

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER HEAVEN'S GATE			STREET ADDRESS, CITY, STATE, ZIP CODE 4111 ZEBULON AVENUE SW CONCORD, NC 28027		
(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 000	INITIAL COMMENTS A complaint survey was completed on 12/20/24. The complaint was unsubstantiated (Intake #NC00224743). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 0. The survey sample consisted of audits of 2 former clients.	V 000			
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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,	V 108			

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JAN 23 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

YF2D11

TITLE

(X6) DATE

Associate Professional

Jan. 18, 2025

If continuation sheet 1 of 6

A. Finding: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

Corrective Action Steps:

The review revealed: "No documentation of training to meet the need of Former Client #1 as outlined in the treatment plan."

Going forward, Eternal Haven will implement a consumer specific training. This includes all specific psychiatric mental health diagnoses for each consumer.

Responsible/Monitoring Party(s):

Evidence:

A consumer specific training for each consumer will come from consumer-based documents. (Including, but not limited to PCP, CCA, Psychological Assessments, etc.)

By increasing the frequency of times we are looking at the staff files a week, this alleviates and prevents this issue from reoccurrence.

B. Finding: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS

Corrective Action Steps:

The review revealed: "was not reported within the required timeframe" & "No update submitted to the LME request on 12/3/24 of the incident on 12/1/24"

██████████ will ensure all incidents reports are submitted in the IRIS incident reporting on-line portal within 72 hours of learning about an incident, even if ██████████ does not have all of the facts about an incident. (iris.ncdhhs.gov).

When ██████████ obtains or is informed about new or additional information related to the incident (including being informed by the LME), ██████████ will update the original report and submit the updated information by the end of the next business day after becoming aware of the information.

By increasing the frequency of times we are looking at the IRIS website a week, this alleviates and prevents this issue from reoccurrence.

Responsible/Monitoring Party(s):

Evidence:

IRIS submissions will be printed and documented within the "Incident Report" binder.