

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHH0976</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>RECEIVED 01/24/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINA DUNES BEHAVIORAL HEALTH</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2050 MERCANTILE DRIVE<br/>LELAND, NC 28451</b> |
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**FEB 13 2024**

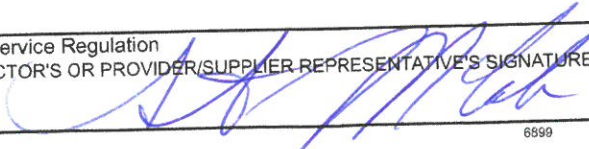
**DHSR-MH Licensure Sect**

| (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 000 | <p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on January 24, 2024. The complaints were unsubstantiated (intake #NC00212079 and NC00212019). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 54 and currently has a census of 43. The survey sample consisted of audits of 3 current clients and 1 former client.</p> | V 000 | <p>Carolina Dunes Behavioral Health takes these findings seriously and has implemented what we feel is an effective plan of action to address the identified deficiencies and monitor for compliance with actions taken. Pursuant to your request, the response is structured as follows: 1) the measures put in place to correct the deficient practice, 2) the measures put in place to prevent the problem from occurring again, 3) the person who will monitor the situation to ensure it will not occur again, and 4) how often the monitoring will take place.</p> |  |
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| V 315 | <p><b>27G .1902 Psych. Res. Tx. Facility - Staff</b></p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction of a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> | V 315 | <p>To improve recruitment and retention of direct care staff, the base salary for the position has been increased and the shift differentials have been increased to incentivize working evenings and nights, especially on weekends. To ensure that a 2:6 direct care staff to patient ratio is maintained at all times, the Chief Nursing Officer will report daily to the CEO in the Safety Committee meeting the number of Behavioral Health Associates scheduled for that day and the following day. The Milieu Managers have been empowered to offer critical shift incentive pay to help cover vacant BHA shifts. A central call-out phone is being provided which is answered by a Milieu Manager to ensure that coverage for the vacant shift is obtained in a timely manner. In the event of an unforeseen staff vacancy, the Chief Nursing Officer or designee will notify the designated BHA(s) that they must stay until appropriate relief can be obtained. The Milieu Manager is responsible for obtaining this relief coverage. To help fill vacant positions,</p> | 2/23/2024 |
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Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE  
*(CF)*

(X6) DATE  
*2/7/24*

RECEIVED

1911

CHIEF OF POLICE

Division of Health Service Regulation

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V 315 Continued From page 1

V 315

This Rule is not met as evidenced by:  
Based on record review and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:

- Review on 01/23/24 of a sample of "Facility Daily Staffing Sheets" and census reports for 12/17/23 through 01/23/24 revealed:
- 200 Hall census ranged from 11 - 17 clients. The 1st, 2nd and 3rd shift staffing ranged from 2 - 6 direct care staff on duty.
  - 300 Hall census ranged from 10 - 15 clients. The 1st, 2nd and 3rd shift staffing ranged from 1 - 6 direct care staff on duty.
  - 400 Hall census ranged from 10 - 12 clients. The 1st, 2nd and 3rd shift staffing ranged from 2 - 5 direct care staff on duty.

- Interview on 01/23/24 client #2 stated:
- She was 14 years old.
  - She had resided at the facility since 12/18/23.
  - She had a bedroom on the 200 hallway.
  - She thought there were 15 clients on the hallway,
  - There are usually 3 direct staff on her hallway.

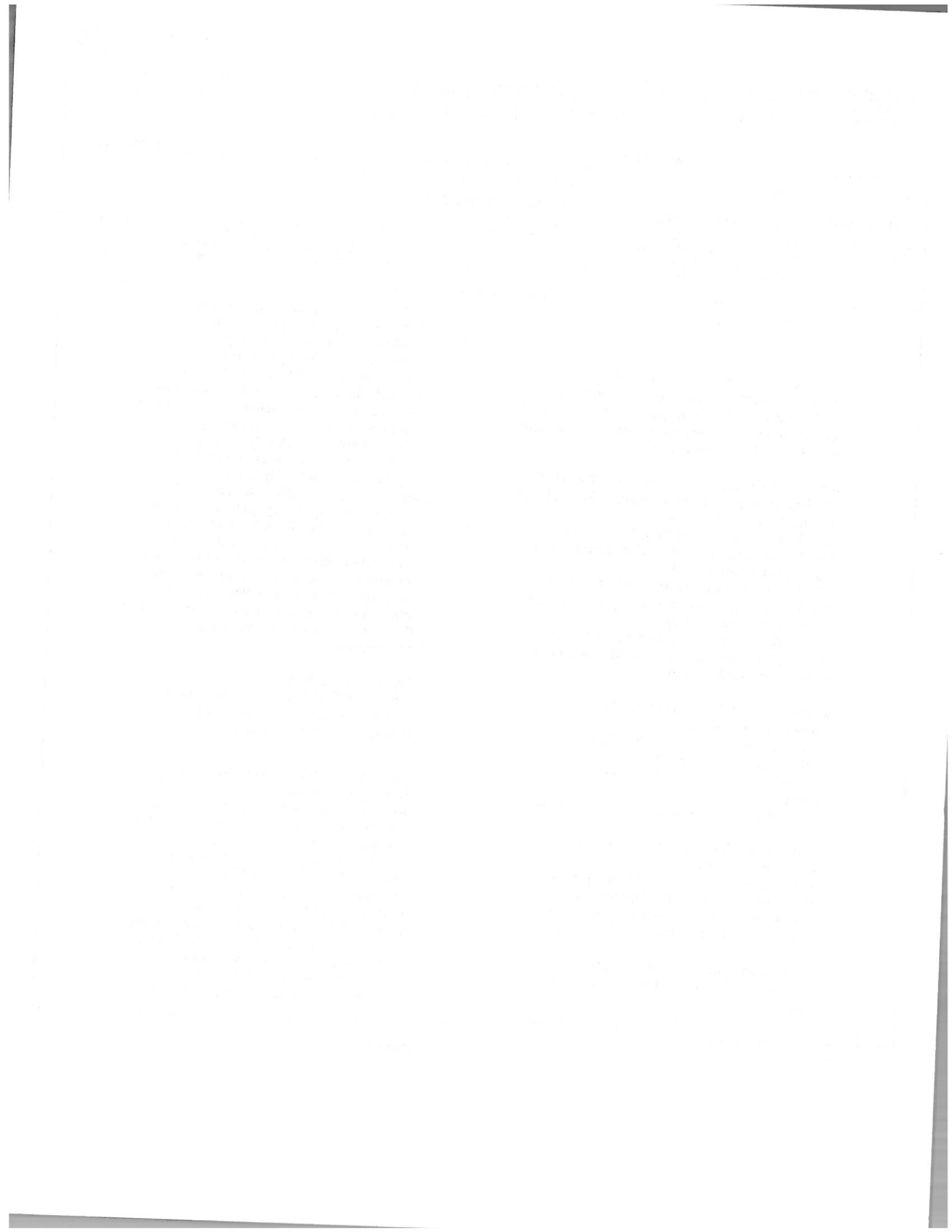
- Interview on 01/23/24 client #3 stated:
- She was 17 years old.
  - She had resided at the facility for 2 months.
  - Her bedroom was on the 200 hallway.
  - There were about 16 clients on her hallway.
  - There were about 3 direct staff on her hallway.

- Interview on 01/24/24 staff #2 stated:
- She had worked at the facility since November 2023.
  - She worked mainly in the residential section of

the facility is also offering a recruitment bonus for any employee who refers an BHA who is hired. The facility is advertising the BHA position on multiple platforms, to include the facility website, Indeed, Glassdoor, LinkedIn, Handshake, and NC Works. The facility has also filmed an online commercial promoting employment at the facility in direct care roles to raise awareness and promote recruitment. The facility is offering a sign-on bonus for BHAs and is offering monthly employee engagement incentives for all employees. Additional scheduling options including different shift rotations and 12-hour shift options are being offered to attract candidates with varying work schedule needs. The facility has also joined the Brunswick County Chamber of Commerce to increase networking opportunities.

To meet the 2:6 mandatory staffing ratio, one of the PRTF units has been closed and the census will be capped at 12 as needed on the other units.

The Chief Nursing Officer (or Program Manager when that vacant position is filled) will monitor staffing ratio compliance and report to the CEO twice daily with an update the following day. The Chief Nursing Officer or Program Manager will report to the CEO on staffing ratio compliance both at the daily morning leadership meeting and each afternoon Staffing meeting. The facility recruiter also provides a daily update to the CEO on the status and number of BHA applications, interviews, and hires. The Human Resources Director and leadership team is



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the hospital.

- She worked on the 200 hallway on 01/23/24 with 15 clients.
- There would be 2 or 3 staff on the hallway.

Interview on 01/24/24 staff #3 stated:

- She had worked since May 2023.
- She was working on 300 hallway today.
- There was 4 staff for 15 clients.

Interview on 01/24/24 the Director of Quality Compliance and Risk Management stated:

- He was aware that the current staff ratio was out of compliance with the rule.
- It was difficult to retain staff.
- The facility had instituted various electronic measures to assist staff with supervision of the clients.
- He had met with administrative staff from the Division of Health Service Regulation on 01/23/24 to discuss ongoing staffing issues at the facility.

This deficiency has been cited 10 times since the original cite on September 27, 2021 and must be corrected within 30 days.

V 315

holding bi-weekly new hire orientation classes instead of monthly classes to expedite the onboarding of prospective employees to increase hiring ahead of turnover. These bi-weekly new hire orientations will continue until staffing levels are adequate to maintain proper ratios at all times on all shifts. In addition to the base salary increases being offered to BHAs, the shift differentials have been increased to promote coverage of the historically more difficult to cover shifts on evenings and weekends. To help promote employee retention and minimize turnover and vacant positions, the New Employee Orientation schedule will be revised to promote employee engagement. Facility Managers will also meet with new employees at regular intervals to discuss engagement and satisfaction, training needs, etc. A new Chief Nursing Officer and a new Program Manager have been recruited, hired, and trained in the CEO's expectations for managing staffing. The Program Manager is meeting with BHAs with attendance problems and employing progressive discipline to help minimize unplanned vacant shifts.

The Chief Nursing Officer is responsible for maintaining the appropriate 2:6 direct care staff to patient ratio.

The Chief Nursing Officer will monitor this process daily and report any discrepancies and corrective action to the CEO in the Safety meeting.



Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Complaint and Follow-up Survey completed January 24, 2024  
Carolina Dunes Behavioral Health, 2050 Mercantile Drive, Leland, NC 28451  
MHL # MHH0976  
Intake # #NC00212079 and NC00212019

February 8, 2024

To Whom It May Concern:

Please see attached Plan of Correction regarding the recent DHSR survey visit at Carolina Dunes Behavioral Health. Please contact me with any questions at (910) 371-2500, EXT 9167.

Sincerely,

A handwritten signature in black ink, appearing to read "Derek Johnson", with a large, stylized flourish at the end.

Derek Johnson  
Director of Quality, Compliance, & Risk Management  
Carolina Dunes Behavioral Health