

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 11/16/2023
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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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(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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on November 16, 2023. Three complaints were substantiated (intakes #NC00209018, #NC00209836, #NC00209795) and three complaints were unsubstantiated (intakes #NC00206863, #NC00208664, #NC00207963). 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 72 and currently has a census of 40. The survey sample consisted of audits of 5 current clients and 2 former clients.</p>	V 000		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p>	V 315		

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

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V 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p>Review on 11/15/23 of a sample of "Facility Daily Staffing Sheets" and census reports for 10/9/23 through 11/14/23 revealed: -200 Hall census ranged from 15 - 17 clients. The 3rd shift staffing ranged from 2 - 4 direct care staff on duty. -300 Hall census ranged from 11 - 15 clients. The 3rd shift staffing ranged from 2 - 4 direct care staff on duty. -400 Hall census ranged from 10 - 12 clients. The 3rd shift staffing ranged from 2 - 4 direct care staff on duty.</p> <p>Interview on 11/15/23 client #3 stated: -She was admitted to the facility approximately 6 months earlier. -She resided on the 200 hall. -There were generally 4 staff working each shift. -There were 16 girls on the 200 hall.</p> <p>Interview on 11/15/23 client #4 stated: -She was admitted to the facility approximately 8 months earlier. -She resided on the 200 hall. -There were generally 2 - 4 staff working each shift.</p> <p>Interview on 11/15/23 client #5 stated: -She was admitted to the facility approximately 8</p>	V 315		

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V 315	<p>Continued From page 2</p> <p>months earlier.</p> <ul style="list-style-type: none"> -She resided on the 200 hall. -There were generally 2 staff working each shift, but she had seen as few as one staff. <p>Interview on 11/15/23 client #6 stated:</p> <ul style="list-style-type: none"> -She had been at the facility for approximately 1 month. -She resided on the 200 hall. -There were generally 2 - 6 staff working each shift. -There were 13 - 16 girls on the 200 hall. <p>Interview on 11/15/23 client #7 stated:</p> <ul style="list-style-type: none"> -He resided on the 400 hall. -There were generally 3 - 6 staff working each shift. -He had not seen any less than 3 staff per shift on the 400 hall. <p>Interview on 11/15/23 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> -The facility had closed one hall to reduce the census number in order to meet staffing ratios. -The facility continued to work through staffing shortages with ongoing recruitment efforts to fill open positions. <p>This deficiency has been cited 9 times since the original cite on 5/10/21 and must be corrected within 30 days.</p>	V 315		