	OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL065-259		B. WING		05/0	9/2018
		111112000 200				1 00/0	3/2010
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	Y TREATMENT		ITH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERSON THE APPROPRIES OF	JLD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000					
	NC00138109). Defi This facility is licens category: 10A NCA for Children and Ad Behavioral Disturba	te complaints were takes #NC0013714 ciencies were cited. Sed for the following C 27G .1400 Day Tolescents with Emograces.	1 and service reatment tional or				
V 132	G.S. 131E-256(G) I Allegations, & Prote			V 132			
	REGISTRY (g) Health care faci Department is notifi health care personr unknown source, w any act listed in sub (which includes: a. Neglect or abus facility or a person of as defined by G.S. as defined by G.S. b. Misappropriatio in a health care fac (b) of this section in care services as de hospice services as are being provided. c. Misappropriatio healthcare facility.	131E-136 or hospic 131E-201 are being n of the property of ility, as defined in substituting places when the fined by G.S. 131E-131E-131E-131E-131E-131E-131E-131E	at the against s of elated to s section. healthcare services e services provided. a resident ubsection re home 136 or 1E-201				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT 1806 S	ADDRESS, CITY, S OUTH 15TH ST NGTON, NC 28	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	e. Fraud against a a patient or client for providing services). Facilities must hav acts are investigate to protect residents investigation is in prinvestigations must	health care facility or agains or whom the employee is e evidence that all alleged and must make every effor from harm while the rogress. The results of all be reported to the five working days of the initial	rt			
	facility failed to noting Registry (HCPR) of neglect made againare: Review on 4/11/18, IRIS reports dated a Starting at 10 amount been placed in 7 phroseclusion 3 times. -During the second yelling and crying wafter putting his arm seclusion room doostaff. -Continued docume	views and interviews, the fy the Health Care Personne allegations of abuse and not facility staff. The findings and 4/12/18 of client #49's				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 2 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL065-259	B. WING		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	Y TREATMENT	TH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 132	Continued From page 2		V 132			
	had hit him in the classroom and wouldn't allow him to complete his work and that is why he became aggressive."					
	signed by client #49 March 2nd [client # during the crisis [cli in the door leaving (right arm). I'm cor	of "Consumer the Form" dated 3/29/18 and 9's mother read: "On Thurs. 49] had some type of crisis ent #49's] arm was slammed a 4 inch bruise on his forearm accerned with the lack of oncern about his injury."				
	summary by the fact Director dated 4/3/2 - An investigation was mother's allegations injured during a resconcerned about hit - Staff involved in the client could bru room door Staff were not iden	as done 4/2/18 of client #49's is that her son had been traint and staff did not seem is medical needs. The incident demonstrated how is their arm by the seclusion of the incident demonstrated how is their arm by the seclusion the allegations had been				
	allegation that he h had been investigar Interview on 4/12/1 Principal stated: -On 3/22/18 she sa contact with the sec "you're hurting me." door was opened w (QP #5) was trying	mentation client #49's ad been hit by staff on 3/22/18 ted or reported to the HCPR. 8 the Interim Assistant w client #49's arm come in clusion room door and he said ' His arm hit the door as the then Qualified Professional #5 to leave. At this point she left. or staff in the seclusion room				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 3 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MUL OCE OFO	B. WING		05/0	0/2046
		MHL065-259	<u>l</u>		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, § I TH 15TH ST	STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	ΥΤΡΕΔΤΜΕΝΤ	TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 132	Continued From pa	age 3	V 132			
	#49 was put into a time. These episod whole dayHe recalled client a room door. An adn the client in a restrathe seclusion room hurting while he is i shut. He said this banging on the doo Therapist or Progra #49's arm at the element of the complaints when he complaints	t time 10 am was when client physical restraint the first des lasted throughout the #49 got hurt by the seclusion ministrator from the school had aint and was trying to get out of . Client #49 said his arm was in seclusion room with the door a couple of times, then started or. He thought either the am Director evaluated client and of the day. It the assessment of the client and of arm pain.				
	Interview on 4/12/18 client #49's mother stated: -She had made a complaint to the school following the restraint on 3/22/18She did not feel the staff intentionally hurt her son, but, they were neglectful in not identifying and acknowledging his injury and being more focused on how to prevent this from happening again in the future.					
	-Client #49's mother Director after she g 3/22/18. -The mother was a had a bruise, and the something at the so when, mother said	8 the Program Director stated: er talked with the Program jot to the emergency room on ccusatory; very upset that he hought it was as a result of chool. At some point, not sure the staff caused the bruise. 8 the Quality Improvement				
	-He had completed #49's mother's alleg	the investigation of client gation.				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 4 of 39

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION :	(X3) DATE SUP COMPLET	
		MHL065-259	B. WING		05/09/2	2018
					03/03/2	2010
NAME OF I	PROVIDER OR SUPPLIER		ET ADDRESS, CITY,	,		
LAKE FO	DREST ACADEMY DA	Y TREATMENT	SOUTH 15TH ST INGTON, NC 28			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 132	Continued From pa	ge 4	V 132			
	-There had been no	reports made to the HCP	R,			
		al Services, or as a Level	2			
	incidentThe complainant did not name a staff.					
	- i ne compiainant d	id not name a staπ.				
V 366	27G .0603 Incident	Response Requirments	V 366			
	10A NCAC 27G .06	OO INCIDENT				
	RESPONSE REQU					
	CATEGORY A AND					
		B providers shall develop	and			
		oolicies governing their				
		II or III incidents. The poli	cies			
		ovider to respond by:				
		to the health and safety ne	eeds			
	of individuals involv	ed in the incident;				
		ng the cause of the incider				
		g and implementing correc	ctive			
		g to provider specified				
	timeframes not to e					
		g and implementing meas				
		cidents according to provi	der			
		es not to exceed 45 days;	lo.			
		person(s) to be responsib of the corrections and	ie			
	preventive measure					
	-	to confidentiality requireme	ents			
		Article 2A, 10A NCAC 26				
		d 3 and 45 CFR Parts 160				
	164; and					
		ng documentation regardin				
		(1) through (a)(6) of this Ru				
	` '	e requirements set forth in				
		is Rule, ICF/MR providers				
		ents as required by the fed	erai			
		FR Part 483 Subpart I.				
		e requirements set forth in is Rule, Category A and B				
		g ICF/MR providers, shall				
	providers, excluding	g 101 /Wit providers, shall				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 5 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL065-259		B. WING		05/0	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	V TREATMENT 1	806 SOU	DRESS, CITY, S TH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 366	develop and implementation their response to a while the provider is or while the client is The policies shall response to a while the provider is or while the client is The policies shall response to the policies shall be catchment area the LME where the clies and make recommendation of the presentation of the presentat	nent written policies gover level III incident that oct is delivering a billable set is on the provider's premeduire the provider to receive level securing the client received the client record; photocopy; the copy's completeneng the copy to an internation of the incident in shall consist of individual in the incident and versight of the client of the incident. The incomplete all of the activities copy of the client record and causes of the incident incident and causes of the incident incident.	eccurs ervice nises. espond ecord ess; and al t. The duals who care or ent's nternal ities as ard to dent g the the tris esides, d by the The ose d to the The	V 366			

6899

Division of Health Service Regulation STATE FORM

RQR611 If continuation sheet 6 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT 1806	ET ADDRESS, CITY, S S SOUTH 15TH ST MINGTON, NC 28	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 366	identified by the into include all public do incident, and shall in minimizing the occur all documents need available within three LME may give the public three months to sult (3) immediate (A) the LME in area where the sering Rule .0604; (B) the LME in different; (C) the provide for maintaining and treatment plan, if diprovider; (D) the Depart (E) the client applicable; and	ernal review team, shall ocuments pertinent to the make recommendations fourrence of future incidents ded for the report are not see months of the incident, provider an extension of upomit the final report; and ely notifying the following: esponsible for the catchmovices are provided pursual where the client resides, if der agency with responsible updating the client's fferent from the reporting	the to to ent to elitity			
	failed to implement	et as evidenced by: view and interview, the fac t their written policy goverr vel II incidents. The findin	ning			
	revealed: -8 year old male ad -Diagnoses include	of client #49's record mitted 6/20/17. d Other specified Disruptiond Conduct Disorder, R/O	ve,			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 7 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER	Y TREATMENT 1806 S	ADDRESS, CITY, SOUTH 15TH ST	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 366	Attention Deficit Hy presentation. Review on 4/11/18: North Carolina Incic System (IRIS) level -Multiple restrictive used in response to behaviorsClient #49 complai one of his seclusior -No documentation attended to the clier -Incident prevention measures for injury situationClient #49 told the been hit by staff and behaviors.	peractive Disorder-combined and 4/12/18 of client #49's dent Response Improvement 2 report revealed: interventions and seclusions o client #49's aggressive ned of pain in his arm during as. the staff stopped and int's health and safety needs a strategies did not include prevention in a similar. Program Director he had d this had caused his				
V 367	10A NCAC 27G .06 REPORTING REQUITED CATEGORY A AND (a) Category A and level II incidents, existe provision of billic consumer is on the incidents and level to whom the provide 90 days prior to the responsible for the services are provide becoming aware of be submitted on a first category.	UIREMENTS FOR	III in			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 8 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		` '	E CONSTRUCTION		E SURVEY PLETED
		MHL065-259		B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT	1806 SOL	DRESS, CITY, S JTH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCE MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 367	identification inform (2) client ider (3) type of inc (4) descriptio (5) status of t cause of the incider (6) other indiv or responding. (b) Category A and missing or incomple shall submit an upd report recipients by day whenever: (1) the provid information provide erroneous, mislead (2) the provid required on the inci unavailable. (c) Category A and upon request by the obtained regarding (1) hospital re information; (2) reports by	or encrypted electric shall include the formation; of incident; of incident; of incident; of incident; of incident; of incident; of incident incident. Cated a copy of all level a client death to the ulation within 72 hours incident incid	llowing d d n; ne the s notified xplain any e provider quired business elieve that be reliable; or ion previously ubmit, ation ng: nfidential and e incident. end a copy rision of ties and ours of gory A III Division of ours of	V 367			

6899

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		LE CONSTRUCTION		E SURVEY PLETED
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT 18	REET ADDRESS, CITY, 806 SOUTH 15TH ST ILMINGTON, NC 28	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	or restraint, the pro immediately, as red. 0300 and 10A NCA (e) Category A and report quarterly to t catchment area wh The report shall be by the Secretary via include summary in (1) medication definition of a level (2) restrictive the definition of a le (3) searches (4) seizures (4) seizures (5) the total rediction incidents that occur (6) a statement of the posterior or reportable incidents have occur meet any of the critical redictions and the prosession of a statement of the critical redictions are the posterior of the critical redictions are the properties of the posterior of the critical redictions are the properties of the prop	seven days of use of secvider shall report the de puired by 10A NCAC 260 AC 27E .0104(e)(18). B providers shall send the LME responsible for ere services are provide submitted on a form property of a electronic means and afformation as follows: In errors that do not meal of a client or level III incident; interventions that do not evel II or level III incident; interventions that do not evel II or level III incident; interventions that do not evel II or level III incident; interventions that do not evel II or level III incident of a client property or proper client; number of level II and lever that indicating that there incidents whenever no urred during the quarter eria as set forth in Paracule and Subparagraphs	ath C a the ed. ovided shall et the ot meet ;; rea; eerty in vel III have that graphs			
	facility failed to sub allegations of abuse Management Entity	et as evidenced by: views and interviews, th mit level II incident repo e and neglect to the Loc (LME) within 72 hours the incident. The finding	orts for al of			
	Response Improve from 1/1/18 - 4/10/1	of the North Carolina In- ment System (IRIS) rep l8 revealed there were r ns of abuse or neglect b	orts no IRIS			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 10 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER	Y TREATMENT 1806	ET ADDRESS, CITY, S SOUTH 15TH ST MINGTON, NC 28	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 367	facility staff. Review on 4/11/18, IRIS reports dated -Starting at 10 am obeen placed in 7 ph seclusion 3 timesFollowing client #4 spoke with program staff had hit him in allow him to comple became aggressive Review on 4/12/18 Comment/Grievand signed by client #48 March 2nd [client #40 March 2nd [client	and 4/12/18 of client #49' 3/22/18 revealed: on 3/22/18, client #49 had nysical restraints and in 9's second seclusion, "Client director Client voiced the classroom and wouldnete his work and that is whe."	ent chat I't ry he d rs. s ned arm			
	had a bruise, and the something at the something at the somether, mother said	nought it was as a result or chool. At some point, not see the staff caused the bruise dditional information.	f sure			
V 500	27D .0101(a-e) Clic 10A NCAC 27D .01 RESTRICTIONS A (a) The governing	ent Rights - Policy on Righ 01 POLICY ON RIGHTS ND INTERVENTIONS body shall develop policy to	that			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 11 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT 1806 S	ADDRESS, CITY, DUTH 15TH ST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 500	implement policy to (1) all instance abuse, neglect or e reported to the Courservices as specific G.S. 7A, Article 44; (2) procedure instituted in accordary practice when a me present serious risk Particular attention neuroleptic medical (c) In addition to the 10A NCAC 27E .01 each facility shall do that identifies: (1) any restrict prohibited from use (2) in a 24-hounder which staff at the rights of a client (d) If the governing restrictive intervention the restrictions of continuous (2) in a 24-hounder which staff at the rights of a client (d) If the governing restrictive intervention (e) If the perminal lowed restrictions (2) the individual (3) the due prinvoluntary client who restrictive intervention (e) If restrictive i	G.S. 122C-66. body shall develop and assure that: see of alleged or suspected exploitation of clients are inty Department of Social ed in G.S. 108A, Article 6 or and es and safeguards are ance with sound medical edication that is known to a to the client is prescribed. shall be given to the use of tions. ose procedures prohibited in 02(1), the governing body of evelop and implement policy extive intervention that is within the facility; and our facility, the circumstances are prohibited from restricting the consor if, in a 24-hour facility inter rights specified in G.S. are allowed, the policy shall ted restrictive interventions of the consor if the policy shall ted restrictive interventions of the consor if the policy shall ted restrictive interventions of the consor if the policy shall ted restrictive interventions of the policy shall transponsible for informing the policy shall transponsible for informing the policy shall transponsible for informing the policy shall the poli	or J			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 12 of 39

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL065-259	B. WING		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
LAKE FO	DREST ACADEMY DA	Y TREATMENT	TH 15TH ST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 500	which includes: (1) the design has been trained and competence to use provide written authoristrictive intervent renewed for up to a accordance with the NCAC 27E .0104(e) the design responsible for revision terventions; and (3) the establiance are provided in the resolution of the	nation of an individual, who had who has demonstrated restrictive interventions, to norization for the use of ions when the original order is a total of 24 hours in the time limits specified in 10A	V 500			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed notify the County Department of Social Services of allegations of abuse and neglect. The findings are: Review on 4/11/18 and 4/12/18 of client #49's Incident Response Improvement System (IRIS) report dated 3/22/18 revealed: -Client #49, "voiced that staff had hit him in the classroom and wouldn't allow him to complete his work and that is why he became aggressive." Review on 4/12/18 of "Consumer Comment/Grievance Form" dated 3/29/18 and signed by client #49's mother read: "On Thurs. March 2nd [client #49] had some type of crisis during the crisis [client #49's] arm was slammed in the door leaving a 4 inch bruise on his forearm (right arm). I'm concerned with the lack of attention if any or concern about his injury."					

6899

Division of Health Service Regulation STATE FORM

RQR611 If continuation sheet 13 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL065-259	B. WING		05/0	9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LAKE FO	REST ACADEMY DA	Y TREATMENT	ITH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 500	-Client #49's mother Director after she gradual 3/22/18The mother was a had a bruise, and the something at the sowhen, mother saidNo documentation.	8 the Program Director stated: er talked with the Program jot to the emergency room on ccusatory; very upset that he hought it was as a result of chool. At some point, not sure the staff caused the bruise. The allegations had been unty Department of Social	V 500			
V 501	10A NCAC 27D .01 RESTRICTIONS A (f) If restrictive interventions are considered interventions are considered interventions are considered intervention, including and after utilintervention, and after utilintervention	ation is given to the client's ological well-being before, lization of a restrictive	V 501			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 14 of 39

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT 1806 SO	DDRESS, CITY, ST UTH 15TH STF GTON, NC 284	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 501	use of restrictive intervention by staff and trained in the use of resuscitation of the psychological well-individual trained in the psychological well-individual trained in the psychological well-individual trained in resuscitation of the psycholo	terventions; us assessment and monitoring psychological well-being of afe use of physical restraint ation of the restrictive of who are physically present se of emergency safety us monitoring by an individual of cardiopulmonary client's physical and being during the use of manual ued monitoring by an the use of cardiopulmonary client's physical and being for a minimum of 30 at to the termination of a dion; and the utilization of a restrictive hall conduct debriefing and itent and the legally, if applicable, as specified in 04, to eliminate or reduce the ture use of restrictive riefing and planning shall be opriate, to the level of				
	facility failed to prov monitoring of a clie well-being continuo interventions, and t	et as evidenced by: views and interviews, the vide assessment and nt's health, safety, and usly during restrictive he client's physical and being for a minimum of 30				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 15 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED		
		MHL065-259		B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT	1806 SOU	DRESS, CITY, S TH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 501	restrictive interventia audited (#49). The Review on 4/11/18 -8 year old male ad -Diagnoses include Impulse-Control, ar Attention Deficit Hy presentation. Review on 4/11/18 Incident Response report dated 3/22/19 -On 3/22/18, during seclusion, client #4 while saying that his corner of the seclusiarm hurt for a total remained in seclusing-There was no doct assessed for injury pain. Review on 4/11/18 dated 3/19/18 reveals of physical restraint-No other times we interventions or seclusing this dated and here times during this dated and psychological and psychological sections.	at to the termination of con, affecting 1 of 3 of findings are: of client #49's record mitted 6/20/17. d Other specified Disorder, peractive Disorder-condition of client #49's North Improvement System 8 revealed: I the second docume 9 "began yelling and a sarm hurt. Client sation room while reperion for 7 minutes. The complained of client #49's IRIS realed: Its and 2 seclusions. It occurred at 7:45 amore documented for restrictions. It is interventions we returned to the classing. I umentation client #49 ological well-being was immum of 30 minutes.	lients I revealed: sruptive, R/O ombined Carolina m (IRIS) ented crying, at in the ating that ent #49 s d of arm eport a. estrictive re room 3	V 501			
	Review on 4/11/18	of of client #49's IRIS	S report				

Division of Health Service Regulation

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPFIDENTIFICATION		, ,	E CONSTRUCTION		E SURVEY PLETED
		MHL065-259)	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT	1806 SO	DDRESS, CITY, S JTH 15TH ST STON, NC 28		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 501	Continued From particles of the committed and her following the first section of the committed and her following the first section of the committed and paych monitored for a minhis returning to the committed and paych monitored for a minhis returning to the committed and paych monitored for a minhis returning to the committed and paych monitored for a minhis returning to the committed and paych was put into a time. These episod whole day. He recalled client aroom door. Client while he is in seclus the said this a coup banging on the door therapist or Prografus arm at the endid not conduct committed. They did not hear involuntary committed. They did not hear pain. He was taken to the client was taken to the committed. From the mother called and the committed and the committe	entions and 2 sectors occurred at 11 and re documented for clusions. Stive interventions of returned to the classical well-being himum of 30 minuticlassical well-being himum of 30 minuticlassical restraint des lasted through the state of times, then so of the day. The thought eith am Director evaluated of the day. The though the decame involved with the client complaint the client complaint the client complaint the client complaint the hospital around the day of the day. The though the decame involved with the client complaint the client complaint the client complaint the manual around the was being in the emergency roomet the complaint the emergency roomet the state of the day of the decame involved with the client complaint the client complaint the emergency roomet the total around the manual transport to the emergency roomet the total around the total around the emergency roomet the total around the total	r restrictive were ssroom #49's g was es prior to sional (QP) when client the first out the e seclusion vas hurting door shut. started her the hted client the client and th client #49 both o an n of arm 3 pm. rgency room ryoluntarily on the				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 17 of 39

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE : COMPI	
		MHL065-259	B. WING		05/0	9/2018
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S JTH 15TH ST	STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	YIREAIMENI	TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 501	Continued From pa	ge 17	V 501			
	client #49 had a bru	uise on his arm.				
	with client #49's mother client #49's mother picture on her cell particle. The mother stated photograph of clien the emergency roor conservations of the picture of the foreauthors. The area was center that the consistent with a brown that the consistent with the consistent wi	er showed the surveyor a shone. she had taken this t #49's arm while he was in m on 3/22/18. e photograph revealed a rm, palm up, with a dark area, ruise, and vertical in shape. ered between the wrist and approximately 1/3 the length				
V 521	1 27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date,		V 521			

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 18 of 39 RQR611

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL065-259	B. WING		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	Y TREATMENT	TH 15TH ST			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 521	methods of interver (F) a description of with the client and t if applicable, for the physical restraint or or reduce the probarestrictive intervent (G) a description of with the client and t if applicable, for the physical restraint or determined to be cl (H) signature and ti who initiated, and cauthorized, the use This Rule is not measured to incluant duration of its accility failed to doc as required to incluand duration of its accilient's physical and affecting 1 of 3 clienting are: Review on 4/11/18 -8 year old male ad-Diagnoses include Impulse-Control, ar Attention Deficit Hy presentation. -Behavior Plans wit 3/23/18, signed by	of its use; accompanying positive nation; the debriefing and planning the legally responsible person, a emergency use of seclusion, a isolation time-out to eliminate ability of the future use of ions; the debriefing and planning the legally responsible person, a planned use of seclusion, a isolation time-out, if inically necessary; and the of the facility employee of the employee who further of the intervention. Let as evidenced by: views and interviews, the ument restrictive interventions de, but not limited to, the time use, debriefing, and planning, dipsychological well-being, and planning, dipsychological well-being, and client #49's record revealed: mitted 6/20/17. If the debriefing is the debriefing is the employee who further of the interventions de, but not limited to, the time use, debriefing, and planning, dipsychological well-being, and planning, dipsychological well-being, and Client #49's record revealed: mitted 6/20/17. If the debriefing is the first is the first is the debriefing is the first is the first is the first is the debriefing is the first is the f	V 521			

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 19 of 39

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL065-259		B. WING		05/	09/2018
	PROVIDER OR SUPPLIER	Y TREATMENT	1806 SOU	DRESS, CITY, S ITH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 521	Intervention Details interventions on 4/2-Intervention start ti -5 restrictive interverse between the initial r classroom and the the "cool down" roo seclusion. -Time and duration was not documented. -Time client #49 was documented. -Only 1 "initial," 1 "eassessment of clier psychological well-times of the assess. Finding #2: Review on 4/11/18 Response Improved dated 3/22/18 of rest #49 revealed 7 rest seclusions. Review on 4/12/18 Notes revealed no duration for each reseclusion, client's pwell-being, or debried. Finding#3: Review on 4/11/18 a 3/19/18 of restrictive.	of the "DHHS Restrict Report" report of research of client #49 revented documented, 1:4 entions were documented; 1:4 entions were documented; 1:4 entions were documented; 1:4 entions were documented; 1:5 entions were documented; 1:5 entions were documented; 1:5 entions entitled; 1:5 entions, " and 1 "followed; 1:5 entions," and 1 "followed; 1:5 entions, " and 1 "followed; 1:5 ent	strictive ealed: 47 pm. ented n in the ention in ent #49 in stervention n was not v up" led. The mented. a Incident report s of client and 3 18 Daily and l, ogical ted ent #49	V 521			
	dated 3/19/18 reve and duration for each	of Client #49's Daily aled no documentat ch restrictive interver hysical and psycholo	ion time ntion,				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 20 of 39

MHL065-259 S. WING		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
SUMMARY STATEMENT OF DEFICIENCIES NUMBER OF CORRECTION NO 28401 PREFIX SUMMARY STATEMENT OF DEFICIENCIES NUMBER OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OWNELTE DEFICIENCY) V 521			MHL065-259	B. WING		05/0	09/2018
PRÉFIX TAG REGULATORY OR LSC (DENTIFYING INFORMATION) V 521 V 521 Continued From page 20 well-being, or debriefing. Finding 4: Review on 4/11/18 of the IRIS report dated 3/12/18 of restrictive interventions of client #49 revealed 3 restrictive interventions and 2 seclusions. Review on 4/12/18 of Client #49's Daily Notes dated 3/12/18 or each restrictive intervention, seclusion, client's physical and psychological well-being, or debriefing. Interview on 4/11/18 Qualified Professional #5 stated: -There were no debriefing meetings following restrictive intervention staff. After an episode it was "over" for the QP and his day continued on without any huddle or debriefing meetingsWhen he made a daily note he would include the restrictive interventions be included in his documentation. Interview on 4/11/18 the Program director stated: -Restrictive interventions were documented as level 1 incidents using the "DHHS Restrictive intervention Details Report" if the client had a current behavior planIf there was no current behavior plan, the restrictive interventions were documented as Level 2 incidents in the IRIS systemShe had been told the restrictive intervention documentation could not be kept in the client's "regular" chart.			Y TREATMENT 1806 SC	OUTH 15TH ST	REET		
well-being, or debriefing. Finding 4: Review on 4/11/18 of the IRIS report dated 3/12/18 of restrictive interventions of client #49 revealed 3 restrictive interventions and 2 seclusions. Review on 4/12/18 of Client #49's Daily Notes dated 3/12/18 revealed no documentation time and duration for each restrictive intervention, seclusion, client's physical and psychological well-being, or debriefing. Interview on 4/11/18 Qualified Professional #5 stated: -There were no debriefing meetings following restrictive interventions/episodes with staff. After an episode it was "over" for the QP and his day continued on without any huddle or debriefing meetings. -When he made a daily note he would include the restrictive interventions but there were no specific required elements to be included in his documentation. Interview on 4/11/18 the Program director stated: -Restrictive interventions were documented as level 1 incidents using the "DHHS Restrictive Intervention Details Report" if the client had a current behavior planIf there was no current behavior plan, the restrictive interventions were documented as Level 2 incidents in the IRIS systemShe had been told the restrictive intervention documentation could not be kept in the client's "regular" chart.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETE
she filed copies of the level 1 reports (DHHS Restrictive Intervention Details Reports). If the	V 521	well-being, or debrid Finding 4: Review on 4/11/18 of restrictive revealed 3 restrictive seclusions. Review on 4/12/18 of dated 3/12/18 revealed 3/12/18 revealed 3/12/18 revealed 3/12/18 revealed 3/12/18 revealed of debrid dated 3/12/18 revealed duration for easeclusion, client's pwell-being, or debrid Interview on 4/11/18 stated: -There were no debrid restrictive interventian episode it was "continued on without meetings. -When he made a crestrictive interventire required elements to documentation. Interview on 4/11/18 -Restrictive intervention Details current behavior plantif there was no currestrictive intervention Level 2 incidents in She had been told documentation coul "regular" chart. -She maintained at she filed copies of the section	efing. of the IRIS report dated e interventions of client #49 ve interventions and 2 of Client #49's Daily Notes valed no documentation time ch restrictive intervention, verify and psychological efing. B Qualified Professional #5 oriefing meetings following ions/episodes with staff. After over" for the QP and his day ut any huddle or debriefing daily note he would include the ions but there were no specific to be included in his B the Program director stated intions were documented as ing the "DHHS Restrictive Report" if the client had a an. Frent behavior plan, the ions were documented as the IRIS system. the restrictive intervention ld not be kept in the client's folder for each client where the level 1 reports (DHHS)				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 21 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER	Y TREATMENT 1806 SO	DDRESS, CITY, S UTH 15TH ST GTON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 521	sheet of the IRIS re the client incident for -There would be so notes done by the co Interview on 4/11/18 Director stated the	on was a level 2, only the face port was printed and placed in older. me documentation in the daily qualified professionals. If the Quality Improvement facility documented "restraint ded all restrictive interventions.				
V 524	10A NCAC 27E .01 PHYSICAL RESTR TIME-OUT AND PR FOR BEHAVIORAL (e) Within a facility may be used, the p in accordance with (12) The use of a re discontinued immed to the client's health the client gains beh unable to gain beha frame specified in ti intervention, a new obtained. (13) The written app governing body sha original order for a re renewed for up to a accordance with the Subparagraph (e)(1 (14) Standing order used to authorize th restraint or isolation	RAINT AND ISOLATION ROTECTIVE DEVICES USED CONTROL where restrictive interventions olicy and procedures shall be the following provisions: estrictive intervention shall be diately at any indication of risk in or safety or immediately after avioral control. If the client is avioral control within the time the authorization of the authorization must be coroval of the designee of the authorization must be restrictive intervention is total of 24 hours in a limits specified in Item (E) of 0) of this Rule.				

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	MHL065-259	B. WING		05/0	9/2018
NAME OF PROVIDER OR SUPPLIER LAKE FOREST ACADEMY DA	Y TREATMENT 1806 SOL	DDRESS, CITY, S JTH 15TH STI STON, NC 284		·	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
specified in G.S. 12 documentation requestisfy the requirem 122C-62(e) for righ (16) When any rest for a client, notificat follows: (A) those to be notivithin 24 hours of the include: (i) the treatment or designee, after each (ii) a designee of the (B) the legally respectient or an incompantified immediately not to be notified. This Rule is not measured in the client's health on notify the legally respectient when a restrictive intervention the client when a restrictive intervention and the client when a restrictive intervention on the client when a restrictive intervention on the client when a restrictive intervention on the client when a restrictive intervention and client when a restriction on the clie	ction of the client's rights as 22C-62(b) or (d). The uirements in this Rule shall nents specified in G.S. ts restrictions. trictive intervention is utilized tion of others shall occur as fied as soon as possible but he next working day, to habilitation team, or its the use of the intervention; and e governing body; and onsible person of a minor etent adult client shall be y unless she/he has requested et as evidenced by: eview and interview, the facility ly discontinue the use of a ion at any indication of risk to or safety, and immediately sponsible person of a minor ictive intervention is utilized, ints audited (#49). The				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPLE			
		MHL065-259	B. WING		05/	09/2018
	PROVIDER OR SUPPLIER DREST ACADEMY DA	Y TREATMENT 1806	ET ADDRESS, CITY, SOUTH 15TH S'	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 524	seclusion, client #4' opening of the secluto hit the staff mem #49 "began yelling his arm hurt. Client opening at this time seclusion room whit total of 15 secondsClient #49 remaine-No documentation when he complaine Interview on 4/11/18 #5 stated: -3/22/18 IRIS repor #49 was put into a time. These episod whole dayHe recalled client #room door. Client #while he is in seclus He said this a coup banging on the doo Therapist or Progra #49's arm at the er -He did not conduct when he complaine Interview on 4/12/12 Principal stated: -On 3/22/18 she sa contact with the sec "you're hurting me.' -His arm was not cabeing shut; his arm opened and QP #5 seclusion room. The second is the second in the	9 put his arm through a snusion room door in an atterber on the other side. Clie and crying while saying that withdrew his arm from the and sat in the corner of the repeating that arm hurtile and sat in the corner of the repeating that arm hurtile din seclusion for 7 minute client was assessed for interest of arm pain. 8 Qualified Professional (Out time 10 am was when cliently physical restraint the first des lasted throughout the physical restraint the first des lasted throughout the physical restraint the door shole of times, then started are the thought either the am Director evaluated cliently of the day. It the assessment of the cliently of arm pain. 8 the Interim Assistant we client #49's arm come in clusion room door and he should be a shift the door as the door we was trying to leave the mere were no other staff in the than QP #5 when she leave than QP #	mpt ent at ene for a es. ejury AP) ent on eng ut. It ent ent esaid as the			

Division of Health Service Regulation STATE FORM

6899 RQR611 If continuation sheet 24 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL065-259		B. WING			05/09/2018	
	PROVIDER OR SUPPLIER OREST ACADEMY DA	Y TREATMENT	1806 SOU	DRESS, CITY, S ITH 15TH ST TON, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 524	Telephone interview mother stated: -On 3/22/18 the stated: -On 3/22/18 the state They usually contact problemShe was told "it's be [client #49]." He was returned to the class teacher. She quest herThey told her clien committed to the hory asked he school or meet himNo one mentioned Interview on 4/11/18 -Client #49's mother (Therapist) returned initiate the involuntate #49When a client was parents about being their child was in the because they (Day a crisis and let then multiple callsShe and the Progressional decisic client #49 before cate "professional decisic client #49 needed to because of his sever physically aggression. Client #49 have a paranoid results aggression.	ff did not call her uncted her if there was been a really rough of as in seclusion twice sroom, and attacked to end why they had to end the school when the if she wanted to end the hospital. It the school when the if she wanted to end the hospital. It is arm was bruise at the hospital. It is arm was bruise the was called when so the from the courthous ary commitment (IVC) admitted they talke able to "take a bree Day Treatment Staff) were able to "take a bree by a physical son." As a clinician so be seen by a physical son. The intensity they seemed delusion.	til 2:05pm. day with e, calmed, d the not called coluntarily dey called ome to the d. ed: he se to C) of client d to ath" when ogram culd handle ing d to IVC was a he felt dician only of his nal, and to #49's "rescued ysician.	V 524				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 25 of 39

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	9/2018	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
LAKE FO	DREST ACADEMY DA	Y TREATMENT	JTH 15TH ST TON, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 524	Continued From pa	ge 25	V 524				
	seclusion roomClient #49's mothe while in emergency bruise on his arm.	C. He then came out of the r notified the Program Director room that her son had a en to the hospital around 3					
V 525	27E .0104(e17) Clie	ent Rights - Sec. Rest. & ITO	V 525				
	TIME-OUT AND PEFOR BEHAVIORAL (e) Within a facility may be used, the pin accordance with (17) The facility shad on any and all used including: (A) a regular review governing body, an Committee, in committee, in committee as specified in (B) an investigation unwarranted pattern (C) documentation maintained on a log (i) name of the clic (ii) name of the resilii) date of each int (iv) time of each int (v) type of interven (vi) duration of each (vii) reason for use (viii) positive and that were used or thused and why those	RAINT AND ISOLATION ROTECTIVE DEVICES USED CONTROL where restrictive interventions olicy and procedures shall be the following provisions: all conduct reviews and reports of restrictive interventions, by by a designee of the d review by the Client Rights pliance with confidentiality in 10A NCAC 28A; in of any unusual or possibly ins of utilization; and of the following shall be givent; sponsible professional; tervention; tervention; thion; thion; thintervention;					

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 26 of 39

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	NDEGT AGADEMY DA	1806 SOU	TH 15TH ST	REET		
LAKE FO	DREST ACADEMY DA	Y IREAIMENT WILMING	TON, NC 28	401		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 525	client, legally responsand staff, as specific of this Rule, to eliming of the future use of (x) negative effects if any, on the physic well-being of the climar of the cli	nsible person, if applicable, ied in Parts (e)(9)(F) and (G) inate or reduce the probability restrictive interventions; and so of the restrictive intervention, cal and psychological ent. et as evidenced by: views and interviews, the ntain documentation in a log of ions to include all required ndings are: and 4/12/18 of the facility arch 2018 revealed: tive interventions were dent Log with other incidents. Itude Client #49's restrictive seclusion. (The North esponse Improvement System nented 3 restrictive seclusions.) og read there were 2 restrictive seclusion. (The IRIS dated amented 6 restrictive seclusions.) og read there were 2 restrictive seclusions.)	V 525			
		restrictive alternatives that vere considered but not used				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 27 of 39

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	9/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
LAKE FO	DREST ACADEMY DA	Y TREATMENT	TH 15TH ST TON, NC 28				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 525	and why those alter -debriefing and plus client, legally resported any, on the physical of the client Interview on 4/11/18 stated there are no restrictive intervent an episode and its continued on without meetings. Interview on 4/12/1 restrictive intervent	rnatives were not used anning conducted with the nsible person, and staff of the restrictive intervention, if I and psychological well-being 8 Qualified Professional #5 debriefing meetings following ion/episodes with staff. After "over" for the QP his day ut any huddle or debriefing 8 the Program Director stated ions were included on the was no separate log for	V 525				
V 536	Int. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall i practices that empt to restrictive interve (b) Prior to providir disabilities, staff incemployees, student demonstrate compounder strategies for which the likelihood or injury to a person property damage is (c) Provider agence.	mplement policies and nasize the use of alternatives entions. In gervices to people with eluding service providers, its or volunteers, shall etence by successfully in communication skills and creating an environment in the of imminent danger of abuse in with disabilities or others or	V 536				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL065-259	B. WING		05/09/2018		
NAME OF DROVIDED OR CURRULE				1 03/0	9/2010	
NAME OF PROVIDER OR SUPPLIER		TH 15TH ST	REFT			
LAKE FOREST ACADEMY DAY	'TREATMENT	ΓΟΝ, NC 28				
PREFIX (EACH DEFICIENCY	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE		
gathered. (d) The training shall include measurable measurable testing (behavior) on those of methods to determine course. (e) Formal refreshed by each service provannually). (f) Content of the traprovider wishes to eathe Division of MH/D Paragraph (g) of this (g) Staff shall demos following core areas (1) knowledge people being served (2) recognizing behavior; (3) recognizing external stressors the disabilities; (4) strategies relationships with pereceptions with pereceptions and their (7) skills in assescalating behavior; (8) communication and de-escalating pereceptions and (9) positive between the pereception of the pereception of the pereceptions are strength.	I be competency-based, learning objectives, (written and by observation of objectives and measurable he passing or failing the representation of objectives and measurable he passing or failing the representation of objectives and measurable he passing or failing the representation of failing the representation of the land of the	V 536				

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMP			SURVEY LETED
		A. BUILDING.	·		
	MHL065-259	B. WING		05/0	9/2018
NAME OF PROVIDER OR SUPPL	ER STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LAKE FOREST ACADEMY	DAY TREATMENT	ITH 15TH ST TON, NC 28			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
behaviors which (h) Service providocumentation of at least three ye (1) Docum (A) who pay outcomes (pass) (B) when (C) instruct (2) The D review/request to (i) Instructor Qu Requirements: (1) Traine by scoring 100% aimed at prevent need for restrict (2) Traine by scoring a pass instructor trainin (3) The traice competency-base objectives, mean observation of be measurable ment failing the cours (4) The conservation (4) The conservice provider approved by the to Subparagraph (5) Accep shall include but (A) unders (B) methologous course; (C) methologous	irectly oppose or replace are unsafe). ders shall maintain f initial and refresher training for ars. entation shall include: rticipated in the training and the fail); and where they attended; and tor's name; vision of MH/DD/SAS may alifications and Training shall demonstrate competence on testing in a training program ing, reducing and eliminating the ve interventions. Is shall demonstrate competence sing grade on testing in an approgram. In program in an approgram include measurable learning urable testing (written and by chavior) on those objectives and mods to determine passing or an approgram to the instructor training the plans to employ shall be Division of MH/DD/SAS pursuant (i)(5) of this Rule. able instructor training programs are not limited to presentation of: anding the adult learner; des for evaluating trainee	V 536			

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	ΥΤΡΕΔΤΜΕΝΤ	TH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 536	teaching a training reducing and elimin interventions at lear review by the coach (7) Trainers a aimed at preventing need for restrictive annually. (8) Trainers a instructor training a (j) Service provide documentation of intraining for at least (1) Documentation of intraining for at least (1) Documentation (2) The Division request and review (k) Qualifications (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer ins (l) Documentation as for trainers.	shall have coached experience program aimed at preventing, nating the need for restrictive st one time, with positive n. shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher at least every two years. It least every two years are shall maintain nitial and refresher instructor three years. It mentation shall include: cipated in the training and the li); and where attended; and are shall documentation any time. It is documentation any time of Coaches: shall meet all preparation trainer. Shall teach at least three times is being coached. Shall demonstrate mpletion of coaching or truction. Shall be the same preparation	V 536			
	Based on interview	et as evidenced by: s, the facility failed to assure ice providers, employees, or				

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 31 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: COMF			LETED
	MHL065-259	B. WING		05/0	9/2018
	Y TREATMENT 1806 SOU	TH 15TH ST	REET		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
volunteers, demons successfully complerestrictive interventiare: Interview on 4/12/18 Principal stated: -She had been the since December 20-The principal had recalled from retirestransitionAs the administrate of the staffOn 3/22/18 she sacclient #49 in the coopeing aggressive, "to #5. She stepped in QP #5 to step out he #49. The paraprofethe room when QP continued to be aggitherapeutic hold and-She did not have constitute) certification-She last took CPI interview on 4/12/18 Quality Improvement aware the Interview on a ware ware the Interview on a ware the Interview on a ware ware the Interview on a ware ware ware ware ware ware ware wa	strated competence by eting training on alternatives to cons annually. The findings 8 the Interim Assistant Interim Assistant Principal 17. resigned and she had been ment to help during this or she was there to support all with the situation with QP #5 and old down room. Client #49 was argeting "QP #5, hitting QP to support QP #5. She asked oping this would calm Client essional, staff #6, stepped into #5 stepped out. The client gressive and she put him in a discussion. Furrent CPI (Crisis Prevention on 2016. annually for school staff. 8 the Program Director and ont Director stated they were m Assistant Principal was not	V 536			
10A NCAC 27E .01 SECLUSION, PHYS	08 TRAINING IN SICAL RESTRAINT AND	V 537			
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa volunteers, demons successfully comple restrictive interventi are: Interview on 4/12/18 Principal stated: -She had been the since December 20 -The principal had r recalled from retirest transitionAs the administrate of the staffOn 3/22/18 she sa client #49 in the cod being aggressive, "t #5. She stepped in QP #5 to step out h #49. The paraprofe the room when QP continued to be agg therapeutic hold an -She did not have of Institute) certification -She last took CPI i -Training was done Interview on 4/12/18 Quality Improvement of aware the Intericurrently CPI certification 27E .0108 Client Ri ITO 10A NCAC 27E .01 SECLUSION, PHYS	PROVIDER OR SUPPLIER STREET ADD 1806 SOU WILMING* SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 31 volunteers, demonstrated competence by successfully completing training on alternatives to restrictive interventions annually. The findings are: Interview on 4/12/18 the Interim Assistant Principal stated: -She had been the Interim Assistant Principal since December 2017The principal had resigned and she had been recalled from retirement to help during this transitionAs the administrator she was there to support all of the staffOn 3/22/18 she saw the situation with QP #5 and client #49 in the cool down room. Client #49 was being aggressive, "targeting" QP #5, hitting QP #5. She stepped in to support QP #5. She asked QP #5 to step out hoping this would calm Client #49. The paraprofessional, staff #6, stepped into the room when QP #5 stepped out. The client continued to be aggressive and she put him in a therapeutic hold and seclusionShe last took CPI in 2016Training was done annually for school staff. Interview on 4/12/18 the Program Director and Quality Improvement Director stated they were not aware the Interim Assistant Principal was not currently CPI certified. 27E .0108 Client Rights - Training in Sec Rest & ITO	MHL065-259 STREET ADDRESS, CITY, S SUMMARY STATEMENT STRECTEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 31 volunteers, demonstrated competence by successfully completing training on alternatives to restrictive interventions annually. The findings are: Interview on 4/12/18 the Interim Assistant Principal stated: -She had been the Interim Assistant Principal stated: -She had been the Interim Assistant Principal since December 2017The principal had resigned and she had been recalled from retirement to help during this transitionAs the administrator she was there to support all of the staffOn 3/22/18 she saw the situation with QP #5 and client #49 in the cool down room. Client #49 was being aggressive, "targeting" QP #5. She asked QP #5 to step out hoping this would calm Client #49. The paraprofessional, staff #6, stepped into the room when QP #5 stepped out. The client continued to be aggressive and she put him in a therapeutic hold and seclusionShe did not have current CPI (Crisis Prevention Institute) certificationShe last took CPI in 2016Training was done annually for school staff. Interview on 4/12/18 the Program Director and Quality Improvement Director stated they were not aware the Interim Assistant Principal was not currently CPI certified. 27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND	MHL065-259 STREET ADDRESS, CITY, STATE, ZIP CODE 1806 SOUTH 15TH STREET WILMINGTON, NC 28401 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY ULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 31 volunteers, demonstrated competence by successfully completing training on alternatives to restrictive interventions annually. The findings are: Interview on 4/12/18 the Interim Assistant Principal since December 2017. -The principal stated: -She had been the Interim Assistant Principal since December 2017The principal had resigned and she had been recalled from retirement to help during this transitionAs the administrator she was there to support all of the staffOn 3/22/18 she saw the situation with QP #5 and client #49 in the cool down room. Client #49 was being aggressive, 'targeting' QP #5, hitting QP #5. She stepped in to support QP #5. She asked QP #5 to step out hoping this would calm Client #49. The paraprofessional, staff #6, stepped into the room when QP #5 stepped out. The client continued to be aggressive and she put him in a therapeutic hold and seclusionShe last took CPI in 2016Training was done annually for school staff. 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Client #49 was being aggressive, 'targeting' QP #5, hitting QP #5. She asked QP #5 to step out hoping this would calim Client #49. The paraprofessional, staff #6, stepped into the room when QP #5 stepped out. The client continued to be aggressive and she put him in a therapeutic hold and seclusion. -She last took CPI in 2016. -Training was done annually for school staff. Interview on 4/12/18 the Program Director and Quality Improvement Director stated they were not aware the Interim Assistant Principal was not currently CPI certified. 27E .0108 Client Rights - Training in Sec Rest & ITO IOA NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 32 of 39

	of Fleatiff Service IN		ı		ı	1
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MILL OCE OFO	B. WING		05/0	0/0040
		MHL065-259	D: 11110		05/0	9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1806 SOL	TH 15TH ST	RFFT		
LAKE FO	DREST ACADEMY DA	Y TREATMENT	TON, NC 28			
			TON, NC 20	401		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (FACILITY ACTION SHOULD)		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	REGOLATOR ON E	oo ibentii Tiido ini Onwation,	TAG	DEFICIENCY)	140/11	
				·		
V 537	Continued From pa	ge 32	V 537			
	(a) Caaluaian mhus	sical reatmeint and inclution				
		sical restraint and isolation				
		nployed only by staff who have				
	been trained and ha					
		proper use of and alternatives				
		s. Facilities shall ensure that				
	staff authorized to e	employ and terminate these				
	procedures are retr	ained and have demonstrated				
	competence at leas	st annually.				
		g direct care to people with				
		eatment/habilitation plan				
		interventions, staff including				
		employees, students or				
	•	nplete training in the use of				
		restraint and isolation time-out				
		lese interventions until the				
		ed and competence is				
	demonstrated.	d and competence is				
		for taking this training is				
		for taking this training is				
		petence by completion of				
		ng, reducing and eliminating				
	the need for restrict					
		ill be competency-based,				
		e learning objectives,				
		(written and by observation of				
	,	objectives and measurable				
	methods to determi	ne passing or failing the				
	course.					
	(e) Formal refreshe	er training must be completed				
	by each service pro	vider periodically (minimum				
	annually).					
		raining that the service				
		nploy must be approved by				
		DD/SAS pursuant to				
	Paragraph (g) of thi					
		ning programs shall include,				
	but are not limited t					
		information on alternatives to				
	` '					
	the use of restrictive					
	(2) guidelines	s on when to intervene				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRU		(X3) DATE SURVEY COMPLETED		
		MHL065-259	B. WING		05/09/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LAKE FO	DREST ACADEMY DA	Y TREATMENT	TH 15TH ST TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
	others); (3) emphasis rights and dignity of concepts of least reincremental steps i (4) strategies of restrictive interversions which assessment and mpsychological well-use of restrictive intervent (6) prohibited (7) debriefing importance and put (8) documents	s for the safe implementation entions; femergency safety include continuous onitoring of the physical and being of the client and the safe oughout the duration of the ion; I procedures; g strategies, including their rose; and tation methods/procedures.				
	at least three years (1) Documer (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring 100% or teaching the use of and isolation time-of	nitial and refresher training for Itation shall include: cipated in the training and the l); If where they attended; and cris name. Italian in the line in the				

Division of Health Service Regulation

MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1806 SOUTH 15TH STREET WILMINGTON, NC 28401 [X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE TAGE V 537 Continued From page 34 by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable rethods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CASH			MHL065-259	B. WING	B. WING		9/2018
CASH	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE. ZIP CODE		
XAI D PROVIDER'S PLAN OF CORRECTION XAI D PROVIDER'S PLAN OF CORRECTION XAI PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX T			1806 SOL				
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 34 by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience	LAKE FO	DREST ACADEMY DA	Y TREATMENT				
by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience	V 537	Continued From pa	age 34	V 537			
in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor	v 337	by scoring a passing instructor training per (4) The training per (5) The context observation of behavior be	and grade on testing in an program. Ing shall be It, include measurable learning table testing (written and by avior) on those objectives and disto determine passing or tent of the instructor training the ears to employ shall be vision of MH/DD/SAS pursuant ()(6) of this Rule. It instructor training programs of the limited to, presentation and the adult learner; for teaching content of the ears to of trainee performance; and tation procedures. Shall be retrained at least earstrate competence in the use call restraint and isolation ed in Paragraph (a) of this shall be currently trained in the shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the terventions at least once shall complete a refresher at least every two years.	V 337			

Division of Health Service Regulation STATE FORM

6899 RQR611 If continuation sheet 35 of 39

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	09/2018	
	PROVIDER OR SUPPLIER OREST ACADEMY DA	Y TREATMENT 1806 SOL	DDRESS, CITY, S JTH 15TH ST STON, NC 28		•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 537	(1) Documen (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a t (2) Coaches times, the course w (3) Coaches	tation shall include: sipated in the training and the ; d where they attended; and d's name. ion of MH/DD/SAS may documentation at any time. Coaches: shall meet all preparation trainer. shall teach at least three which is being coached. shall demonstrate inpletion of coaching or truction. In shall be the same	V 537				
	facility failed to assiproviders, employe trained at least ann competence in the restraint and isolation these interventions interviewed (Interimal 3 staff audited (Quafindings are: Review on 4/11/18 Carolina Incident R (IRIS) report dated -On 3/22/18, client restraints and 3 second seco	views and interviews, the ure staff including service es, or volunteers had been ually and demonstrated use of seclusion, physical on time-out prior to the use affecting 1 of 2 school staff a Assistant Principal) and 1 of alified Professional #5). The					

Division of Health Service Regulation

STATE FORM 6899 RQR611 If continuation sheet 36 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	05/09/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		1806 SOU	TH 15TH ST	REET			
LAKE FO	DREST ACADEMY DA	Y IREAIMENI WILMING	TON, NC 28	401			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE THE APPROPRIATE		
V 537	Continued From page 36		V 537				
	#49 "began yelling his arm hurt. Clien opening at this time seclusion room whi total of 15 seconds seclusion for 7 min -There was no doctors.	ber on the other side. Client and crying while saying that t withdrew his arm from the e and sat in the corner of the le repeating that arm hurt for a ." Client #49 remained in utes. umentation client #49 was when he complained of arm					
	Principal stated: -She did not have of Institute) certifications. She last took CPI in She had been the since December 200 and Personal Preservation of the StaffOn 3/22/18 she sat client #49 in the combeing aggressive, "the staffOn 3/22/18 she sat client #49 in the combeing aggressive, "the staffOn 3/22/18 she sat client #49 in the combeing aggressive, "the staffOn 3/22/18 she sat client #49 in the combeing aggressive, "the staffOn 3/22/18 she sat client #49 in the combeing aggressive, "the staff. She stepped in support QP #5. She stepped in a therapeution the seclusion room in the seclusion room in the seclusion room biting, and attacking and attacking she will be seclusion room in the seclusion room biting, and attacking she will be seclusion room in the seclusion room biting, and attacking she will be seclusion room in the seclusion room biting, and attacking she will be seclusion room in the seclusion room biting, and attacking she will be seclusion room in the seclusion room biting, and attacking she will be seclusion room biting.	n 2016. Interim Assistant Principal					

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL065-259		B. WING		05/	09/2018		
	PROVIDER OR SUPPLIER	Y TREATMENT	1806 SOL	DRESS, CITY, S ITH 15TH ST TON, NC 28				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	FION SHOULD BE COMPLET THE APPROPRIATE DATE			
V 537	intervention of client seclusion room for client #49 and tried time she saw client with the door and he this point she left. I door as it was being the door was opened leave. There were room other than QF Review on 4/12/17 revealed: -Hire date of 7/3/17-CPI certified 8/11/12-He was the CPI Inserting Program. He did not school staff. He tho employed CPI instruments a child from seclusion room wood people using the lind inside the seclusion while the other staff restraint. One staff room or decide to let the staff. -If a child complainer restrictive intervention child and assess the there was a 30 min restraint. During the assessed. If the chapter is a child to the supervisor should be seclusion should be supervisor should be seclusion room s	5 assumed the restrict #49 in the back of her to leave. QP #5 to leave the room. #49's arm come in e said "you're hurting this arm was not cauge shut; his arm hit the dand QP #5 was trano other staff in the P #5 when she left.	the released During this contact g me." At 19th in the	V 537				

Division of Health Service Regulation STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL065-259	B. WING		05/0	9/2018
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE			
LAKE FOREST ACADEMY DAY TREATMENT 1806 SOUTH 15TH STREET WILMINGTON, NC 28401						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	-3/22/18 IRIS report #49 was put into a time. These episod whole dayHe recalled client # room door. An admithe client in a restrathe seclusion room hurting while he is is shut. He said this banging on the doo Therapist or Progratus #49's arm at the error He did not conduct Interview on 4/12/18 Quality Improvement	t time 10 am was when client physical restraint the first des lasted throughout the #49 got hurt by the seclusion ministrator from the school had aint and was trying to get out of . Client #49 said his arm was n seclusion room with the door a couple of times, then started r. He thought either the am Director evaluated client and of the day. It the assessment. 8 the Program Director and the Director stated they were m Assistant Principal was not	V 537			

6899

Division of Health Service Regulation STATE FORM