

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FACILITY BASED CRISIS OF CABARRUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>280 EXECUTIVE PARK DRIVE, SUITE 160 CONCORD, NC 28025</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 12-23-24. The complaint was substantiated (NC00224103). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 500 Facility Based Crisis Service for Individuals of All Disability Groups.</p> <p>This facility is licensed for 16 and currently has a census of 14. The survey consisted of audits of 3 current clients and 2 former clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> </ol>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews one of three audited staff (Staff#1) failed to demonstrate competency. The findings are:</p> <p>Review on 11-14-24 of Former Client #4 (FC#4)'s record revealed: -Admitted 8-29-24, Discharged 9-6-24. -Diagnoses of Amphetamine use, severe, Unspecified Trauma and stressor related disorder, unspecified depressive disorder, cannabis use disorder, moderate. -Goal include: "I will remain safe while at FBC (Facility Based Crisis)...FBC staff will monitor for safety...client safety will be monitored via routine checks, routine assessments, clinical/medical interventions, and video."</p> <p>Review on 11-14-24 of Staff #1's personnel record revealed: -Hire date 4-22-24 as Crisis Worker. -Hire date 10-8-24 as Crisis Worker-Shift Coordinator. -Trainings include: Client rights 5-27-24, boundaries in therapeutic relationships 5-7-24, Intellectual Developmental Disabilities</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>5-7-24, Chronic Mental Illness, signs of withdrawal 5-6-24, Depression, Borderline Personality Disorder, Bipolar Disorder, and Anxiety Disorder, 5-6-24. Mindset 8-22-24.</p> <p>Interview on 11-15-24 with Staff #1 revealed:                      -When asked about FC#4 he replied: "I see where this is going."                      -"I just treated him with respect and he didn't like me. He called me every name in the book. He left before treatment was over."                      -He had never been talked to or counseled about anything.</p> <p>Interview on 11-22-24 with Former Client #4 revealed:                      -Former Client #1 was a transgender black female.                      -Staff #1 had "issues with black people."                      -"We would defend ourselves and (then) labeled problematic."                      -Staff #1 would deliberate target him to "mess with".                      -"Verbal altercations that he (Staff #1) would start."                      -"He would slam my door open with lots of noise."                      -"He would mock the way I talk since I was a queer person."                      -Staff #1 refused to call Former Client #4 by the female pronoun or use her requested name.                      -"[Staff #1] would say, 'that is a he, and he is a man.'                      -"We almost got into a physical fight about it."</p> <p>Interview on 11-15-24 with Staff #2 revealed:                      -"I have not witnessed [Staff #1] being ugly but have heard reports from patients."                      -Staff #2 did hear about Staff #1 not wanting</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>to call FC#4 a female.</p> <p>Interview on 11-12-24 with Staff #3 revealed: -Former Client #5 said that Staff #1 had shook his finger in her face and it triggered her badly. -She also said that Staff #1 put a hole in the door of her room by opening it so hard. -"We (FBC) had a client, we had a transgendered client (FC#4) that wanted to be called she and he (Staff #1) wouldn't do it." -Staff #1 tried to correct Staff #3 for calling FC#4 by female pronouns. -Staff #3 reported it to the director.</p> <p>Interview on 11-12-24 with Staff #4 revealed: -If a client is gay or transgender, they feel that they are not treated fairly. -Staff #1 refuses to call transgender people by their chosen name. -FBC has a policy that the staff are supposed to knock before going into rooms, Staff #1 just "barges" in. -This led to a female client (FC#5) that was gay and black stating she did not feel safe around him. -Staff #1 allegedly put a hole in her door.</p> <p>Interview on 11-13-24 with Staff #6 revealed: -There has been problems with some clients saying they have been bullied by staff. -They had a client that identified as female, but this staff refused to call her by her female name.</p> <p>Interview on 11-15-24 with Staff #7 revealed: -Staff #7 has heard that Staff #1 is "really nasty to them (clients) sometimes." -Staff #7 has talked with the Director about the situation but doesn't know if anything was</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>done about it.</p> <p>-Staff #1 had not wanted to call FC#4 by her female name. Staff #1 was told that they have to go by the client wishes, but later that night, Staff #1 did the same thing again.</p> <p>Interview on 11-15-24 with Staff #8 revealed:                      -"[Staff#1] had to redirected multiple times."                      -"We (FBC) had a client transgender to female. He said we had to monitor this client's behavior and kept referring to her as a he. [Staff#1] said out loud 'I will not call him she because his chart says he and he will be a he to me.'"</p> <p>- "It didn't stop there. Later that day, he kept on calling the client (FC#4) "he" and the client said please don't call me he. The client escalated, cursed at him. I pull the client to the side. The client said that staff won't stop calling me he."</p> <p>Interview on 11-12-24 with Staff #9 revealed:                      -"This person (Staff #1) causes a lot of drama." He told one client, "you can get your s**t and leave."</p> <p>Interview on 11-19-24 with the facility Director revealed:                      -Some of the complaints she hears are not true.                      -She did address the issue of gender and calling people by their chosen name and gender with Staff #1 but did not document it.                      -A lot of staff are upset because Staff #1 recently got promoted.                      -This was a new position for all the centers and they are working out issues and giving people more training.</p>	V 110		

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V 366	Continued From page 5	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) attending to the health and safety needs of individuals involved in the incident;</li> <li>(2) determining the cause of the incident;</li> <li>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</li> <li>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</li> <li>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</li> <li>(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</li> <li>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</li> </ol> <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</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>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 facility failed to implement polices governing their response to incidents. The findings are:</p> <p>Interview on 11-22-24 with Former Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-Former Client #1 was a transgender black female.</li> <li>-Staff #1 would deliberate target him to "mess with".</li> <li>-"He would slam my door open with lots of noise."</li> <li>-"He would mock the way I talk since I was a queer person."</li> <li>-Staff #1 refused to call Former Client #4 by</li> </ul>	V 366		



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V 366	<p>Continued From page 8</p> <p>the female pronoun or use her requested name. -[Staff #1] would say, 'that is a he, and he is a man.' -"We almost got into a physical fight about it."</p> <p>Interview on 11-15-24 with Staff #2 revealed: -She had heard about an issue with Staff #1 not wanting to call Former Client #1 by her preferred gender and name.</p> <p>Interview on 11-15-24 with Staff #8 revealed -[Staff #1] said out loud 'I will not call him she because his chart says he and he will be a he to me.' -The staff member did speak to Staff #1 about the fact that he could not do that, but Staff #1 repeated it later that day. -Former Client #4 was very upset about it. -Staff #8 did speak to the doctor about the situation and made sure it was addressed with Staff #1.</p> <p>Review on 11-12-24 of facility incident reports revealed: -No incident reports for Staff#1 refusing to call Former Client #1 by his preferred name.</p> <p>Interview on 11-19-24 with the facility Director revealed: -She did talk with Staff #1 about calling clients by their preferred name, but did not document the conversation. -She did not think it rose to the level of an incident report.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 367		

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V 367	<p>Continued From page 9</p> <p><b>CATEGORY A AND B PROVIDERS</b></p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <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> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously unavailable.</li> </ol> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p>	V 367		
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V 367	<p>Continued From page 10</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 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).</p> <p>(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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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>	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 interviews and record reviews the facility failed to ensure that all level II incidents were reported to the local management entity within 72 hours of becoming aware of the incident. The findings are:</p> <p>Interview on 11-22-24 with Former Client #4 revealed: -Former Client #1 was a transgender black female. -Staff #1 had "issues with black people." -"We would defend ourselves and (then) labeled problematic." -Staff #1 would deliberate target him to "mess with". -"Verbal altercations that he (Staff #1) would start." -"He would slam my door open with lots of noise." -"He would mock the way I talk since I was a queer person." -Staff #1 refused to call Former Client #4 by the female pronoun or use her requested name. -"[Staff #1] would say, 'that is a he, and he is a man.' -"We almost got into a physical fight about it."</p> <p>Interview on 11-15-24 with Staff #2 revealed: -She had heard about an issue with Staff #1 not wanting to call Former Client #1 by her preferred gender and name.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FACILITY BASED CRISIS OF CABARRUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>280 EXECUTIVE PARK DRIVE, SUITE 160 CONCORD, NC 28025</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>Interview on 11-15-24 with Staff #8 revealed -[Staff #1] said out loud 'I will not call him she because his chart says he and he will be a he to me.' -The staff member did speak to Staff #1 about the fact that he could not do that, but Staff #1 repeated it later that day. -Former Client #4 was very upset about it. -Staff #8 did speak to the doctor about the situation and made sure it was addressed with Staff #1.</p> <p>Review on 11-12-24 of facility incident reports revealed: -No incident reports for Staff#1 refusing to call Former Client #1 by his preferred name.</p> <p>Interview on 11-19-24 with the facility Director revealed: -She did talk with Staff #1 about calling clients by their preferred name, but did not document the conversation. -She did not think it rose to the level of an incident report. -She didn't think she needed to do an incident report every time she spoke to staff about an issue.</p>	V 367		