| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL059-065 | A. BUILDING: _____ B. WING _____ | R 01/15/2025 |

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|---|---|
| RUTHIE'S PLACE | 71 4TH EM STREET MARION, NC 28752 |

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| V 000 | INITIAL COMMENTS<br><br>An annual, complaint, and follow up survey was completed on January 15, 2025. The complaint was substantiated (Intake #NC00225800). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.<br><br>The facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client. | V 000 | | |
| V 115 | 27G .0208 Client Services<br><br>10A NCAC 27G .0208 CLIENT SERVICES<br>(a) Facilities that provide activities for clients shall assure that:<br>(1) space and supervision is provided to ensure the safety and welfare of the clients;<br>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and<br>(3) clients participate in planning or determining activities.<br>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.<br>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.<br>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.<br>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to | V 115 | | |

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| V 115 | Continued From page 1<br>assist in supervision of the children.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare of 3 of 3 audited clients (Clients #1 and #2 and Former Client (FC) #3). The findings are:<br><br>Review of Client #1's record revealed:<br>-Age: 15 years old.<br>-Date of Admission: 4-6-22, readmission 12-14-24.<br>-Date of Discharge: 11-25-24.<br>-Diagnoses: Major Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD), Unspecified Trauma.<br><br>Review of Client #2's record revealed:<br>-Age: 16 years old.<br>-Date of Admission: 3-7-24.<br>-Diagnoses: Post Traumatic Stress Disorder.<br><br>Review of Former Client (FC) #3's record revealed:<br>-Age: 17 years old.<br>-Date of Admission: 1-25-24.<br>-Date of Discharge: 1-1-25.<br>-Diagnoses: ADHD, Oppositional Defiant Disorder, Unspecified Trauma and Cannabis Use Disorder.<br><br>Review on 1-9-24, 1-10-24, and 1-14-24 of facility | V 115 | | |

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| V 115 | Continued From page 2 | V 115 | | |

incident reports revealed:
-10-13-24: Client #1 - "...went to clean the bathroom but abruptly came out and handed staff a bottle of cleaner and said she drank some and then ran past staff out of the house and down the street..." Poison control was contacted, Client #1 was taken to the Emergency Department and held for psychological evaluation.
-12-6-24: Client #2 - did not get off the bus after school. Law enforcement notified for missing person and was returned to the group home that evening.
-12-26-24: Client #2 and FC #3 - Both clients were allowed to go outside on the porch. "...Staff stepped outside to check on the girls around 30 minutes later and the girls were gone..." Law enforcement was called. Both clients were found and returned to the group home the next morning.
-12-30-24 and 12-31-24: FC #3 - Self harming behavior and threats of continued self-harm and threats towards others. Transported to the local Emergency Department for evaluation. FC #3 remained overnight but was not admitted. The next day continued self-harm and threatening behaviors resulted in 911 being called and transport to local emergency department.

Interview on 1-15-25 with Client #2's guardian revealed:
-No concerns with the facility in regard to supervision.
-"If [Client #2] is going to run, she will run, even with complete surveillance on her."

Interview on 1-13-25 with Client #2 revealed:
-There were always two staff present.
-"They (staff) were watching us (her and FC #3). We had to be strategic (in order to run away).
-"I have always had a hard time with placements."

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| V 115 | Continued From page 3<br><br>Attempted interviews with FC #3 and FC #3's guardian were unsuccessful.<br><br>Interview on 1-8-25 with Staff #1 revealed:<br>-FC #3 had been angry and she we "gave her space...and she decided to take off out of nowhere..."<br>-FC #3 had "talked to staff and then still ran."<br>-"Maybe 5 to 10 minutes" before staff knew she had left.<br><br>Interviews on 1-9-25 and 1-13-25 with the Associate Professional (AP) revealed:<br>-Incident on 12-26-25 was "a period of 10 to 30 minutes of them being not checked on."<br>-"Expectation is to improve so that situation (elopements) doesn't happen again.<br>-Would talk with staff about better supervision practices.<br>-"We (staff) set up a strong rule, the girls (clients) can't be on porch alone...reduce risk as much as we can."<br>-"They (clients) should not have been out on the porch without a staff."<br><br>Interview on 1-9-25 with the Qualified Professional (QP) revealed:<br>-"It was obvious she (FC #3) was trying to get out. She was upping the ante..."<br>-"I think we (staff) do good work, but there is always room for improvement. We can always get better. There are always learning opportunities."<br><br>Interview on 1-13-25 with the Owner revealed:<br>-Former Client #3 was close to turning 18 and was getting nervous.<br>-"We (the facility) were taken back by what she did (running away)." | V 115 | | |

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| V 115 | Continued From page 4<br>-The staff have worked hard with the clients.<br>-"...they (staff) have to monitor the kids (clients). If the kids go outside, you have to accompany them...make sure you are supervising 24/7."<br>-"If they (clients) want to cool down, go outside with them." | V 115 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(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<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(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.<br>(c) In addition to the requirements set forth in | V 366 | | |

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| V 366 | Continued From page 5<br>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 by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(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:<br>(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;<br>(B) gather other information needed;<br>(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<br>(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 | V 366 | | |

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| V 366 | Continued From page 6<br>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 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<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to implement written policies governing their responses to level I, II, or III incidents. The findings are:<br><br>Review of Client #1's record revealed:<br>-Age: 15 years old.<br>-Date of Admission: 4-6-22, readmission | V 366 | | |

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| V 366 | Continued From page 7<br><br>12-14-24.<br>-Date of Discharge: 11-25-24.<br>-Diagnoses: Major Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD), Unspecified Trauma.<br><br>Review of Client #2's record revealed:<br>-Age: 16 years old.<br>-Date of Admission: 3-7-24.<br>-Diagnoses: Post Traumatic Stress Disorder.<br><br>Review of Former Client (FC) #3's record revealed:<br>-Age: 17 years old.<br>-Date of Admission: 1-25-24.<br>-Date of Discharge: 1-1-25.<br>-Diagnoses: ADHD, Oppositional Defiant Disorder, Unspecified Trauma and Cannabis Use Disorder.<br><br>Review on 1-9-24, 1-10-24, and 1-14-24 of facility incident reports dated 10-1-24 to 1-9-25 revealed:<br>-10-13-24: Client #1 - "...went to clean the bathroom but abruptly came out and handed staff a bottle of cleaner and said she drank some and then ran past staff out of the house and down the street..." Poison control was contacted, Client #1 was taken to the Emergency Department and held for psychological evaluation.<br>-12-6-24: Client #2 - did not get off the bus after school. Law enforcement was notified for a missing person and was returned to the group home that evening.<br>-12-26-24: Client #2 and FC #3 - Both clients were allowed to go outside on the porch. "...Staff stepped outside to check on the girls around 30 minutes later and the girls were gone..." Law enforcement was called. Both clients were found and returned to the group home the next morning. | V 366 | | |

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| V 366 | Continued From page 8<br><br>-12-30-24 and 12-31-24: FC #3 - Self harming behavior and threats of continued self-harm and threats towards others. Transported to the local Emergency Department for evaluation. FC #3 remained overnight but was not admitted. The next day continued self-harm and threatening behaviors resulted in 911 being called and transport to local emergency department.<br><br>Review on 1-9-25, 1-10-25, and 1-14-25 of facility records for 10-1-24 to 1-9-25 revealed:<br>-No evidence of determining cause or assigning of person(s) for implementation of corrections and preventive measures for the following:<br>-incident dated 10-13-24 involving Client #1.<br>-incident dated 12-6-24 involving Client #2<br>-incident dated 12-26-24 involving Client #2 and FC #3.<br>-incident dated 12-30-24 and 12-31-24 involving FC #3.<br><br>Review on 1-9-24, 1-10-24, and 1-14-24 of NC Incident Response Improvement System (IRIS) revealed:<br>-No incident report, or risk/cause analysis was submitted into IRIS for incidents which occurred on 10-13-24, 12-6-24, and 12-26-24.<br><br>Interviews on 1-9-25 and 1-13-25 with the Associate Professional (AP) revealed:<br><br>Interview on 11-9-25 with the Qualified Professional (QP) revealed:<br>-we are having group conversations and interviews.<br>-"we are making a plan...what we can do better.<br><br>Interview on 1-13-25 with the Owner revealed:<br>-Debriefing occurred between his business partner, the QP, the AP, and himself. | V 366 | | |

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| V 366 | Continued From page 9<br>-Would document through a video conference call.<br>-"...Accreditation asks us to document that (debriefing after incidents)." | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(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: | V 367 | | |

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| V 367 | Continued From page 10<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:<br>(1) hospital records including confidential information;<br>(2) reports by other authorities; and<br>(3) the provider's response to the incident.<br>(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).<br>(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:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client; | V 367 | | |

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| V 367 | Continued From page 11<br>(5) the total number of level II and level III incidents that occurred; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to report level II incidents in the Incident Response Improvement System (IRIS) within 72 hours of becoming aware of the incident. The findings are:<br><br>Review of Client #1's record revealed:<br>-Age: 15 years old.<br>-Date of Admission: 4-6-22, readmission 12-14-24.<br>-Date of Discharge: 11-25-24.<br>-Diagnoses: Major Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD), Unspecified Trauma.<br><br>Review of Client #2's record revealed:<br>-Age: 16 years old.<br>-Date of Admission: 3-7-24.<br>-Diagnoses: Post Traumatic Stress Disorder.<br><br>Review of Former Client (FC) #3's record revealed:<br>-Age: 17 years old. | V 367 | | |

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| V 367 | Continued From page 12 | V 367 | | |

-Date of Admission: 1-25-24.
-Date of Discharge: 1-1-25.
-Diagnoses: ADHD, Oppositional Defiant Disorder, Unspecified Trauma and Cannabis Use Disorder.

Review on 1-9-24, 1-10-24, and 1-14-24 of facility incident reports dated 10-1-24 to 1-9-25 revealed:
-10-13-24: Client #1 - "...went to clean the bathroom but abruptly came out and handed staff a bottle of cleaner and said she drank some and then ran past staff out of the house and down the street..." Poison control was contacted, Client #1 was taken to the Emergency Department and held for psychological evaluation.
-12-6-24: Client #2 - did not get off the bus after school. Law enforcement was notified of a missing person and was returned to the group home that evening.
-12-26-24: Client #2 and FC #3 - Both clients were allowed to go outside on the porch. "...Staff stepped outside to check on the girls around 30 minutes later and the girls were gone..." Law enforcement was called. Both clients were found and returned to the group home the next morning.

Review on 1-9-24, 1-10-24, and 1-14-24 of IRIS revealed:
-no entry for incidents dated: 10-13-24, 12-6-24, and 12-26-24.

Interviews on 1-9-25 and 1-13-25 with the Associate Professional (AP) revealed:
-"I pass that off to my boss (the Owner)...I don't have access to IRIS..."

Interview on 1-9-25 with the Qualified Professional (QP) revealed:
-"We do a standard write up (incident reports)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL059-065 | A. BUILDING: _____ B. WING _____ | R 01/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RUTHIE'S PLACE | 71 4TH EM STREET MARION, NC 28752 |

| (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 | Continued From page 13<br>and submit them (to the Owner)."<br><br>Interview on 1-13-25 with the Owner revealed:<br>-His business partner would typically input incidents in IRIS.<br>-The business partner had been sick around the time of one of the incidents.<br>-"She (business partner) does a great job of getting the information (regarding incidents)." | V 367 | | |