

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEAVEN'S GATE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4111 ZEBULON AVENUE SW</b> <b>CONCORD, NC 28027</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 12/20/24. The complaint was unsubstantiated (Intake #NC00224743). 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 4 and has a current census of 0. The survey sample consisted of audits of 2 former clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 2 staff (Associate Professional, Direct Care staff) received training to meet the needs of the client as outlined in the treatment plan. The findings are:</p> <p>Review on 12/18/24 of Staff #1's personnel record revealed: - Date of Hire 11/15/24; - Job Title Direct Care Staff; - No documentation training to meet the need of Former Client #1 as outlined in the treatment plan.</p> <p>Review on 12/5/24 of the Associate Professional's personnel record revealed: - Date of Hire 7/20/24; - Job Title Associate Professional; - No documentation of training to meet the need of Former Client #1 as outlined in the treatment plan.</p> <p>Interview on 12/20/24 with the Associate Professional revealed: - "I'm going to be more attentive and update the population served training."</p>	V 108		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <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> <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</li> </ol>	V 367		

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V 367	<p>Continued From page 4</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report all critical incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 1 of 1 Former Client (FC) (FC#1). The findings are:</p> <p>Review on 12/5/24 of Former Client #1's record revealed: - Admission date 11/16/24; - Age 16; - Diagnoses Major Depressive Disorder, recurrent, moderate; Disruptive mood Dysregulation Disorder; Intellectual Developmental Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder.</p> <p>Review on 12 /5/24 of the IRIS from November 1, 2024- December 5, 2024 revealed: - Incident on 11/18/24 of FC #1's behavior of property damage and physical was not reported within the required timeframe, incident was reported on 11/26/24; - No update submitted to the LME request on 12/3/24 of the incident on 12/1/24 with FC #1 The client became irate because she indicated that</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>she did not want to be at the placement any longer... Client yelled, used profanity and became physically aggressive with staff. Client referred to staff as "faggot b***h" and stated that she would have her father come and "shoot staff." Client then began scratching herself, reopening old cut marks on her wrist. Neighbors contacted Law enforcement, who responded to the scene and witnessed the client's behavior. Staff then made the decision to contact mobile crisis, as the client's behaviors were not subsiding. Mobile crisis responded and initiated the IVC process after witnessing the client behaviors. Client also indicated that she wanted to kill herself. Eventually, staff was able to get the client to calm down and agree to be taken to the hospital. The hospital decided to admit the client as they felt she was unstable, and finished the IVC, originally started by mobile crisis. The request This IRIS report has been reviewed by MCO staff. There is information missing or that requires further explanation. Please see below for the info that needs to be completed. Once completed, please save and resubmit this IRIS report. Please resubmit within 5 days of the date of this notification. 1. Enter Tailored Plan Client Record Number.</p>	V 367		