

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2024
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NAME OF PROVIDER OR SUPPLIER JAMES COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE F MARSHVILLE, NC 28103
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 03/27/2024. The complaint was unsubstantiated (Intake #NC00213035). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>The facility is licensed for 12 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000	<p>Correction:</p> <p>Quality Specialist will update comprehensive written policies immediately in accordance with 10A NCAC 27G .0603 and .0604, ensuring they cover all necessary components such as attending to individuals' health and safety, determining incident causes, implementing corrective and preventive measures, assigning responsibilities, maintaining confidentiality, and documenting incidents.</p> <p>Quality Specialist will conduct a thorough review of incident reports spanning from February 2, 2024, to March 21, 2024, to identify any missing Risk/Cause/Analysis (RCA) sections, and update them with comprehensive RCA sections for incidents, including physical assaults, sexualized behaviors, elopements, property damage, and self-harm/suicidal ideation incidents. Any missing IRIS reports not completed will be updated to ensure that the agency is being brought up to date with regulatory compliance.</p> <p>The agency will establish clear protocols to ensure timely reporting of level II and III incidents as mandated by 10A NCAC 27G .0604 and implement procedures for reporting incidents to the Local Management Entity (LME) within specified timeframes using appropriate forms and communication channels. Lastly, comprehensive training will be provided to all staff members on incident reporting and response protocols, emphasizing the importance of RCA and timely reporting, and ensuring they understand their roles and responsibilities in incident response and reporting.</p>	
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p>	V 366	<p>Prevention:</p> <p>To prevent future deficiencies in incident reporting and response, the agency will implement a centralized incident reporting process by establishing a system that consolidates all incident reports, ensures prompt review, updates, and submission as mandated. Additionally, mechanisms should be put in place to track incident reports to prevent any delays or omissions. Furthermore, Quality Specialist will assist with conducting regular review of incident reports should be scheduled to identify any deficiencies or trends, with oversight responsibilities assigned to designated individuals or teams to ensure compliance with incident reporting and response policies.</p> <p>Monitoring:</p> <p>Quality Specialist will periodically monitor audits of incident reports to ensure compliance with regulatory requirements and implement a quality assurance process to monitor the effectiveness of corrective and preventive measures implemented. Secondly, establish performance metrics to track the timeliness and completeness of incident reporting and response, regularly monitoring these metrics to identify any deviations from established standards and taking corrective actions as necessary. Lastly, provide ongoing training and education to staff members based on identified areas of improvement, while continuously evaluating and refining incident response and reporting policies and procedures based on lessons learned and best practices to ensure continual improvement and adherence to regulatory standards.</p>	

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DHSR-MH Licensure Sect

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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DHSR-MH Licensure Sect

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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	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to implement written policies governing their response to Level I and II</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>incidents. The findings are:</p> <p>Review on 03/22/2024 of the facility's incident reports from 02/02/2024 - 03/21/2024 revealed: -No Risk/Cause/Analysis (RCA) for the following: 11/20/2023- Client #3's physical assault incident. 12/04/2023- Client #1's sexualized behaviors incident. 12/20/2023- Client #4's elopement incident. 12/24/2023- Client #2's elopement that required the involvement of law enforcement incident. 12/24/2023- Client #3's elopement that required the involvement of law enforcement incident. 12/24/2023- Client #4's elopement that required the involvement of law enforcement incident. 01/20/2024- Clients' #2 and #4 physical altercation incident. 02/18/2024- Client #4's vehicle vandalism incident. 02/24/2024- Client #2's fire alarm incident that required the involvement of the local fire department. 03/13/2024- Client #4's attempted self-harm and suicidal ideations that required psychiatric hospitalization incident.</p> <p>Interview on 03/27/2024 with the Quality Improvement Director revealed: -There had been a change in management recently. -Was not aware that RCA was required for the above incidents. -"I am working on a centralized process for incident reporting."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 366		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		
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V 367	<p>Continued From page 6</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services as required. The findings are:</p> <p>Review on 03/22/2024 of the facility's incident reports from 02/02/2028 - 03/21/2024 revealed: -No level II IRIS reports or LME/MCO notifications for the following incidents: 12/24/2023- Client #2's elopement that required the involvement of law enforcement incident. 12/24/2023- Client #3's elopement that required the involvement of law enforcement incident. 12/24/2023- Client #4's elopement that required the involvement of law enforcement incident. 02/18/2024- Client #4's vehicle vandalism incident. 02/24/2024- Client #2's fire alarm incident that required involvement of the local fire department. 03/13/2024- Client #4's attempted self-harm and suicidal ideations that required psychiatric hospitalization incident.</p> <p>Review on 03/25/2024 of an IRIS report for Client #4 dated 03/13/2024 revealed:</p>	V 367		

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V 367	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Submitted 03/25/2024 (9 days late). -Provider learned of the incident on 03/13/2024. -Client #4 attempted to self-harm and exhibited suicidal ideations that required psychiatric hospitalization. <p>Interview on 03/27/2024 with the Quality Improvement Director revealed:</p> <ul style="list-style-type: none"> -"There was a change in management and IRIS reports were not submitted for incidents from late 2023 and early 2024." -"I am working on a centralized process for incident reporting." -Would ensure correction moving forward. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
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