

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/14/2023
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey were completed on 12/14/23. The complaints were unsubstantiated (Intake #NC00209058, NC00210637, NC00210635). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities For Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>HR Generalist will review all employee records to confirm Registry checks have been completed for all employees. An explanation will be included for any employees whose registry checks occur after date of hire. [Date Completed 1.19.24]</p> <p>Healthcare registry checks will be included as part of the pre-screening process. HR will complete healthcare registry checks prior to generating an offer letter to prospective candidates. [Date Completed 1.19.24 & On-going]</p> <p>Healthcare registry checks will be included in the weekly HR report submitted to the Leadership Team. This report will include current status, and reason for delays. [On-going]</p>	2/10/2024
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 1 audited staff (Staff #1). The findings are:</p>	V 131	<p style="text-align: center;">RECEIVED JAN 24 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE


TITLE

Chief Quality Improvement Officer

(X6) DATE
1/20/24

If continuation sheet 1 of 9

STATE FORM

6899

ZHY711

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V 131	<p>Continued From page 1</p> <p>Review on 12/14/23 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 8/28/23; - Job Title Residential Care Worker;- HCPR report was dated 9/12/23. <p>Interview on 12/14/23 with the Chief Agency Director revealed:</p> <ul style="list-style-type: none"> - "We will not hire anyone until the HCPR has been completed." - "The human resource person is new and learning how to input the information into the system." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		

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V 366	27G .0603 Incident Response Requirments	V 366	
<p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident; (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; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p>			

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<p>V 366</p>	<p>Continued From page 2</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 (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal 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>V 366</p>		
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V 366	<p>Continued From page 3</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: (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> <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>	V 366		
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<p>V 366</p>	<p>Continued From page 4</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 1 of 3 audited clients (#1). The findings are:</p> <ul style="list-style-type: none"> - No Incident Response Improvement System (IRIS) report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for Client #3 alleged staff #1 pushed client on the bed and hit him on 11/29/23. <p>Interview on 12/14/23 with the Chief Agency Director revealed:</p> <ul style="list-style-type: none"> - Sent Staff #1 home and started an internal investigation when learned of incident; - Staff #1 did not complete an incident report for incident with Client #1 on 11/29/23; - "The supervisors are responsible for putting in incident reports. The clinical director does audits and oversees incident reports and IRIS." 	<p>V 366</p>	<p>Residential Cottage Managers will be responsible for reviewing all shifts notes daily to ensure all incidents are reported to IRIS. The level one incident reviews and shift notes will be documented on a tracking tool to ensure compliance. All tracking tools will be reviewed weekly by the Chief Quality Improvement Officer to ensure compliance. All IRIS reports should be submitted within 24 hours or at the end of the shift.</p>	<p>3/10/24</p>
<p>V 367</p>	<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</p>	<p>V 367</p>		

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V 367	<p>Continued From page 5</p> <p>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 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</p>	V 367		
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V 367	<p>Continued From page 6</p> <p>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). (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;(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 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>	V 367		
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<p>V 367</p>	<p>Continued From page 7</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 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 12/13/23 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 11/8/23; - Age 11; - Diagnosis Reactive Attachment Disorder <p>Review on 12/8/23 of Incident Response Improvement System (IRIS) from November 11, 2023, - December 8, 2023 for Client #1 revealed the following incidents were not reported within the required time: -On 11/29/23, client #1 alleged Staff #1 pushed him on the bed and hit him.</p> <p>Interview on 12/14/23 with the Chief Agency Director revealed:</p> <ul style="list-style-type: none"> - Sent Staff #1 home and started an internal investigation when learned of incident; - Staff #1 did not complete an incident report for incident with Client #1 on 11/29/23; - "The supervisors are responsible for putting in incident reports. The clinical director does audits and oversees incident reports and IRIS." 	<p>V 367</p>	<p>Residential Cottage Managers will be responsible for reviewing all shifts notes daily to ensure all incidents are reported to IRIS and all level 2 and 3 incidents are reported and in a timely matter. The level one incident reviews and shift notes will be documented on a tracking tool to ensure compliance. All tracking tools will be reviewed weekly by the Chief Quality Improvement Officer to ensure compliance. All IRIS reports should be submitted within 24 hours or end of shift.</p>	<p>3/10/24</p>
<p>V 736</p>	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND</p>	<p>V 736</p>		

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<p>V 736</p>	<p>Continued From page 8</p> <p>EXTERIOR REQUIREMENTS (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> <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 12/14/23 at approximately 3:10pm of the facility revealed:</p> <ul style="list-style-type: none"> - Kitchen- Missing larent flooring approximately 1.5 inches long and 1 inch wide; - Bathroom #2- The top of the toilet tank wassmaller than the tank and was held together with a zip tie; - Bathroom #4- cracked mirror - spot on wall, where soap dispenser was at needed to be painted - Bathroom #6 towel bar broken. <p>Interview on 12/14/23 with the Chief Agency Director revealed:</p> <ul style="list-style-type: none"> - "I plan to order new toilets and plastic mirrors, everything will be complete by Friday." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	<p>V 736</p>	<p>AHS maintenance and environmental specialist team will complete facility walk through checklist weekly to ensure the facility grounds are in safe conditions. All repairs will be evaluated within 24 hours of known incident or damaged property. The Agency Chief Director will follow up with the environmental team weekly to ensure compliance of grounds and provide supervision to the team weekly. The Chief Agency Director will create an operational guideline to submit maintenance tickets for AHS employees.</p>	<p>2/10/23</p>
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