

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 01/24/2024
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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 January 24, 2024. The complaints were unsubstantiated (intake #NC00212079 and NC00212019). 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 43. The survey sample consisted of audits of 3 current clients and 1 former client.</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 01/23/24 of a sample of "Facility Daily Staffing Sheets" and census reports for 12/17/23 through 01/23/24 revealed: -200 Hall census ranged from 11 - 17 clients. The 1st, 2nd and 3rd shift staffing ranged from 2 - 6 direct care staff on duty. -300 Hall census ranged from 10 - 15 clients. The 1st, 2nd and 3rd shift staffing ranged from 1 - 6 direct care staff on duty. -400 Hall census ranged from 10 - 12 clients. The 1st, 2nd and 3rd shift staffing ranged from 2 - 5 direct care staff on duty.</p> <p>Interview on 01/23/24 client #2 stated: - She was 14 years old. - She had resided at the facility since 12/18/23. - She had a bedroom on the 200 hallway. - She thought there were 15 clients on the hallway, - There are usually 3 direct staff on her hallway.</p> <p>Interview on 01/23/24 client #3 stated: - She was 17 years old. - She had resided at the facility for 2 months. - Her bedroom was on the 200 hallway. - There were about 16 clients on her hallway. - There were about 3 direct staff on her hallway.</p> <p>Interview on 01/24/24 staff #2 stated: - She had worked at the facility since November 2023. - She worked mainly in the residential section of</p>	V 315		

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V 315	<p>Continued From page 2</p> <p>the hospital.</p> <ul style="list-style-type: none"> - She worked on the 200 hallway on 01/23/24 with 15 clients. - There would be 2 or 3 staff on the hallway. <p>Interview on 01/24/24 staff #3 stated:</p> <ul style="list-style-type: none"> - She had worked since May 2023. - She was working on 300 hallway today. - There was 4 staff for 15 clients. <p>Interview on 01/24/24 the Director of Quality Compliance and Risk Management stated:</p> <ul style="list-style-type: none"> - He was aware that the current staff ratio was out of compliance with the rule. - It was difficult to retain staff. - The facility had instituted various electronic measures to assist staff with supervision of the clients. - He had met with administrative staff from the Division of Health Service Regulation on 01/23/24 to discuss ongoing staffing issues at the facility. <p>This deficiency has been cited 10 times since the original cite on September 27, 2021 and must be corrected within 30 days.</p>	V 315		