STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-170	A. BUILDING: _____ B. WING _____	R 03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDREN UNDER CONSTR TREATMENT CEN	42 JEWEL LANE FOUR OAKS, NC 27524

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on March 4, 2024. The complaint was unsubstantiated (Intake #NC00213497). Deficiencies were cited. This facility is licensed for the following servicecategory: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.	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	V 366		

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V 366	Continued From page 1	V 366		

(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(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

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V 366	Continued From page 2 LME in whose catchment area the provider is located and to the LME where the client resides, 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	V 366		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 366	Continued From page 3 failed to issue preliminary findings of fact to the Local Management Entities/Managed Care Organizations (LME/MCO) within five working days of the incident. The findings are: Review on 2/29/24 of the facility's records revealed: - An Incident Written Report dated 2/12/24: "It was reported that [Former client (FC) #5] and [client #2] was involved in a sexual act (oral sex)." Interview on 2/29/24 the Director/Licensee reported: - Was notified by FC #5's school that an email sent from FC #5 to client #1 was "flagged" due to an inappropriate sexual word - He and the local Department of Social Services (DSS) conducted an investigation regarding the sexual behavior that occured between FC #5 and client #1 - Was responsible for submitting preliminary findings of fact to the LME/MCO - Didn't submit preliminary findings of his investigation to the LME/MCO because he was unaware the incident was a level II incident	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 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	V 367		

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	MHL051-170	A. BUILDING: _____ B. WING _____	R 03/04/2024

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V 367	Continued From page 4	V 367		

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;
(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

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V 367	Continued From page 5 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incident in the Incident	V 367		

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V 367	Continued From page 6 Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incidents Review on 2/29/24 of the facility's records revealed: - An Incident Written Report dated 2/12/24: "It was reported that [Former client (FC) #5] and [client #2] was involved in a sexual act (oral sex)." Interview on 2/29/24 the Director/Licensee reported: - Received notification from FC #5's school that an email sent from FC #5 to client #1 was "flagged" due to an inappropriate sexual word - He and the local Department of Social Services (DSS) conducted an investigation regarding the sexual act that occurred between FC #5 and client #1 - Was responsible for submitting level II incidents into the IRIS - Didn't submit an IRIS or notify the LME/MCO because he didn't know the sexual act was a level II incident - Planned to submit an IRIS report as soon as possible	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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	V 736		

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V 736	Continued From page 7 was not maintained in an attractive and clean manner. The findings are: Observation at 11:43am on 2/28/24 revealed: - Multiple blinds throughout the facility were broken or had missing slats - Client #2 & 4's bedroom: - Bedroom door had a crack approximately 3 inches long - An unpainted patched area approximately 4 inches wide located on the wall near the bedroom door - An unpainted patched area approximately 3 inches wide located on the wall near the bedroom window - Client #1's bedroom wall had a whole approximately the size of a soccer ball located behind the bedroom door Interview on 2/28/24 the Qualified Professional reported: - "All" of the blinds in the facility were damaged due to the clients pulling on them - Could not recall how long the hole had been in client #2 & #4's door, but the holes in the the facility were due to "client behaviors" - The Director/Licensee was responsible for overseeing the repairs in the facility - The Director/Licensee recently replaced the blinds in the facility - The Director/Licensee planned to have the walls in the facility repainted Interview on 2/29/24 the Director/Licensee reported: - Was responsible for overseeing the repairs in the facility - Just replaced the blinds in the facility - Clients damaged the blinds by pulling on them	V 736		

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V 736	Continued From page 8 - The holes in the walls came from a previous client - Planned to have the walls repaired and painted as soon as possible - This deficiency has been cited 5 times since the original cite on 4/12/19 and must be corrected within 30 days.	V 736		