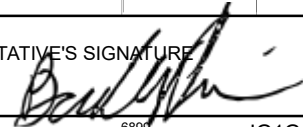


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>06/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET 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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 6/26/24. The complaints were substantiated (# NC00218391, #NC00218646). 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 8 and currently has a census of 6. The survey sample consisted of audits of 6 current clients and 2 former clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Qualified Professional</b>	(X6) DATE <b>7/14/2024</b>
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V 105	<p>Continued From page 1</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that ensure operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Record review on 6/20/24 for Client #1 revealed: -Date of Admission: 2/14/24 -Age: 15 years old -Diagnoses: Mild intellectual developmental disability, Autism spectrum disorder, Post traumatic stress disorder, Attention deficit hyperactivity disorder, Conduct disorder.</p> <p>Review on 6/21/24 of IRIS (incident response improvement system) report dated 6/20/24 regarding 6/18/24 incident revealed: -"[Client #1] became upset and walked out of the facility. [Client #1] was located by (local) PD (police department) and was returned to the facility..."</p> <p>Review on 6/21/24 of internal incident reports revealed: -6/18/24-"Staff Clinician [Licensed Practitioner (LP)] returned [Client #1] back to the facility after her peer support session. [LP] left the facility and returned home. [Qualified Professional (QP)] was on the phone with [LP] when staff at the facility called [LP]. Staff (Staff #3) stated [Client #1] was putting his hands on her and the second female staff member (Former Staff (FC) #9). Both staff prompted [Client #1] to stop his actions. [Client</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>#1] continued and staff prompted [Client #1] a second time. [Client #1] became upset and walked out of the facility. Staff notified [LP] that [Client #1] was walking up the sidewalk. [LP] disconnected and spoke with [QP] a second time and made him aware. [QP] stated that he would notify Operations Manager [Staff #6] and have her respond due to her proximity to the facility. [QP] spoke with [staff #6] and she responded. [Staff #6] arrived at the facility and began a search on foot around the facility. In prior incidents, [Client #1] would hide behind the facility or be at a neighboring business. [Staff #6] searched and did not locate [Client #1]. [Staff #6] expanded her area and searched in her vehicle. [Staff #6] was notified that the (local) PD had located [Client #1] in the middle of the road walking in the opposite direction of where [Staff #6] was searching. [Client #1] was returned to the facility by law enforcement. [Staff #6] responded to the facility and met with (local) PD. [Staff #6] prompted [Cleint #1] to go to bed. [Client #1] complied with [Staff #6]'s prompts ..."</p> <p>Review on 6/21/24 of Licensee's Elopement Policy dated September 2017 revealed: -" ...Procedural Information (Step by step) ...Step 2: Contact the local law enforcement to report the elopement ..."</p> <p>Review on 6/20/24 of local county emergency communications report revealed: -There was no call made to law enforcement for the facility address on 6/18/24.</p> <p>Interview on 6/20/24 with Client #1 revealed: -Ran away because "I was scared ...[Staff #3] yelled at me ...because I touched her. Police brought me back."</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>Interview on 6/24/24 with Client #1's guardian revealed: -Was not aware Client #1 had eloped until the police called him to say Client #1 was with them and they had not received a report that he was gone. -"They can't lock the doors. When [Client #1] left he usually hid in 1 spot but he wasn't there this time."</p> <p>Interview on with Staff #3 revealed: -Worked at the facility about 2 months. -On 6/18/24 the LP brought Client #1 back (from an outing). He was only there about 20 minutes before he was gone. -Client #1 had autism, lower IQ (intelligence quotient) and major boundary issues. He was prompted twice to stop touching staff. He would often walk outside and around the building but we don't chase him. "I called [LP] to report [Client #1] had eloped ...[LP] called [Staff #6] who then came to the facility to look for him ....She was there very quickly like 3 minutes after he was gone ...My 2nd prompt was firm but not scary. I did not yell or raise my voice ...sometimes he sneaks back in the facility and will hid from us." -"It was unusual to be told not to follow him but we should have eyes on him. I don't know when it changed but we were not to chase him anymore." -"I walked the perimeter and didn't see him. [Staff #6] was in her vehicle searching for him." -Procedure if a kid eloped was to give them 5-10 minutes to return before calling on-call and law enforcement. "I don't know why police weren't called; we always call the police." -"[Staff #6] did not tell me to call the police." -"I called [LP] at 7:47pm ...he was gone about an hour."</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>Interview on 6/21/24 with Staff #6 revealed: -The LP had taken Client #1 to dinner and wasn't back home before she got a call that Client #1 had eloped around 7:45pm on 6/18/24. -Staff #3 called the LP who called the QP who called her to respond to the search for Client #1. -"[Client #1] was usually always nearby and would hide behind a trash can. I walked around the building and [the business next door] then got in my car. I was on speaker phone talking to both staff to make sure he wasn't hiding in the facility and told them to call [local] PD."</p> <p>Interview on 6/24/24 with FS #9 revealed: -She and Staff #3 worked the night Client #1 eloped on 6/18/24. This was her 2nd or 3rd day of working. -" [LP] came in with [Client #1] and put him to bed around 7pm. He got back up and walked around. They [clients] were supposed to be in their rooms watching TV. He walked outside while [Staff #3] was encouraging him to come back inside. [Staff #3] was keeping an eye on him; around 7:45pm she could no longer see him. [Staff #3] walked around the building outside. [Staff #3] called [LP] then called [Staff #6] who was in her car and going to drive around looking for him ...[Staff #3] was on the phone with [Staff #6] when the police brought [Client #1] back."</p> <p>Interview on 6/26/24 with the Associate Professional revealed: -"It is our policy to call law enforcement when a kid elopes. That was not done."</p>	V 105	<ul style="list-style-type: none"> <li>• Previous elopements of this resident resulted in him hiding behind the building on CSB property. Police would become irritated to find that he had not actually eloped from the facility. CSB staff made efforts to search the property for the resident to eliminate this as a concern. Staff have been retrained on CSB elopement policy on 06/27/2024. Staff will adhere to the policy.</li> </ul>	7/12/2024
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to ensure that 2 of 8 audited staff (#5,</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>#8) demonstrated competency effecting 3 of 6 current clients (#1, #5, #6) and 1 audited former client (FC #7). The findings are:</p> <p>Record review on 6/20/24 for Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Date of Admission: 2/14/24</li> <li>-Age: 15 years old</li> <li>-Diagnoses: Mild intellectual developmental disability (IDD), Autism spectrum disorder, Post traumatic stress disorder, Attention deficit hyperactivity disorder (ADHD), Conduct disorder.</li> <li>-Physician orders dated 4/11/24 included: <ul style="list-style-type: none"> <li>-Cetirizine 10mg (milligram) (allergies) 1 tablet daily at bedtime.</li> <li>-Trazodone 150mg (sedative) 1 tablet daily at bedtime.</li> <li>-Aripiprazole 5mg (antipsychotic) 1 tablet daily at bedtime.</li> <li>-Clonidine 0.2mg (sedative) 1 tablet twice daily.</li> <li>-Chlorpromazine 50mg (antipsychotic) 1 tablet three times daily.</li> </ul> </li> </ul> <p>Review on 6/24/24 of MAR for 4/19/24- 6/20/24 revealed:</p> <ul style="list-style-type: none"> <li>-Charting code 'A' indicated "charted in error." <ul style="list-style-type: none"> <li>-Cetirizine was documented with an 'A' on 4/30/24.</li> <li>-Trazodone was documented with an 'A' on 4/30/24.</li> <li>-Aripiprazole was documented with an 'A' on 4/30/24.</li> <li>-Clonidine was documented with an 'A' on 4/30/24 for the 7pm dose.</li> <li>-Chlorpromazine was documented with an 'A' on 4/30/24 for the 7pm dose.</li> </ul> </li> <li>-Nurses notes on back of MAR revealed on 4/30/24 medication missed; medication error; contacted MD, initialed by Staff #6.</li> </ul>	V 118		



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V 118	<p>Continued From page 8</p> <p>Record review on 6/20/24 for Client #5 revealed: -Date of Admission: 9/21/23 -Age: 13 years old -Diagnoses: Fetal Alcohol Syndrome, Disruptive mood dysregulation disorder (DMDD), Diabetes. -Physician orders dated 4/11/24 included: -Clonidine 0.1mg (sedative) 1 tablet twice daily. -Fluticasone 50mcg (micrograms) (allergies) 2 sprays each nostril daily at bedtime. -Metformin 500mg (diabetes) 1 tablet twice daily. -Saphris 5mg (mood) 2 tablets twice daily. Additionally ordered on 4/16/24 included: -Chlorpromazine 50mg (antipsychotic)- 1 tablet three times daily.</p> <p>Review on 6/24/24 of MAR for 4/19/24- 6/20/24 revealed: -Charting code 'A' indicated "charted in error." -Clonidine was documented with an 'A' on 4/30/24, 7pm dose. -Fluticasone was documented with an 'A' on 4/30/24. -Metformin was documented with an 'A' on 4/30/24, 7pm dose. -Saphris was documented with an 'A' on 4/30/24, 7pm dose. -Chlorpromazine was documented with an 'A' on 4/30/24, 7pm dose. -Nurses notes on back of MAR revealed on 4/30/24 medication missed; medication error; contacted MD, initialed by Staff #6.</p> <p>Record review on 6/20/24 for Client #6 revealed: -Date of Admission: 7/31/23 -Age: 14 years old -Diagnoses: Mild IDD, Oppositional defiant disorder, ADHD, DMDD. -Physician orders dated 4/11/24 included:</p>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-Cetirizine 10mg (allergies) 1 tablet daily at bedtime.</li> <li>-Divalproex DR 500mg (depression) 1 tablet twice daily.</li> <li>-Mirtazapine 30mg (depression) 1 tablet daily at bedtime.</li> <li>-Quetiapine 300mg (depression) 1 tablet twice daily.</li> <li>-Hydroxyzine 10mg (sedative) 1 tablet 3 times daily.</li> <li>-Melatonin 3mg (sleep) daily at bedtime.</li> <li>-Chlorpromazine 25mg (antipsychotic) 1 tablet 3 times daily.</li> </ul> <p>Review on 6/24/24 of MAR for 4/19/24- 6/20/24 revealed:</p> <ul style="list-style-type: none"> <li>-Charting code 'A' indicated "charted in error."</li> <li>-Cetirizine was documented with an 'A' on 4/30/24.</li> <li>-Divalproex was documented with an 'A' on 4/30/24, 7pm dose.</li> <li>-Mirtazapine was documented with an 'A' on 4/30/24.</li> <li>-Quetiapine was documented with an 'A' on 4/30/24, 7pm dose.</li> <li>-Hydroxyzine was documented with an 'A' on 4/30/24, 7 pm dose.</li> <li>-Melatonin was documented with an 'A' on 4/30/24.</li> <li>-Chlorpromazine was documented with an 'A' on 4/30/24, 7pm dose.</li> </ul> <p>-Nurses notes on back of MAR revealed on 4/30/24 medication missed; medication error; contacted MD, initialed by Staff #6.</p> <p>Record review on 6/20/24 for FC #7 revealed:</p> <ul style="list-style-type: none"> <li>-Date of Admission: 2/14/24</li> <li>-Date of discharge: 5/16/24</li> <li>-Age: 14 years old</li> <li>-Diagnoses: Adjustment disorder.</li> </ul>	V 118		

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V 118	<p>Continued From page 10</p> <p>-Physician orders dated 4/19/24 included: -Aripiprazole 10mg (antipsychotic) daily at bedtime. -Guanfacine 1mg (ADHD) 2 tabs daily at bedtime.</p> <p>Review on 6/24/24 of MAR for 4/19/24- 6/20/24 revealed: -Charting code 'A' indicated "charted in error." -Aripiprazole was documented with an 'A' on 4/30/24. -Guanfacine was documented with an 'A' on 4/30/24.</p> <p>-Nurses notes on back of MAR revealed on 4/30/24 medication missed; medication error; contacted MD, initialed by Staff #6.</p> <p>Personnel record review on 6/25/24 for Staff #5 revealed: -Date of Hire-1/19/24 -Medication administration training- 1/25/24</p> <p>Personnel record review on 6/25/24 for Staff #8 revealed: -Date of Hire-11/15/23 -Medication administration training- 12/1/23</p> <p>Interview on 6/25/24 with Staff #5 revealed: -Was a BHT (behavioral health technician) -" ...only night shift was there [at the facility the morning of 5/21/24]. I was exhausted and it was very chaotic in the house. [Staff #7] had worked 1st shift (on 5/20/24). She (Staff #7) passed meds at 7pm before she left and had pills all cupped (for the am administration). It was a school day. I walked up to the boys in the hallway (to pass medications). As soon as I looked down, I knew I was wrong. [Client #1] took the pills before I realized he had taken [FC #8]'s pills." -Called the Associate Professional (AP) and Staff</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>#6.</p> <p>- "The boys went on to school ... [Client #1] was more handsy and more physical."</p> <p>- "Rules changed immediately-only BHS (behavioral health specialists) were allowed to pass medications ... I wasn't fully confident giving out meds anyway."</p> <p>Interview on 6/25/24 with Staff #8 revealed:</p> <p>- Was a BHT staff.</p> <p>- Worked overnights at the facility.</p> <p>- When asked about missed evening medications on 4/30/24, he responded "I'm not sure."</p> <p>- "I don't remember the kids not getting meds."</p> <p>- It had been a couple months since night shift could pass medications.</p> <p>Interview on 6/25/24 with the AP revealed:</p> <p>- "Staff like to work 24-hour shift."</p> <p>- Staff #4 reported she told Staff #8 to pass meds on 4/30/24.</p> <p>- On 5/22/24, he sent out an email to all facility staff of the new medication directive that "only he and the BHS staff were eligible to administer medications... medications will stay in the office ... person administering will fully complete one resident at a time and will be administered through the top half of the Dutch door of the office ..."</p>	V 118	<p>Medication error occurred due to staff error on 05/21/2024. Proper procedure to ensure this did not happen was not followed.</p> <p>QP directive dated, 05/22/2024, states the approved proper procedure for medication administration in Level III facility and that only those designated with the title BHS, AP, or QP can administer medication to residents. BHS arrive in the morning to conduct medication administration and stay on shift to administer afternoon and evening medication at the prescribed times.</p>	7/12/2024
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(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</p>	V 123		

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V 123	<p>Continued From page 12</p> <p>in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>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 3 of 6 current clients (#1, #5, #6) and 1 audited former client (FC #7). The findings are:</p> <p>Review on 6/21/24 of internal incident/medication error reports completed for Clients #1, #5, #6 and FC #7 dated 5/1/24 and signed by Staff #6 revealed:</p> <p>-The nurse practitioner's (NP) office assistant was notified 5/1/24 at 9am and the pharmacist was notified 4/30/24 at 10pm.</p> <p>-"Medication error occurred on 4/30/24, during shift change there was a miss communication between shifts about who was administering medications due to this error we have a retraining on medication administration ..."</p> <p>Refer to V118 for specific medication information for Clients #1, #5, #6 and FC #7.</p> <p>Review on 6/21/24 of internal incident/medication error reports revealed:</p> <p>-"[Client #1] was given the wrong medications on 5/21/24 due to staff grabbing the wrong medication cup, due to this error BHS (Behavioral Health Specialists) are the only ones that can give medications ...Did you contact the ordering</p>	V 123		

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V 123	<p>Continued From page 13</p> <p>physician's office? 'Yes' ...Who in the office did you speak too? Time and Date? '[NP office staff]; 5/21/24; 0730am' ...Are there any symptoms or concerns that could present themselves that should be monitored for safety purposes? 'No'; Could we expect any adverse reactions due to this error? 'No'; Does the resident need to be seen in your office due to the error? 'No'; Any additional comments or guidance from the physician? 'No'." signed by Staff #6 on 5/21/24.</p> <p>Interview on 6/24/24 with the prescribing NP's office staff revealed: -The facility would call her personal cell phone. They should be calling the on-call number to report to a practitioner. -There were no voice messages left on either her personal cell or the office phone, therefore there were no notes made to make the NP aware.</p> <p>Interview on 6/24/24 with the prescribing NP revealed: -He and his colleagues rotated on-call for after-hours issues and should be able to respond to medication errors/questions. -Was not aware of the medications being missed for 4 clients on 4/30/24 or Client #1 being administered the wrong medications on 5/21/24.</p> <p>Interview on 6/25/24 with the dispensing pharmacist revealed: -"[Staff #6] has my personal cell phone to call in case of emergency." -Received a text from Staff #6 on 5/1/24 at 1:53pm saying clients had missed meds on 4/30/24 and she didn't want to send a message at 10pm. -"Many times I'm called after hours." -"I don't have a text on 5/21/24. I may have been told in the store. Didn't tell me the patient ..."</p>	V 123		

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V 123	Continued From page 14  Interview on 6/25/24 with Staff #6 revealed: -Was a BHS and responsible for the medications, reviewing MARs, connecting with the prescriber and pharmacist. -Found out about missed medications (4/30/24) on 5/1/24. Staff #4 found the error the following morning that medications were not passed the night before. Staff #4 called the AP and he called Staff #6. -On 5/21/24, Staff #5 realized she had given the wrong meds right after Client #1 took them. She called the AP and he called me. She had all 4 medication cups on the desk then walked to each client door.	V 123	CSB Operations Manager believed she, due to previous DHSR surveys, only had to reach out to Primary Care Physicians office or assistant at the time of a medication error.  Medication error form has been changed to document that appropriate contact has been made with Pharmacist or primary care physician/on-call designee and what the next steps that have been enumerated by the person contacted are, if any.	7/12/24
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		

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V 133	Continued From page 15  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	<p>Continued From page 16</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>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</p>	V 133		

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V 133	Continued From page 17  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	<p>Continued From page 18</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(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.)</p>	V 133		

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V 133	<p>Continued From page 19</p> <p>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 8 audited staff (Staff #1). The findings are:</p> <p>Record review on 6/21/24 for Staff #1 revealed: -Date of Hire: 5/20/24. -Date of Criminal Background check completed on 5/20/24 but did not include SBI.</p> <p>Interview on 6/20/24 with Staff #1 revealed: -Was previously employed by the Licensee but moved back to Arkansas for about 8 months. She had been back in NC since mid-May 2024.</p> <p>Interview on 6/21/24 with the Associate Professional revealed: -The administrator was responsible for conducting the criminal background checks. -He was not aware fingerprints were required if staff had not consistently lived the past 5 years in NC.</p>	V 133	<p>It was the belief of CSB Operations Manager [REDACTED], that due to staff in question residing within North Carolina for the majority of the last five years and being previously employed at CSB within the last calendar year, that a fingerprint check did not have to be conducted.</p> <p>CSB will fingerprint any potential employees who have lived outside of North Carolina, at any point, within the last five years.</p>	7/12/2024
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides</p>	V 293		

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V 293	<p>Continued From page 20</p> <p>intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		

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V 293	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to ensure continuous staff supervision and failed to coordinate care with other individuals affecting 1 of 6 audited clients (#1). The findings are:</p> <p>Record review on 6/20/24 for Client #1 revealed: -Date of Admission: 2/14/24 -Age: 15 years old -Diagnoses: Mild intellectual developmental disability (IDD), Autism spectrum disorder, Post traumatic stress disorder, Attention deficit hyperactivity disorder (ADHD), Conduct disorder.</p> <p>Review on 6/21/24 of internal incident report dated 6/18/24 regarding Client #1 revealed: -"Staff Clinician [Licensed Practitioner (LP)] returned [Client #1] back to the facility after her peer support session. [LP] left the facility and returned home. [Qualified Professional (QP)] was on the phone with [LP] when staff at the facility called [LP]. Staff (Staff #3) stated [Client #1] was putting his hands on her and the second female staff member (Former Staff (FC) #9). Both staff prompted [Client #1] to stop his actions. [Client #1] continued and staff prompted [Client #1] a second time. [Client #1] became upset and walked out of the facility. Staff notified [LP] that</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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V 293	<p>Continued From page 22</p> <p>[Client #1] was walking up the sidewalk. [LP] disconnected and spoke with [QP] a second time and made him aware. [QP] stated that he would notify Operations Manager [Staff #6] and have her respond due to her proximity to the facility. [QP] spoke with [staff #6] and she responded. [Staff #6] arrived at the facility and began a search on foot around the facility. In prior incidents, [Client #1] would hide behind the facility or be at a neighboring business. [Staff #6] searched and did not locate [Client #1]. [Staff #6] expanded her area and searched in her vehicle. [Staff #6] was notified that the (local) PD had located [Client #1] in the middle of the road walking in the opposite direction of where [Staff #6] was searching. [Client #1] was returned to the facility by law enforcement. [Staff #6] responded to the facility and met with (local) PD. [Staff #6] prompted [Cleint #1] to go to bed. [Client #1] complied with [Staff #6]'s prompts ..."</p> <p>Review on 6/21/24 of email dated 5/21/24 from the Associate Professional (AP) to Client #1's guardian revealed: -"We had a staff member administer the incorrect medication to [Client #1] this morning. We have reached out to our medication management provider to see if there may be any adverse reactions. He advised that there would not be any, but keep an eye on him today ..."</p> <p>Interview on 6/24/24 with Client #1's guardian revealed: -When asked if he was made aware that Client #1, he stated, "I missed that one." -He received a text saying they forgot to give meds (4/30/24) and they were sorry. "I get it, we're all human." -Asked if he received email from the AP on 5/21/24, he stated "it might be on email but I can't</p>	V 293		

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V 293	Continued From page 23  open their emails. I asked them to just text me. I know I told [AP] and [Qualified Professional]. They will text but not consistently."  Interview on 6/24/24 with the AP revealed: -"Yes I remember [Client #1's guardian] saying he couldn't open our emails. I would text him a picture of the email." -Could not find the text of 5/21/24 email regarding Client #1 receiving the wrong medication. "I guess I missed one."	V 293	Previous elopements of this resident resulted in him hiding behind the building on CSB property. Police would become irritated to find that he had not actually eloped from the facility. CSB staff made efforts to search the property for the resident to eliminate this as a concern. Staff have been retrained on CSB elopement policy on 06/27/2024. Staff will adhere to the policy. QP sent email of incident notification, but could not find evidence of having texted guardian a picture of the incident report.	7/12/2024
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	V 296		



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V 296	<p>Continued From page 24</p> <p>and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this 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 record reviews and interviews, the facility failed to have the minimum number of direct care staff required when children or adolescents are present and awake. The findings are:</p> <p>Review on 6/24/24 of client admission and discharge data from 4/19/24-6/20/24 revealed: -Client census was 3-4 from 4/19/24 to 5/24/24. -Client census was 5 from 5/24/24 to 5/31/24. -Client census was 6 from 5/31/24 to 6/6/24. -Client census was 7 from 6/6/24 to 6/10/24. -Client census was 6 from 6/10/24 to 6/20/24.</p>	V 296		

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V 296	<p>Continued From page 25</p> <p>Review on 6/25/24 of daily shift log reports from 5/24/24 to 6/8/24 revealed: -2 BHT (behavioral health technician) worked from 7pm to 7-8am on 5/24/24, 5/25/24, 5/27/24, 5/29/24, 5/30/24, 6/1/24, 6/2/24, 6/3/24, 6/4/24, 6/5/24, 6/7/24. -All day staff were already signed out at 7pm on 5/24/24, 5/25/24, 5/27/24, 5/29/24, 5/30/24, 6/1/24, 6/2/24, 6/3/24, 6/4/24, 6/5/24, 6/7/24.</p> <p>Review on 6/21/24 of incident dated 6/18/24 revealed: -Client #1 eloped from the facility around 7:45pm. -2 nightshift staff (Staff #3 and former staff (FS #9) were working at the facility at the time of his elopement.</p> <p>Interview on 6/21/24 with Client #2 revealed: -Did not know how long he had been there. -3 staff worked during the day and 2 staff at night. -Go to bed at 9pm. -Nightshift staff were at facility when they went to bed.</p> <p>Interview on 6/21/24 with Client #3 revealed: -Staff at night were awake, usually 2 staff. -Tablets and remotes go up at 8pm and TV goes out at 9pm. Some kids stay up and play with toys. -"[Staff #4] comes in early to help support night shift."</p> <p>Interview on 6/24/24 with Client #4 revealed: -Get up at 6am with 2 night shift staff here. -Lights out at 8pm with 2 night shift staff.</p> <p>Interview on 6/21/24 with Staff #1 revealed: -Came back to work for licensee on 5/19/24 as behavioral health specialist (BHS).</p>	V 296		

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V 296	<p>Continued From page 26</p> <ul style="list-style-type: none"> <li>-BHS were responsible for completing notes at the end of shift, passing medications, supervising shifts.</li> <li>-Shifts were 12 hours; 7am to 7pm and 7pm to 7am.</li> <li>-Had 2 BHTs and at least 1 specialist during the day shift.</li> <li>-Specialists had to stay later to make sure the boys were asleep.</li> <li>-Nightshifts had 2 awake staff.</li> </ul> <p>Interview on 6/21/24 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-Had 3 staff in ratio during the day and 2 staff at night both awake.</li> <li>-"Had 7 kids but mostly 6 kids."</li> <li>-She and FS #9 were working on 6/18/24 when Client #1 eloped.</li> </ul> <p>Interview on 6/24/24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-On school days she would come in at 6:30am to get the boys ready for school.</li> <li>-Received a text last week saying BHS can leave in the evening when the boys are asleep.</li> <li>-Quiet time was at 8pm and lights out at 9pm.</li> </ul> <p>Interview on 6/25/24 with Staff #5 revealed:</p> <ul style="list-style-type: none"> <li>-BHS come in at 6:30am.</li> <li>-When night shift comes in, meds have been passed by then.</li> <li>-"Yes, only 2 staff overnight. When staff come in at 7pm the boys are still awake."</li> <li>"[Client #5] has to be tucked in at 9-9:30pm."</li> <li>-"Boys are in their rooms at 8pm and asleep soon after."</li> </ul> <p>Interview on 6/25/24 with Staff #7 revealed:</p> <ul style="list-style-type: none"> <li>-"When school was still in, BHS would come in at 6:30am to pass meds and stay in evening to pass night meds. We would stay until half of the boys are asleep."</li> </ul>	V 296		

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V 296	<p>Continued From page 27</p> <p>Interview on 6/24/24 with FS #9 revealed: -She and Staff #3 worked Tuesday night when Client #1 eloped. -The other clients were not asleep.</p> <p>Interview on 6/25/24 with the Associate Professional revealed: -BHS staff began working 6:30am to 6:30pm in March to help support staff; get meds and ready for school. -Generally started new staff on evenings due to the slower pace.</p>	V 296	<p>Residents are normally asleep or in their beds shortly after medication administration time as dinner and evening hygiene happens before 1800.</p> <p>Since incident on 06/18/2024, three direct care staff, normally a BHS and two night shift BHT stay on duty until all residents are actively sleeping. At this point, BHS goes off shift.</p>	7/12/24