

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/10/2025
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NAME OF PROVIDER OR SUPPLIER BLUE SAPPHIRE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 107 WEST LOUISIANA AVENUE BESSEMER CITY, NC 28016
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 12/10/25. The complaints were unsubstantiated (Intake #NC00234524, #NC00234850). 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 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a written physician's order and failed to keep the MAR current affecting 1 of 2 current audited clients (#2). The findings are:</p> <p>Review on 12/9/25 of Client #2's record revealed: - Admission date 11/10/25; - Age 12 years old; - Diagnoses: Post-Traumatic Stress Disorder (PTSD), Unspecified; Oppositional Defiant Disorder (ODD); Generalized Anxiety Disorder (GAD); Personal History of Physical Abuse in Childhood; - No physician's order for Escitalopram (antidepressant) 5mg (milligram), Take 1 tablet by mouth every day in the morning.</p> <p>Review on 12/4/25 of Client #2's MAR for November 10, 2025- December 4, 2025 revealed: - No MAR for December 2025.</p> <p>Interview on 12/4/25 with Client #2 revealed: - Was administered medication daily.</p> <p>Interview on 12/4/25 with the House Manager</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - Was responsible for the keeping the MARs updated; - Was unable to print Client #2's December MAR due to printer problems; - Informed the Clinical Director that a MAR was needed for Client #2 but had not received a MAR for Client #2 on 12/4/25; - Client #2 did not have a physician's order for Escitalopram 5mg when admitted into the facility in November 2025. <p>Interview on 12/09/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Was responsible for reviewing the MARs; - MARs were reviewed clinically twice a week; - Was aware Client #2 did not have a MAR for December 2025; - "It's not that she didn't have a MAR, well she didn't have one printed;" - Was documenting Client #2 received medication "on a notebook and charting it on a spreadsheet;" - "Recently learned that we could not accept them (clients)," without a physician's order; - Was working on obtaining Client #2's physician order. 	V 118		
V 366	<p>27G .0603 Incident Response Requirements</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"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; 	V 366		

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V 366	<p>Continued From page 3</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding 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</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>provider; (D) the Department; (E) the client's legal guardian, as applicable; and (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 governing their response to level I, II incidents affecting 2 of 3 audited clients (#1, FC (Former Client) #3). The findings are:</p> <p>Review on 12/4/25 and 12/10/25 of the facility's incident reports from September 1, 2025-December 4, 2025 revealed:</p> <ul style="list-style-type: none"> - There was no incident report for Client #1's elopement and picked up by the local police and transported to the local hospital by Emergency Medical Services (EMS) on 10/24/25 - There was no incident report for Client #1 went out the window in the laundry room at 10:30pm, the local police came to the facility around 10:45pm and informed staff that Client #1 was taken to the local hospital by EMS; - There was no incident report for Former Client #3 elopement from the facility on 11/13/25. <p>Review on 12/4/25 and 12/10/25 of the North Carolina Incident Response Improvement System (NC IRIS) revealed:</p> <ul style="list-style-type: none"> - No level II incident report was completed for the local polcie response to the facility on 10/24/25 for Client #1's elopement and hospitalization; 	V 366		

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V 366	<p>Continued From page 6</p> <ul style="list-style-type: none"> - No level II incident report was completed for Client #1's elopement and hospitalization for 10/31/25; - No level II incident report was completed for FC #3's elopement on 11/13/25 for 12 days; - No level II incident report was completed for Client #1's property damage, assaultive behavior and teh local police response to the facility on 11/25/25. <p>Interview on 12/10/25 with the House Manager revealed:</p> <ul style="list-style-type: none"> - "Will look at the pass down (a form used to document events on each shift) from now on to make sure incident reports are being completed;" - "I will make sure that the incident reports are completed." <p>Interview on 12/10/25 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> - Was responsible for incident reports being completed along with the Qualified Professional and the House Manager; - "I was completing an audit and got side tracked", therefore did not realize incident reports were not completed. 	V 366		
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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</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</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>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). (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 reviews and interviews, the</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services are provided within 24 hours and 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/4/25 and 12/10/25 of the facility's incident reports from September 1, 2025- December 4, 2025 revealed:</p> <ul style="list-style-type: none"> - There was no incident report for Client #1's elopement and picked up by the local police and transported to the local hospital by Emergency Medical Services (EMS) on 10/24/25 - There was no incident report for Client #1 went out the window in the laundry room at 10:30pm, the local police came to the facility around 10:45pm and informed staff that Client #1 was taken to the local hospital by EMS; - There was no incident report for Former Client #3 elopement from the facility on 11/13/25. <p>Review on 12/4/25 and 12/10/25 of the IRIS revealed:</p> <ul style="list-style-type: none"> - 10/24/25; for Client #1's elopement, hospitalization incident with local police involvement ; - 10/31/25; for Client #1's elopement, hospitalization incident with local police involvement; - 11/13/25; for FC #3's elopement incident for 12 days with local police involvement; - 11/15/25; for Client #1's and Client #2's elopement incident with the local police involvement; - 11/25/25; for Client #1's property damage, assaultive behavior and the local police response 	V 367		

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V 367	<p>Continued From page 10</p> <p>to the facility.</p> <p>Interview on 12/10/25 with the House Manager revealed:</p> <ul style="list-style-type: none"> - "Will look at the pass down (a form used to document events on each shift) from now on to make sure incident reports are being completed;" - "I will make sure that the incident reports are completed." <p>Interview on 12/10/25 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> - Was responsible for incident reports being completed along with the Qualified Professional and the House Manager; - "I was completing an audit and got side tracked", therefore did not realize incident reports were not completed. 	V 367		