STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-352	A. BUILDING: _____ B. WING _____	R-C 06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BRIDGE	2442 SANDHURST COURT GASTONIA, NC 28054

(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
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 6-21-24. The complaint was unsubstantiated (intake #NC00218356). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients.	V 000		
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 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	V 367		

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V 367	Continued From page 1	V 367		

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 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

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V 367	Continued From page 2 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 reviews and interview, the facility failed to report all Level II incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 6-17-24 of the North Carolina Incident Response Improvement System (IRIS) from 3-1-24 through 6-17-24 revealed: -No level II incident report for an undated incident when client #1 became upset and threatened "to beat her peers' a**es" and attempted to hit client #2. Client #1 ripped the window screen out of her	V 367		

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V 367	Continued From page 3	V 367		

window and attempted to jump from the window. Client #1 had to be removed from the home and transported by emergency medical services (EMS) to the local behavioral health unit.
-No level II incident report for an incident on 5-30-24 of client #1 "throwing things". Client #1 threatened to hit (client #2), pushed staff #1 and broke clothes hangers and hurt herself (scratched her self on her arms). Client #1 was transported by EMS to the local behavioral health unit.
-No level II incident report for an incident on 6-3-24 when client #1 became upset due to not being able to buy dairy products (due to an allergy to dairy) and attempted to jump from a moving van on a busy local street. Client #1 became verbally aggressive with client #2 and was transported by EMS to the local behavioral health unit.
-No level II incident report for an incident on 6-12-24 when client #2 became upset, pushed and kicked staff attempted to hurt herself and was transported by EMS to the local behavioral health unit.

Interview on 6-17-24 and 6-21-24 with the ED revealed:
-She though she had completed the IRIS correctly.
-"I did it (completed the IRIS). I put all the information in the system. I got the number and printed it out."
-"I went back in and completed the process (submitted the IRIS). I realized that when you (Division of Health Servie Regulations) were here in February my therapist was doing that part. I never did that part, I would just fill in the information and she would do the other part and actually submit the report so I did not realize there was anoher part to it."

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