Behavioral Health, 2050 Mercantile Drive, Leland, NC 28451
MHL # MHH0976
Intake # NC00205673

October 25, 2023

To Whom It May Concern:

Please see attached Plan of Correction regarding the recent DHSR survey visit at Carolina Dunes Behavioral Health. Please contact me with any questions at (910) 371-2500, EXT 4004.

Sincerely,

A handwritten signature in black ink, appearing to read "Derek Johnson", with a stylized flourish at the end.

Derek Johnson
Director of Quality, Compliance, & Risk Management
Carolina Dunes Behavioral Health