

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANSCENDING HEIGHTS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 ARCHDALE DRIVE</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 1/15/25. The complaint was unsubstantiated (intake #NC00224971). 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 6 and has a current census of 3. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 366	<p><b>27G .0603 Incident Response Requirements</b></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</li> </ol>	V 366		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 366	<p>Continued From page 1</p> <p>Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <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 by:</p> <p>(1) immediately securing the client record 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</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 2</p> <p>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 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 written policies</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 3</p> <p>governing their response to level II incidents as required. The findings are:</p> <p>Review on 12/9/24 of the North Carolina Incident Response Improvement System (IRIS) for the dates 10/1/24-12/9/24 revealed:</p> <ul style="list-style-type: none"> <li>-No incident report was submitted regarding former client (FC) #4 having suicidal ideation and going to the hospital on 11/9/24.</li> <li>-No incident was submitted regarding FC #4 having suicidal ideation, and going to the hospital on 11/20/24.</li> <li>-No incident report was submitted regarding FC #4 having suicidal ideation and going to the hospital on 11/23/24.</li> <li>-12/8/24 incident report completed by staff #3 "Consumer stated she took an abundant amount of medication, and she was feeling unwell. Consumer asked to make a phone call to the facility director who was outside of that facility at the particular moment. Once consumer was told to go lay back Consumer fled the facility."</li> <li>-No risk/cause analysis was submitted to IRIS for the incidents which occurred on 11/9/24, 11/20/24, 11/23/24, and 12/8/24.</li> </ul> <p>Interview on 1/12/25 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-Completed the IRIS report for the 12/8/24 incident.</li> <li>-Did not know the IRIS report was not completed fully to include the risk cause analysis.</li> </ul> <p>Interview on 1/8/25 and 1/13/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-Incident reports were completed by "whoever is there when it happens. We send the code to [Director]."</li> <li>-On 11/9/24 FC #4 "broke a piece of plastic and scraped her thigh. She was transported by myself to the hospital. She was admitted."</li> </ul>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 4</p> <p>-On 11/20/24 FC #4 "took a fake nail and was trying to cut herself. She said she was not safe. I contacted [Director]; she said to take her (FC #4) to the hospital because she needed further observations."</p> <p>-On 11/23/24 FC #4 "started destroying property and saying she wanted to harm herself and needs further help. I contacted [Director] and was told to return her to the hospital.</p> <p>-Completed IRIS reports for 11/9/24, 11/20/24, and 11/23/24 incidents. Did not know they were incomplete and were not submitted.</p> <p>Interviews on 12/19/24 and 1/13/24 with the Director revealed:</p> <p>-IRIS reports are typically done by the QP and occasionally by staff #3.</p> <p>-Did not know IRIS reports for incidents on 11/9/24, 11/20/24, 11/23/24, and 12/8/24 were incomplete and the reports for the incidents on 11/9/24, 11/20/24, 11/23/24 were not submitted.</p> <p>-Had not developed and implemented corrective measures.</p> <p>-Had not developed and implemented measures to prevent similar incidents.</p> <p>-Had not assigned persons to be responsible for implementation of the corrections and preventative measures.</p> <p>-Had not written and submitted findings to the local Management Entity/Managed Care Organization in the required timeframe.</p> <p>-"We are going to restructure (procedure for completing IRIS reports) because obviously it was not getting submitted properly."</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 5</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		

Division of Health Service Regulation

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V 367	<p>Continued From page 6</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 7</p> <p>This Rule is not met as evidenced by: 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.</p> <p>Review on 12/9/24 of IRIS for the dates 10/1/24-12/9/24 revealed: -No incident report was submitted regarding former client (FC) #4 having suicidal ideation and going to the hospital on 11/9/24. -No incident was submitted regarding FC #4 having suicidal ideation and going to the hospital on 11/20/24. -No incident report was submitted regarding FC #4 having suicidal ideation and going to the hospital on 11/23/24.</p> <p>Interview on 1/8/25 and 1/13/25 with the Qualified Professional (QP) revealed: -Incident reports were completed by "whoever is there when it happens. We send the code to [Director]". -On 11/9/24 FC #4 "broke a piece of plastic and scraped her thigh. She was transported by myself to the hospital. She was admitted." -On 11/20/24 FC #4 "took a fake nail and was trying to cut herself. She said she was not safe. I contacted [Director]; she said to take her (FC #4) to the hospital because she needed further observations." -On 11/23/24 FC #4 "started destroying property</p>	V 367		



Division of Health Service Regulation

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V 367	<p>Continued From page 8</p> <p>and saying she wanted to harm herself and needs further help. I contacted [Director] and was told to return her to the hospital." -Completed IRIS reports for 11/9/24, 11/20/24, and 11/23/24 incidents. Did not know they were incomplete and were not submitted.</p> <p>Interviews on 12/19/24 and 1/13/24 with the Director revealed: -IRIS reports are typically done by the QP and occasionally by staff #3. -Did not know IRIS reports for incidents on 11/9/24, 11/20/24, and 11/23/24 had not been completed fully or submitted. -"We are going to restructure (procedure for completing IRIS reports) because obviously it was not getting submitted properly."</p>	V 367		