

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601499	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2024
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NAME OF PROVIDER OR SUPPLIER COLLABORATIVE HOPE-SKYVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 SKYVIEW ROAD CHARLOTTE, NC 28208
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and completed on 7-23-24. The complaint was unsubstantiated (#NC00219001). 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 3 and currently has a census of 2. The survey sample consisted of 2 current clients and 1 former client.</p>	V 000		
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 techniques such as those provided by Red Cross,</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (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 interviews the facility failed to ensure that 2 direct care staff, 1 Qualified Professional and 1 Director were trained to meet the needs of the clients.</p> <p>Review on 7-15-24 of Client #1's record revealed: -Admitted 8-21-23. -11 years old. -Diagnoses include: Attention Deficit/Hyper activity Disorder, Post Traumatic Stress disorder, Mild Intellectual Developmental Disability, and Circadian Sleep Disorder.</p> <p>Review on 7-15-23 of Former Client #3 revealed: -Admitted 12-1-23, discharged 6-26-24. -11 years old. -Diagnoses include: Autism Spectrum Disorder with accompanying language and intellectual impairment, Attention Deficit/Hyper Activity Disorder, Circadian Rhythm Sleep Disorder.</p> <p>Review on 7-10-24 Of the Qualified Professional's personnel record revealed: -Hire date 11-20-22. -No training on Intellectual Developmental</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Disabilities or Autism..</p> <p>Review on 7-10-24 of Staff #1's personnel record revealed: -Hire date 4-8-24. -No training on Intellectual Developmental Disabilities or Autism..</p> <p>Review on 7-10-24 of Staff #2's personnel record revealed: -Hire date 8-28-21. -No training on Intellectual Developmental Disabilities or Autism..</p> <p>Review on 7-10-24 of the Director's personnel record revealed: -Hire date 8-31-21. -No training on Intellectual Developmental Disabilities or Autism.</p> <p>Interview on 7-8-24 with Staff #1 revealed: -She had training at a previous job in Intellectual Developmental Disabilities or Autism.</p> <p>Interview on 8-15-24 with Staff #2 revealed: -He had previously worked at the Department of Disabilities and worked with adults.</p> <p>Interview on 7-10-24 with the Director revealed: -He had recently planned to have someone come train the staff on Intellectual Developmental Disabilities or Autism, but they had canceled. -He would get the staff trained as soon as possible.</p>	V 108		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop goals and strategies to meet the needs of the clients, effecting 1 of 2 clients (Client #1). The findings are:</p> <p>Review on 7-10-24 revealed: -Client #1 had gone AWOL (absent without</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>leave) from the facility on 6-20-24 and 6-20-24.</p> <p>Review on 7-15-24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted 8-21-23. -11 years old. -Diagnoses include: Attention Deficit/Hyper activity Disorder, Post Traumatic Stress disorder, Mild Intellectual Developmental Disability, and Circadian Sleep Disorder. -Clinical Comprehensive Assessment dated 8 -10-23 revealed: property destruction, aggression, AWOL behavior, he has been in 25 different placements per history. -Person Centered Plan dated 6-1-24 revealed goals including: Maintain healthy weight, decrease the amount of pull ups used, decrease angry outbursts by using his coping skills. -No goals to address AWOL behavior. <p>Interview on 7-16-24 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Staff did try to stop him each time he went AWOL. -He couldn't remember how many times he went AWOL. <p>Interview on 7-11-24 with the facility Therapist revealed:</p> <ul style="list-style-type: none"> -She did not suggest a goal for AWOL, but now she was going to be doing a complete safety plan. <p>Interview on 7-15-24 with Client #1's Department of Social Service's guardian revealed:</p> <ul style="list-style-type: none"> -Each time Client #1 has gone AWOL, he was caught very quickly. -Client #1 is appropriately placed. <p>Interview on 7-23-24 with the Director revealed:</p> <ul style="list-style-type: none"> -The team was now talking about a goal for Client #1 that addressed his AWOL behavior. 	V 112		

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V 112	Continued From page 5 -In the future he would make sure goals address the clients behavior when they are admitted.	V 112		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this	V 296		

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V 296	<p>Continued From page 6</p> <p>Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure that two direct care staff were present when clients were at the facility. The findings are:</p> <p>Observation on 7-8-24 at approximately 11:00am revealed: -One Staff (Staff #1) and one Client (Client #2).</p> <p>Review on 7-8-24 of the staffing schedule revealed: -One direct care staff and one Qualified Professional were scheduled to be at the facility.</p> <p>Interview on 7-8-24 with Staff #1 revealed: -This was the first time she had ever been by herself. -Client #2 had been on a therapeutic outing and had just returned a short time ago. -There is usually at least 2 staff at the facility</p>	V 296		

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V 296	Continued From page 7 when clients are there. Interview on 7-8-24 with the Qualified Professional revealed: -She was supposed to be at the facility at 8:00, but "I knew she (Staff #1) would be OK with [Client #2] so I just came in later." -There are normally two staff at the facility. -"This is rare." -Both clients had been on therapeutic leave last night, so there had been no one at the facility. Client #2 declined to be interviewed.	V 296		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and	V 366		

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V 366	<p>Continued From page 8</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>facility failed to develop a response to level II incidents, the findings are:</p> <p>Review on 7-9-24 of 911 calls to or about the facility revealed: -911 called to the facility address on 5-26-24 and 6-20-24. -911 called by a neighbor about a client on their property on 6-30-24.</p> <p>Review on 7-10-24 of facility incident reports revealed: -Level I incident reports for 6-20-24, and 6-30-24. -No incident report for 5-26-24.</p> <p>Interview on 7-10-24 with the Director revealed: -They only called 911 to get help looking for the client. -He didn't know that would be a level II incident. -He had been working with another provider to help with the incidents reports.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 12</p> <p>Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incident to the local LME (Local Management Entity)/Managed Care Organization (MCO) within 72 hours of</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601499	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2024
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NAME OF PROVIDER OR SUPPLIER COLLABORATIVE HOPE-SKYVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 SKYVIEW ROAD CHARLOTTE, NC 28208
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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
V 367	<p>Continued From page 13</p> <p>learning of the incident. The findings are:</p> <p>Review on 7-9-24 of 911 calls to or about the facility revealed: -911 called to the facility address on 5-26-24 and 6-20-24. -911 called by a neighbor about a client on their property on 6-30-24.</p> <p>Review on 7-9-24 of the North Carolina Incident Response System (IRIS) revealed: -No incidents reported from the facility.</p> <p>Review on 7-10-24 of the facility Level I incident report dated 6-30-24 revealed: -Client #1 left the facility approximately 11:50pm. He ran to a neighbors house and locked himself in the neighbors car. The neighbor called the police and then went to confront Client #1 with a weapon in his hand. Police and staff arrived and talked Client #1 to returning to the facility.</p> <p>Interview on 7-10-24 with the Director revealed: -He didn't realize that the incident should have been a level II. -He was working with another provider that has helped in to know how to ensure that incidents are properly entered into the IRIS system. -Going forward he would be sure to enter all incidents properly.</p>	V 367		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed,</p>	V 750		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601499	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2024
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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
V 750	<p>Continued From page 14</p> <p>constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(3) Electrical, mechanical and water systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on interviews and observation the facility failed to maintain all mechanical systems be maintained in operating order.</p> <p>Observation on 7-15-24 at approximately 12:00 revealed: -Loud banging coming from inside the laundry closet. -Dryer was on and loud banging was coming from the dryer. -Surveyor reached inside and the inside of the dryer was extremely hot.</p> <p>Interview on 7-15-24 with the Qualified Professional revealed: -The dryer had been making that noise "for awhile." -It was also hard to clean the lint out of the dryer. -They had told the director about the situation.</p> <p>Interview on 7-23-24 with the Director revealed: -The dryer was very loud and he would see about getting it repaired as soon as possible.</p>	V 750		