

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| NAME OF PROVIDER OR SUPPLIER SAVIN GRACE TRANSITIONS | STREET ADDRESS, CITY, STATE, ZIP CODE 1829 OLD BATTEN ROAD SELMA, NC 27576 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on February 20, 2024. The complaint was substantiated (Intake #NC00212078). 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 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p> | V 000 | <p style="text-align: center;">RECEIVED MAR 15 2024 DHSR-MH Licensure Sect</p> | |
| V 108 | <p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p> | V 108 | <p>The Savin Grace Transitions Administrator will take the lead in facilitating the New Hire Orientation training for all incoming staff.</p> <p>The Savin Grace Transitions Admin will coordinate all pre-hire required trainings for new staff members within 14 days of active employment.</p> <p>These trainings will encompass a range of topics including but not limited to client rights and confidentiality, infectious diseases and bloodborne pathogens,</p> | 4/25/24 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature] *[Handwritten Title]* *[Handwritten Date: 3/15/2024]*

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| V 108 | <p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (#1, #2 and the Qualified Professional (QP) were trained to meet the clients needs. The findings are:</p> <p>Review on 2/7/24 of client #1 revealed: -Admission date of 2/2/24 -Age 16 -Diagnoses of Disruptive Mood Dysregulation, Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder and Type I Diabetes. -Physician order dated 1/29/24, "Check blood sugar before meals (breakfast, lunch and dinner)" -"Humalog Kwick Pen (Diabetes) administer sliding scale..."</p> <p>Review on 2/7/24 of the QP record revealed: -Hire date of 6/27/23 -No evidence of training in Diabetes.</p> <p>Review on 2/7/24 of staff #1's record revealed: -Hire date of 10/30/23 -No evidence of training in Diabetes</p> | V 108 | <p>Continued from page 1</p> <p>and trainings aligned with mental health, developmental disabilities, and substance abuse (MH/DD/SA) needs.</p> <p>Savin Grace Transitions staff will engage in the required trainings within 10 days of commencing their employment with Savin Grace Transitions.</p> <p>Savin Grace Admin will diligently collect and file all training certificates and documentation within 14 days of receipt.</p> <p>The certificates and corresponding documents will be securely stored in individual staff files to maintain compliance and facilitate easy access when required.</p> | |

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| V 108 | Continued From page 2 Review on 2/7/24 of staff #2's record revealed: -Hire date of 12/14/23 -No evidence of training in Diabetes Interview on 2/7/24 staff #1 stated: -Client #1 was admitted a few days ago with diabetes. -Had not had any trainings in diabetes or understanding diabetic care. -Client #1 was on a sliding scale insulin and was not sure how that worked. -Had to ask client #1 what to do, who was very knowledgeable about her diabetic care. -Client #1's social worker dropped her off and told her that client #1 could tell staff what she needed to care for her diabetes. -Client #1's first day in the facility (2/2//24) she stated she "felt off" and she needed to eat something. -Client #1 ate some food and seemed to feel better. -Not sure what the symptoms of high or low blood sugar. -"Assumed" she would have been trained on diabetes before they admitted a client with it. -Was not aware client #1 was a diabetic until the day she arrived with the insulin. Interview on 2/7/24 client #1 stated: -Moved into the facility last week (2/2/24), -Was diagnosed with Type I Diabetes when she was three years old. -Blood sugar ran high and low at different times of the day. -When her blood sugar was low, she would ask staff to give her the glucometer so she could check her blood sugar. -Would eat a snack if it was too low. -If her blood sugar was high and over 400, she | V 108 | | |

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| V 108 | <p>Continued From page 3</p> <p>would have to check her ketones and call the doctor if they were positive.</p> <ul style="list-style-type: none"> -Staff had asked her how she was feeling and how to use her Glucagon nasal spray. -Staff had also asked her what the symptoms were for high or low blood sugar. -Her diabetes had been stable for a while, her blood sugar would run high when she is nervous and anxious. <p>Interview on 2/7/24 the QP stated:</p> <ul style="list-style-type: none"> -She nor the other staff had been trained in Diabetes. -They only had training in medication administration that covered some of diabetes. -Was not trained on specific care for diabetes or insulin dependent diabetic. <p>Interview on 2/14/24 the Nurse Practioner stated:</p> <ul style="list-style-type: none"> -He had trained staff at the facility on medication administration. -Did not cover diabetic care in that training. -Diabetes training consisted or a more in depth training regarding insulin, sliding scales and signs and symptoms of blood sugar levels. -The facility should not admit a diabetic client until staff had been trained to meet their needs. -Had been recently contacted by the Licensee to conduct a diabetes training and planned to do so on 2/17/24. <p>Interview on 2/7/24 the Clinical Director stated:</p> <ul style="list-style-type: none"> -Received a referral for client #1 and a diabetes diagnoses was included. -Was not aware that client #1 was an insulin dependent diabetic until the day before (2/1/24) she arrived. -On 2/1/24 she texted the Licensee to let her know client #1 was a diabetic on and on insulin to ask if they needed to contact the Nurse | V 108 | | |

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| V 108 | Continued From page 4 Practitioner to do a "refresher" training. -She and the Licensee discussed it again on 2/2/24 but had not set up the training at this point. -Will work on getting that training set up as soon as possible. | V 108 | | |
| V 110 | 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. | V 110 | Savin Grace Behavioral Specialist Paraprofessionals will receive weekly supervision sessions focusing on enhancing their knowledge, skills, and abilities relevant to the Level III residential population they serve. These sessions will provide a platform for ongoing feedback, guidance, and support to ensure that our behavioral specialist paraprofessionals are equipped to meet the diverse needs of our residents effectively. Within the next 45 days, Savin Grace Transitions Qualified Professionals will conduct comprehensive training sessions for our staff members. These training sessions will encompass essential areas such as decision-making skills, interpersonal skills, communication skills, and clinical skills, tailored specifically to | 04/05/24 |

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| V 110 | <p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one audited Former Staff (FS#1) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/20/24 of FS #1's record revealed: -Hire date of 8/1/23 -Title- Behavior Specialist -Date of First Aid training- 8/12/23</p> <p>Review on 2/7/24 and 2/20/24 of Former Client (FC) #2's record revealed: -Admission date of 12/6/23 -14 years old -Diagnoses of Mood Dysregulation Disorder and Attention Deficit with Hyperactive Disorder (ADHD). -Discharge date of 1/15/24</p> <p>Review on 2/7/24 of Incident report dated 1/3/24 regarding FC #2 on 12/31/23 revealed: -"Crisis happened between the consumer (FC #2) and another consumer (FC #3) where staff (FS #1) intervened to de escalate the situation. When de escalating another consumer (FC #3) blocked the bathroom door holding hot tea, when the alleged consumer (FC #2) attempted to open the door she bumped into the other consumer (FC #3) and tea was spilled on her (FC#2). The staff member (FS #1) assessed her shoulder and there were not marks shown, a mark was not shown until the following night a light pink mark, Qualified Professional was notified Monday night</p> | V 110 | <p>Continued from page 5</p> <p>enhance their effectiveness in their roles.</p> <p>Savin Grace Transitions Qualified Professionals will provide weekly supervision to paraprofessionals, offering regular guidance and feedback on their performance and development.</p> <p>Additionally, a formal monthly clinical supervision session will be conducted by the Qualified Professional to comprehensively review progress and address any emerging challenges or learning needs.</p> <p>The Savin Grace Transitions Clinical Director will provide the Qualified Professional with monthly supervision and consultation sessions to ensure alignment with organizational goals and standards.</p> | |
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| V 110 | <p>Continued From page 6</p> <p>of the incident and schedule a urgent care appointment for the client (FC #2) to be assessed and examine to make sure she is ok"</p> <p>Review on 2/20/24 of FC #2's Medical Record dated 1/3/24 revealed: "Presents with First Degree burn on left shoulder...Moderate...Prescribed Silver Sulfadiazine 1% topical cream (burn). Apply 1 application 2 times per day for 7 days..."</p> <p>Interview on 2/8/24 FC #2's Department of Social Services (DSS) Social Worker stated: -Visited the facility on 1/3/24 to interview FC #2 regarding an investigation with her family. -While interviewing FC #2, she noticed red marks on her shoulder, under her shirt. -Asked FC #2 what happened and she said she was burned by hot tea during an altercation with another client. -FC #2 stated after she was burned, she just walked outside and no staff provided first aid treatment. -Was "concerned" that FC #2 was taken to the doctor for treatment on 1/3/24 and she was burned on 12/31/23.</p> <p>Review on 2/8/24 of pictures of FC #2's shoulder provided by FC #2's DSS Social Worker revealed: -Three large red areas one to two inches long on the front of the shoulder. -One large red area 1-2 inches in diameter with an open skin area located on the back of her shoulder.</p> <p>Interview on 2/8/24 FC #2 stated: -A few weeks ago while living in the facility, she had an altercation with another client and was burned with hot tea.</p> | V 110 | <p>Continued from page 6</p> <p>These sessions will focus on assessing staff competencies, identifying areas for improvement, and strategizing on further enhancements to our support and service delivery.</p> <p>Behavioral Specialist Paraprofessionals will be expected to actively apply the knowledge and skills acquired through training sessions and supervision in their day-to-day interactions and interventions with residents.</p> <p>This practical application will reinforce learning and contribute to the overall quality of care and support provided within our Level III residential program.</p> <p>As an added layer of oversight and coordination, the Clinical Director will undertake the responsibility of following up with the CEO on pertinent matters as needed.</p> | |

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| V 110 | <p>Continued From page 7</p> <ul style="list-style-type: none"> -Had been arguing with FS #1 in her bedroom and in an effort to remove herself, she went to the other client's bedroom (FC #3). -When she opened the door, the client "splashed" hot tea on her shoulder. -Had a few red marks on the front of her left shoulder and on the back of her shoulder. -FS #1 stated she would get ice to put on the burn, but she never did. -No ointment or bandage was applied to the burn that night (12/31/23). -The burn was painful and her pain level was a "nine out of ten," for those first couple of days. -Had a difficult time sleeping that night (12/31/23), she could not sleep on her left side. -Asked FS #1 for pain medication and FS #1 told her she could not give her any since she did not have a physician's order for the medication. -Did not go to the doctor for a few days after the burn. -A few days after she was burned, she saw blisters on her shoulder. -It was "uncomfortable" to wear her bra because the straps irritated it. -FS #1 had been checking the burn daily and had applied lotion to the burn. -The lotion would "hurt and made it worse." -No bandages were applied to the burned area. -Over the next few days after she was burned, it had turned more red and it had "bubbles" on it. <p>Interview on 2/14/24 FS #3 stated:</p> <ul style="list-style-type: none"> -Worked at the facility the day after (1/1/24) FC #2 was burned by hot tea. -FC #2 showed her the burn on the front of her shoulder. -The burn was pink in color. -Told FC #2 to put a cold compress on the burn for some relief. -Learned in First Aid to apply cold compress to a | V 110 | | |

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| V 110 | <p>Continued From page 8</p> <p>burn.</p> <ul style="list-style-type: none"> -FC #2 told her that FS #1 had been putting lotion on it. -FC #2 showed her the lotion that had been used and it was Eucerin. -Worked again a few days later (1/3/24) and the burn looked worse. -She was instructed by the Qualified Professional to take her to the doctor. <p>Interview on 2/14/24 the Nurse Practitioner stated:</p> <ul style="list-style-type: none"> -Did the First Aid training for staff at this facility. -Taught staff how to treat burns. -They should treat burns by running cool water on it until the pain subsides. -They should not apply any type of topical ointment to the burned area. -Staff should cover the burn with a loose dressing to ensure it was protected. -The burn should have been covered to prevent infection due to the open skin. -If the burn had blisters, the staff needed to ensure those blisters did not pop. -Use only medically prescribed cream such a Silver Sulfadiazine cream (serious skin burns) to assist with the pain and help the area heal faster and safer. -If staff was applying other types of lotions such as Eucerin, that would have made the burn hurt worse, especially if it had open sores. -Every staff received a First Aid handbook at the training and should have referred to that for treatment. <p>Multiple attempts to contact FS #1 from 2/7/24-2/20/24 were unsuccessful.</p> <p>Interview on 2/16/24 the Licensee stated:</p> <ul style="list-style-type: none"> -Was aware of FC #2's burn on her shoulder. | V 110 | | |

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| V 110 | <p>Continued From page 9</p> <ul style="list-style-type: none"> -Did not ask staff if they treated the burn. -All staff had been trained in First Aid and "assumed" they would have treated it. -Was not aware the burn was as bad as it was until a few days later. -Saw the pictures of FC #2's shoulder a few days later and thought, "Oh my God, what happened?" -Told staff to take her to the doctor immediately for further treatment. -Did not follow up after the incident, the Clinical Director or QP should have followed up on FC #2 for her treatment. -Not aware that staff was treating FC #2's burn with lotion. -FS #1 had not shown up for work about a month ago, and they had not heard from her since. -They had attempted to reach her by email and phone but was unable to make contact. -FS #1 did not give any type of notice, she just never showed up for her shift. <p>Review on 2/20/24 of the Plan of Protection completed by the Licensee revealed:</p> <ul style="list-style-type: none"> -"What immediate action will the facility take to ensure the safety of the consumers in your care? Savin Grace Paraprofessional will receive weekly supervision regarding knowledge, skills, and abilities surrounding the population served (Level III residential). Weekly supervision will be provided by Savin Grace Qualified Professional. <p>-Describe your plans to make sure the above happens.</p> <p>Savin Grace Qualified Professional will train staff in decision-making skills, interpersonal skills, communication skills, and clinical skills within the next 45 days. Savin Grace Qualified Professional will provide weekly supervision and one overall formal monthly clinical supervision. Savin Grace Qualified Professional will review with</p> | V 110 | | |

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| V 110 | Continued From page 10 paraprofessional their individualized supervision plan monthly. Savin Grace Clinical Director will provide Qualified Professional with monthly supervision and consultation regarding staff competencies." FC #2 who was 14 years old with diagnoses of Mood Dysregulation Disorder and ADHD was burned with hot tea by another client during an altercation. After FC #2 was injured, FS #1 did not immediately apply First Aid to treat the burned area. FC #2 experienced a pain level of 9 out of 10 and could not rest comfortably due to the burn. FS #1 treated FC #2's burn in the next few days by applying Eucerin lotion which resulted in more pain and irritation. FC #2 was burned on 12/31/23 and not taken to the doctor until 1/3/24. 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. | V 110 | | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. | V 118 | A Medication Administration Record (MAR) will be diligently maintained for each client, ensuring real-time documentation of all medications administered. The MAR will include essential information such as the client's name, drug name, strength, quantity, administration instructions, date, time of administration, and the administering staff member's | 04/05/24 |

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| V 118 | <p>Continued From page 11</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited clients (client #1's) MAR was kept current and had an order to self administer medications. The findings are:</p> <p>Review on 2/7/24 of client #1 revealed: -Admission date of 2/2/24 -Age 16 -Diagnoses of Disruptive Mood Dysregulation, Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder and Type I Diabetes. -Physician order dated 1/29/24, "Check blood sugar before meals (breakfast, lunch and dinner)" -"Humalog Kwick Pen (Diabetes) administer sliding scale..." -No order to self administer insulin.</p> | V 118 | <p>Continued from page 11</p> <p>name or initials.</p> <p>All client requests for medication changes or checks will be promptly recorded and securely filed alongside the MAR.</p> <p>Follow-up appointments or consultations with physician will be scheduled within 48 hours to address client medication needs and ensure optimal care.</p> <p>As part of the intake process, Savin Grace Transitions staff will obtain copies of prescriptions to ensure accurate medication management from the outset of a client's admission.</p> <p>Daily audits of the MAR will be conducted by Savin Grace Associate Professional (AP) or designated administrative staff to verify accuracy and completeness.</p> <p>In the absence of AP or administrative staff, a designated Savin Grace Transition staff</p> | |
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| V 118 | Continued From page 12 Review on 2/7/24 of client #1's MAR from 2/2/24-2/7/24 revealed no documentation of blood sugar readings or documentation of Humalog sliding scale insulin being administered. Review on 2/7/24 of client #1's glucometer revealed the following blood sugar readings: -2/7/24 -9:42 AM- 235 -2/7/24 -2:02 PM- 68 -2/6/24 -9:50 AM- 332 -2/6/24 -1:14 PM-209 -2/6/24 -12:06 AM- 54 -2/5/24 -9:14 AM- 379 -2/5/24 -1:57 PM-67 -2/4/24 -8:57 AM-332 -2/3/24 -9:10 AM- 455 -2/3/24 -12:43 PM -310 -2/2/24 -10:12 AM -239 -2/2/24 -2:10 PM-249 -2/2/24 -4:51 PM -38 Interview on 2/7/24 staff #1 stated: -Client #1 was admitted last week and dropped off by her Social Worker. -The Social Worker told by her client #1 was very knowledgeable of her diabetes and her blood sugar checks. -Client #1 checked her own blood sugar and administered her own insulin. -Would stand beside client #1 when she administered her insulin and observed her. -Helped client #1 administer insulin based on her sliding scale order. -Had not documented client #1's blood sugar readings or the amount of insulin administered. -Had not been given any information on where to log the blood sugar readings or insulin amounts. -All staff had been checking client #1's blood sugar and assisted when she administered her | V 118 | Continued from page 12 will be assigned to complete the audit, ensuring continuity and reliability in the monitoring process. Weekly MAR audits, commencing February 8, 2024, will be conducted by Savin Grace Transitions administrative staff to monitor compliance and identify any discrepancies or areas for improvement proactively. Effective February 7, 2024, staff will initiate documentation of blood sugar readings and insulin dosing, ensuring comprehensive management of clients with diabetes. A Nurse Practitioner will provide diabetes training and overall medication administration refresher training within the next 30-45 days, equipping staff with updated knowledge and skills to deliver optimal care. | |

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| V 118 | <p>Continued From page 13</p> <p>insulin.</p> <p>Interview on 2/7/24 client #1 stated: -Moved into the facility last week (2/2/24). -Was diagnosed with Type I Diabetes when she was three years old. -Since being in the facility, her blood sugar had been high and low, which could happen when she got nervous. -Supposed to check her blood sugar before each meal and followed the sliding scale based on her blood sugar reading. -Since being in the facility, staff had watched her check her blood sugar and gave her the insulin pen to administer the sliding scale amount. -Always checked her blood sugar before meals even though she only ate two meals on some days. -Did not always eat three meals a day, so they did not check it three times a day. -Did not have an appetite for breakfast in the mornings and usually ate later in the day. -Very familiar with her sliding scale, "it has always been the same." -Had not observed staff document her blood sugar readings or her insulin doses. -Every diabetic is different and she did not have to count carbohydrates, just follow the sliding scale and daily dose of insulin. -Her Diabetes has been stable for a long time.</p> <p>Interview on 2/7/24 the Behavioral Specialist/Administrative Assistant stated: -All staff should be documenting the blood sugar checks and insulin on the MAR.</p> <p>Interview on 2/14/24 the Nurse Practitioner stated: -Trained the staff on medication administration. -Trained staff to always document all medications</p> | V 118 | <p>Continued from page 13</p> <p>Savin Grace Transitions Qualified Professional will commence a weekly review of all audited MARs, providing a summary of findings to be submitted to the Clinical Director.</p> | |

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| V 118 | <p>Continued From page 14</p> <p>administered on the MAR.</p> <p>-This (medication administration training) was "basic training" for medication administration regardless of any "variances" such as sliding scale.</p> <p>-Sliding scale insulin should be documented on the MAR, "anything given should be documented."</p> <p>-The Licensee had contacted him to complete a more extensive training on diabetes and it's documentation and planned that training for 2/17/24.</p> <p>Interview on 2/7/24 the Clinical Director stated:</p> <p>-Staff should have been documenting the blood sugar checks as well as the insulin that was administered.</p> <p>-Staff would have learned this during the medication administration training.</p> <p>-Had not checked the MARs to ensure accuracy.</p> <p>Interview on 2/16/24 the Licensee stated:</p> <p>-When they admitted client #1, "I was taken aback" by accepting someone with diabetes, but went along the with admission.</p> <p>-Diabetes is challenging, especially when they are younger.</p> <p>-Had planned to reach out to the Nurse Practioner who did their medication training for additional training but had not done so until the survey was opened on 2/7/24.</p> <p>-Not sure how in depth the medication training was when he covered diabetes.</p> <p>-Staff needed to be trained in diabetes prior to admission, but they "dropped the ball" on that.</p> <p>-Staff needed to also pay attention to the orders in the facility and what they are documenting.</p> <p>-The Nurse Practitioner has now been contacted to complete a diabetes training on 2/17/24.</p> | V 118 | | |

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| V 118 | <p>Continued From page 15</p> <p>Review on 2/7/24 of the Plan of Protection dated 2/7/24 completed by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Effective February 7, 2024 staff will be documenting blood sugar readings and insulin dosing. [Nurse Practitioner] will provide diabetes training and overall medication administration refresher training within the next 30-45 days. -All prescriptions (doctor's orders) will be picked up from the pharmacy and filed in the MAR for all client medications. -Savin Grace administrative staff will audit all MAR's on a weekly basis to ensure that all prescriptions are notated on the MAR and that all doctor orders are present. -Savin Grace administrative staff will begin MAR audits on February 8, 2024 to monitor for accuracy.</p> <p>Describe your plans to make sure the above happens. -The Qualified Professional will begin a weekly review of all audited MAR's and provide a summary of findings that will be submitted to the clinical director."</p> <p>A client who was 16 years old with diagnoses of Disruptive Mood Dysregulation, PTSD, Generalized Anxiety Disorder and Type I Diabetes resided in the facility. The client was an insulin dependent diabetic with a sliding scale order to check blood sugar before meals and administer insulin based on the blood sugar readings. The MAR from 2/2/24- 2/7/24 had no documentation that the blood sugar was checked and the amount of insulin administered based on the physician order. The client had administered her own insulin and there was no physician order present for the client to self administer her</p> | V 118 | | |

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| V 118 | Continued From page 16 medication. 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. | V 118 | | |
| V 293 | 27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis | V 293 | Savin Grace Transitions Qualified Professional will issue written communication to, reminding and informing staff to communicate clients' needs promptly as they arise. Savin Grace Transition Clinical Director will conduct comprehensive training sessions for all staff members, covering essential components of coordination of care. Training topics will include defining crises, crisis intervention steps, reporting timeframes, assessing client needs, and reviewing the chain of command for escalation and consultation. Through the review of crisis and non-crisis scenarios, staff competency levels will be assessed, enabling targeted support and skill development. | 02/20/24 03/14/24 |

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| V 293 | <p>Continued From page 17</p> <p>management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure coordination of care for one of one audited Former Clients (FC#2). The findings are:</p> <p>Review on 2/7/24 of FC #2's record revealed: -Admission date of 12/6/23 -14 years old -Diagnoses of Mood Dysregulation Disorder and Attention Deficit with Hyperactive Disorder (ADHD). -Discharge date of 1/15/24</p> <p>Review on 2/7/24 of Incident report dated 1/3/24 regarding FC #2 on 12/31/23 revealed: -"Crisis happened between the consumer (FC #2) and another consumer (FC #3) where staff</p> | V 293 | <p>Continued from page 17</p> <p>A coordination of care training session will be facilitated by the Savin Grace Transitions Clinical Director on March 14, 2024, ensuring that all staff members receive consistent and thorough instruction.</p> <p>This training session aims to equip staff with the knowledge and skills necessary to effectively coordinate care and respond to client needs in a timely and compassionate manner.</p> <p>Savin Grace Transition Admin will ensure timely filing of certifications in staff files within 14 days of receipt, maintaining compliance with regulatory requirements and organizational standards.</p> <p>Coordination Protocol: In the event of coordination of care needs, staff members will follow a structured protocol:</p> <p>Savin Grace Transition staff will promptly contact the Qualified Professional (QP).</p> | |
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| V 293 | <p>Continued From page 18</p> <p>(Former Staff -FS #1) intervened to de escalate the situation. When de escalating another consumer (FC #3) blocked the bathroom door holding hot tea, when the alleged consumer (FC #2) attempted to open the door she bumped into the other consumer (FC #3) and tea was spilled on her (FC#2). The staff member (FS #1) assessed her shoulder and there were not marks shown, a mark was not shown until the following night a light pink mark, Qualified Professional was notified Monday night of the incident and schedule a urgent care appointment for the client (FC #2) to be assessed and examine to make sure she is ok"</p> <p>Review on 2/20/24 of FC #2's Medical Record dated 1/3/24 revealed: -"Presents with First Degree burn on left shoulder...Moderate...Prescribed Silver Sulfadiazine 1% topical cream (burn). Apply 1 app 2 times per day for 7 days..."</p> <p>Interview on 2/8/24 FC #2's Department of Social Services (DSS) Social Worker stated: -Visited the facility on 1/3/24 to interview FC #2 regarding an investigation with her family. -While interviewing FC #2, she noticed red marks on her shoulder under her shirt. -Asked FC #2 what happened and she said she was burned by hot tea during an altercation with another client. -FC #2 stated this incident happened on Sunday (12/31/23) and they just took her to the doctor today (1/3/24). -Asked the Qualified Professional (QP) about the incident and why FC #2 was not taken to the doctor prior to 1/3/24. -The QP told her she did not have staff to take her to the doctor. -The QP provided her with the incident report</p> | V 293 | <p>Continued from page 18</p> <p>The QP will keep the Associate Professional (AP) updated on the situation.</p> <p>If necessary, the QP will seek consultation from the Clinical Director to ensure comprehensive care management.</p> <p>For emergency situations, the QP will coordinate care within 30 minutes of receiving the request; for non-emergency situations, coordination will occur within 48 hours, ensuring continuity of care.</p> <p>The Clinical Director will maintain open communication with the CEO, providing updates and escalating matters as necessary to ensure effective oversight and alignment with organizational objectives.</p> | |

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| V 293 | Continued From page 19 which she felt was very "vague" in describing what happened. -Took pictures of the burns as they were very "significant in size." -Was "concerned" that FC #2 was taken to the doctor for treatment on 1/3/24 and she was burned on 12/31/23. Review on 2/8/24 of pictures of FC #2's shoulder provided by FC #2's DSS Social Worker revealed: -Three large red areas one to two inches long on the front of the left shoulder. -One large red area 1-2 inches in diameter with an open skin area on the back of her shoulder. Interview on 2/8/24 FC #2 stated: -A few weeks ago when she lived in the facility, she had an altercation with another client and was burned with hot tea. -Had been arguing with FS #1 in her bedroom and in an effort to remove herself, she went to the other client's bedroom. -When she opened the door, FC #3 "splashed" hot tea on her shoulder. -Had a few red marks on the front of her left shoulder and on the back of her shoulder. -The burn was painful and her pain level was a "nine out of ten," for those first couple of days. -Had a difficult time sleeping that night, she could not sleep on her left side. -Asked FS #1 for pain medication and she told her she could not give her any since she did not have a physician's order for the medication. -Did not go to the doctor for a few days after the burn. -A few days after she was burned, she saw blisters on her shoulder. -It was "uncomfortable" to wear her bra because the straps irritated it. | V 293 | | |

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| V 293 | <p>Continued From page 20</p> <ul style="list-style-type: none"> -Over the next few days after she was burned, it had turned more red and it had "bubbles" on it. -Had showed the burn to FS #3 the day after the incident and other staff. -The incident happened on Sunday (12/31/23) and she was taken to the doctor on that Wednesday (1/3/24). -Not sure why she was not taken to the doctor for a few days. -FS #3 took her to the doctor and she was prescribed a cream for the burn. -She and FS #3 went to the pharmacy to pick the cream up and they did not have it. -Not sure what happened as to why she never received the cream that was prescribed. -Never received the cream during her stay and she went to the hospital on 1/15/24. -Staff #1 used a burn cream from the first aid kit to treat it. -Several staff throughout the week had seen the burn on her shoulder. <p>Interview on 2/14/24 FS #3 stated:</p> <ul style="list-style-type: none"> -Worked at the facility the day after FC #2 was burned by hot tea. -FC #2 showed her the burn on the front of her shoulder. -The burn was pink in color. -Told FC #2 to put a cold compress on the burn for some relief. -Worked again a few days later and the burn looked worse. -She was instructed by the QP to take her to the doctor. -Took FC #2 to the doctor and he prescribed a burn cream. -She and FC #2 went to the pharmacy to pick the cream up and they said they did not have it. -Went again the next day to the pharmacy and the cream was still not there. | V 293 | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| NAME OF PROVIDER OR SUPPLIER SAVIN GRACE TRANSITIONS | STREET ADDRESS, CITY, STATE, ZIP CODE 1829 OLD BATTEN ROAD SELMA, NC 27576 |
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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 |
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| V 293 | <p>Continued From page 21</p> <ul style="list-style-type: none"> -That was her last week of work and did not follow up after that. -Had told "someone" at the facility about not getting the cream, but "can't remember who." -Never called the doctor's office to follow up on getting the cream. <p>Interview on 2/14/24 the Pharmacy stated:</p> <ul style="list-style-type: none"> -They never received an order for Silver Sulfadiazine 1% topical cream for FC #2. -Staff could have followed up with the prescribing doctor or the pharmacy could have if the facility would have requested them to do so <p>Interview on 2/14/24 the Urgent Care staff stated:</p> <ul style="list-style-type: none"> -FC #2 was seen in their office on 1/3/24 for a first degree burn. -An antibiotic ointment was prescribed and sent to the pharmacy on 1/3/24. -Did not receive any calls that the prescription was not received. -If the patient did not receive the prescription, they could have called and had it resent to the pharmacy. <p>Interviews on 2/7/24 and 2/20/24 the QP stated:</p> <ul style="list-style-type: none"> -FC #2 was burned with hot tea during an altercation with FC #3 on 12/31/23. -FC #3 was given hot tea because she was sick and had taken it to her bedroom. -Was not working when the incident occurred. -Did not find out about the incident for a few days. -Was told by FS #1 there were no marks initially the day of the incident. -The next day, the area was pink. -When she saw it a few days later it was only one small pink mark around two inches in length. -Staff checked and assessed the burn and had used the ointment from the first aid kit. -Was never told by any staff that a cream for FC | V 293 | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| V 293 | <p>Continued From page 22</p> <p>#2 needed to be picked up from the pharmacy. -Was told by FS #3 that she called the pharmacy and they said they never received the prescription from the doctor. -Did not follow up to see if FC #2 ever received the cream. -Was not in charge of checking medications, "that was the Lead Staff's job." -"Thought" she got the burn cream and had been using it. -The Lead Staff was in charge of monitoring the MARs and made sure medications were picked up and documented.</p> <p>Interview on 2/20/24 the Lead Staff stated: -FS #3 did not tell her about needing to pick up any cream for FC #2 from the pharmacy. -She was only aware that FS #3 took FC #2 to the doctor.</p> <p>Interview on 2/14/24 the Nurse Practitioner stated: -Trained staff at this facility. -Taught staff how to treat burns in First Aid. -The burn should have been covered to prevent infection due to the open skin. -If the burn had blisters, the staff needed to ensure those blisters did not pop. -Only medically prescribed cream such a Silver Sulfadiazine cream (serious skin burns) should be used to assist with the pain and help the area heal faster and safer. -Staff should have taken the client in for evaluation once they saw the skin color change and especially when blisters formed.</p> <p>Interviews from 2/8/24 the Clinical Director stated: -FC #2 was burned by hot tea during an incident on 12/31/23 and she was not told about it until 1/3/24.</p> | V 293 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| V 293 | <p>Continued From page 23</p> <ul style="list-style-type: none"> -Staff had not informed the QP of the incident until 1/3/24. -Questioned staff as to why they did not inform her of the incident. -FS #1 had contacted the Licensee on 12/31/23 about the burn on FC #2. -Saw FC #2 on Monday (1/1/24) and Tuesday (1/2/24) and she never mentioned her injury. -On Wednesday (1/3/24) the Licensee sent her a text with FC #2's picture of her shoulder with the burn. -Was very "upset" that no one had informed her or the QP of the injury. -Told staff to immediately take FC #2 to the doctor. -The Licensee told her that staff was very "nonchalant" about it and it did not sound serious. -The Licensee stated staff acted like "it was no big deal" and did not see any pictures of the injury on 12/31/23. -FS #3 took FC #2 to the doctor on 1/3/24. -FC #2 was "Ok" when she saw her that week and did not seem to be in any pain. -When FC #2 returned from the doctor, she asked FS #3 for her paperwork and she said they did not have it. -Was not aware of any cream prescribed or needed to be picked up from the pharmacy. -The QP should have followed up and ensured the medications were picked up or call the doctor to have it resent to the pharmacy. <p>Interview on 2/16/24 the Licensee stated:</p> <ul style="list-style-type: none"> -On 12/31/23 she had called the facility to check on things and FS #1 told her that FC #3 had thrown hot tea on FC #2. -Questioned staff as to why clients were drinking hot tea. -FS #1 had not seemed concerned about FC #3's injury, "it (hot tea) was like it fell on her." | V 293 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| V 293 | <p>Continued From page 24</p> <ul style="list-style-type: none"> -FS #1 had not mentioned that FC #2 was in any pain or had any marks on her shoulder. -When FS #1 told her of FC #2's injury, she was very "nonchalant" about it. -Did not ask to see any pictures because of the way the staff reported it to her, "it didn't seem she was harmed." -Never mentioned to the QP or Clinical Director that FC #3 was burned during the altercation, "assumed they would have been told and followed up." -Was not aware the burn "was as bad as it was" until a few days later. -Saw the pictures of FC #2's shoulder a few days later and thought, "Oh my God, what happened?" -Told staff to take her to the doctor immediately for further treatment. -Did not follow up after the incident. -The Clinical Director or QP should have followed up on FC #2 for her treatment. -Was aware there was a cream that was not at the pharmacy when they attempted to pick it up. -Did not hear if anyone followed up to see if the cream was ever picked up. -Was not aware FC #3 was not given any over the counter pain medication for the burn. -Staff should have taken FC #2 to urgent care the day of the incident. -Staff knew to take clients to Urgent Care "regardless of time of day, these are other peoples kids and should follow protocol." <p>Review on 2/20/24 of Plan of Protection dated 2/20/24 completed by the Licensee revealed: -"What immediate action will the facility take to ensure the safety of the safety of the consumers in your care: Savin Grace Qualified Professional will send out written communication today (2/20/24) and remind/inform staff to communicate client's needs</p> | V 293 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| V 293 | Continued From page 25 to Qualified Professional as they present. -Describe your plans to make sure the above happens. Savin Grace Clinical director will train Savin Grace Staff regarding the following coordination of care components: What is considered a crisis, steps to take during a crisis, reporting timeframe regarding crisis and client's needs, assessing client's overall needs, Savin Grace Clinical Director will review chain of command with staff. Savin Grace Clinical Director will practice crisis and non-crisis scenarios in efforts to assess staff competency level surrounding coordination of care." FC #2 who was 14 years old with diagnoses of Mood Dysregulation Disorder and Attention Deficit with Hyperactive Disorder (ADHD) was burned on her shoulder by hot tea during an altercation with another client on 12/31/23. FC #2 requested pain medication on 12/31/23 due to her level of pain being a nine out of ten. Staff did not have an order for pain medication nor attempt to get an order, therefore FC #2 did not receive any medication to alleviate her pain. FC #2 was not taken for medical treatment until 1/3/24 where she was diagnosed with a First Degree burn on her shoulder. FC #3 was prescribed a topical cream used for burns, but when staff attempted to pick it up from the pharmacy, they did not have the order. No staff from the facility attempted to contact the physician to have the order resent to the pharmacy. FC #2 was discharged from the facility on 1/15/24 and never received her topical antibiotic cream for her first degree burn. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. | V 293 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2024 |
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| V 295 | Continued From page 26 | V 295 | Savin Grace Transitions, transitioned a staff member to the Associate Professional (AP) role. The AP role was officially offered and accepted on March 6, 2024. The effective commencement date for the AP role will be March 14, 2024, at which point the individual will assume their duties on a full-time basis. | 04/05/24 |
| V 295 | 27G .1703 Residential Tx. Child/Adol - Req. for AP 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (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). (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: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on 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: Interview on 2/7/24 the Clinical Director stated: -When the facility opened in October they had employed an AP. | V 295 | | |

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| V 295 | Continued From page 27 -The AP left on 11/24/23 for another job. -Had not filled the position. -Hired a Behavioral Specialist/Administrative Assistant on 12/18/23. -The Behavioral Specialist/Administrative Assistant met the requirements for an AP. -Planning to transition the Behavioral Specialist/Administrative Assistant to the role of the AP. | V 295 | | |
| 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 was not maintained in a safe, clean and attractive manner. The findings are: Observation on 2/7/24 at 1:45 PM revealed: -Second floor egress was located behind a locked door. Interview on 2/7/24 the Qualified Professional stated: -The locked room was the Clinical Director's office. -The Clinical Director is at the facility a few days a week. -The door stayed locked when she was not in the facility. -They did not have a key in the facility to unlock the office door. -Not sure how the two clients who slept upstairs | V 736 | Savin Grace Transitions is committed to maintaining accessibility and safety standards within our facility. To this end, effective February 7, 2024, we have implemented a policy to keep all outside exits accessible with doors remaining unlocked and available at all times. In line with this commitment, Savin Grace Transitions has taken proactive measures to enhance accessibility by removing doorknobs from certain doors, thereby ensuring ease of entry and exit for all individuals. It is important to note that these doorknobs will be promptly replaced, while still maintaining the unlocked and available status of the doors. | 03/14/24 |

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| V 736 | <p>Continued From page 28</p> <p>would exit in case of a fire.</p> <p>Interview on 2/7/24 the Clinical Director stated: -Her office is located upstairs in the facility. -She worked at the facility on Monday, Tuesday, Thursday and Friday. -Kept her office locked when not in the facility due to she kept some medications there. -The egress outdoor stairway was located in her office. -Had not realized locking her office door blocked the second egress exit for the clients who slept upstairs.</p> <p>Interview on 2/7/24 the Division of Health Service Regulation (DHSR) construction Team Leader stated: -A facility can not limit egress and must have a second fire exit for clients who slept upstairs. -Not having a second exit is an "Impediment to egress and life safety concerns." -The second exit must be located in a common area and accessible at all times.</p> <p>Review on 2/7/24 of Plan of Protection dated 2/7/24 completed by the Licensee revealed the following: "What immediate action will the facility take to ensure the safety of the consumers in your care: -Effective February 7, 2024, door will remain unlocked and available at all times. Savin Grace removed doorknob off the door making door accessible.</p> <p>Describe your plans to make sure the above happens. -Savin Grace will ensure that all outside exits are accessible door will remain unlocked and available."</p> | V 736 | <p>Continued from page 28</p> <p>Furthermore, the Clinical Director will oversee this initiative and will promptly inform the CEO if any further actions or considerations are deemed necessary to ensure compliance and effectiveness of our accessibility measures.</p> | |

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| V 736 | <p>Continued From page 29</p> <p>A client age 16 with diagnoses of Oppositional Defiant Disorder (ODD) and Post Traumatic Stress Disorder (PTSD) lived in a six bed facility where his bedroom was located on the second floor. During a tour of the facility it was observed the second floor egress set of stairs was behind a locked door that was identified as the Clinical Director's office. The Clinical Director was only in the facility four days a week and staff present did not have a key to unlock the office door resulting in the client not having access to an exit in the event of a fire. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p> | V 736 | | |
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**Savin Grace LLC
Transitions
1829 Old Batten Rd.
Selma NC, 27576**

SUPERVISION NOTES

Supervisee Name: _____

Duration: _____ Date: _____

Supervision for the above employee occurred in the following manner *(check all that apply)*

- Face-to-Face Phone
 Group Other *(specify)*: _____

Supervision included, but not limited to/Goals Addressed in Today's Supervision:

- | | |
|----------------------------------|------------------------------------------|
| 1. Technical Knowledge _____ | 14. Service Definition Compliance _____ |
| 2. Cultural Awareness _____ | 15. Clinical Model (CBT, MI, WRAP) _____ |
| 3. Analytical Skills _____ | 16. Interventions _____ |
| 4. Work Place Concerns _____ | 17. Scope of Practice _____ |
| 5. Decision Making Skills _____ | 18. PCP _____ |
| 6. Interpersonal Skills _____ | 19. Documentation _____ |
| 7. Communication Skills _____ | |
| 8. Trainings _____ | |
| 9. Policies/Procedures _____ | |
| 10. Miscellaneous _____ | |
| 11. Case Management _____ | |
| 12. Cases Presentation _____ | |
| 13. Incident Report/Crisis _____ | |

What took place / was discussed during today's supervision (interventions):

How will the above interventions be implemented (effectiveness)?

**Savin Grace LLC
Transitions
1829 Old Batten Rd.
Selma NC, 27576**

SUPERVISION NOTES

Education/Trainings discussed, and Activities engaged in during clinical supervision:

- | | |
|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Role-playing | <input type="checkbox"/> Direct observation (with clients) |
| <input type="checkbox"/> External research | <input type="checkbox"/> External reading requirements |
| <input type="checkbox"/> Scenarios | <input type="checkbox"/> Case studies |
| <input type="checkbox"/> Outside trainings discussed | <input type="checkbox"/> Client examples |
| <input type="checkbox"/> Other: _____ | |

Supervisor Signature

Date

Supervisor Signature

Date

Audit Worksheet for Medication Administration Records (MARs)

Instructions for Staff:

Obtain the MAR Binder:

- Retrieve the MAR Binder from its designated location.

Select the Appropriate MAR Sheet:

- Identify the MAR sheet corresponding to the current date.

Review MAR Entries:

- Carefully examine each entry on the MAR sheet to ensure completeness and accuracy.

Verify Client Information:

- Confirm that each entry includes the client's:
 - Name
 - Date of Birth or Unique Identifier

Verify Medication Information:

- Ensure that each medication entry includes the:
 - Drug name
 - Strength
 - Quantity administered
 - Instructions for administration

Check Administration Details:

- Verify that each medication entry includes the:
 - Date and time of administration
 - Name or initials of the staff member administering the drug

Cross-Check with Client Requests:

- Refer to any recorded client requests for medication changes or checks.
- Ensure that these requests have been addressed and documented appropriately on the MAR.

Document Audit Findings:

- Record any discrepancies or observations on the audit worksheet provided.

Sign and Date:

- Sign and date the audit worksheet to indicate completion of the MAR audit.

Report Findings:

- Report any significant discrepancies or concerns to the designated supervisor or responsible party.

Audit Worksheet:

Date of Audit: _____

Staff Member Conducting Audit: _____

MAR Sheet Date: _____

Client Name(s):

Review of MAR Entries:

- Are all entries complete and accurate? [Yes/No]

Client Information:

- Is client information (name, date of birth or unique identifier) correct and consistent? [Yes/No]

Medication Information:

- Are all medication details (name, strength, quantity, administration instructions) accurate and consistent? [Yes/No]

Administration Details:

- Are administration details (date, time, administering staff initials) properly documented for each medication entry? [Yes/No]

Compliance with Client Requests:

- Have all documented client requests for medication changes or checks been addressed and documented appropriately? [Yes/No]

Additional Comments or Observations:

Staff Signature: _____ Date: _____

Note: In case of any discrepancies or concerns identified during the audit, please promptly report them to the Associate Professional or Admin Staff for further review and action.

SAVIN GRACE, TRANSITIONS

1829 OLD BATTEN ROAD

SELMA, NC 27576

MARCH 15, 2024

DHSR-

POC

DUE: 3/15/2024

Pease find Savin Grace, LLC plan of correction with accompanying documents.

Thank you

A handwritten signature in black ink, appearing to read 'Bell 3/15/2024'. The signature is written over the printed name 'Jacqueline Bell'.

Jacqueline Bell