

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/22/2024
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NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on March 22, 2024. Two complaints were substantiated (intake #NC00214807 and NC00214948) and one complaint was unsubstantiated (intake #NC00214518) . A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 54 and currently has a census of 41. The survey sample consisted of audits of 10 current clients.</p>	V 000	<p>Carolina Dunes Behavioral Health takes these findings seriously and has implemented what we feel is an effective plan of action to address the identified deficiencies and monitor for compliance with actions taken. Pursuant to your request, the response is structured as follows: 1) the measures put in place to correct the deficient practice, 2) the measures put in place to prevent the problem from occurring again, 3) the person who will monitor the situation to ensure it will not occur again, and 4) how often the monitoring will take place.</p>	
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p>	V 315	<p>To meet the 2:6 mandatory staffing ratio, facility leadership has temporarily paused PRTF admissions until the census reaches 12 on one of the female PRTF units and 6 on the male PRTF unit. This will reduce the number of BHA employees needed to meet the 2:6 ratio until enough BHAs can be recruited to support a higher census.</p> <p>To improve recruitment and retention of direct care staff, the base salary for the position has been increased and the shift differentials have been increased to incentivize working evenings and nights, especially on weekends. To ensure that a 2:6 direct care staff to patient ratio is maintained at all times, the Chief Nursing Officer will report daily to the CEO in the Safety Committee meeting the number of Behavioral Health Associates scheduled for that day and the following day. The Milieu Managers have been empowered to offer critical shift incentive pay to help</p>	4/21/2024

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

TITLE

(X6) DATE

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V 315	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are: Review on 3/22/24 of a sample of "Facility Daily Staffing Sheets" for 2/24/24 through 3/20/24 revealed: -200 Hall census ranged from 15 - 16 clients. -2 MHTs (Mental Health Technician) working on 3/8/24, and 3/15/24 - 3/16/24 for the 1st shift. -3 MHTs working on 2/25/24 - 2/27/24, 3/4/24, 3/6/24, 3/9/24 - 3/11/24, 3/17/24, and 3/20/24 for the 1st shift. -4 MHTs working on 2/24/24, 2/28/24 - 2/29/24, 3/1/24 - 3/3/24, 3/5/24, 3/7/24, and 3/13/24 - 3/14/23 for the 1st shift. -2 MHTs working on 3/4/24, and 3/17/24 - 3/18/24 for the 2nd shift. -3 MHTs working on 2/24/24 - 2/28/24, 3/3/24, 3/6/24 - 3/10/24, 3/13/24 - 3/16/24, and 3/19/24 - 3/20/24 for the 2nd shift. -4 MHTs working on 3/11/24 and 3/12/24 for the 2nd shift. -3 MHTs working on 2/24/24, 3/1/24, 3/2/24, 3/5/24 - 3/6/24, 3/12/24 - 3/13/24, 3/15/24, and 3/17/24 for the 3rd shift. -4 MHTs working on 2/25/24 - 2/28/24, 3/3/24 - 3/4/24, 3/7/24 - 3/11/24, 3/14/24, 3/16/24, 3/18/24, and 3/19/24 - 3/20/24 for the 3rd shift. -300 Hall census ranged from 15 - 19 clients. -2 MHTs working on 3/9/24 and 3/15/24 - 3/17/24 for the 1st shift. -3 MHTs working on 2/25/24 - 2/26/24, 2/28/24,	V 315	cover vacant BHA shifts. A central call-out phone is being provided which is answered by a Milieu Manager to ensure that coverage for the vacant shift is obtained in a timely manner. In the event of an unforeseen staff vacancy, the Chief Nursing Officer or designee will notify the designated BHA(s) that they must stay until appropriate relief can be obtained. The Milieu Manager is responsible for obtaining this relief coverage. To help fill vacant positions, the facility is also offering a recruitment bonus for any employee who refers an BHA who is hired. The facility is advertising the BHA position on multiple platforms, to include the facility website, Indeed, Glassdoor, LinkedIn, Handshake, and NC Works. The facility has also filmed an online commercial promoting employment at the facility in direct care roles to raise awareness and promote recruitment. The facility is offering a sign-on bonus for BHAs and is offering monthly employee engagement incentives for all employees. Additional scheduling options including different shift rotations and 12-hour shift options are being offered to attract candidates with varying work schedule needs. The facility Recruiter provides daily updates to the CEO on the status and number of BHA applications, interviews, and hires. The facility has also joined the Brunswick County Chamber of Commerce to increase networking opportunities. The Chief Nursing Officer (or Program Manager when that vacant position is filled) will monitor staffing ratio compliance and report to the CEO twice daily with an update the following day. The Chief	

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V 315	Continued From page 2 3/1/24 - 3/4/24, 3/6/24, 3/8/24, 3/10/24, 3/14/24, and 3/20/24 for the 1st shift. -4 MHTs working on 2/24/24, 2/27/24, 2/29/24, 3/5/24, and 3/11/24 - 3/13/24 for the 1st shift. -5 MHTs working on 3/7/24 for the 1st shift. -2 MHTs working on 3/4/24 and 3/16/24 for the 2nd shift. -3 MHTs working on 2/24/24 - 2/27/24, 3/3/24, 3/7/24 - 3/12/24, 3/15/24, and 3/17/24 - 3/19/24 for the 2nd shift. -4 MHTs working on 2/28/24, 3/6/24, 3/8/24, 3/13/24 - 3/14/24, and 3/20/24 for the 2nd shift. -3 MHTs working on 2/24/24, 3/1/24 - 3/2/24, 3/7/24, 3/10/24 - 3/13/24, and 3/15/24 - 3/16/24 for the 3rd shift. -4 MHTs working on 2/25/24 - 2/28/24, 3/4/24 - 3/6/24, 3/8/24 - 3/9/24, 3/14/24, and 3/17/24 - 3/20/24 for the 3rd shift. -5 MHTs working on 3/3/24 for the 3rd shift. -400 Hall census ranged from 8 - 12 clients. -2 MHTs working on 2/26/24, 3/1/24 - 3/3/24, 3/8/24 - 3/10/24, 3/15/24 - 3/17/24, and 3/20/24 for the 1st shift. -3 MHTs working on 2/24/24 - 2/25/24, 2/27/29 - 2/29/24, 3/4/24 - 3/7/24, 3/11/24 - 3/14/24 for the 1st shift. -2 MHTs working on 2/26/24, 3/3/24 - 3/4/24, 3/6/24, 3/9/24 - 3/10/24, and 3/16/24 - 3/18/24 for the 2nd shift. -3 MHTs working on 2/24/24 - 2/25/24, 2/27/24, 3/7/24 - 3/8/24 3/11/24, 3/13/24 - 3/15/24 ,and 3/19/24 - 3/20/24 for the 2nd shift. -2 MHTs working on 3/4/24 - 3/7/24, 3/12/24 3/14/24, 3/18/24, and 3/20/24 for the 3rd shift. -3 MHTs working on 2/24/24 - 2/26/24, 2/28/24, 3/1/24 - 3/3/24, 3/8/24 - 3/11/24, 3/13/24, 3/15/24 - 3/17/24, and 3/19/24 for the 3rd shift.	V 315	Nursing Officer or Program Manager will report to the CEO on staffing ratio compliance both at the daily morning leadership meeting and each afternoon Staffing meeting. The facility recruiter will also provide a daily update to the CEO on the status and number of BHA applications, interviews, and hires. The Human Resources Director and leadership team will hold bi-weekly new hire orientation classes instead of monthly classes to expedite the onboarding of prospective employees in order to increase hiring ahead of turnover. These bi-weekly new hire orientations will continue until staffing levels are adequate to maintain proper ratios at all times on all shifts. In addition to the base salary increases being offered to BHAs, the shift differentials have been increased to promote coverage of the historically more difficult to cover shifts on evenings and weekends. To help promote employee retention and minimize turnover and vacant positions, the New Employee Orientation schedule has been revised to promote employee engagement. Facility Managers also meet with new employees at regular intervals to discuss engagement and satisfaction, training needs, etc. Nursing and Program leadership are developing a Preceptor/Mentor program that will include training of BHA-2 employees as Preceptors for newly hired BHAs and a retention-based financial incentive for Preceptors whose trainees exceed employment milestones. The Chief Nursing Officer is responsible for maintaining the appropriate 2:6 direct care staff to patient ratio.	

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V 315	<p>Continued From page 3</p> <p>Interview on 3/22/24 client #1 stated: -He had been at the facility for 5 months. -He resided on the 400 hall. -There were 2 - 4 staff on each shift. -Staff were consistent in making 15 minute checks on every shift. -There were 8 clients on the hall.</p> <p>Interview on 3/22/24 client #2 stated: -He had been at the facility for 5 weeks. -He resided on the 400 hall. -There were 2 - 3 staff working each shift. -Staff were consistent in making 15 minute checks on every shift. -There were 8 clients on the hall.</p> <p>Interview on 3/21/24 client #3 stated: -She had been at the facility for 5 - 6 months. -She resided on the 300 hall. -There were 3 - 4 staff working each shift. -Staff were consistent in making 15 minute checks on every shift. -There were 16 clients on the hall.</p> <p>Interview on 3/22/24 client #5 stated: -She had been at the facility for 1 month. -She resided on the 200 hall. -There were 2 - 4 staff working each shift. -Staff were consistent in making 15 minute checks on every shift. -There were 15 - 16 clients on the hall.</p> <p>Interview on 3/22/24 client #6 stated: -She had been at the facility for 4 months. -She resided on the 200 hall. -There were "usually 2 staff" working each shift. -Staff were consistent in making 15 minute checks on every shift. -There were "a lot" of clients on the hall.</p>	V 315	The Chief Nursing Officer will monitor this process daily and report any discrepancies and corrective action to the CEO in the Safety meeting.	
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V 315	<p>Continued From page 4</p> <p>Interview on 3/22/24 client #8 stated: -She was admitted to the facility last year. -She resided on the 200 hall. -Staff were consistent in making 15 minute checks on every shift. -There were 2 - 4 staff working each shift.</p> <p>Interview on 3/22/24 client #10 stated: -He had been at the facility for 2 months. -He resided on the 400 hall. -There were 2 - 3 staff working each shift. -Staff were consistent in making 15 minute checks on every shift. -There were 8 clients on the hall.</p> <p>Interview on 3/22/24 Director of Quality Compliance and Risk Management stated: -The facility had closed the 100 hall and reduced the 400 hall to 8 clients to assist with meeting staffing ratios. -He and the Chief Executive Officer (CEO) had met with administrative staff from the Division of Health Service Regulation to review concerns with meeting staffing requirements. They were working with their corporate office to implement new measures to address the staffing concerns. -The facility continued to work to improve staffing ratios and explore additional options in order to meet staffing requirements, as call-outs and staff turnover presented ongoing challenges.</p> <p>Interview on 3/22/24 the CEO stated: -The facility had closed the 100 hall and reduced the 400 hall to 8 clients to assist with meeting staffing ratios. -He and the Director of Quality Compliance and Risk Management had met with administrative staff from the Division of Health Service Regulation to review ongoing staffing issues at the facility.</p>	V 315		

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V 315	<p>Continued From page 5</p> <ul style="list-style-type: none"> -He was working with his corporate office to explore additional options in order to meet staffing requirements. -The facility continued to work through staffing shortages with ongoing recruitment efforts to fill open positions. -Call-outs and staff turnover presented ongoing challenges with maintaining staffing ratios. <p>This deficiency has been cited 11 times since the original cite on 5/10/21 and must be corrected within 30 days.</p>	V 315	



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

Re: Complaint and Follow-up Survey completed March 22, 2024
Carolina Dunes Behavioral Health, 2050 Mercantile Drive, Leland, NC 28451
MHL # MHH0976
Intake #NC00214518, #NC00214807, #NC00214948

April 17, 2024

To Whom It May Concern:

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

Sincerely,

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