Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on May 24, 2018. The complaint (Intake #NC00139242) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000	**RECEIVED** *By MH Lic & Cert Section at 3:44 pm, Jun 18, 2018*	
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by:	V 512	On 5/18 the client made the allegation and our internal investigation began. The staff members access card was deactivated to prevent any access to the unit. Program Director made a call to DSS as well as to the clients guardian. On 6/5/18, our Human Resource Director and PRTF program director met with the staff member and terminated him. 5/24 & 6/2/18 we had training for Handle with Care refresher for all of the PRTF staff. In that training we discussed protocol for when people are on campus that should not be and notifing the police as well as the director of the program.	5/18/18 6/5/18 5/24& 6/2

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Meagan Winton LCSW 4/13/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 1 Based on observations, record reviews and interviews, 1 of 8 staff (#1) subjected 1 of 3 audited clients (#1) to abuse. The findings are: Review on 5/24/18 of staff #1's record revealed: -A hire date of 1/29/16 -A job description of Mental Health Technician -A Handle with Care certificate dated 12/16/17 to 6/16/18 -A former disciplinary letter, dated 5/4/17, noting "It has been reported that any of the following have occurred: a) You used excessive force during a limited control walk, b) You used excessive force placing a resident into his room after a limited control walk, c) You did not follow protocol relating to attempting to utilize therapeutic techniques to de-escalate a resident during a time of crisis, d) You verbally challenged a client and took an aggressive stance, which led to the inability to maintain the calm demeanor and control needed in time of a crisis ....During incidents of physical aggression by clients, it is imperative for staff members to control their emotions so as not to incite further aggression or a possible PTSD (Post-Traumatic Stress Disorder) response. While assisting in a limited control walk, it was reported that excessive force was used by you, leading to bruising and tenderness of a resident's right arm. At the end of a limited control walk, it was reported that you used excessive force placing the resident into his assigned room ...during this incident, you became visibly angered, and verbally challenged or incited a resident. You hit your head with your hands while standing in the doorway of the clients, which can be perceived as an act of aggression. You were unable to maintain a composed manner in order to model appropriate behavior and model for the residents how to conduct themselves in times of crisis. As the use of excessive force and	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 2 challenging to inciting clients, as well as the ability to maintain emotional regulation during the time of crisis, has been addressed with you and your supervisor ..." -An employee performance evaluation dated 7/7/17 noting "Areas requiring improvement to job performance: Recognizing when you are tired and in need of self-care in order to avoid power struggles with difficult residents. Recognizing that some residents treat you how they have been treated in the past and do not take their words or actions personally. Recognize when you are beginning to feel affected or upset with a resident, acknowledge it and either disengage, or hand the task off to a nearby colleague ...continue working towards emotion regulation in times of crisis ..." Review on 5/22/18 of client #1's record revealed -An admission date of 3/12/18 -Diagnoses of Oppositional Defiant Disorder, Adjustment Disorder with Mixed Disturbances and Unspecified Trauma Disorder -Age 17 -An assessment dated 3/12/18 noting "arrived to the facility via a sheriff's deputy, history of aggressive behaviors, physical and emotional trauma, multiple group home placements and hospitalizations, DSS (Department of Social Services) involved due to neglect and abuse (an altercation with a knife with his step-father), client charged with Assault With a Deadly Weapon, has been on probation since August 2016 for safecracking, larceny and possession of a scheduled II controlled substance, multiple school suspensions, history of bone cancer (November 21, 2017) in remission, has attempted suicide, history of marijuana use, running away, truancy, struggles to adhere to directions, displays mood swings, is disrespectful and highly irritable." -An updated treatment plan dated 4/20/18 noting	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 3 "will improve his opposition defiant behaviors by following directions from adults, will improve his impulse control by meeting stated objectives: decrease verbal and physical aggression, decrease property destruction and decrease incidents of inappropriate sexual behavior, will improve anger management by meeting stated objectives: increase ability to recognize physical and affective warning signs of anger, recognize and verbalize frustrations, will decrease verbally aggressive outbursts and threats and physically aggressive episodes, will improve acceptance of and responses to adult authority, will improve expression of thoughts and feelings and demonstrate effective management of difficult thoughts and feelings, will refrain from unauthorized departure from the treatment center and other unsafe or dangerous behaviors and will receive a substance abuse assessment to determine the need of therapy." Review on 5/22/18 of the facility's incident report, dated 5/18/18 and written by the Licensed Clinical Social Worker/Program Director (LCSW/PD), revealed: -Client began to argue with staff about retrieving his water bottle from outside and then became physically aggressive. -"Client continued to come out of his room after his bedtime and disturb the unit by yelling and arguing with staff about getting his water bottle he left outside earlier in the day. Staff went down to his room to discuss his behavior and to encourage the client to be respectful of his peers. Client was not receptive to feedback given by staff and continued to argue. Client pushed staff and was placed in a therapeutic hold at 2040 (8:40pm). After one minute, client moved to a seated position and staff followed. Client was released at 2043 (8:43pm) after stating that he	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 4 would no longer be aggressive. Staff attempted to process with client to encourage him to utilize positive coping skills such as deep breathing or exercise to help him control his anger. Client was not receptive to staff feedback and continued to try and argue with staff. Client refused to have his vitals assessed by the nurse stating 'I don't need that. I'm fine,' but complained of pain in his left jaw. Client refused pain medication, but accepted an ice pack from the nurse. No abnormalities were noted on the nurse's assessment. Staff monitored the client continuously for 30 minutes following the intervention. No charges were filed and client was not arrested." Review on 5/22/18 of the facility's camera footage, dated 5/17/18, revealed: -No audio was present on the footage -The video footage started at 8:40:16 minutes and ended at 8:59:56 -The video camera was located at the end of hall #1 mounted on the ceiling -There was a clear view of the doorway to the shared bedroom of client #1 and client #2 -At 8:40:22, client #1 came out of his room -Staff #1 and staff #3 were standing behind the staff's station area -From 8:40:49 to 8:42:59, client #1 stood at his door way -At 8:43:02, staff #1 walked down the hallway towards client #1's bedroom door -Staff #1 and client #1 stood approximately 1 foot apart facing one another at the bedroom doorway -At 8:43:18, staff #1 lunged and pushed client #1 with both of his hands to the chest -Staff #1 entered client #1's bedroom, alone, at 8:43:20 -Staff #1 and client #1 were out of the video camera's view -At 8:44:02, staff #2 came down the hallway and	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 5 walked into client #1's bedroom -Staff #3 also walked down the hallway and entered client #1's bedroom at 8:44:38 -At 8:44:43, client #2 left the bedroom with staff #3 and walked into the day room -From 8:44:45 to 8:50:27, client #1, staff #1 and staff #2 remained in client #1's bedroom and out of the video camera's view -At 8:50:29, staff #1 left client #1's bedroom and returned to the staffing station -Staff #2 and client #1 remained in the bedroom from 8:50:30 to 8:50:47. -The RN walked down to client #1's bedroom door, stuck her head in and backed out of the room at 8:50:47 -At 8:51:32, the RN returned to client #1's room with what appeared to be medication and a cup of water. -Staff #1 reentered client #1's bedroom at 8:56:50 -Both staff #1 and staff #2 left the room at 8:59:41 -At 8:59:47, the RN and client #2 entered and remained in the bedroom until 8:59:56 -No restraint was observed on the video footage Review on 5/22/18 of client's #1's service shift note, dated 5/17/18, and written by the RN revealed: -" ...Later in the shift, client (#1) continued to come out of his room after his bedtime and disturbed the unit. Staff went down to his room to discuss his behavior and encourage the client to be respectful of his peers. Client pushed staff and was placed in a therapeutic hold at 2040 (8:40pm). Client was released at 2043 (8:43pm) after stating that he would no longer be aggressive. Staff attempted to process with client to encourage him to utilize positive coping skills such as deep breathing or exercise to help him control his anger. Client was not receptive to staff feedback and continued to try and argue with	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 6 staff. Staff continued to monitor the client every ten minutes for safety." Further review on 5/22/18 of client's #1's service shift note, dated 5/18/18, and written by the RN, revealed: -"Client complained of pain in lower left jaw. Minimal swelling with minimal redness and tenderness to left inside check. Ice pack applied with an as needed Naproxen given. Client resting in room on bed with eyes closed." Review on 5/22/18 of client #1's dental assessment, dated 5/18/18, revealed: -Client #1 was seen on 5/18/18 by a local dentist -A referral form, dated 5/18/18, to a local oral surgery institute noting "Patient was punched on the jaw. Patient is experiencing pain. Left condyle area on opening and closing. Please evaluate left on TMJ ((Temporomandibular Joint Disorder) which can causes pain in the jaw joint and in the muscles that control jaw movement)." Review on 5/22/18 of client #1's medical records, dated 5/22/18, from a local urgent care agency, revealed: -"Reason for Visit: Facial Swelling." -"Diagnoses: Left facial swelling, assault" -A written prescription, for Naproxen 500mg, 2 by mouth twice daily, was given -"May use warm compress to his side of face for 15 minutes every 4 hours to help with swelling. If swelling continues, may need to be seen in the ER (Emergency Room) for a CT (Computerized Tomography) Scan." Observations and interview on 5/22/18, at approximately 2:30pm, with client #1 revealed: -Swelling to the left side of his lower jaw -A hard knot located on the left side of his jaw	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 7 -Client #1 stated he had trouble opening and closing his mouth at times -Maintained good eye contact throughout the interview -Had been in the Psychiatric Residential Treatment Facility (PRTF) for approximately 3 months -When asked how he was treated, client #1 stated "I am trying to survive." -Stated some staff were more therapeutic than other staff -"Other staff use power, want to punish us and threatened us with early bedtime." -Staff #1 was "the biggest butthole I have ever met. He is a big guy with ripped muscles and he mistreated me." -Had requested, on 5/1718, staff #3 to get his water bottle because he had left it outside. -"I asked [staff #3] for my water bottle after I had worked out in my room. My water bottle was outside. I asked [staff #3] again, and she said she would get it later. I was thirsty. [Staff #1], who I was not even talking to, said it was dark outside and I was not getting my water bottle. I told him I needed my water bottle and he told me I was not getting my water bottle. I asked for some water from the cooler at the staffing station and he (staff #1) refused to allow me to get some of that water." -Stated he and staff #1 went back and forth talking and yelling over one another. -Staff #1 stated he was "about to 'f' me up" and I wasn't getting no 'f' ing water. -"He started putting on his gloves. He puts his gloves on every time he plans to restrain someone. He came to my room and pushed me (demonstrated a two handed push to his chest). I spun around and he 'stole me' (punched me). All I saw were white spots. He pushed me onto the bed and put his fore arm up to my neck and	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 8 made me hit my head repeatedly on the cement wall ..." -Client #1 told staff #1, repeatedly, he was hurting him. -"I kept telling him I was not resisting and my tone was calm. He just ignored me and became more aggressive. He told me I was mentally ill and to 'shut my f*****g mouth'. He also said he could do this all day (restrain me),,," -Had forgotten staff #2 was also in the room until he realized staff #2 was holding his legs down -The RN came into client #1's room after the altercation with his medications and a cup of water. -"As she came in, [staff #1] walked out of the room. I told [the RN] what had happened and she asked if I wanted an ice pack, which I did." -Staff #1 had not returned to work since Thursday, 5/17/18. Observation and interview on 5/22/18, at approximately 3:30pm, with client #2 revealed: -Shared a bedroom with client #1 -Had not been interviewed by anyone regarding the incident on 5/17/18 -Was lying on his bed when he heard client #1 and staff #1 in the hallway -Client #1 had asked for water and was told no by staff #1 -"[Staff #1] pushed him (client #1) into our bedroom. He used two hands (demonstrated both palms placed on client #1's chest and a pushing motion) and [client #1] stumbled backwards. I was told to get out of our room because [staff #1] was going to do a restraint. I saw [staff #1] push him on the bed and the back of his head hit the mattress." -Client #1 later told client #2 his head also hit the wall several times. -"Those walls are made of cement, so I know it	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 9 hurt." -Saw staff #1 punch client #1 on his jaw. -"[Staff #1] balled up his fist, pulled it back and hit his jaw. [Client #1] was arguing with [staff #1] because all he wanted was water ..." -Heard client #1 state several time he wanted water and he was saying "why are you doing this to me?" -Estimates staff #1 was in the room with client #1 for approximately 10 minutes. -"I heard [staff #1] screaming and cussing at [client #1]. He would say 'You are not a big man. Do you really think you can buck up to me like that? [Staff #1] was using the 'f' word and the 'b' word ..." -The RN assessed client #1 and told him "you are allowed to get water. Just because you want to get water, they (staff) can't restrain you for that ..." -Stated client #1's jaw was swollen and puffy for the next 2 days and the RN had given client #1 an ice pack for his jaw. Interview on 5/23/18 with client #3 revealed: -Client #1 had recently gotten restrained by staff #1 on 5/17/18 -Stated he heard the restraint due to cussing by staff #1 and heard client #1 screaming in pain. -The incident started because client #1 wanted some water and staff #1 told him no. -"I heard [client #1] say 'don't attack me'. Then I heard them in [client #1]'s room. [Client #1] was calling out for [staff #1] not to hurt him. I heard [staff #1] cuss a lot. He said 's**t', and the 'f' word about 8 different times. [Staff #1] likes to restrain people. He will always put on his latex gloves when he is going to restrain someone and he had them on!" -If clients did not do what staff #1 said they were restrained. -"I don't think it is right that [staff #1] punched	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 10 [client #1]. Staff is only supposed to restrain us when we are a danger to ourselves or to others. [Client #1] just asked for some water ..." Interview on 5/23/18 with client #4 revealed: -When staff #1 came in to work his shift, "he is quick to restrain." -"He doesn't give you a chance. When he is angry, he cusses real loud ...I have heard him say 'shut the f**k up'. He will get in our faces and cuss. He won't try to talk you down like other staff does." -On the day client #1 got restrained by staff #1 (5/17/18), "I heard [staff #1] tell [client #1] 'I told you to go to bed. Shut the f**k up! You're going to stay like this (in the restraint)'. I heard [client #1] say 'why are you holding me down? Why did you punch me in the face?'" Interview on 5/23/18 with client #5 revealed: -Had heard client #1 screaming and yelling the night of 5/17/18 -"I was in my bed and I heard yelling. It was only for a short time. Earlier in the night, [client #1] was asking for water and [staff #1] would not let him have any." -Stated client #1 loved to argue especially if facility staff gave him EBT (Early Bed Time). -Staff #1 was very aggressive and strict when he worked. -"He does not play! He also works at 'Juvy' (Juvenile Detention Center). You can't even talk to [staff #1]. It is not therapeutic ...When he (staff #1) is done with the whole situation (negative behaviors by clients), he would rather just restrain somebody instead of talking us down ..." Interview on 5/24/18 with staff #1 revealed: -Had worked in the PRTF for over 2 years -Worked from 5pm to 10pm on 5/17/18 with staff	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 11 #2, staff #3, staff #4 and the RN -"The whole incident (on 5/17/18) started over [client #1] repeatedly asking for water after he was told to wait." -Client #1 was standing at his bedroom door and kept yelling "I want water. I want water. I want water." -"[Staff #3] had already told him he would need to wait. He was yelling and I was afraid he was going to wake up the others (clients) and incite them ..." -Identified his own triggers as clients yelling, being aggressive and slamming doors. -Admitted client #1 had tried his patience and he got frustrated. -"I grabbed my safety gloves (latex) and I like shoved him into his room. We were face to face. I tried a limited control walk. He became combative and pushed back. We fell on the bed and he was against the head board for 15 to 20 seconds ..." -Client #1 continued to holler -"Then he said I punched him in the face." -Denied he punched client #1 in the face/jaw -Denied the use of profanity toward client #1. -"[The RN] assessed him. I did not see any facial swelling or any injuries. [The RN] gave him an ice pack. We called [the LCSW/PD] to let her know he was accusing me of hitting him. I was told to clock out and go home. I haven't worked since ..." -When asked why client #1 could not have water, staff #1 stated "he was breaking all the rules. It was past his bedtime. He was repeatedly told 'no' and the nurse was handing out medications and he could have his water then." -When asked if something could have been done differently, staff #1 stated "I could have stepped out of the unit or had a different staff member deal with him." Interview on 5/23/18 with staff #2 revealed:	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 12 -Had been employed by the facility for approximately 2 weeks -Had worked with staff #1 on 5/17/18, the night of the incident -Staff #1 had been educating him on the ins and outs of the program -"[Staff #1] is very structured. He can be loud (tone of voice) if the clients start to be loud or disrespectful. He will make his voice heard ..." -On Thursday night, 5/17/18, staff working on second shift were staff #1, staff #2, staff #3, staff #4 and the RN. -Towards the beginning of bedtime, client #1 came into the unit's hallway and requested in a loud voice to get some water. -Facility staff told client #1 to go into his room and wait -Client #1 got louder and louder with his request for water. -"After the third or fourth time, [staff #1]'s voice got deep and he told [client #1] he needed to go back into his room." -Staff #1 was concerned with client #1 being loud -"He might wake up the other clients by inciting them is what I was told" -Staff #1 walked down to where client #1 was standing by his door and told him, to his face, to get into his room -Client #1 continued to discuss his need for water and was yelling. -"[Staff #1] went into [client #1]'s bedroom. I followed shortly afterwards ...[Client #1] was yelling 'why are you restraining me? I just wanted some water ...[client #1] was trying to kick at [staff #1], so I held onto his leg. [Staff #1] had [client #1] held down on the bed (face up) by his hands (described client #1's hands in a folded position on his chest and staff #1 holding his hands with one hand) ..." -Further described staff #1's knee on the bed to	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 13 client #1's side. -After the restraint was over, client #1 began yelling 'he punched me. He punched me. He punched me.' -Did not see any injuries to client #1's jaw or any swelling. Interview on 5/23/18 with staff #3 revealed: -Had worked at the facility for approximately 6 months -Was working second shift on 5/17/18 -Client #1 had left his water bottle outside in the recreation yard -Client #1 had requested water at about 8:30pm for several minutes -Staff #1 told him "no" -"[Staff #1] and [client #1] went back and forth, arguing. Arguing and being told 'no' were some of [client #1]'s triggers. [Client #1] was antagonizing [staff #1]. [Client #1] always likes to be right ..." -Staff #1 was concerned client #1 would wake up the other clients on the hall. -Staff #1 walked down to client #1's room -"I heard a lot of yelling and [client #1] kept saying 'I need water. I need water. That's all I am asking. [Staff #1] yelled 'you are not getting any water'. [Client #1] got in [staff #1]'s face ..." -"I also went down to the room to get [client #1]'s roommate, [client #2]. We went into the Day Room ...I heard [client #1] say 'You punched me and [client #2] saw you punch me. [The RN] assessed [client #1] ..." -Had not seen any swelling on client #1's jaw. -When asked what could have been done differently, staff #3 stated "I guess we could have told [client #1] to drink some water from his bathroom sink ..." Interview on 5/23/18 with staff #4 revealed: -She worked second shift at the facility	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 14 -Worked on 5/17/18 -Was not involved in the incident between staff #1 and client #1 on 5/17/18 -Heard later client #1 had accused staff #1 of punching him in the jaw -Had not observed any swelling on client #1's jaw line. Interview on 5/23/18 with RN revealed: -Observed minimal swelling to client #1's left cheek/jaw line area on 5/17/18. -"He did have limited Range of Motion on his left side (of his face). I gave him Tylenol and a cold compress. He stayed in bed the whole day because he was upset with the events from 5/17/18. He said he needed a mental health day. It is not like him to remain in bed all day ..." -When asked for clarification on the events from 5/17/18, the RN stated she was told by client #1 he was restrained by staff #1. -"He said it was [staff #1] that put him in a restraint and he was hit in the jaw by [staff #1]. He said [staff #1]'s fist, hit his jaw. He complained of pain in his jaw area and had a red spot on the inside of his cheek." -When asked about staff #1, the RN stated "he was a little stern with the clients, but straight and to the point. He is a large man that does not sugar coat things. I have seen [staff #1] 'get loud' ..." Interview on 5/24/18 with the Licensed Professional (LP) revealed: -In addition to being the LP, she was also the 2nd shift supervisor -Supervised staff #1 -In the past, staff #1 had gotten aggressive with a discharged client "where he had a power struggle and I had to meet with him." -Staff #1 was sent for a psychological	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 15 assessment in May 2017 to identify anger management issues prior to returning to work. -Also had 1:1 refresher training with the NCI Instructor for de-escalation techniques -"I met with [staff #1] several times regarding his strength and how the client perceived him as well as his power struggles with the clients" -On May 17, 2018, the LP was on vacation. -"When I returned on May 18, 2018, that was when I learned about the allegation of [staff #1] assaulting [client #1]." -Had processed with client #1 and learned the power struggle stemmed from client #1's repeated requests for water and staff #1's declining the requests. -Client #1 stated he was "run up on" by staff #1, pushed and then punched in the jaw by staff #1 -"[Client #1] stated [staff #1] used a lot of profanity and put his elbow to [client #1]'s neck and applied pressure. [Client #1] also said his head hit the wall several times and [staff #1] told him 'I am going to f**k you up.'" -Client #1 complained of pain in his lower left jaw area and was assessed by the RN on 5/17/18. -Was seen by a dentist for the pain on 5/18/18 and a referral was made to a local oral surgery institute to rule out TMJ -Was seen on 5/22/18 by a medical doctor with directions to apply an ice pack every 4 hours and was prescribed a pain medication -Staff #1 could have stepped off the unit or had one of his co-workers take over during the incident on 5/17/18 to prevent client #1 from being injured Interview on 5/23/18 with the LCSW/PD revealed: -Was client #1's primary therapist. -Client #1, while in therapy, appeared to like arguing, his perception of the outside world was skewed and he would engage in power struggles	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 16 with staff. -Would get frustrated easily if staff didn't listen to what he had to say. -Would argue with male staff if he was given directives. -Staff #1 talked loud and had been talked to by his supervisor (the LP) that some clients weren't receptive to loud speech. -Sometimes staff #1 took clients' behaviors personally. -Was called by the RN on Thursday 5/17/18 regarding the incident between client #1 and staff #1 -Spoke with client #1 on Friday, May 18 (2018) -Client #1 was upset with staff #1 for placing him in a therapeutic hold. -Also spoke with client #2. -"[Client #2] told me he was in his bed sleeping (on Thursday, 5/17/18). He was awakened by a staff yelling at him to get out of his bed" -After reviewing the video, dated 5/17/18, staff #1 pushed client #1 into to his room and felt attempting to restrain him was initiated too soon. Review on 5/24/18 of the facility's Plan of Protection, dated 5/24/18 and written by the LCSW/PD, revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "Staff member is removed from working with the clients. Staff member has had his access card made inactive. Cannot come on the unit. Either he is terminated/not: If not terminated he will be disciplined, go through re-training, clearance by a psychologist. Investigation has begun internally, reports were made to DSS (Department of Social Services) and DHSR (Division of Health Service Regulation), protocol to call police and director if he arrives on campus and retrain staff members (began today, 5/24/18)."	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-224	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH FOCUS RESIDENTIAL TREATMENT CENTER	1601 B HUFFLINE MILL ROAD GREENSBORO, NC 27405

(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 512	Continued From page 17 -Describe your plans to make sure the above happens. "Review camera footage as needed, re-train members, started today, staff member will not be placed back on schedule. Staff is banned from the unit as well as property. Police will be notified." Client #1 had a history of defiance, physical and emotional trauma, aggressive behaviors and struggled to adhere to directives. Client #1 requested a drink of water multiple times on 5/17/18. When told "no" by staff #1, client #1 became louder and louder with his requests for water. Staff #1 was observed on the facility's camera footage pushing client #1 with both hands into his room. Client #1 stated he was punched in the jaw by staff #1 which resulted in a referral from a dentist to an oral surgery institute for an evaluation of TMJ as well as a diagnosis from a medical doctor for left facial swelling and assault. Staff #1 had been trained on abuse, de-escalation techniques and client specific behaviors. Staff #1 admitted his patience was tried and he was frustrated with client #1's behaviors. Staff #1 failed to recognize his own triggers, used profanity, failed to take a break and/or request assistance from his co-workers. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of $1500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		