

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RESIDENTIAL ADOLESCENT COMMUNITY SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>443 NORTH SUMMITT AVENUE CHARLOTTE, NC 28216</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 1/19/24. The complaint was unsubstantiated (Intake #NC00211621). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>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.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, 1 of 1 Qualified Professional (QP)/Director failed to demonstrate competency in the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 1/11/24 of the QP/Director's personnel file revealed: - Date of Hire 2/1/21; - Bachelor of Social Work 2016; - Met the qualifications for QP status.</p> <p>Interview on 1/17/24 with the QP/Director revealed: - Updated Client #1's treatment plan on 12/4/23 and failed to have goals and strategies to address inappropriate sexualized behaviors; - Client #1 was currently receiving therapy for sexualized behaviors; - Made the decision to allow Client #1 and Former Client #3 to share a room.</p>	V 109		

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V 109	Continued From page 2  This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type B rule violation and must be corrected within 45 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have treatment plans with written consent or agreement by the client or responsible party and failed to develop and implement goals and strategies affecting 1 or 2 current clients (Client #1) and 1 of 1 audited former client (FC #3). The findings are:</p> <p>Finding 1 Review on 1/11/24 of Client #1's record revealed: - Admission date 10/28/21; - Age 17; - Diagnoses Major Depressive Disorder, Post Traumatic Stress Disorder; - Comprehensive Clinical Assessment (CCA) dated 5/17/23: "He is working on a 12-month curriculum for Sexual aggression. Department of Social Services (DSS) was involved due to inappropriate sexual behaviors by [Client #1]. She (mother) reported that [Client #1's] younger brother told her (mother) that [Client #1] was "caressing" his bottom and pleasuring himself while brother was sleeping." - Person-Centered Plan (PCP) dated 10/28/22 with a target date 10/28/23- "[Client #1] will utilize coping skills to manage episodes of sexuality aggressive behavior and follow all programs rules pertaining to sexual behavior such as masturbation habits, cleanliness, profanity, and maintain proper healthy sexual habits. [Client #1] will engage in sex offender curriculum by completing treatment individual and group sessions and completing homework assignments;"</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>-PCP dated 12/4/23 with no goals or strategies to address inappropriate sexualized behavior.</p> <p>Review on 1/9/24 of the facility's incident reports revealed:</p> <ul style="list-style-type: none"> <li>- "Name of Person Reporting Incident: [Staff #2] and [Qualified Professional]";</li> <li>- "Nature of the Incident: Reported by local DSS;"</li> <li>- "Place of Incident: Residential Home;"</li> <li>- "Date of Incident: 12/21/23;"</li> <li>- "Exact location of the Incident: Bedroom;"</li> <li>- "Description of Incident: allegation reported by local DSS stated that [FC #3] reported having unconsensual sex acts with roommate [Client #1]. During the in home investigation [Client #1] admitted to having a consensual sex act with [Former Client #3]."</li> </ul> <p>Interview on 1/9/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- Had inappropriate sexual behavior with FC #3 "every night for about a month."</li> <li>- Staff were in the office most of the time during the inappropriate sexual behaviors;</li> <li>- Unaware of how often staff completed bedroom checks.</li> </ul> <p>Interview on 1/17/24 with FC #3 revealed:</p> <ul style="list-style-type: none"> <li>- Engaged in inappropriate sexual behaviors with Client #1;</li> <li>- "The room door would be cracked and the staff would be in their office."</li> <li>- Staff completed room checks every hour.</li> </ul> <p>Interview on 1/11/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1's goals were "overcome sexual aggression, self-esteem, be comfortable with his sexuality, and re-bond with his family."</li> </ul> <p>Interview on 1/17/24 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- "Once clients go to bed, we do one check every</li> </ul>	V 112		

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V 112	<p>Continued From page 5</p> <p>30 minutes or 2 checks within an hour."</p> <ul style="list-style-type: none"> <li>- Client #1's goals were "sexualized behaviors, manage weight, being honest and attention seeking."</li> </ul> <p>Interview on 1/17/24 with the Qualified Professional (QP)/Director revealed:</p> <ul style="list-style-type: none"> <li>- Was aware there were allegations concerning Client #1 asking a former client to engage in inappropriate sexual behaviors in November 2022;</li> <li>- Client #1 was currently receiving therapy for sexualized behaviors;</li> <li>- Made the decision to allow Client #1 and FC #3 to share a room in October 2023.</li> <li>- " I felt because they (Client #1 and FC #3) were older and Client #1 had not displayed any sexualized behaviors, it would be fine for them to share a room."</li> <li>- Updated Client #1's treatment plan on 12/4/23;</li> <li>- "Took the goal (regarding inappropriate sexualized behaviors) out of the PCP because he had been doing so good and going to therapy."</li> <li>- Learned Client #1 and FC #3 engaged in inappropriate sexual behaviors on 12/21/23 after FC #3 was discharged;</li> <li>- Interviewed Client #1 about the inappropriate sexual behavior;</li> <li>- Client #1 admitted to inappropriate sexual behavior with FC #3.</li> </ul> <p>Finding 2</p> <p>Review on 1/11/24 of FC #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 10/13/23;</li> <li>- Age 17 years old;</li> <li>- Diagnoses Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Combined Type, Disruptive Mood Dysregulation Disorder;</li> <li>- PCP dated 12/5/23 was not signed by Legal</li> </ul>	V 112		

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V 112	<p>Continued From page 6</p> <p>Guardian or Qualified Professional/Director.</p> <p>Interview on 1/17/24 with the Qualified Professional/Director revealed: - PCP was never signed due to FC #3's elopement from 10/15/23-11/29/23 and on 12/16/23. - Was not aware she needed to sign the treatment plan due to the Day Program's Qualified Professional completing treatment plan.</p> <p>Review on 1/19/24 of the Plan of Protection signed by Qualified Professional/Director dated 1/19/24 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Our agency has two (2) bedrooms and currently we have two clients in the facility that are on opposite sides of the residential home. The clients are monitored at all times throughout the day and monitored every hour throughout the night. Both clients are currently the sole occupants of these bedrooms. Going forward due to the sexualized behaviors noted in the member's clinical documentation the clinical home will ensure the safety of all clients by keeping this member in a bedroom by himself, monitoring the client every 30 minutes throughout the night. Additionally, we will be updating the client's Person-Centered Plan to add the sexualized behavior goal as he is still in treatment.</p> <p>Describe your plans to make sure the above happens. Our staff will clear out the third (3rd) bedroom and utilize it as an additional room for any new members that enter the home ensuring that they are not in a room with a member who has sexualized behaviors. Therefore, ensuring the</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>safety of all clients. The Qualified Professional will schedule an emergency for client family team meeting Tuesday January 23, 2024, at 11:00 am to update the team about adding the sexualized behaviors back to the Person-Centered Plan."</p> <p>Client #1 was admitted on 10-28-21 with diagnoses of Post Traumatic Stress Disorder and Major Depressive Disorder. He had a history of inappropriate sexualized behaviors. FC # 3 was admitted on 10/13/23 with diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder. Client #1 had a history of inappropriate sexual behaviors. The Qualified Professional/Director was aware Client #1 had previously attempted to engage in inappropriate sexual behaviors with a former client. She made a decision to place FC #3 in the same bedroom with Client #1. During this time Client #1 and FC #3 were able to engage in inappropriate sexualized behaviors. There were no treatment strategies implemented to address the needs of Client #1's inappropriate sexualized behaviors.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff</p>	V 114		



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V 114	<p>Continued From page 8</p> <p>and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete fire and disaster drills at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 1/9/24 of the facility's fire and disaster drill log from 1/7/23-12/31/23 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of 1st shift (8:30am-3pm), 2nd shift 3pm-11pm and 3rd shift (11pm-8:30am) fire drills for the 1st quarter from January-March 2023;</li> <li>- No documentation of 1st shift (8:30am-3pm) and 3rd shift (11pm-8:30am) disaster drills for the 1st quarter from January-March 2023;</li> <li>- No documentation of 3rd shift (11pm-8:30am) fire drills for the 2nd quarter from April-March 2023;</li> <li>- No documentation of 1st shift (8:30am-3pm), 2nd shift 3pm-11pm and 3rd shift (11pm-8:30am) disaster drills for the 2nd quarter from April-June 2023;</li> <li>- No documentation of 2nd shift 3pm-11pm and 3rd shift (11pm-8:30am) fire drills for the 3rd quarter from July-September 2023;</li> <li>- No documentation of 1st shift (8:30am-3pm) and 3rd shift (11pm-8:30am) disaster drills for the 3rd quarter from July-September 2023;</li> </ul>	V 114		

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V 114	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>- No documentation of 1st shift (8:30am-3pm), 2nd shift (3pm-11pm) and 3rd shift (11pm-8:30am) fire and disaster drills for the 4th quarter from October-December 2023.</li> </ul> <p>Interview on 1/9/24 of Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- Completed fire and disaster drills;</li> <li>- Completed a fire drill last month;</li> <li>- Went to the stop sign out on the street for the fire drill;</li> <li>- "We would go to the bathroom and make a ball shape in the tub" for disaster drills.</li> </ul> <p>Interview on 1/9/24 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- " We do fire drills:</li> <li>- Completed a fire drill in December;</li> <li>- "For a fire drill we get out by the closest exit and we meet up on the side of the street where the neighbor house is at."</li> <li>- "I don't know about disaster drills."</li> </ul> <p>Interview on 1/11/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Completed fire and disaster drills;</li> <li>- "Right when I started was the last time I completed a fire and disaster drill, it was in August or September."</li> </ul> <p>Interview on 1/11/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Completed fire and disaster drills every month on every shift.</li> <li>- Completed fire and disaster drills with "partner" (staff), "but I go back behind her to make sure the form is completed"</li> <li>-"I was just told that I was completing the form wrong."</li> </ul> <p>Interview on 1/9/24 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> <li>- "We all are responsible for completing fire and disaster drills."</li> </ul>	V 114		

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V 114	<p>Continued From page 10</p> <p>- "I understand it was supposed to be completed quarterly and I'm piecing it together now because I was not apart of the process(survey) last time."</p> <p>Interview on 1/11/24 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> <li>- Asked Staff #2 and the Residential Manager to complete the fire and disaster drills.</li> <li>- "I know each shift have to do one each quarter."</li> <li>- I have had my hand spanked from my consultant, I have to inspect what I expect."</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <ul style="list-style-type: none"> <li>(1) management of the day to day day-to-day operations of the facility;</li> <li>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</li> <li>(3) participation in service planning meetings.</li> </ul>	V 295		

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V 295	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full-time basis. The findings are:</p> <p>Review on 1/9/23 of the Division of Health Service Regulation ...Client and Staff Census form completed by the Human Resource/Direct Care staff revealed no AP listed.</p> <p>Interview on 1/9/24 and 1/17/24 with the Qualified Professional/Director revealed: - Identified a staff member as the AP; - The AP worked in the home mainly during the summertime and holidays when the clients were out of school; - "We will research the qualifications for AP and assign it to someone else."</p> <p>Review on 1/11/24 of the Associate Professional's personnel file revealed: - Hire date 2/28/21; - Employed as Associate Professional - Bachelor of Science 2014</p> <p>Interview on 1/11/24 with Client #1 revealed: - "[AP] doesn't work here, she works at my school.</p> <p>Interview on 1/11/24 with Client #2 revealed: - Did not know identified AP.</p> <p>Interview on 1/11/24 with Staff #1 revealed: - "I don't know [AP]."</p>	V 295		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/19/2024</b>
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V 295	<p>Continued From page 12</p> <p>Interview on 1/11/24 with Staff #2 revealed: - AP worked from 3pm-11pm, "it varies because she is a teacher" - AP worked in the mornings while the kids are on summer vacation.</p> <p>Interview on 1/16/24 with the Associate Professional revealed: - "I have been there since the beginning of the business." - "I'm the AP." - Duties were to "check with the manager to make sure clients attend appointments, make sure they have groceries, medication management, proper staffing and scheduling, things of that nature." - Knew the responsibilities of an AP, "I have not been able to maintain that schedule currently." - "I'm in and out while the children are in school." - "I am aware of the responsibility of an AP in the general statues."</p> <p>Interview on 1/9/24 and 1/17/24 with the Qualified Professional/Director revealed: - Identified a staff member as the AP; - The AP worked in the home mainly during the summertime and holidays when the clients were out of school; - "We will research the qualifications for AP and assign it to someone else."</p>	V 295		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>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:</p>	V 366		

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V 366	<p>Continued From page 13</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/19/2024</b>
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V 366	<p>Continued From page 14</p> <p>review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement, written policies governing their responses to level I, II and III incidents affecting 2 of 3 clients (#2, Former Client (FC) #3). The findings are:</p> <p>Review on 1/11/24 of Client #2's record revealed: - Admission date 8/31/23; - Age 14 years old; - Diagnoses Attention Deficit Hyperactivity Disorder Combined Type, Unspecified Trauma and Stressor Related Disorder.</p> <p>Review on 1/11/24 of Former Client #3's record revealed: - Admission date 10/13/23; - Age 17 years old; - Diagnoses Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Combined type Disruptive Mood Dysregulation Disorder.</p> <p>Review on 1/9/24 of the facility's Internal Incident Reports from October 1, 2023- January 9, 2024</p>	V 366		



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V 366	<p>Continued From page 16</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- No Risk Cause/Analysis, or documentation to support of the written preliminary findings of fact to the Local Management Entity (LME)/Managed Care Organization (MCO) within 5 working days for Client #2 aggressive behaviors on 12/16/23;</li> </ul> <p>Review on 1/9/24 of the Incident Response Improvement System (IRIS) from October 1, 2023- January 9, 2024 revealed:</p> <ul style="list-style-type: none"> <li>- No IRIS, No Risk Cause/Analysis, or documentation to support of the written preliminary findings of fact to the LME/MCO within 5 working days for Former Client #3 going AWOL (absent without leave) on 12/16/23.</li> </ul> <p>Interview on 1/11/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Was restrained by staff #3 on 12/16/23;</li> <li>- Denied Staff #3 hit him;</li> <li>- Felt Staff #3 properly restrained him.</li> </ul> <p>Interview on 1/17/24 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- Restrained Client #2 on 12/16/23 due to client being verbally and physically aggressive.</li> </ul> <p>Interview on 1/17/24 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> <li>- Unaware Staff restrained Client #2 on 12/16/23;</li> <li>- "She (Staff #2) didn't do a restraint on [Client #2], because we don't use restraints, she might have grabbed his arm to calm him down and redirect him but she didn't do a restraint on him. I'm not sure why they are using the word restraint."</li> <li>- "We are going to be retrained in incident reports and IRIS."</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 366		

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V 367	Continued From page 17	V 367		
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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the 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</p>	V 367		

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V 367	<p>Continued From page 18</p> <p>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 include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all critical incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 2 of 3 clients (#2, Former Client (FC) #3). The findings are:</p> <p>Review on 1/11/24 of Client #2's record revealed: - Admission date 8/31/23; - Age 14 years old; - Diagnoses Attention Deficit Hyperactivity Disorder Combined Type, Unspecified Trauma and Stressor Related Disorder.</p> <p>Review on 1/11/24 of Former Client #3's record revealed: - Admission date 10/13/23; - Age 17 years old; - Diagnoses Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Combined type Disruptive Mood Dysregulation Disorder.</p> <p>Review on 1/9/24 of the facility's Internal Incident</p>	V 367		

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V 367	<p>Continued From page 20</p> <p>Reports from October 1, 2023- January 9, 2024 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation to support of the written preliminary findings of fact to the Local Management Entity (LME)/Managed Care Organization (MCO) within 5 working days for Client #2 aggressive behaviors on 12/16/23;</li> </ul> <p>Review on 1/9/24 of IRIS from October 1, 2023- January 9, 2024 revealed:</p> <ul style="list-style-type: none"> <li>- No IRIS, No Risk Cause/Analysis, or documentation to support of the written preliminary findings of fact to the LME/MCO within 5 working days for FC #3 going AWOL (absent without leave) on 12/16/23.</li> </ul> <p>Review on 1/9/24 of IRIS from October 1, 2023- January 9, 2024 for FC #3 revealed the following incident was not reported within the required time:</p> <ul style="list-style-type: none"> <li>- Incident-FC #3 went AWOL on 10/25/23, provider did not submit report until 10/31/23 into IRIS.</li> </ul> <p>Interview on 1/17/24 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> <li>- "We are going to be retrained in incident reports and IRIS."</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observations on 1/11/24 at approximately 3:15pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- Bedroom #2- bottom left side of door cracked approximately 1.5 feet long               <ul style="list-style-type: none"> <li>- dresser missing a drawer bottom right side</li> <li>- peeled paint on the wall approximately 8.5 inches long and 4 inches wide</li> </ul> </li> <li>- Common area- several peeled paints spots on the wall ranging in size of approximately dime to quarter size               <ul style="list-style-type: none"> <li>- patched and damaged again hole in the wall approximately 5 inches long and 5.5 inches wide.</li> </ul> </li> </ul> <p>Interview on 1/17/24 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> <li>- "I plan to get things done as soon as possible."</li> </ul>	V 736		