

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/11/2025
NAME OF PROVIDER OR SUPPLIER HIGHER ASPIRATION BEHAVIORAL HEALTH C		STREET ADDRESS, CITY, STATE, ZIP CODE 204 8TH STREET OXFORD, NC 27565		
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{V 000}	INITIAL COMMENTS A follow up survey was completed on February 11, 2025. 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 4. The survey sample consisted of audits of 3 current clients.	{V 000}		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is	V 132		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 132	<p>Continued From page 1</p> <p>providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the Department of Health Care Registry (HCPR) of an allegation of abuse within five working days. The findings are:</p> <p>Review on 2/10/25 of the facility's internal investigation dated 12/20/24 revealed: - "on December 20 Higher aspiration was made aware of an allegation against Qualified Professional [QP] from resident [former client #5]. [Former client #5] complained that [QP] had pushed his head down in the and struck him...upon learning of the allegations [Licensee] immediately called [QP] to let him know of the allegations and to suspend him for the 24 - 72 hours pending the investigation...spoke with [staff #3] & [staff #6] regarding the allegations and had they been made aware of any incident...they both denied...the following day [Licensee] spoke with [client #1] & [client #3] at the home...[client #1] resident stated that it was a plot to get this place shut down and that [former client #5] told him he was going to make things up to get Higher aspiration shut down..."</p> <p>During interview on 2/7/25 the Licensee reported: - was not aware he had to notify HCPR - he was made aware of the abuse allegation by another agency</p>	V 132		

Division of Health Service Regulation

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{V 296}	Continued From page 2	{V 296}		
{V 296}	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	{V 296}		

Division of Health Service Regulation

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{V 296}	<p>Continued From page 3</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 direct care staff were present for 1 of 4 current clients (#1) The findings are:</p> <p>Review on 2/7/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 10/22/24 - diagnoses: Attention Deficit Hyperactivity Disorder and Intellectual Development Disorder <p>Observation and interview at 1:36pm with staff #1 on 2/7/25 revealed:</p> <ul style="list-style-type: none"> - staff #1 and client #1 were alone at the facility - client #1 was suspended from school today (2/7/25) for vaping - staff #2 and the Qualified Professional (QP) left around 1pm - staff #2 had a personal appointment <p>During interview on 2/7/25 client #1 reported:</p> <ul style="list-style-type: none"> - 2 staff at all times were in the facility - staff #2 had to leave today at 12pm - he did not want talk about his suspension from school 	{V 296}		

Division of Health Service Regulation

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{V 296}	Continued From page 4 During interview on 2/7/25 client #3 reported: - 2 staff worked at the facility During interview on 2/7/24 client #4 reported: - 2 staff worked in the morning and night During interview on 2/7/25 the QP reported: - was at the facility earlier today but left around 11:19am - left staff #1 & staff #2 at the facility - was aware staff #2 had an appointment and had to leave early During interview on 2/11/25 the Licensee reported: - staff #1 and staff #2 worked the morning shift - staff #2 had a personal appointment and had to leave - the QP was in route back to the facility prior to surveyor arrival to the facility This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 296}		
{V 367}	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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	{V 367}		

Division of Health Service Regulation

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{V 367}	Continued From page 5 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	{V 367}		

Division of Health Service Regulation

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{V 367}	<p>Continued From page 6</p> <p>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). (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"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete a level II incident report to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The</p>	{V 367}		

Division of Health Service Regulation

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{V 367}	Continued From page 7 findings are: Review on 2/7/25 of the Incident Response Improvement System (IRIS) revealed: - no level II reports from the facility Review on 2/10/25 of the facility's internal investigation dated 12/20/24 revealed: - "on December 20 Higher aspiration was made aware of an allegation against Qualified Professional [QP] from resident [former client #5]. [Former client #5] complained that [QP] had pushed his head down in the and struck him..." During interview on 2/7/25 & 2/11/25 the Licensee reported: - on 2/7/25, thought he submitted the level II IRIS report - on 2/11/25, he reached out to the LME/MCO for incident report training This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 367}		
{V 774}	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.	{V 774}		

Division of Health Service Regulation

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{V 774}	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to have minimum furnishings for a client bedroom which included separate bed, bedding pillow, bedside table. The findings are:</p> <p>Observation on 2/7/25 at 1:39pm of the facility revealed:</p> <ul style="list-style-type: none"> - an empty client's bedroom turned into an office - the bedroom had an office desk, a couch and a medication file cabinet <p>During interview on 2/11/25 the Division of Health Service Regulation (DHSR) construction surveyor reported:</p> <ul style="list-style-type: none"> - during the site visit in July 2024 & October 2024 the Licensee was informed the client's bedroom could not be staff's office - the Licensee needed to reduce the client's capacity from 4 clients to 3 clients if the bedroom remained an office <p>During interview on 2/11/25 the Licensee reported:</p> <ul style="list-style-type: none"> - he would follow up with the DHSR construction surveyor <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	{V 774}		