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	MHL041-673	A. BUILDING: _____ B. WING _____	03/05/2024

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JAMES EL PARRISH	3601 AMOS DRIVE GREENSBORO, NC 27405

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V 000	INITIAL COMMENTS An annual survey was completed on March 5, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 clients.	V 000		
V 366	27G .0603 Incident Response Requirements 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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (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; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.	V 366		

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V 366	Continued From page 1 (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (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; (B) gather other information needed; (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,	V 366		

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V 366	Continued From page 2 if different; and (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies governing their response to Level II incidents. The findings are:	V 366		

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V 366	Continued From page 3 Review on 3/5/24 of Client #2's record revealed: -Admission date of 9/27/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder, Attention-Deficit Hyperactivity Disorder-combined presentation, and history of child physical abuse. -15 years old. Review on 3/5/24 of Client #3's record revealed: -Admission date of 1/25/24. -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Cannabis Use-unspecified. -15 years old. Review on 3/4/24 of an internal incident report dated 1/30/24 for Client #2 revealed: -Client #2 eloped from the facility and went to a local restaurant where he said someone robbed him. Law enforcement was called, found Client # at the restaurant, and returned him to the facility. -Did not have documentation regarding the development and implementation of corrective measures to prevent similar incidents, and no assignment of responsible persons for implementation of corrective and preventive measures. -Had not notified the Local Management Entity/Managed Care Organization (LME/MCO) as required. Review on 3/4/24 of an internal incident report dated 2/12/24 for Client #3 revealed: -Client #3 became physically aggressive (pushed and started to fight) toward the Vice President/Chief Financial Officer/Chief Operations Officer/Qualified Professional (VP/CFO/COO/QP#1) when he was placed Client #3 in a "restricting wrap" for about 10 minutes.	V 366		

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V 366	Continued From page 4 -Client #3's aggression escalated (attempted to wrap his legs around the VP/CFO/COO/QP#1 and screamed profanities) with both Client #3 and the VP/CFO/COO/QP#1 having fallen to the ground. -Did not have documentation regarding attendance to the health and safety needs of Client #3, development and implementation of corrective measures to prevent similar incidents and assignment of persons to be responsible for implementation of the corrections and preventive measures. -Had not notified the Local Management Entity/Managed Care Organization (LME/MCO) as required. Interview on 3/5/24 with the Chief Executive Officer (CEO)/Qualified Professional (QP#2) revealed: -As a nurse, she (CEO/QP#2) assessed Client #3 at the time of his restrictive intervention and Client #3's guardian was notified. -Did not have documentation regarding attendance to the health and safety needs of Client #3, development and implementation of corrective measures to prevent similar incidents and assigning persons to be responsible for implementation of the corrections and preventive measures. -Had not notified the Local Management Entity/Managed Care Organization (LME/MCO) as required.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all	V 367		

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V 367	Continued From page 5 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: (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 cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information;	V 367		

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V 367	Continued From page 6 (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (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.	V 367		

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V 367	Continued From page 7	V 367		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure all Level II incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of each incident. The findings are:

Reviews on 3/4/24 and 3/5/24 of the North Carolina Incident Response Improvement System (IRIS) revealed :
-No Level II report for Client #2's elopement on 1/30/24.
-No Level II report for Client #3's restrictive intervention on 2/12/24.

Interview on 3/4/24 with Client #2 revealed:
-He confirmed he ran away from the facility and to a local restaurant about three months ago.
-Law enforcement returned him to the facility the same day.

Interview on 3/4/24 with Client #3 revealed:
-He denied he had been restrained by staff since his admission.

Interview on 3/5/24 with the Vice President/Chief Financial Officer/Chief Operations Officer/Qualified Professional (VP/CFO/COO/QP#1) revealed:
-Last month while at school, he had attempted to talk with Client #3 about not engaging in a "sagging" incident where his pants sagged down below the waist. Client #3 responded by physically pushing him twice to get to get in the

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V 367	Continued From page 8 vehicle. -When Client #3 swung to hit him, he placed Client #3 in a "body wrap" to prevent Client #3 from hitting him; Client #3's aggressive behaviors escalated and Client #3 and the VP/CFO/COO/QP#1 fell to the ground. -The wrap restraint used on Client #3 lasted about 10 minutes. -Client #3 was handcuffed by the school resource officer when he refused to be de-escalated in his physical and verbal aggression. The handcuffs were removed from Client #3 when he calmed down to be transported back to the facility. Interviews on 3/4/24 and 3/5/24 with the Chief Executive Officer (CEO)/Qualified Professional (QP#2) revealed: -On 1/30/24, Client #2 ran away from the facility and was found at a local restaurant by law enforcement who returned him to the facility. A report about Client #2 was made to law enforcement and Client #2's guardian was notified of the incident. -On 2/12/24, Client #3 was placed in a physical restraint for about 10 minutes by the VP/CFO/COO/QP#1 due to Client #3's physical aggression toward him. -Her chart audit revealed the incident reports for Client #2 and Client #3 had not been submitted in IRIS by a former clinical staff member. -She had delegated the responsibility of developing and submitting all Level II reports to Licensed Professional #1. -She would re-train staff on incident reporting and documentation to ensure incidents were submitted as required.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	Continued From page 9 10A NCAC 27G .0303 LOCATION AND 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. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean and attractive manner. The findings are: Observation on 3/5/24 of the client bathroom between 10:31 am- 11:00 am revealed: -One wall beside the bathroom sink had a white-colored unpainted area approximately 3-4 feet in height and about 3-4 feet in length. -One wall behind the bathroom sink had a white-colored unpainted area approximately 4 feet in height and about 4 feet in length. -The bottom of the bathtub had at least two circular gray-colored scratched areas that were about 2-3 inches in size with at least 20 or more smaller and scattered, gray-colored scratches. -The shower handle control was missing from the bathroom tub. -There were at least 3 ceiling places with peeled paint with one place beside the exhaust fan and about 2 inches in size, and 2 places directly over the shower area that ranged from about ½ inch to 2-3 inches. Interview on 3/5/24 with the Vice President/Chief Financial Officer/Chief Operations Officer/Qualified Professional #1 revealed: -A pedestal sink was recently installed that replaced the cabinet sink in the client's bathroom. -"The wall is just a matter of having it painted." -It appeared a scouring cleaner had been used on the tub that caused the scratches.	V 736		

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V 736	Continued From page 10 -He was aware the bathtub needed to be refinished. -Client #3 broke the handle off the shower last week and a handle needed to be put back on; he would have this taken care of. -He had individuals he could contact and have the identified issues in the bathroom addressed. Interviews on 3/4/24 with Clients #1, #2 and #3 revealed: -No facility repair needs were identified.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the hot water temperature between 100- and 116-degrees Fahrenheit. The findings are: Observation of the facility on 3/5/24 between 10:31 am- 11:00 am revealed: -Hot water temperature in the bathroom sink was 86 degrees. -Hot water temperature in the kitchen sink was 82 degrees.	V 752		

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V 752	Continued From page 11 Interview on 3/5/24 with the Vice President/Chief Financial Officer/Chief Operations Officer/Qualified Professional #1 revealed: -He turned up the temperature on the heater. -He would have a general contractor come out to address the hot water issue. Interviews on 3/4/24 with Clients #1, #2 and #3 revealed: -No indications about a problem with the water temperature.	V 752		