

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>07/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2533 AIRPORT ROAD MARION, NC 28752</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 7/5/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients and 3 former clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114	<p>V 114 Disaster and fire drills will be held on each shift at least quarterly and will be documented in the Disaster Drills Record. This record will be monitored by the House Manager, Enhanced Program Manager by reviewing and then initialing a quarterly coversheet of the review that will be housed in the Drill Record. This review will occur no later than the last week of each quarter to prevent the lapse of fire/disaster drills being completed on each shift quarterly.</p> <p style="text-align: center;"><b>RECEIVED</b> <b>AUG 05 2024</b> <b>DHSR-MH Licensure Sect</b></p>	07/26/24

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*  
TITLE **Child Services Director**

(X6) DATE **7/30/24**

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V 114	Continued From page 1  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:  Review on 7/3/24 of fire drills revealed: -There was no documentation of fire drills having been conducted on 2nd shift in the quarter from April-June 2024, July-September 2023.  Review on 7/3/24 of disaster drills revealed: -There was no documentation of disaster drills having been conducted on 1st or 2nd shifts in the quarter from July-September 2023.  Interview on 7/2/24 with Client #2 revealed: -"Had a fire drill yesterday. We go to the parking lot toward the road."  Interview on 7/2/24 with Client #3 revealed: -"We go outside to the road (for fire drills)".  Interview on 7/3/24 with Staff #1 revealed: -Facility staffing ran 12-hour shifts with teams A and B. -The Qualified Professional (QP) sends emails to all staff with instructions for specific disaster compliance and receives return emails/acknowledgement that staff have read.  Interview on 7/5/24 with the QP revealed: -The facility did not have a house manager for a while. -"Disaster drills are emailed from QA (quality assurance) for all staff to attest."	V 114		
V 123	27G .0209 (H) Medication Requirements	V 123		

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V 123	Continued From page 2  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 3 audited former clients (FC #5). The findings are:  Review on 7/3/24 of internal incident reports from 4/1-7/1/24 revealed: -6/16/24-"While on an outing on Sunday, the van that staff was using had a flat tire on the trip back home. This led to the staff and clients having to wait for someone to come help. This client (FC #5) was set to discharge after returning. Staff called the client's father and explained the situation. The Client's father asked if he could come pick up the client the following day instead. Staff ok'd the extra days stay. This client only came with enough medication for his 2 day stay so that meant he would miss his night time dose." -There was no documentation that a physician or pharmacist was immediately contacted.  Record review on 7/3/24 for FC #5 revealed:	V 123	V 123 Care Haven Staff will be notified at the next team meeting of the requirement to contact the pharmacist or physician immediately upon each medication error. IRIS reports will be reviewed by appropriate supervisor to ensure that one of the above parties are listed as being contacted immediately.	07/30/24

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V 123	Continued From page 3  -Date of admission: 6/14/24 -Date of Discharge: 6/17/24 -Age: 15 years -Diagnoses: ADHD, Post traumatic stress disorder. -Physician ordered medications dated 2/12/24 included: -Clonidine 0.1mg (sleep) 1 tablet daily at bedtime.  Interview on 7/5/24 with the Qualified Professional revealed: -Staff involved are required to complete the incident reports. -Guardian was aware.	V 123		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If	V 133	V 133 "Fingerprints" have been added to the pre-employment check off sheet used for all new hires to insure this is completed for all applicants who have resided in NC for less than 5 years. In addition, fingerprint documents, which are taken to the sheriff's department for processing, are placed in new hire packets as a reminder.	07/26/24

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V 133	Continued From page 4  the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State	V 133		
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V 133	Continued From page 5  criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the	V 133		

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V 133	Continued From page 6  applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and	V 133		

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V 133	Continued From page 7  Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		



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V 133	Continued From page 8  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request fingerprints (to include State Bureau of Investigation (SBI) national criminal background check) for individuals who had lived in North Carolina (NC) for less than five years within five business days of making the conditional offer of employment for 1 of 3 audited staff (Qualified Professional) (QP). The findings are:  Personnel Record review on 7/3/24 for the QP revealed: -Date of Hire: 8/14/23 -Criminal background ordered 7/11/24 but did not include fingerprints -Fingerprints completed on 2/8/24  Email on 7/3/24 with the Director of Human Resources revealed: -"[QP]'s fingerprints were not done (mistake) until 6 months later. A process is in place now, so this doesn't happen again."	V 133		
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	V 367		

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V 367	Continued From page 9  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 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	V 367	V367 At next team meeting, Care Haven Staff will review IRIS reporting timeframes and will be reminded that an IRIS report must be completed by the end of their shift and overtime may be utilized, if necessary, when the IRIS report cannot be completed during their regular shift hours.	07/30/24

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V 367	<p>Continued From page 10</p> <p>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 include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol>	V 367		
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V 367	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Review on 7/3/24 of IRIS (incident response improvement system) reports revealed: -On 5/23/24 -"At approximately 17:00 (5pm), the client (Former Client (FC) #6) expressed a desire to self harm and/elope. This writer asked if he had any tools in his possession to cause harm. Client said no, then immediately eloped off the property, picked up a sharp stick, and started cutting the inside of his arm while walking. This writer notified lead staff to call law enforcement immediately, and this writer followed the client off the property and up the road. Other staff had the other clients at the house room up, and another staff joined us in walking up the road. Client stated he missed his mom, wanted to go to uptown [local town], that there was nothing wrong with Care Haven, and he wasn't running away, he just wanted to be someplace else. Law enforcement met us in the road, the client and the officer got into an altercation, and client was transported back to Care Haven. He started crying and said his chest hurt, so EMS (emergency medical services) was called. They assessed him and deemed him healthy, but since he said his chest was still hurting, so he was transported to [local hospital] for further evaluation. Per protocol, client's guardians were notified that he would not be allowed to return to Care Haven." -Report was submitted 5/27/24, not within the required 72 hours.</p>	V 367		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2533 AIRPORT ROAD</b> <b>MARION, NC 28752</b>
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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 12</p> <p>Record review on 7/3/24 for FC #6 revealed: -Date of admission: 5/10/24 -Date of discharge: 5/23/24 -Age: 17 years -Diagnoses: General anxiety disorder, Specific phobia, Conduct disorder.</p> <p>Interview on 7/5/24 with the Qualified Professional revealed: -Staff involved are required to complete the incident reports including IRIS. -The incident occurred on a Thursday. "(Reporting) was overlooked that Friday. Staff returned on Monday to complete the IRIS."</p>	V 367		