

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON HEALTH SERVICES-ASHFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915-B HASTY ROAD MARSHVILLE, NC 28103</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 4/18/18. The complaints were substantiated (Intake # NC00137478, NC00137580, NC00137692, and NC00137752). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

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

Division of Health Service Regulation

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V 105	<p>Continued From page 1</p> <p>recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement policies and</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>procedures to address Judicial Review, Assessment Post Seclusion, Attestation of Facility Compliance, semi-annual training for all staff in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out, and training in cardiopulmonary resuscitation. The findings are:</p> <p>Attempted review on 4/9/18 through 4/18/18 of the facility's Judicial Review, Assessment Post Seclusion, Attestation of Facility Compliance, semi-annual training for all staff in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out, and training for Registered Nurse #8 in cardiopulmonary resuscitation was unsuccessful. There was no documentation available for Judicial Review. There was no assessment post seclusion documentation available for the restraint intervention of Client #1 on 4/3/18, although there was a facility policy related to assessment post seclusion. There was no Attestation of Facility Compliance available for review. There was no documentation of staff receiving semi-annual training in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out. There was no documentation of Registered Nurse #8's current training in cardiopulmonary resuscitation.</p> <p>Review on 4/9/18 of the Restrictive Intervention Policy dated 12/6/16 including revisions dated 2/21/17, 4/15/17, 5/1/17, and 5/23/17 revealed: -Each restrictive intervention must include documentation of debriefing of the intervention, documentation of witness of a second qualified staff not involved in the intervention to monitor and document the event, restrictive intervention form reviewed and signed by the supervisor, and a restrictive intervention case note.</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 3</p> <p>Multiple requests on 4/12/18 through 4/18/18 made to the Human Resource Lead regarding documentation of Registered Nurse #8's current training in cardiopulmonary resuscitation were unsuccessful. No documentation regarding training was provided and no explanation regarding the lack of training documentation was offered.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/12/18 with the Staff #21/Crisis Prevention and Intervention (CPI) Trainer revealed: -Not currently completing semi-annual refresher courses in CPI.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -Does not know who handles Judicial Review or where to locate documentation of Attestation of Facility Compliance for the facility; -"Not sure if they (staff) followed the rule (regarding assessment and documentation of post seclusion responsibilities)" after the incident involving Client #1 on 4/3/18; -Was not aware that CPI training needed to be completed on a semi-annual basis;</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 4</p> <p>-Does not know why there is no documentation for Registered Nurse #8 having training in cardiopulmonary resuscitation or why the Human Resource Lead could not provide documentation of the required training;</p> <p>-Will work this weekend (4/21/18 and 4/22/18) and require all administrative staff to work to gather all outstanding documents to ensure compliance in the future.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 105		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and</li> </ul>	V 107		



Division of Health Service Regulation

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V 107	<p>Continued From page 6</p> <p>record revealed: -Hire date of 11/13/17; -No signed job description outlining the minimum level of education and competency and specific duties and responsibilities of the job.</p> <p>Review on 4/12/18 of Registered Nurse #9's record revealed: -Hire date of 4/22/17; -No signed job description outlining the minimum level of education and competency and specific duties and responsibilities of the job.</p> <p>Review on 4/12/18 of Residence Supervisor #14's record revealed: -Hire date of 4/22/17; -No signed job description outlining the minimum level of education and competency and specific duties and responsibilities of the job.</p> <p>Review on 4/12/18 of Staff #16's record revealed: -Hire date of 2/7/18; -No signed job description outlining the minimum level of education and competency and specific duties and responsibilities of the job.</p> <p>Review on 4/12/18 of Medical Doctor/Child Psychiatrist/Medical Director's record revealed: -Hire date of 3/13/18; -No signed job description outlining the minimum level of education and competency and specific duties and responsibilities of the job.</p> <p>Review on 4/12/18 of the Volunteer's record revealed: -Hire date of 9/22/17; -No signed job description outlining the minimum level of education and competency and specific duties and responsibilities of the job.</p>	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 7</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: - "It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/17/18 with the Human Resources Lead revealed: - Will ensure that all job descriptions are signed and placed in staff records.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: - Currently responsible for completing intake documentation and coordination for all new clients; - Had been responsible for compliance issues in the recent past; - Second in-charge of the facility under the Licensee; - Will ensure all job descriptions are signed and placed in staff records.</p> <p>Interview on 4/18/18 with the Licensee revealed: - All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p>	V 108		



Division of Health Service Regulation

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V 108	<p>Continued From page 8</p> <p>(1) general organizational orientation;                      (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;                      (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and                      (4) training in infectious diseases and bloodborne pathogens.                      (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.                      (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:                      Based on interview and record review, the facility failed to ensure completion and documentation of employee training programs affecting 3 of 19 staff (Registered Nurse #8, Staff #16, and Volunteer).                      The findings are:</p> <p>Review on 4/12/18 of Registered Nurse #8's record revealed:                      -No documentation of training in cardiopulmonary</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 9</p> <p>resuscitation.</p> <p>Review on 4/12/18 of Staff #16's record revealed: -No documentation of training on client rights, confidentiality, and meeting the needs of the client as specified in the treatment plans.</p> <p>Review on 4/12/18 of the Volunteer's record revealed: -No documentation of training in general organizational orientation, client rights, confidentiality, and meeting the needs of the client as specified in the treatment plans;</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Multiple requests on 4/12/18 through 4/18/18 made to the Human Resource Lead regarding documentation of Registered Nurse #8 having current training in cardiopulmonary resuscitation were unsuccessful. No documentation regarding training was provided and no explanation regarding the lack of training documentation was offered.</p> <p>Interview on 4/12/18 with the Human Resource Lead revealed: -Staff #16 started with the facility in the position of Cook and completed the general orientation training upon hire. There was no additional training provided when Staff #16 was moved to the position of Residence Counselor.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing Intake</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 10</p> <p>documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -Does not know why there is no documentation for Registered Nurse #8 having training in cardiopulmonary resuscitation or why the Human Resource Lead could not provide documentation of the training; -Completed all required training and does not know why the documentation was not in his record; -Will work this weekend (4/21/18 and 4/22/18) and require all administrative staff to work to gather all outstanding documents to ensure compliance in the future.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking,</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 11</p> <p>then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interview and record review, 2 of 10 qualified professionals (Registered Nurse #7 and Registered Nurse #9) failed to display the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Finding #1 Review on 4/12/18 of Registered Nurse #7's record revealed: -Hire date of 11/13/17;</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 12</p> <p>-Multi-state nursing license with an expiration date of 7/31/18.</p> <p>Interview on 4/16/18 with Registered Nurse #7 revealed: -Works as a relief nurse part-time on the weekends; -It is the policy to lock medication room doors in each cottage; -Did not lock the medication room door during her shift on the weekend of 3/31/18 and 4/1/18 "because it was a pain in the *ss" and did not think it was necessary because the medication cart in the medication room was locked.</p> <p>Interview on 4/17/18 with Registered Nurse #8 revealed: -The medication room doors were left open on 3/31/18 by Registered Nurse #7.</p> <p>Interview on 4/11/18 with the Registered Nurse/Nurse Practitioner revealed: -When Registered Nurse #7 was relieved on 3/31/18 by Registered Nurse #8, Registered Nurse #8 discovered that Registered Nurse #7 had left the medication room unlocked.</p> <p>Finding #2 Review on 4/12/18 of Registered Nurse #9's record revealed: -Hire date of 4/22/17; -Multi-state nursing license with an expiration date of 1/31/19.</p> <p>Interview on 4/16/18 with Registered Nurse #9 revealed: -Works full-time as a Registered Nurse on the overnight shift 7pm-7am; -Had her brother meet with her outside of the facility (inside the gated area of the complex) to</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 13</p> <p>discuss her father's health condition. Her brother was present on the campus for approximately 10 minutes. Staff #16 called the police to inform the police of an unknown individual on the campus. Police came to the facility.</p> <p>-Thought it was fine to have a family member visit her at the facility because other employees had their family members visit at the facility.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -Registered Nurse #9 had an unknown male visitor on campus during working hours. Staff are not allowed to have visitors at the facility; -There is no incident report documenting an unknown male visitor on campus to visit with Registered Nurse #9, but police were notified of the incident; -Does not know why Registered Nurse #7 left the medication room door unlocked during the weekend of 3/31/18.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON HEALTH SERVICES-ASHFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915-B HASTY ROAD MARSHVILLE, NC 28103</b>
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V 109	Continued From page 14  NCAC 27G .1901 Scope (V314) for a Type B rule violation.	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure written consent or agreement by</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 112	<p>Continued From page 15</p> <p>the client and responsible party for the treatment plan affecting 1 of 6 clients (Client #3). The findings are:</p> <p>Review on 4/11/18 of Client #3's record revealed: -Admission date of 3/21/18; -Diagnoses Post-Traumatic Stress Disorder and Oppositional Defiant Disorder; -14 year old female; -Treatment Plan dated 3/21/18 with no signatures for consent from the client or responsible party.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -It was an oversight that Client #3's treatment plan was not signed; -Will work with the Licensee to hire staff more familiar with the rule requirements in Psychiatric Residential Treatment Facilities to ensure all paperwork is completed properly in the future.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule</p>	V 112		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 112	Continued From page 16 violation.	V 112		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) be accessed and the results documented for each employee prior to an offer of employment affecting 7 of 19 audited staff (Residence Supervisor #13, Residence Supervisor #14, Staff #16, Staff #17, Staff #19, Staff #20/Case Manager, and the Volunteer). The findings are:</p> <p>Review on 4/12/18 of Residence Supervisor #13's record revealed: -Hire date 5/10/17; -HCPR dated 5/24/17.</p> <p>Review on 4/12/18 of Residence Supervisor #14's record revealed: -Hire date 4/22/17; -HCPR dated 5/3/17.</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 131	<p>Continued From page 17</p> <p>Review on 4/12/18 of Staff #16's record revealed: -Hire date 2/7/18; -HCPR dated 2/8/18.</p> <p>Review on 4/12/18 of Staff #17's record revealed: -Hire date 8/15/17; -HCPR dated 8/18/17.</p> <p>Review on 4/12/18 of Staff #19's record revealed: -Hire date 9/15/17; -HCPR dated 9/22/17.</p> <p>Review on 4/17/18 of Staff #20/Case Manager's record revealed: -Hire date 10/6/17; -HCPR dated 10/10/17.</p> <p>Review on 4/12/18 of the Volunteer's record revealed: -Start date 9/22/17; -No HCPR documentation.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/17/18 with the Human Resources Lead revealed: - Will ensure HCPR checks be completed prior to an offer of employment in the future.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past;</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 131	Continued From page 18  -Second in-charge of the facility under the Licensee; -Will ensure HCPR checks be completed prior to an offer of employment in the future.  Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.  This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 133	Continued From page 19  check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider.	V 133		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 133	<p>Continued From page 20</p> <p>All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith,</p>	V 133		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 133	Continued From page 21  complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 133	<p>Continued From page 22</p> <p>Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 133	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to request criminal background checks be completed within five business days of an offer of employment affecting 1 of 19 audited staff (Staff #16). The findings are:</p> <p>Review on 4/12/18 of Staff #16's record revealed: -Hire date of 2/7/18; -Criminal background check requested 2/15/18.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/17/18 with the Human Resources Lead revealed: -Will ensure all criminal background checks be requested within five business days of an offer of employment in the future.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -Will ensure all criminal background checks be completed within five days of an offer of employment in the future.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p>	V 133		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 133	Continued From page 24  This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.	V 133		
V 314	27G .1901 Psych Res. Tx. Facility - Scope  10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. (f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area. (g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 314	<p>Continued From page 25</p> <p>Council on. Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at <a href="http://www.dhhs.state.nc.us/dma/">http://www.dhhs.state.nc.us/dma/</a>.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure services were designed to provide therapeutic interventions to address functional deficits associated with the adolescent's diagnoses affecting 1 of 6 clients (Client #1). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0201 Governing Body Policies (V105) Based on interview and record review, the facility failed to develop and implement policies and procedures to address Judicial Review, Assessment Post Seclusion, Attestation of Facility Compliance, semi-annual training for all staff in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out, and training in cardiopulmonary resuscitation.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on interview and record review, the facility failed to ensure a written job description for each</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON HEALTH SERVICES-ASHFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915-B HASTY ROAD MARSHVILLE, NC 28103</b>
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V 314	<p>Continued From page 26</p> <p>staff position affecting 6 of 19 audited staff (Registered Nurse #7, Registered Nurse #9, Residence Supervisor #14, Staff #16, Medical Doctor/Child Psychiatrist/Medical Director, and the Volunteer).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to ensure completion and documentation of employee training programs affecting 3 of 19 staff (Registered Nurse #8, Staff #16, and Volunteer).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, 2 of 10 qualified professionals (Registered Nurse #7 and Registered Nurse #9) failed to display the knowledge, skills and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interview, the facility failed to ensure written consent or agreement by the client and responsible party for the treatment plan affecting 1 of 6 clients (Client #3).</p> <p>CROSS REFERENCE: General Statute 131E-256 Health Care Personnel Registry (V131) Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) be accessed and the results documented for each employee prior to an offer of employment affecting 7 of 19 audited staff (Residence Supervisor #13, Residence Supervisor #14, Staff #16, Staff #17, Staff #19, Staff #20/Case Manager, and the Volunteer).</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 314	<p>Continued From page 27</p> <p><b>CROSS REFERENCE: General Statue 122C-80 Criinal History Record Check Required for Certain Applicants for Employment (V133)</b> Based on interview and record review, the facility failed to request criminal background checks be completed within five business days of an offer of employment affecting 1 of 19 audited staff (Staff #16).</p> <p><b>CROSS REFERENCE: 10A NCAC 27G .1902 Staff (V315)</b> Based on interview and record review, the facility failed to ensure at least two direct care staff members were present with every six adolescents affecting 6 of 6 clients (Clients #1, #2, #3, #4, #5, and #6).</p> <p><b>CROSS REFERENCE: General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364)</b> Based on interview, record review and observation, the facility failed to ensure clients were allowed to keep and use personal clothing under appropriate supervision affecting 5 of 6 clients (Clients #1, #2, #3, #4, and #5).</p> <p><b>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367)</b> Based on interview and record review, the facility failed to report all Level II and Level III incident reports to the Local Management Entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident.</p> <p><b>CROSS REFERENCE: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Intervention (V536)</b> Based on interview and record review, the facility</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 314	<p>Continued From page 28</p> <p>failed to ensure all staff were trained in alternatives to restrictive interventions affecting 5 of 19 audited staff members (Registered Nurse #8, Registered Nurse #10, Corporate Compliance Officer, Licensed Therapist #12/Clinical Director, Medical Doctor/Child Psychiatrist/Medical Director).</p> <p>CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out(V537)</p> <p>Based on interview and record review, the facility failed to ensure all staff were trained in seclusion, physical restraint and isolation time-out affecting 5 of 19 audited staff members (Registered Nurse #8, Registered Nurse #10, Corporate Compliance Officer, Licensed Therapist #12/Clinical Director, Medical Doctor/Child Psychiatrist/Medical Director).</p> <p>Clients #1, #2, #3, #4, #5, and #6 ranged in age from 14 years to 16 years old. They had multiple mental health needs including, but not limited to, Borderline Personality Disorder, Bipolar Disorder, Disruptive Mood Dysregulation Disorder, Reactive Attachment Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder. The clients had histories of sexual and physical abuse, suicidal ideation, and substance abuse needs.</p> <p>The facility did not meet the needs of the clients through a series of systemic failures: -There was no documentation of Judicial Review or Attestation of Facility Compliance. Despite multiple requests, no staff member was able to identify what was required, who was responsible or where the documentation may be located; -There was no written job description for</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 314	<p>Continued From page 29</p> <p>Registered Nurses, Residence Supervisor, Direct Care Staff, the Medical Director/Child Psychiatrist/Medical Director or Volunteer. It was unclear what the job responsibilities were for each position. Furthermore, the facility had a policy on not using volunteers, yet the Volunteer was responsible for multiple administrative positions including, but not limited to, corporate compliance, intake documentation, supervision, and was second in charge of the facility resulting in both staff and clients seeking out the Volunteer for administrative decisions;</p> <ul style="list-style-type: none"> <li>-Not all individuals had the necessary organizational training. Registered Nurse #9 did not have the documentation of Cardiopulmonary Resuscitation though she was the only medical staff member at the facility at times. The Volunteer had no documented training, although staff and clients alike sought him out for administrative decisions;</li> <li>-Registered Nurse #7 left the medication room unlocked despite the requirement for it to be locked at all times;</li> <li>-Registered Nurse #9 had an unknown visitor to the facility in the middle of the night shift;</li> <li>-There was no written consent for Client #3's treatment plan;</li> <li>-The facility did not complete the required Health Care Personnel Registry and Criminal Background Checks on all staff in the required timeframe;</li> <li>-The facility did not have the necessary staff ratio in place thereby limiting client supervision and staff's ability to intervene to meet the needs of the clients;</li> <li>-The facility staff removed clients' personal belongings without the consent of the legal guardians;</li> <li>-The facility did not complete and track incident reports properly;</li> </ul>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 314	Continued From page 30  -The facility did not provide initial and semi-annual training to all staff on alternatives to restrictive interventions and seclusion, physical restraint and isolation time-out. Furthermore, the facility did not implement policies on Assessment Post Seclusion.  This deficiency constitutes at Type B rule violation.	V 314		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff  10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure at least two direct care staff	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 315	<p>Continued From page 31</p> <p>members were present with every six adolescents affecting 6 of 6 clients (Clients #1, #2, #3, #4, #5, and #6). The findings are:</p> <p>Review on 4/11/18 of Client 1's record revealed: -Admission date of 4/3/18; -Diagnoses of Borderline Personality Disorder, Bipolar Disorder, Intellectual Developmental Disability - Mild, Disruptive Mood Dysregulation Disorder; -14 year old female.</p> <p>Review on 4/11/18 of Client #2's record revealed: -Admission date of 2/15/18; -Diagnoses of Reactive Attachment Disorder, Post-Traumatic Stress Disorder, Victim of Child Sexual and Physical Abuse; -16 year old female.</p> <p>Review on 4/11/18 of Client #3's record revealed: -Admission date of 3/21/18; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -14 year old female.</p> <p>Review on 4/11/18 of Client #4's record revealed: -Admission date of 2/15/18; -Diagnoses of Unspecified Depressive Disorder, Sedative, Hypnotic or Anxiolytic Dependence with Intoxication, Unspecified Cannabis Dependence, Suicidal Ideation; -16 year old female.</p> <p>Review on 4/11/18 of Client #5's record revealed: -Admission date of 4/5/18; -Diagnoses of Autism Spectrum Disorder without Intellectual or Language Impairment, Unspecified Personality Disorder Traits; -15 year old female.</p>	V 315		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 315	<p>Continued From page 32</p> <p>Review on 4/11/18 of Client #6's record revealed: -Admission date of 2/22/18; -Diagnoses of Recurrent Major Depressive Disorder, Post-Traumatic Stress Disorder, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Unspecified Trauma, History of Suicide Attempt; -15 year old female.</p> <p>Review of the facility's Incident Reports revealed: -Incident report completed on 3/20/18 regarding Client #2 revealed there was only one staff (Staff #18) working during the shift when Registered Nurse #9 was providing first aid to Client #2.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/16/18 with Registered Nurse #7 revealed: -There was usually only one staff working with the clients, but "maybe two if you are lucky."</p> <p>Interview on 4/16/18 with Registered Nurse #9 revealed: -There was one staff working in each cottage (which is licensed separately by the Division of Health Service Regulation); -There are not enough staff to complete restraints.</p> <p>Interview on 4/16/18 with Licensed Therapist #11 revealed: -There was usually one staff working in each cottage (which is licensed separately by the Division of Health Service Regulation), but sometimes there was two staff.</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 315	<p>Continued From page 33</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -At least two staff work per shift; -Will ensure proper staff to client ratio in the future.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 315		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 364	<p>Continued From page 34</p> <p>(3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p>	V 364		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 364	<p>Continued From page 35</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 364	<p>Continued From page 36</p> <p>custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 37  (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 364	<p>Continued From page 38</p> <p>This Rule is not met as evidenced by: Based on interview, record review and observation, the facility failed to ensure clients were allowed to keep and use personal clothing under appropriate supervision affecting 5 of 6 clients (Clients #1, #2, #3, #4, and #5). The findings are:</p> <p>Review on 4/11/18 of Client 1's record revealed: -Admission date of 4/3/18; -Diagnoses of Borderline Personality Disorder, Bipolar Disorder, Intellectual Developmental Disability - Mild, Disruptive Mood Dysregulation Disorder; -14 year old female; -Current treatment plan dated 3/26/18 does not indicate the removal of the client's shoes from her possession.</p> <p>Review on 4/11/18 of Client #2's record revealed: -Admission date of 2/15/18; -Diagnoses of Reactive Attachment Disorder, Post-Traumatic Stress Disorder, Victim of Child Sexual and Physical Abuse; -16 year old female; -Current treatment plan dated 3/19/18 does not indicate the removal of the client's shoes from her possession.</p> <p>Review on 4/11/18 of Client #3's record revealed: -Admission date of 3/21/18; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -14 year old female; -Current treatment plan dated 3/21/18 does not indicate the removal of the client's shoes from her possession.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 364	<p>Continued From page 39</p> <p>Review on 4/11/18 of Client #4's record revealed: -Admission date of 2/15/18; -Diagnoses of Unspecified Depressive Disorder, Sedative, Hypnotic or Anxiolytic Dependence with Intoxication, Unspecified Cannabis Dependence, Suicidal Ideation; -16 year old female; -Current treatment plan dated 3/19/18 does not indicate the removal of the client's shoes from her possession.</p> <p>Review on 4/11/18 of Client #5's record revealed: -Admission date of 4/5/18; -Diagnoses of Autism Spectrum Disorder without Intellectual or Language Impairment, Unspecified Personality Disorder Traits; -15 year old female; -Current treatment plan dated 3/8/18 does not indicate the removal of the client's shoes from her possession.</p> <p>Review on 4/11/18 of the facility's Resident Family Handbook revealed: -Resident rights include the right " ...to keep and use personal property and clothing under appropriate supervision ..."</p> <p>Review of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/9/18 with Client #1 revealed: -Has to wear athletic slide sandals for the first thirty days of placement at the facility; -All clients have their shoes taken away for the first thirty days of placement to prevent running away; -Does not know where her shoes are being kept, but staff have them.</p>	V 364		



Division of Health Service Regulation

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V 364	<p>Continued From page 40</p> <p>Interview on 4/9/18 with Client #2 revealed: -Had to wear athletic slide sandals for the first thirty days of placement at the facility; -Currently wears shoes at the facility; -Staff did not take her shoes away for the first thirty days, the shoes were in Client #2's possession but she could not wear them.</p> <p>Interview on 4/9/18 with Client #3 revealed: -Has to wear athletic slide sandals for the first thirty days at the facility; -Was instructed to give her shoes to staff for the first thirty days of placement; -Does not know where her shoes are currently being kept.</p> <p>Interview on 4/9/18 with Client #4 revealed: -Had to wear athletic slide sandals for the first thirty days of admission; -Had her shoes taken away by staff at admission; -Received her shoes back from staff after thirty days at the facility.</p> <p>Interview on 4/9/18 with Client #5 revealed: -Does not currently have her shoes as her shoes were removed from her possession by staff for the first thirty days at the facility; -All clients have their shoes removed for the first thirty days at the facility; -Has to wear athletic slide sandals for the first thirty days at the facility.</p> <p>Interview on 4/9/18, 4/11/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past;</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 364	<p>Continued From page 41</p> <p>-Second in-charge of the facility under the Licensee; -Shoes are removed from all clients for the first thirty days at the facility to prevent attempts of running away; -Will make sure that all paperwork is completed and updated and consent granted to remove clients' shoes from their possession.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>Observation on 4/9/18 at approximately 8:30am of Client #1 revealed: -Wearing athletic slide sandals.</p> <p>Observation on 4/9/18 at approximately 8:15am of Client #3 revealed: -Wearing athletic slide sandals.</p> <p>Observation on 4/9/18 at approximately 8:50am of Client #5 revealed: -Wearing athletic slide sandals.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 364		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 42</p> <p>to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 367	<p>Continued From page 43</p> <p>Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II and Level III incident reports to the Local Management Entity (LME)</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 44</p> <p>responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 4/9/18, 4/10/18 and 4/12/18 of the facility's Incident Reports revealed:</p> <ul style="list-style-type: none"> <li>-Level I incident report regarding Client #2 dated 3/25/18 concerning an incident of self-injurious behavior resulting in a call to local law enforcement;</li> <li>-Level I incident report regarding Client #1 dated 4/3/18 concerning an incident of aggressive and self-injurious behaviors resulting in the use of mechanical restraints. No internal investigation or report to Health Care Personnel Registry regarding the incident;</li> <li>-Level I incident report regarding Client #3 dated 4/9/18 concerning an incident of the client ingesting hand soap resulting in a call to law enforcement for transport to a local emergency department for assessment and admission due to client behavior;</li> <li>-No incident report regarding Registered Nurse #9 having an unannounced, unplanned, and unknown male visitor to the facility during an overnight shift;</li> </ul> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed:</p> <ul style="list-style-type: none"> <li>-"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</li> </ul> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed:</p> <ul style="list-style-type: none"> <li>-Currently responsible for completing intake documentation and coordination for all new clients;</li> <li>-Had been responsible for compliance issues in</li> </ul>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 45</p> <p>the recent past;</p> <ul style="list-style-type: none"> <li>-Second in-charge of the facility under the Licensee;</li> <li>-Does not know why the Corporate Compliance Officer didn't report all Level II and Level III incidents through North Carolina Incident Response Improvement System (NC IRIS);</li> <li>-Mechanical restraints should never be used at the facility;</li> <li>-Registered Nurse #9 had an unknown visitor at the facility during an overnight shift. Staff called local law enforcement during the incident. Staff should have completed an incident report regarding the incident;</li> <li>-Will ensure that all Level II and Level III incident reports are completed through NC IRIS in the future;</li> <li>-Has recently hired a new staff member who will be responsible for completing all reports in NC IRIS.</li> </ul> <p>Interview on 4/18/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-All outstanding issues will be addressed and corrected.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 367		
V 514	<p>27E .0102 Client Rights - Prohibited Procedures</p> <p>10A NCAC 27E .0102 PROHIBITED PROCEDURES</p> <p>In each facility the following types of procedures shall be prohibited:</p> <ul style="list-style-type: none"> <li>(1) those interventions which have been prohibited by statute or rule which shall include: <ul style="list-style-type: none"> <li>(a) any intervention which would be considered corporal punishment under G.S.</li> </ul> </li> </ul>	V 514		

Division of Health Service Regulation

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V 514	<p>Continued From page 46</p> <p>122C-59;</p> <p>(b) the contingent use of painful body contact;</p> <p>(c) substances administered to induce painful bodily reactions, exclusive of Antabuse;</p> <p>(d) electric shock (excluding medically administered electroconvulsive therapy);</p> <p>(e) insulin shock;</p> <p>(f) unpleasant tasting foodstuffs;</p> <p>(g) contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and</p> <p>(h) any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior.</p> <p>(2) those interventions determined by the governing body to be unacceptable for or prohibited from use in the facility.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility used a prohibited procedure of corporal punishment affecting 1 of 6 clients (Client #1). The findings are:</p> <p>Review on 4/11/18 of Client 1's record revealed: -Admission date of 4/3/18; -Diagnoses of Borderline Personality Disorder, Bipolar Disorder, Intellectual Developmental Disability - Mild, Disruptive Mood Dysregulation Disorder; -14 year old female; -Undated Prescriber's Telephone Order for "ankle and wrist restraints x (for) 1 hr (hour)." According to the order, the attending prescriber was the Medical Doctor/Child Psychiatrist/Medical Director. The order was signed by the Registered</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 47</p> <p>Nurse/Nurse Practitioner.</p> <p>Review on 4/11/18 of Client #2's record revealed: -Admission date of 2/15/18; -Diagnoses of Reactive Attachment Disorder, Post-Traumatic Stress Disorder, Victim of Child Sexual and Physical Abuse; -16 year old female.</p> <p>Review on 4/11/18 of Client #3's record revealed: -Admission date of 3/21/18; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -14 year old female.</p> <p>Review on 4/11/18 of Client #4's record revealed: -Admission date of 2/15/18; -Diagnoses of Unspecified Depressive Disorder, Sedative, Hypnotic or Anxiolytic Dependence with Intoxication, Unspecified Cannabis Dependence, Suicidal Ideation; -16 year old female.</p> <p>Review on 4/11/18 of Client #5's record revealed: -Admission date of 4/5/18; -Diagnoses of Autism Spectrum Disorder without Intellectual or Language Impairment, Unspecified Personality Disorder Traits; -15 year old female.</p> <p>Review on 4/11/18 of Client #6's record revealed: -Admission date of 2/22/18; -Diagnoses of Recurrent Major Depressive Disorder, Post-Traumatic Stress Disorder, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Unspecified Trauma, History of Suicide Attempt; -15 year old female.</p> <p>Review on 4/18/18 of the Registered</p>	V 514		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 48</p> <p>Nurse/Director of Nursing's record revealed: -Hire date of 4/2/18; -Multi-state nursing license with an expiration date of 10/31/19.</p> <p>Review on 4/12/18 of the Registered Nurse/Nurse Practitioner's record revealed: -Hire date of 5/17/17; -Licensed as a Family Nurse Practitioner.</p> <p>Review on 4/12/18 of Registered Nurse #8's record revealed: -Hire date of 3/17/18; -Multi-state nursing license with an expiration date of 5/31/18.</p> <p>Review on 4/18/18 of Registered Nurse #10's record revealed: -Hire date of 3/15/18; -Multi-state nursing license with an expiration date of 6/30/18.</p> <p>Review on 4/12/18 of Licensed Therapist #11's record revealed: -Hire date of 11/13/17.</p> <p>Review on 4/12/18 of Licensed Therapist #12/Clinical Director's record revealed: -Hire date of 3/1/18.</p> <p>Review on 4/12/18 of Residence Supervisor #13's record revealed: -Hire date of 5/10/17.</p> <p>Review on 4/12/18 of Residence Supervisor #14's record revealed: -Hire date of 4/22/17.</p> <p>Review on 4/12/18 of Staff #16's record revealed: -Hire date of 2/8/18;</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON HEALTH SERVICES-ASHFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915-B HASTY ROAD MARSHVILLE, NC 28103</b>
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V 514	<p>Continued From page 49</p> <p>-Originally hired as Cook; -Employed as Residence Counselor.</p> <p>Review on 4/12/18 of Staff #17's record revealed: -Hire date of 8/18/17; -Employed as Residence Counselor.</p> <p>Review on 4/12/18 of Staff #18's record revealed: -Hire date of 8/7/17; -Employed as Residence Counselor.</p> <p>Review on 4/12/18 of Staff #19's record revealed: -Hire date of 9/15/17; -Employed as Residence Counselor.</p> <p>Review on 4/17/18 of Staff #20/Case Manager's record revealed: -Hire date of 10/6/17.</p> <p>Review on 4/12/18 of the Volunteer's record revealed: -Start date of 9/22/17.</p> <p>Review on 4/12/18 of the Corporate Compliance Officer's record revealed: -Hire date of 9/22/17.</p> <p>Review on 4/12/18 of the Medical Doctor/Child Psychiatrist/Medical Director's record revealed: -Hire date of 3/13/18.</p> <p>Review on 4/9/18 of the facility's Incident Reports revealed: -Level I incident report dated 4/3/18 completed on Client #1 revealed: "Resident (Client #1) was escorted to Ashford Cottage (facility) after attempting to run and was in the woods. Several attempts by staff and caseworker made to calm resident down who became irate and kept banging on door to get out. Resident began</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 50</p> <p>banging arms and head on door to break door open. [Registered Nurse/Nurse Practitioner] ordered restraint to keep resident from self-harm due to banging on door. Resident was restrained with zip ties on wrist and legs. Zip tie on legs over pants to prevent injury. Resident proceeded to pull zip tie with teeth and kept tightening ties which eventually had to be cut off due to resident pulling them tight. Zip ties placed on resident at 6:50pm. Several attempts made to calm resident down by giving her water and talking to her. Resident also observed banging head on floor to get out of ties. Nurse (Registered Nurse/Nurse Practitioner) assisted by giving resident a shot (injection of Haldol). Resident ate supper around 7:30pm and eventually calmed down."</p> <p>Review on 4/18/18 of the facility's video surveillance footage time stamped 4/3/18 at 6:37pm revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 in facility living room with Staff #16, Staff #18, and Staff #20/Case Manager;</li> <li>-Staff #16, Staff #18, and Staff #20/Case Manager verbally engaged with Client #1;</li> <li>-Client #1 made multiple attempts to break through the front glass door of the facility by hitting her shoulder and side of body into the door. Staff did not intervene;</li> <li>-Staff #16 and Staff #17 entered the facility with zip ties secured in a circle;</li> <li>-Staff #16, Staff #17, Staff #19, and Staff #20/Case Manager held the wrists and ankles of Client #1 and applied the zip ties securing the two wrists together and the two ankles together while the Registered Nurse/Nurse Practitioner observed;</li> <li>-Client #1 freed her wrists and Staff #19 and Staff #20/Case Manager re-applied zip ties to Client #1's wrists;</li> <li>-Client #1 physically struggled to free herself, she</li> </ul>	V 514		

Division of Health Service Regulation

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V 514	<p>Continued From page 51</p> <p>banged her head against the floor, and eventually sat on the couch no longer struggling but still wearing zip ties applied only to her ankles. The zip ties securing Client #1's wrists were removed after approximately 7 minutes by Staff #17, Staff #19, and Staff #20/Case Manager;</p> <p>-Registered Nurse #8 entered the facility and observed Client #1 sitting on the couch with zip ties around her ankles. Registered Nurse #8 fanned Client #1;</p> <p>-Registered Nurse #10 entered the facility and walked past Client #1 while Client #1 was sitting on the couch with zip ties around her ankles;</p> <p>-Client #1 was provided with a dinner tray while sitting on the couch and was left alone to eat with no staff in close proximity. Client #1 remained with zip ties securing her ankles;</p> <p>-Resident Supervisor #13 entered and exited the facility several times bringing other female clients to engage with Client #1 while Client #1 was sitting on the couch with zip ties securing her ankles;</p> <p>-Client #1 remained with zip ties securing her ankles for over one hour.</p> <p>Review on 4/11/18 of a Division of Health Service Regulation (DHSR) Report for Record dated 4/10/18 regarding a conversation between Foothills Team Leader and the Volunteer on 4/10/18 revealed:</p> <p>-The facility and administration welcomes the survey visits from DHSR surveyors because the administrative and clinical staff learn about the rules governing the facility from the surveyors.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed:</p> <p>-"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 52</p> <p>Interview on 4/9/18 with Client #1 revealed: -Was restrained at the facility one time using zip ties to secure her ankles together and her wrists together; -The staff applied the zip ties to her on the day she was admitted to the facility; -The zip ties were applied for at least thirty minutes; -Approximately five staff members were involved in restraining her using zip ties, but she was not able to identify the staff; -Did not know where the zip ties came from or where they are stored.</p> <p>Interview on 4/9/18 with Client #2 revealed: -Heard that Client #1 had been restrained using zip ties; -When Client #2 walked into the cottage, Client #1 was sitting in the living room and Client #1 still had zip ties around her ankles; -Does not know which staff was present when the zip ties were applied to Client #1; -Never heard of any other clients being restrained using zip ties; -Does not know where the zip ties are stored.</p> <p>Interview on 4/9/18 with Client #3 revealed: -Client #1 was restrained with zip ties on her legs; -Client #3 heard one of the staff members requesting zip ties to restrain Client #1; -Observed Client #1 in the living room with zip ties on her legs; -Refused to identify which staff members restrained Client #1 with zip ties.</p> <p>Interview on 4/9/18 with Client #4 revealed: -Did not witnessed any clients being restrained with zip ties; -Did not hear any staff talking about using zip ties</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 53</p> <p>to restrain clients.</p> <p>Interview on 4/9/18 with Client #5 revealed: -Heard a client was restrained with the use of zip ties, but revealed "I honestly don't remember details about it."</p> <p>Interview on 4/9/18 with Client #6 revealed: -Client #1 was restrained using zip ties; -Did not know if the zip ties were applied to Client #1's hands or feet; -Did not know if the zip ties were still on Client #1 when the other clients returned to the facility; -There were no zip ties in the facility as far as Client #6 knows; -Never heard about any other client being restrained with zip ties; -The male staff who had the zip ties worked in the sister facility across the campus.</p> <p>Interview on 4/17/18 with an Advocate for North Carolina Disability Rights revealed: -Upon discovery of the incident with the use of zip ties, the facility staff (Registered Nurse/Nurse Practitioner, Corporate Compliance Office, and Licensed Therapist #12/Clinical Director) were instructed to self-report the incident through the NC IRIS; -Concerned that the facility did not conduct an internal investigation; -The Registered Nurse/Nurse Practitioner reported holding Client #1's ankles with zip ties while the Licensed Therapist #12/Clinical Director questioned what was wrong with having handled the situation in that manner.</p> <p>Interview on 4/11/18 with the Registered Nurse/Director of Nursing revealed: -Never heard about the use of zip ties on a client during her thirty years work experience as a</p>	V 514		

Division of Health Service Regulation

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V 514	<p>Continued From page 54</p> <p>psychiatric nurse; -Not present when Client #1 was restrained using zip ties to secure her wrists and ankles.</p> <p>Interview on 4/11/18 with the Registered Nurse/Nurse Practitioner revealed: -On 4/3/18, Client #1 was restrained using zip ties to secure her wrists and ankles after Client #1 attempted to run from the facility and displayed property destruction to force open the facility door; - The Registered Nurse/Nurse Practitioner asked the Medical Director/Child Psychiatrist/Medical Director to order wrist and ankle restrains for one hour. The restraints were ordered; -Staff #16 and Staff #17 applied the zip ties to secure Client #1's wrists and ankles; -Client #1 was hallucinating about her mother telling her to kill herself; -The facility has never trained her to use zip ties on clients.</p> <p>Request on 4/18/18 for an additional interview with Registered Nurse #8 were unsuccessful. Registered Nurse #8 did not respond to the request for an interview.</p> <p>Multiple requests on 4/18/18 to the Human Resource Lead for contact information for Registered Nurse #10 were unanswered. No interview was able to be completed with Registered Nurse #10 as he was not at the facility and there was no contact information provided on Registered Nurse #10.</p> <p>Interview on 4/16/18 with the Licensed Therapist #11 revealed: -Client #1 reported she had her hands and feet tied by staff; -Licensed Therapist #11 reported the allegation to</p>	V 514		

Division of Health Service Regulation

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V 514	<p>Continued From page 55</p> <p>Residence Supervisor #13; -Residence Supervisor #13 confirmed that Client #1 had been restrained with her hands and ankles secured with zip ties; -Residence Supervisor #13 revealed Licensed Therapist #12/Clinical Director, Registered Nurse/Nurse Practitioner, Staff #16, Staff #17, Staff #20/Case Manager were present during the restraint when Client #1's wrists and ankles were secured with zip ties.</p> <p>Interview on 4/17/18 with Licensed Therapist #12/Clinical Director revealed: -Denied she was present during the restraint of Client #1 using zip ties; -Had no knowledge of the use of zip ties with the clients; -Heard Client #1 was restrained using zip ties but did not witness the incident.</p> <p>Interview on 4/17/18 with the Residence Supervisor #13 revealed: -Witnessed Client #1 restrained using zip ties on 4/3/18; -Allowed Registered Nurse/Nurse Practitioner to handle the situation of Client #1 being restrained with zip ties; -Never been trained to use mechanical restraints to restrain clients.</p> <p>Interview on 4/9/18 with Residence Supervisor #14 revealed: -Was not present when Client #1 was restrained with zip ties, but knows an incident report was completed regarding the incident;</p> <p>Interview on 4/12/18 with Staff #16 revealed: -Client #1 was upset on the day of admission and attempted to run away from the facility by running into the woods. She became aggressive and</p>	V 514		



Division of Health Service Regulation

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V 514	<p>Continued From page 56</p> <p>assaultive when Staff #16 caught up to Client #1; -Staff #16 convinced Client #1 to walk from the wooded area to the facility and enter the facility. Upon entering the facility, the automatic doors closed and locked behind Staff #16 and Client #1 preventing Client #1 from leaving the facility. -Client #1 became aggressive upon discovering that she could not leave the facility; -Client #1 attempted to break through the door of the facility; -After attempts at verbal intervention, Staff #16 was hit in the face by Client #1. Staff #16 asked the Registered Nurse/Nurse Practitioner for direction to assist Client #1. Staff #16 suggested the use of zip ties to restrain Client #1; -Staff #16 left the facility to get zip ties from a sister facility across campus; -Staff #16 returned to the facility and applied zip ties to Client #1 at the wrists and ankles; -Client #1 was able to pull free from the zip ties the first time; -Staff #16 held Client #1's legs so Staff #17 could apply zip ties to Client #1's ankles; -Staff #16 received approval from the Registered Nurse/Nurse Practitioner to apply zip ties; -The zip ties were stored in the recreation room of the sister facility across the campus. No clients had access to the zip ties. Staff #16 does not know why the zip ties were on the campus; -The use of zip ties is not part of the training Staff #16 received while at the facility. Their use "was a spur of the moment thought."</p> <p>Interview on 4/12/18 with Staff #17 revealed: -Was working on the campus at another facility and was called for assistance by Staff #16 because of Client #1's behavior; -Staff #16 and Staff #17 brought "twist ties" (zip ties) from the sister facility across the campus; -Staff #17 held Client #1's hands while Staff #16</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 57</p> <p>applied the zip ties on Client #1; -Staff #16 physically put the zip ties on Client #1; -No knowledge of where the zip ties were stored; -The zip ties were long; -The zip ties used to restrain Client #1 are the same zip ties used to keep the toilet tank top on the toilet tank; -Has never received training to use zip ties on clients.</p> <p>Attempted interview on 4/17/18 and 4/18/18 with Staff #18 was unsuccessful. Staff #18 did not respond to the requests for an interview.</p> <p>Attempted interview on 4/17/18 with Staff #19 was unsuccessful. Staff #19 did not respond to the request for an interview.</p> <p>Interview on 4/17/18 with Staff #20/Case Manager revealed: -Called on 4/3/18 to assist with Client #1; -Tried to calm Client #1 down using verbal intervention; -Staff #16 and Staff #17 used zip ties to restrain Client #1's wrists and ankles; -Was uncertain about the practice of the use of zip ties at the facility so discussed concerns with Licensed Therapist #12/Clinical Director, Volunteer, and Licensed Therapist #11 who informed Staff #20/Case Manager that they would research the use of zip ties and advise further; -No training had been held at the facility regarding using zip ties or not using zip ties in the future.</p> <p>Interview on 4/12/18 with Staff #21/CPI Instructor revealed: -There is no use of zip ties in CPI; -The use of zip ties is a mechanical restraint and cannot be used.</p>	V 514		

Division of Health Service Regulation

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V 514	<p>Continued From page 58</p> <p>Interview on 4/9/18 with the Corporate Compliance Officer revealed: -The use of zip ties was a result of the term "soft ties" as identified in 10A NCAC 27C .0102 Definitions (20) as a "protective device" to enhance the safety of a self-injurious client combined with 10a NCAC 27E .0104 which outlines the incident which was occurring in the facility under (b)(1) as an "emergency situation."</p> <p>Interview on 4/9/18 with the Medical Doctor/Child Psychiatrist/Medical Director revealed: -"We had a youngster (Client #1) who was agitated. I knew about the restraint (to wrists and ankles) being ordered ...;" -Does not have any knowledge on the use of any device used to restrain clients; -"I don't know what zip ties are;" -"Apparently there is an order from me for (wrist and ankle) restraints;" -Does not know where the staff got the zip ties or who had them; -"It is unfortunate that our documentation is not what it needs to be."</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -Staff should never have restrained a client using zip ties; -Staff would not have completed a restraint with zip ties if the Volunteer was at the facility; -There was no report through the North Carolina Incident Response Improvement System</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	<p>Continued From page 59</p> <p>regarding the use of zip ties on Client #1; -There was no internal investigation completed regarding the use of zip ties on Client #1; -There was no report to HCPR regarding the use of zip ties on Client #1.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>Observation on 4/11/18 at approximately 4:20pm of the bathroom in the sister facility across the campus revealed: -Two white zip ties approximately 24" to 30" long used to secure the top of the toilet tank to the toilet tank itself.</p> <p>Review on 4/18/18 of the Plan of Protection dated 4/18/18 written by the Human Resource Lead revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Anderson health services will no longer use Zip ties. This will go into effect immediately. 4/18/2018 All staff will sign a document acknowledging that they are aware that no mechanical devices can be used to restrain a consumer. This will be completed by Thursday April 26, 2018. Anderson health services will use alternatives to restrictive interventions and restraints as a last resort as used by CPI training. Clinical department will provide training on abuse and neglect by Thursday, April 26, 2018. Describe your plans to make sure the above happens. The clinical department and upper management, will monitor and document all steps that have been used to correct the deficiencies of the harm citation."</p>	V 514		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 514	Continued From page 60  Client #1 is 14 years old, has mental health needs, and is a victim of physical abuse and neglect. On her first day at the facility, Client #1 was restrained using plastic zip ties to secure her wrists and ankles during an incident of property destruction and attempt to run away. Client #1 remained in zip ties for over an hour. No facility staff intervened to protect Client #1 during the incident or after learning of the incident. Systemic failure at the facility included the use of the zip ties, failure to intervene to protect the health, safety, and welfare of Client #1, and failure to report and investigate the use of zip ties to restrain Client #1. Multiple administrative and clinical staff members were involved in the incident. This deficiency constitutes a Type A1 rule violation for serious abuse and neglect. An administrative penalty of \$3,000.00 is imposed.	V 514		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON HEALTH SERVICES-ASHFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915-B HASTY ROAD MARSHVILLE, NC 28103</b>
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V 536	<p>Continued From page 61</p> <p>based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) 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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing</li> </ol>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 536	<p>Continued From page 62</p> <p>means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) 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.</p> <p>(4) 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)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 536	<p>Continued From page 63</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 536		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 536	<p>Continued From page 64</p> <p>failed to ensure all staff were trained in alternatives to restrictive interventions affecting 5 of 19 audited staff members (Registered Nurse #8, Registered Nurse #10, Corporate Compliance Officer, Licensed Therapist #12/Clinical Director, Medical Doctor/Child Psychiatrist/Medical Director). The findings are:</p> <p>Review on 4/12/18 of Registered Nurse #8's record revealed: -Hire date 3/7/18; -No documentation of training in alternatives to restrictive interventions.</p> <p>Review on 4/18/18 of Registered Nurse #10's record revealed: -Hire date 3/15/18; -No documentation of training in alternatives to restrictive interventions.</p> <p>Review on 4/12/18 of the Corporate Compliance Officer revealed: -Hire date 9/22/17; -No documentation of training in alternatives to restrictive interventions.</p> <p>Review on 4/12/18 of the Licensed Therapist/Clinical Director revealed: -Hire date 3/1/18; -No documentation of training in alternatives to restrictive interventions.</p> <p>Review on 4/12/18 of the Medical Doctor/Child Psychiatrist/Medical Director's record revealed: -Hire date 3/13/18; -No documentation training in alternatives to restrictive interventions.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 536	<p>Continued From page 65</p> <p>revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/12/18 with the Human Resource Lead revealed: -The Corporate Compliance Officer has "no CPI (Crisis Prevention and Intervention - alternatives to restrictive interventions) training for years because of a bad back;" - The Medical Doctor/Child Psychiatrist/Medical Director is "disabled ....does not interact with CPI ...has residence team assist him at all times when meeting with clients;" -Will ensure all untrained staff receive the necessary training as soon as possible.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed: -Currently responsible for completing intake documentation and coordination for all new clients; -Had been responsible for compliance issues in the recent past; -Second in-charge of the facility under the Licensee; -Will ensure all staff have training in alternatives to restrictive interventions.</p> <p>Interview on 4/18/18 with the Licensee revealed: -All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 537	<p>Continued From page 66</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) 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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include,</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 537	<p>Continued From page 67</p> <p>but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence</p>	V 537		
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Division of Health Service Regulation

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V 537	<p>Continued From page 68</p> <p>by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 537	<p>Continued From page 69</p> <p>instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all staff were trained in seclusion, physical restraint and isolation time-out affecting 5 of 19 audited staff members (Registered Nurse #8, Registered Nurse #10, Corporate Compliance Officer, Licensed Therapist #12/Clinical Director, Medical Doctor/Child Psychiatrist/Medical Director). The findings are:</p> <p>Review on 4/12/18 of Registered Nurse #8's record revealed: -Hire date 3/7/18; -No documentation of training in seclusion, physical restraint and isolation time-out.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 537	<p>Continued From page 70</p> <p>Review on 4/18/18 of Registered Nurse #10's record revealed: -Hire date 3/15/18; -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 4/12/18 of the Corporate Compliance Officer revealed: -Hire date 9/22/17; -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 4/12/18 of the Licensed Therapist/Clinical Director revealed: -Hire date 3/1/18; -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 4/12/18 of the Medical Doctor/Child Psychiatrist/Medical Director's record revealed: -Hire date 3/13/18; -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 4/17/18 of the facility's policy on Volunteers dated 12/6/16 and revised on 4/28/17 revealed: -"It is the policy of Anderson Health Services (Licensee) to not engage volunteers at this time."</p> <p>Interview on 4/12/18 with the Human Resource Lead revealed: -The Corporate Compliance Officer has "no CPI (Crisis Prevention Intervention - seclusion, physical restraint and isolation time-out) training for years because of a bad back;" - The Medical Doctor/Child Psychiatrist/Medical Director is "disabled ....does not interact with CPI ...has residence team assist him at all times when</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
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V 537	<p>Continued From page 71</p> <p>meeting with clients;"</p> <p>-Will ensure all untrained staff receive the necessary training as soon as possible.</p> <p>Interview on 4/9/18 and 4/18/18 with the Volunteer revealed:</p> <p>-Currently responsible for completing Intake documentation and coordination for all new clients;</p> <p>-Had been responsible for compliance issues in the recent past;</p> <p>-Second in-charge of the facility under the Licensee;</p> <p>-Will ensure all staff have training in seclusion, physical restraint and isolation time-out.</p> <p>Interview on 4/18/18 with the Licensee revealed:</p> <p>-All outstanding issues will be addressed and corrected.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type B rule violation.</p>	V 537		