

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 5/2/18. The complaints were substantiated (intake #NC00137922, intake #NC00137934, intake #NC00137958, intake #NC00137959 and intake #NC00138092). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 25 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, 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"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <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>	V 109	<p>V109 27G.0203 Privileging/Training professional Under the direct supervision of the License Professional</p> <p>V 109 27G .0203 Privileging/Training professionals</p> <p>The Owner Director revisited DHHS rules and Regulations for Competencies of the Qualified and Associate Professionals.. The Owner/ Director began working 35 to 40 hours within the group home to make sure that the competencies for the AP to be full time was met. The Owner/ Director remained in this position until May 6th.</p> <p>Program Director /QP which is full time ,will ensure that the following is done;</p> <ul style="list-style-type: none"> • ensure that staff scheduling , has the appropriate staffing and supervision daily. • update the treatment plan monthly during CFT monthly . • During the CFT the PM/QP will address any supervision issues , if any changes are made during the CFT it would be noted and inserted into the treatment plan. • PM/QP will send the treatment plan out to members of the CFT and have them sign the changes through docuSign. If they sign that mean that everyone is in agreement. • Treatment plans and updates would be covered in detail with Fresh Start Staff. <p>Associate Professional which is a full time staff , will ensure and monitor the following:</p> <ul style="list-style-type: none"> • Will handle the day to day operations of the facility • Assist the QP with the daily supervision of staff and ensure that the client is in a safe and learning environment. • (See other attached duties of Fresh Start AP) this job description <p>The Licensed Professional would provide clinical super</p>	05/02/2018 5/02/2018 5/23/2018 05/07/2018 05/14/2018

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

TITLE

(X6) DATE

STATE FORM

8888

K87911

5/24/18

If continuation sheet 1 of 72

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V 109	<p>Continued From page 1</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>This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 1 Qualified Professional (Program Director/Qualified Professional (PD/QP)) and 1 of 1 Associate Professionals (the Program Manager/Owner/Associate Professional (PM/O/AP)) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 4/20/18 of the PD/QP's record revealed: -A hire date of 9/1/10 -A job description of QP noting responsibilities including involvement in the consumer's Person Centered Planning Process, coordinating movement across all levels of care and will report directly to the Administrator</p> <p>Review on 4/20/18 of the Program Manager/Owner/Associate Professional's (PM/O/AP) employee record revealed: -A hire date of 10/15/06 -Multiple job descriptions were present for various positions including: -For the position of Executive Director, signed by the PM/O/AP on 6/18/05, noted "Job Summary:</p>	V 109	<p>vision for the Program QP ensure that FS is on target with the clients treatment plans</p> <ul style="list-style-type: none"> • The QP/ Program Director will provide supervision and training to the AP on an ongoing basis. • The QP/PM will ensure that the AP is providing supervision to the paraprofessional regarding safety , activities and correct staffing requirements when it involve FS clients • The Owner/ Director will monitor clients treatment plans to make sure that they are done on the plan date monthly . • Treatment plans and updates will be sent into the Director after every CFT meeting. The Director/ Owner will request signatures from CFT members that participated by phone. When all the signatures are received the QP can the pick up paperwork and put it in the client's notebook. • Owner/ Director would have wdy informal meetings with the Program /QP to ensure that staff scheduling, and ratios are met. 	<p>05/07/2018</p> <p>05/07/2018</p>

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V 109	<p>Continued From page 2</p> <p>This position develops, directs and leads the organization's mission and goals. Develop and implement strategic and business plans and facilitates the implementation of the programs and activities to ensure the success of the organization. Manage and supervise division managers, coordinate their cohesive managerial efforts and ensures they have the recourses to execute the establish plans to attain the individual department objectives towards the organization's goals. Research, develop and ascertains necessary funding to maintain operations and programs."</p> <p>-For an unspecified position, signed by the PM/O/AP on 12/19/07, noting, "Reports to: QP (Qualified Professional). Purpose: to provide one-on-one treatment services to designate mental health or development disability persons according to an individualized treatments and/or service plan. General Responsibilities: Management of the day to day operations of the facility, supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan, participation in service planning meetings, provided one-on-one direct service delivery to assigned persons, implementing designated goals and interventions identified on each person's treatment/service plan ...provide transportation for the client to community activities as indicated in the client's treatment/service plan ...participate in on-going staff training to enhance skills ..."</p> <p>-For the position of a Hab Tech (Habilitation Technician), signed by the PM/O/AP on 7/3/10 noting "responsibilities related to providing supervision to consumers while in the community to maintain their health and safety, monitor each consumer's symptoms and teach skills to assist the consumer with increasing their ability to</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>manage those symptoms through therapeutic mentioning and roll play, report directly to the Administrator. It is also the duty and responsibility of the Hab Tech to report all related incidents or suspected abuse, neglect and/or exploitation to his/her supervisor ..."</p> <p>-For the position of Administrator, signed by the PM/O/AP on 7/10/10, noting "responsibilities of coordination and monitoring of the agency, hiring and termination of employees, ensuring all personnel are fully trained and qualified, compliance with rules and regulations, coordinating care and supports for all consumers and will ensure that no consumer is abused, neglected, exploited or mistreated."</p> <p>-For the position of QP, signed by the PM/O/AP on 9/1/14, noting "responsibilities including involvement in the consumer's Person Centered Planning process, coordinating movement across all levels of care and will report directly to the Administrator ..."</p> <p>-No clearly labeled job description was present for the role Associate Professional.</p> <p>Review on 4/19/18 of client #1's record revealed: -An admission date of 10/4/16 -Diagnoses of Post-Traumatic Stress Disorder (PTSD); Major Depressive Disorder, Recurrent, Moderate; Attention Deficit Hyperactivity Disorder (ADHD), Predominant, Inattentive Type and Conduct Disorder, Adolescent Onset -Age 17 -An admission assessment dated 10/4/16 noting a history of sexual abuse, self-injurious behaviors, running away, property damage and out-of-home placement. -A treatment plan dated 6/12/17 noting "will refrain from non-verbal, verbal and physically aggressive behaviors and angry outbursts in all setting, will increase respectful interactions with</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>authority figures and peers in all settings, and will refrain from making false statements and manipulation in all settings"</p> <p>-No documentation of treatment team approval for non-facility staff to transport and supervise client #1 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/19/18 of client #2's record revealed:</p> <p>-An admission date of 6/14/17</p> <p>-Diagnoses of Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms; PTSD, Unspecified and Mild Intellectual Developmental Disorder (IDD)</p> <p>-Age 17</p> <p>-An admission assessment dated 6/14/17 noting a history of self-harm, sexual trauma from an early age, auditory hallucinations, suicide attempts, self-injury by cutting, and Absent Without Leave (AWOL) behaviors.</p> <p>-A treatment plan dated 9/16/17 noting "will refrain from using verbal or physical aggression by avoiding yelling, cursing and hitting others, will refrain from using self-harming and suicidal behaviors on a daily basis and will report any ideations to trusted adults by avoiding disclosing unsafe thoughts and avoiding cutting or inflicting harm upon self, will maintain compliance with rules and regulations in the home, school and community by following direction first time given, complying with treatment and respecting authority, will work therapeutically to decrease intrusive and avoidant trauma symptoms by a reduction from 4 days per week to 1 day per week of traumatic dreams, thoughts of trauma history and feelings of despair."</p> <p>-No documentation of treatment team approval for non-facility staff to transport and supervise client #2 during church events, or approval for</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/20/18 of FC #4's record revealed: -An admission date of 7/17/17 -Diagnoses of PTSD; Generalized Anxiety Disorder (GAD); Major Depressive Disorder (MDD); Postural Orthostatic Tachycardia Syndrome (POTS); Syncope and Seizure-Like Activity. -Age 15 -A medically planned discharge date of 3/7/18 due to trauma related Syncope and Seizures. -An admission assessment dated 6/22/17 noting a history of neglect and sexual abuse, parental substance abuse and mental health issues, and was adopted at age 8 by maternal aunt/uncle. -A treatment plan dated 6/27/17 noting "will reduce her symptoms of PTSD by significantly reducing the negative impact her trauma history has on many aspects of her life, will reduce her MDD symptoms by developing healthy cognitive patterns and beliefs about herself and the world that lead to alleviation and help prevent the relapse of depression symptoms, will reduce GAD symptoms by stabilizing her anxiety level while increasing her ability to function on a daily basis, will reduce family conflict by displaying increased communication, coping and emotion regulations skills that improve her role in the family dynamics, will address thoughts and emotions associated with her discharge/transition plan and any anxieties pertaining to the transition into a lower level of care, will work on skills related to adaptive behavioral functioning within the community and engagement in appropriate behavioral skills within the community without any negative behaviors or elopement attempts while participating in facility outings" -No documentation of treatment team approval</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>for non-facility staff to transport and supervise FC #4 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/20/18 of FC #5's record revealed: -An admission date of 4/3/18 -Diagnoses of MDD; IDD and ADHD, Unspecified -Age 17 -A discharge date of 4/18/18 -An admission assessment noting a history of neglect, possible human trafficking, emotional abuse, sexual behaviors at school, verbal aggression, history of lying, suicidal thoughts, mother was released from prison in 2017, and out-of-home placements. -A treatment plan dated 7/10/17 noting "will decrease high risk behaviors to include AWOL behaviors, verbal aggression and manipulation (telling lies), will learn to manage her feelings by using more effective coping, problem solving and emotional modulation skills, will also be able to resolve interpersonal conflicts alone and know where to get help if necessary, will have the ability to resolve conflicts with others while refraining from the use of physical violence or acting out and will develop rational problem solving skills, will follow rules as well as listen and follow instructions as they are given from adult authority figures in the home, school and community, will refrain from disrespectful behaviors (use of profanity, talking back, yelling, etc.) towards adult authority figures when given a directive and will develop and maintain skills of independent living daily" -No documentation of treatment team approval for non-facility staff to transport and supervise FC #5 during church events, or approval for only one staff to supervise multiple clients while in the community.</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>Interview on 4/19/18 with client #1 revealed: -On a regular basis, there was only one staff at the facility with clients. -Facility staff were not always with clients when they went on outings to church.</p> <p>Interview on 4/25/18 with client #2 revealed: -There was usually only one staff present on 3rd shift. -On community outings there was usually just one staff as another staff remained at the facility with the other clients. -Facility clients were taken to church activities by the church van. -Facility staff were not always on the church van with clients.</p> <p>Interview on 4/19/18 with client #3 revealed: -Only one staff worked at night (third shift) because the clients were "good."</p> <p>Interview on 5/1/18 with client #1's Legal Guardian (LG) revealed: -When asked about supervision at the facility and in the community, she stated "We trust our placements to supervise appropriately ...this (supervision on the church van, the facility and in the community) fell through the cracks ..." -" ...I asked [client #1] about supervision and stuff ... I asked her if she had ever been here alone unsupervised ... she said one time she was ...she said it was a half a day of school ... she was dropped off a little early at the group home and the staff that was supposed to be there wasn't there yet..."</p> <p>Interview on 5/1/18 with client #2's LG revealed: -Client #2 was transported to the church via the church van from 9:00AM to 2:00PM on Sundays,</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>one night per week to other church activities, and youth events on Friday evenings.</p> <p>- "...A lot of times they were forced to go to these events because that was the only time they (the facility) could give their staff a break ... [The PD/QP] told me that ... In this whole year, I've asked about the church 5 or 6 times ... As far as I know there was no staff on the van ..."</p> <p>-As far as she knew, there were no facility staff on the church van.</p> <p>No client interview was conducted with FC #4 due to concerns about re-traumatization related to sexual abuse by the Church Van Driver (CVD) and a non-staff, adult male in the community (M #1), and reported medical/emotional fragility of FC #4.</p> <p>Interview on 5/1/18 with FC #4's LG revealed: -" ... I was told that the girls sometimes went to the church to clean, but I thought staff was with them ... I assumed staff was with them ..."</p> <p>No client interview was conducted on FC #5 due to her LG's concern for her current emotional state.</p> <p>Interview on 4/25/18 with FC #5's LG revealed: -As of 4/17/2018, FC #5 had been placed in a new level III facility. -Had spoken with FC #5 on 4/24/18 -Regarding concerns with supervision at the previous placement, "I remember my second visit there. I only saw one staff and one other client besides us. I was there for 15 or 20 minutes moving [FC #5]'s possessions." -Due to FC #5's current emotion state she felt it would be better if she was not interviewed at this point and time.</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Interview on 4/27/18 with staff #1 revealed: -The PD/QP was responsible for the staff work schedule. -One staff leaves at 10pm, leaving just one staff with all the clients until another staff came in at 12:00am. -No facility staff had been on the church van.</p> <p>Interview on 4/27/18 with staff #4 revealed: -Until recently, there had only been one staff working when the clients were present from 10pm to 12am. -The PD/QP made the staff schedule.</p> <p>[REDACTED]</p> <p>-The PM/O/AP and the PD/QP initiated interviews with clients #1, #2 and FC #4, in which the pastor of the church (who was the mother of the PM/O/AP), staff #1 and FS #9 participated. -"[Staff #1] had me on speaker phone so I heard everything. I heard the pastor (the PM/O/AP's mother) tell [FC #4] 'God up and told me you lied.' -FC #4 told FS #9 "your husband (the CVD) has been touching me inappropriately."</p> <p>Interview on 4/27/18 with staff #5 revealed: -The PD/QP was responsible for making out the staffs' schedules -The clients were transported to and returned from church activities on the church van, which was driven by the CVD, who was Former Staff (FS) #9's husband. -There was always one facility staff member on the church van when being transported to church. -Was not sure if there was a facility staff member</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>on the church van when the clients returned to the facility.</p> <p>Interview on 4/27/18 with staff #6 revealed: -The PD/QP made out the staff schedules -At times, when the clients had outings in the community, only 1 staff went with the 2 clients while the other staff stayed behind with 1 or 2 clients at the facility</p> <p>Interview on 4/26/18 with staff #8 revealed: -There were two staff on a shift "but if there was only 1 or 2 clients at the facility, then we do have only 1 staff with them." -The PD/QP made out the staff's schedule -Was recently told by the Program Manager/Owner/Associate Professional (PM/O/AP) there had to be staff with the clients when they attended church on Sundays from 10am to 2pm -Staff would clock out between 10am to 2pm on Sunday while clients were at church. -"[Staff #6] would be at the church and supervise them. Sometimes a member of the church transported the clients to church. [The CVD] had been providing transportation since November 2017 until the beginning of March 2018."</p> <p>Interview on 5/2/18 with Former Staff #9 (FS #9) revealed: -Had worked at the facility for 5 to 7 years -Was suspended from her job duties on 3/6/18 while the internal investigation was completed -Was then terminated on 4/2/18 -Had worked third shift, from 12am to 7am, on Fridays and Saturdays -The PD/QP was responsible for making out the staffs' schedules -There were facility staff on the church van at all times on Sunday mornings</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>-If there were 4 clients on the church van, then there were 2 staff on it also." -The CVD was her husband. -"I told [the PD/QP] and [the PM/O/AP] I would ride on the van to supervise the clients. On Fridays, for Youth Group, it was the same thing unless there was another staff scheduled." -Regarding Saturdays, FS #9 rode on the church van with the clients to clean the church. -"There were 1 or 2 times when I was not on the church van when the clients were transported there. There was no other facility staff with them. It happened maybe 2 or 3 times. [The CVD] was transporting the clients alone to and from church activities."</p> <p>Interview on 4/19/18 with the PD/QP revealed: -FS #9 failed to supervise the clients, on the church van, to and from their activities.</p> <p>Further interview on 4/27/18 with the PD/QP revealed: -She made out the facility staffs' work schedules with two staff on every shift. -When staff had emergencies and could not work their assigned shift, the PD/QP was contacted and had to fill in -Clients attended Bible study once or twice a week from 6pm to 7pm on Tuesdays, church services every Sunday from 11:00am to 1:30pm, and on the first Friday of every month, the clients had Youth Night at the church. -The church activities for the clients was approved by the PM/O/AP -The clients' Legal Guardians (LGs) had been made aware during orientation the clients would be riding the church van and attending activities there. -"We didn't document the actual permission given by the LG, but we did mention it at the CFT (Child</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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V 109	<p>Continued From page 12</p> <p>and Family Team) meetings, but not at every one of them."</p> <p>"Mostly, the clients rode on the church van with one staff being responsible for them and another staff would help supervise once they arrived at the church. The working staff would clock out during the outing."</p> <p>Regarding supervision at the church, the PM/O/AP was there every Sunday. I cannot speak to supervision on Tuesdays and the First Friday of every month."</p> <p>-Her understanding was that FS #9 was responsible for supervision of clients during all the church activities.</p> <p>"[FS #9] was responsible for supervising the clients on the van to and from church. When all of this (sexual abuse) came out on 3/5/18, is when we learned she was not on the church van supervising them."</p> <p>-Was made aware FS #9 was sometimes not on the church van with the clients, "but there were staff from sister facilities on the van."</p> <p>-The CVD was the husband of FS #9.</p> <p>-Regarding supervision at the church, the PD/QP stated facility staff would clock out from 10am to 2pm and go to church and supervise the clients.</p> <p>"Some of the church members were also willing to supervise the clients. I knew [FS #9] and [the PM/O/AP] would always be at the church ..."</p> <p>-FC #4 had issues with sexualized behaviors last school year.</p> <p>"She (FC #4) had reached out to men on the school computer for 'sexual solicitation' and that happened more than one time. It was hard for me to wrap my head around this."</p> <p>"Wrong is wrong, but I think [FC #4] orchestrated the whole thing as she tried to solicit people on the computer for sex. It would have looked very different if this was a man solicited from the computer. But it was the church van driver."</p>	V 109		

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V 109	<p>Continued From page 13</p> <ul style="list-style-type: none"> -FC #4 had made allegations against staff at previous placements and got the other clients to say they were also abused. -The PM/O/AP gave permission for the CVD to provide transportation, for the clients, to and from the church even though he was not a staff member, because he was a member of her church. -"I don't know the extent of what all happened with [the CVD]. I know he was arrested. [FC #4] is a very savvy little girl. I don't think it was gross negligence by [the CVD]. She's (FC #4) very mature, very savvy and I know she had some part in it. She likes to seek attention. She always wanted attention ..." <p>Interview on 4/27/18 with the PM/O/AP revealed:</p> <ul style="list-style-type: none"> -The PD/QP was responsible for making the staff schedule. -The clients participated in church activities which included the Youth Program once a month as well as Bible study every Tuesday. -During clients' CFT (child and family team) meetings, their LGs were told they would participate in church activities and that there would only be one staff on the church van. -"I was always at church every Sunday with the clients from 10am to 2pm or 3pm to supervise them." -Staff #2 and staff #6 were also at the Sunday services. -"They (staff #2 and #6) would look out for the clients but were off the clock. Everyone in the church kept an eye on them." -Denied having only one staff working at the facility with the clients. -Every Sunday morning, the clients attended church from 10am to 2pm or 3pm. -The first Friday of every month, the clients attended Youth Services from 7pm to 8:30pm or 	V 109		

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V 109	Continued From page 14 9:00pm and Bible Study was from 7:00 or 7:30pm and ended at 9pm on Tuesdays. -Clients were transported by the church van and not by facility staff to the church activities. -Gave permission for the clients to be transported to and from church by the CVD -The majority of the time FS #9 was on the church van when clients were being transported, "but I can't say for sure." -She was informed of allegations that the CVD has sexually abused FC #4 on 3/5/18. -She and the PD/QP immediately began an investigation into the allegations. -"I don't know what happened. This has never happened in 10 years. [FS #9] failed in her duties. We did our investigation and she (FS #9) was dismissed." -After finding out about the allegations against the CVD, "we immediately called the church board." -The Pastor of the Church was the PM/O/AP's mother. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 293	V 293 27G .1701 Residential Tx Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision	V 293	V293 27G .1701 Residential Tx Child/Adol - Scope <i>Under the direct supervision of the License Professional</i> JMJ Enterprises, Fresh Start home for Children , is to help children with mental health or behavioral issues. Fresh Start provides a structured and safe environment for clients. In doing this we will be introducing them to positive and educational experiences in a safe and supervised setting. The goal is to help them to overcome whatever life has brought to them. We encourage being active in school and in the community. We are here to encourage and help them through whatever comes their way. Fresh Start exposes clients to the simple thing, like riding a bike, playing jump rope, cooking, performing in a chorale or performing a dance group.	05/02/2018

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V 293	Continued From page 15 shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.	V 293	New and positive adventures to show them that life have some very good things in store for them. When become a client at Fresh Start your past is your past. Fresh Start inspires our clients to look to a bright future with endless possibilities. All Treatment plans will be update to include transportation and how individualized supervision would occur. The treatment team would have to agree in order for one on one transportation to occur. <ul style="list-style-type: none">Staffing there is to always be two staff even on third. The sleep staff is now remain in the living-room during the night so that clients and 12am staff know that they are there.To Ensure clients safety will only go where Fresh Start can transport them. Only Fresh Start staff can transport clients to community activities , doctor, therapy appts. Staff can only take clients what is on the activities calendar for that day. The GH van must be use to transport all the clients within the community. Two staff will always be present. If an emergency arises where clients have missed the late bus for home (when staying for tutoring) Staff must call the AP, QP or Director to pick the client up.All outings will be monitored and tracked. For safety concerns staff must text the owner phone when departure for an outing, the text must match the calendar or give reason for the adjustment. The staff must also text the arrival to the destination. This way the car tracker can match the time and location.AP and QP will follow up with consumers daily regarding their daily routines, outing, etc. as means of building rapport and gathering any significant information surround the daily routine and safety.Management will step in to aid in the staffing ratio when clients are in community/facilityDirector, owner, QP, AP, will do surprised and planned visits with the home and out in the community to ensure that the scope of our program is being followedHave personalize session with clients to ensure that staff is following our program.Facility management will institute both planned and random shadowing of staff to ensure that proper staffing are met at all timesQP and AP will continue to review policies and procedure with staff members in order to sustain knowledge and and understanding	05/02/2018
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V 293	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to design services to include individualized supervision and structure, minimize occurrence of behaviors related to functional deficits, and ensure safety affecting 3 of 3 current clients (#1, #2 and #3) and 2 of 3 Former Clients (FC #4 and FC #5). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109). Based on record reviews and interviews 1 of 1 Qualified Professional (Program Director/Qualified Professional (PD/QP)) and 1 of 1 Associate Professionals (the Program Manager/Owner/Associate Professional (PM/O/AP)) failed to demonstrate knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONAL (V295). Based on record reviews and interviews, the facility failed to have at least one full-time direct care staff who met the requirements of the Associate Professional (AP), and performed the duties required by the AP's position related to responsibilities to implement the day to day operations of the facility and provide supervision to paraprofessionals and participation in service planning affecting 1 of 1 AP (the Program Manager/Owner/Associate Professional (PM/O/AP)).</p>	V 293	<p>At no time will staff, QP, AP or the Management team is to place blame or allude to blame of a client. Only factual information needs to be presented</p> <p>Program Director /QP which is full time ,will ensure that the following is done;</p> <ul style="list-style-type: none"> ensure that staff scheduling , has the appropriate staffing and supervision daily. update the treatment plan monthly during CFT monthly . During the CFT the PM/QP will address any supervision issues , if any changes are made during the CFT it would be noted and inserted into the treatment plan. PM/QP will send the treatment plan out to members of the CFT and have them sign the changes through docuSign. If they sign that mean that everyone is in agreement. Treatment plans and updates would be covered in detail with Fresh Start Staff. <p>Associate Professional which is a full time staff , will ensure and monitor the following:</p> <ul style="list-style-type: none"> Will handle the day to day operations of the facility Assist the QP with the daily supervision of staff and ensure that the client is in a safe and learning environment. (See other attached duties of Fresh Start AP) this job description <p>The Licensed Professional will provide clinical supervision for the Program QP ensure that FS is on target with the clients treatment plans</p> <ul style="list-style-type: none"> The QP/ Program Director will provide supervision and training to the AP on an ongoing basis. The QP/PM will ensure that the AP is providing supervision to the paraprofessional regarding safety , activities and correct staffing requirements when it involve FS clients 	5/23/2018 05/07/2018

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V 293	<p>Continued From page 17</p> <p>Cross Reference: 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (V296). Based on record reviews and interviews, the facility failed to ensure two direct care staff were present at the facility and failed to ensure supervision of adolescents while away from the facility affecting 3 of 3 current clients (#1, #2 and #3) and 2 of 3 Former Clients (FC #4 and FC #5).</p> <p>Review on 4/20/18 of the Plan of Protection dated 4/20/18 written by the PD/QP revealed: - "What Immediate action will the facility take to ensure the safety of the consumers in your care? Facility policy and procedures regarding the supervision of consumers has been reviewed with all staff members in order to ensure understanding. Facility management has increased supervision of facility staff members in order to review possible scenarios that may arise, and how to effectively problem solve in the best interest of the safety of all consumers. 1 monthly staff meeting facilitated by the Program Director (the PD/QP) to review policy and procedures and address group related concerns and identified staff development needs. Licensed Staff will meet with Direct Care Staff 2x per month in both group and Individual professional development needs and clinical service delivery. Program Director (the PD/QP) will meet with the Direct Staff 2x per month in order to address administrative needs, corrective action needs, and individual review of policy and procedures, roles and responsibilities as it relates to overall job performance and Medicaid standards. Facility has had the consumers assessed for safety in order to determine any underlying or existing issues. Facility has taken the liberty to review incident reporting procedures with all staff members. Facility has increased communication surrounding reporting of whereabouts of staff and</p>	V 293	<ul style="list-style-type: none"> • The Owner/ Director will monitor clients treatment plans to make sure that they are done on the plan date monthly . • Treatment plans and updates will be sent into the Director after every CFT meeting. The Director/ Owner will request signatures from CFT members that participated by phone. When all the signatures are received the QP can the pick up paperwork and put it in the client's notebook. • Owner/ Director would have wdy Informal meetings with the Program /QP to ensure that staff scheduling, and ratios are met. <p>see v293 page <i>pg 15</i></p>	

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V 293	<p>Continued From page 18</p> <p>clients when in the community setting. Outings will be scheduled in advance to ensure that the staffing ratio is maintained. Program director (the PD/QP) will ensure that adequate staff is placed on the schedule to ensure coverage based on the location of the children in the home and community. The program director (the PD/QP) and license staff (the Licensed Professional (LP)) will serve as an on-call staff in the event of an emergency situation in which coverage is needed."</p> <p>-Describe your plans to make sure that the above happens: "Facility management will institute both planned and random shadowing of staff in order to ensure that proper staff to consumer ratios are met. Facility will be sure to continue to properly document any future incidents in a timely and accurate manner. Facility will continue to administer appropriate trainings for staff. Facility will continue to review policies and procedures with staff members in order to sustain knowledge and understanding. Facility will strictly enforce any lack of compliance of policies and procedures by staff member. Facility will follow up with consumers daily regarding their daily routines, outings, etc. as means of building rapport and gathering any significant information surrounding their daily routine and safety. Management will step in to aid in the staffing ratio when clients are in community/facility."</p> <p>Review on 05/02/18 of the Plan of Protection dated 5/2/18 and written by the PM/O/AP revealed:</p> <p>-What immediate action will the facility take to ensure the safety of the consumers in you care? "1. NCAC 27G .1701 Scope: JMJ Enterprises, Fresh Start Home for Children, is geared to help children with mental health or behavioral issues.</p>	V 293		

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V 293	<p>Continued From page 19</p> <p>Fresh Start provides a structured and safe environment for clients. In doing this we will be introducing them to positive and educational experiences in a safe and supervised setting. The goal is to help them to overcome whatever life has brought to them. We encourage being active in school and in the community. We are here to encourage and help them through whatever comes their way. Fresh Start exposes clients to the simple things, like riding a bike, playing jump rope (rope), cooking, performing in a chorale or performing in a dance group. New and positive adventures to show them that life have some very good things in store for them. When you become a client at Fresh Start your past is your past. Fresh Start inspires our clients to look to a bright future with endless possibilities.</p> <p>2. Competencies of Qualified Professionals and Associate Professionals: The Program Director /QP will ensure that staff scheduling, is has appropriate staffing and supervision daily. The Program Director/QP will update the treatment plan during monthly CFT (child and family team) meetings. During the CFT the Program Manager/ QP (the PD/QP) will address any supervision issues. Any changes will be inserted into the treatment plan. All treatment plans will be covered in detail with Fresh Start's staff. Updates and changes will also be covered with staff, Associate Professional will be a full-time staff that handles the day to day operations of the facility. The AP (the PM/O/AP) will also assist the QP (the PD/QP) with the daily supervision of staff and ensure that the client is in a safe and learning environment. At no time will the staff, QP (the PD/QP), AP (the PM/O/AP) or the Management Team is to place blame or allude to blame of a client. Only factual information needs to be presented.</p> <p>3. 10A NCAC 27G .1704 Minimum Staffing</p>	V 293		

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V 293	<p>Continued From page 20</p> <p>Requirements: Program director/QP will ensure that adequate staffing is placed on the schedule to ensure coverage based on the location of the children in the home and community. The program director/QP, License Professional and AP (the PM/O/AP) will serve as an on-call staff in the event of an emergency situation in which coverage is needed.</p> <p>-Describe your plans to make sure that the above happens:</p> <ol style="list-style-type: none"> 1. The Director/ QP and Program Manager/AP/Owner (the PM/O/AP) will ensure that scope of our program is being followed by doing surprised and planned visits within the home and out in the community. The Licensed Professional will provide supervision on this until the full time AP starts on May 7th. 2. Having personalize session with clients to ensure that staff is following our program. 3. Have constant follow up and training with staff to ensure that the scope of the program is followed. 4. Facility management will institute both planned and random shadowing of staff to ensure that proper staff to consumer ratios are met. 5. Facility will be sure to continue to properly document any future incidents in a timely and accurate manner. 6. Facility will continue to review policies and procedures with staff members in order to sustain knowledge and understanding. 7. Facility will strictly enforce any lack of compliance of policies and procedures by staff member. 8. Facility will follow up with consumers daily regarding their daily routines, outings, etc. as means of building rapport and gathering any significant information surrounding their daily routine and safety. 9. Management will step in to aid in the staffing 	V 293		

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V 293	<p>Continued From page 21</p> <p>ratio when clients are in community/facility The QP will ensure that all the above standards are followed under the supervision of the Licensed Professional. After May 7th the Owner (the PM/O/AP) will ensure that these standards are met and continue consultation with the Licensed Professional."</p> <p>Clients at the facility had multiple psychiatric diagnoses which included Post-Traumatic Stress Disorder; Major Depressive Disorder, Severe with Psychotic Features; Generalized Anxiety Disorder; Conduct Disorder; Mild Intellectual Developmental Disorder; Postural Orthostatic Tachycardia Syndrome; Syncope and seizure-like activity; had experienced past abuse and neglect, had intrusive trauma-related symptoms, and required intensive supervision due to behavioral issues (including self-injury, suicide attempts, running away, and aggression). The Program Director/Qualified Professional (PD/QP) was responsible for scheduling facility staff to provide supervision of clients in the home and community. There were multiple reports of fewer than two staff on each shift while clients were in the home and while riding the Church van for multiple Church-related activities several times per week. Because of the failure to provide appropriate staffing and supervision, clients were sexually abused and exploited by the Church van driver (CVD) and another non-staff adult male in the community. The PD/QP made comments implying that "[FC #4] orchestrated the whole thing" and that she was "very mature, very savvy and I know she had some part in it. She likes to seek attention. She always wanted attention ..." The Program Manager/Owner/Associate Professional (PM/O/AP) reported that she was the Associate Professional for the facility but in fact she did not perform the duties of a full-time</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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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 293	Continued From page 22 AP. She arranged and allowed the clients to be transported to the various Church activities on the Church van with one staff and the staff's husband (Church van driver, CVD). She also supported the lesser staffing pattern and reported she and other Church members could provide the needed supervision during Sunday morning services. When made aware of the allegations of sexual abuse, the PM/O/AP interviewed FC#4. She allowed her mother who is the Pastor of the Church the clients had attended when allegations of sexual abuse by the Church Van Driver (CVD) were made and former staff #9, who was the wife of the CVD, to participate in the interview. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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 293		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:	V 295	V295 27G. 1703 Residential Tx . Child/ Adol- - Req. for Associate Professional Under the direct supervision of the License Professional	05/02/2018

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V 295	<p>Continued From page 23</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have at least one full-time direct care staff who met the requirements of the Associate Professional (AP), and performed the duties required by the AP's position related to responsibilities to implement the day to day operations of the facility and provide supervision to paraprofessionals and participation in service planning affecting 1 of 1 AP (the Program Manager/Owner/Associate Professional (PM/O/AP). The findings are:</p> <p>Review on 4/20/18 of the Program Manager/Owner/Associate Professional's (PM/O/AP) employee record revealed: -A hire date of 10/15/05 -Multiple job descriptions were present for various positions including: -For the position of Executive Director, signed by the PM/O/AP on 6/18/05, noted "Job Summary: This position develops, directs and leads the organization's mission and goals. Develop and implement strategic and business plans and facilitates the implementation of the programs and activities to ensure the success of the organization. Manage and supervise division</p>	V 295		

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V 295	<p>Continued From page 24</p> <p>managers, coordinate their cohesive managerial efforts and ensures they have the recourses to execute the establish plans to attain the individual department objectives towards the organization's goals. Research, develop and ascertains necessary funding to maintain operations and programs."</p> <p>-For an unspecified position, signed by the PM/O/AP on 12/19/07, noting, "Reports to: QP (Qualified Professional). Purpose: to provide one-on-one treatment services to designate mental health or development disability persons according to an individualized treatments and/or service plan. General Responsibilities: Management of the day to day operations of the facility, supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan, participation in service planning meetings, providing one-on-one direct service delivery to assigned persons, implementing designated goals and interventions identified on each person's treatment/service plan ...provide transportation for the client to community activities as indicated in the client's treatment/service plan ...participate in on-going staff training to enhance skills ..."</p> <p>-For the position of a Hab Tech (Habilitation Technician), signed by the PM/O/AP on 7/3/10 noting "responsibilities related to providing supervision to consumers while in the community to maintain their health and safety, monitor each consumer's symptoms and teach skills to assist the consumer with increasing their ability to manage those symptoms through therapeutic mentoring and roll play, report directly to the Administrator. It is also the duty and responsibility of the Hab Tech to report all related incidents of suspected abuse, neglect and/or exploitation to his/her supervisor ..."</p>	V 295		

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V 295	<p>Continued From page 25</p> <p>-For the position of Administrator, signed by the PM/O/AP on 7/10/10, noting "responsibilities of coordination and monitoring of the agency, hiring and termination of employees, ensuring all personnel are fully trained and qualified, compliance with rules and regulations, coordinating care and supports for all consumers and will ensure that no consumer is abused, neglected, exploited or mistreated."</p> <p>-For the position of QP, signed by the PM/O/AP on 9/1/14, noting "responsibilities including involvement in the consumer's Person Centered Planning process, coordinating movement across all levels of care and will report directly to the Administrator ..."</p> <p>-No clearly labeled job description was present for the role AP.</p> <p>Interviews on 4/27/18 with staff #1, #2, #3, #4, #5, #6, #7 and #8 revealed: -They all had supervision with the Program Director/Qualified Professional (PD/QP) and not the PM/O/AP.</p> <p>Interview on 4/27/18 with the PD/QP revealed: -The PM/O/AP was responsible for the AP role at the facility. - The PD/QP oversaw the day-to-day operations of the facility, and supervised paraprofessional staff rather than the PM/O/AP.</p> <p>Interview on 4/27/18 with the PM/O/AP revealed: -She was the AP for the facility, but was not a full-time AP. -She would sometimes fill in as a direct care staff on third shift at the facility. -Also met the requirements to be a QP, but did not occupy that role. -"I am not the QP either, but I over-see our other 2 facilities (sister). I spend about 30 to 35 hours</p>	V 295		

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V 295	Continued From page 26 here (weekly hours at the facility) ... [The PD/QP is doing both roles ..." -Did not receive supervision from the PD/QP, because she (the PM/O/AP) was the owner of the facility. -The PD/QP provided supervision to the facility's paraprofessional staff and was responsible for the day-to-day operations of the facility as specified in rule. -Starting Saturday, 5/5/18, "we will have a full time AP as she is graduating from college and has experience ..." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 295		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff	V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing Under the direct supervision of the License Professional Program Director/QP will ensure that adequate staffing is placed on the schedule to ensure coverage based on the location of the children in the home and community. The program director/ QP , License Professional and AP will serve as an on call staff in the event of an emergency situation in which coverage is needed. <ul style="list-style-type: none"> There will always be two direct per 1-4 clients. The sleep staff will have to stay in the living room , so that clients and the 12 am staff will know that they are there. Clients will be transported with two staff unless updated in their crisis plan. 2 Staff is to always accompany clients in the community. 2-1,2-2,2-3,2-4. If two or more clients are on restriction , then some other activity within the home would have to be done., to maintain ratios. Qp is to know the school schedule so that staff can be at the facility on time. Staff need to be schedule 15 minutes before schedule release time. the schedule needs to reflect this. 	05/02/2018

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V 296	<p>Continued From page 28</p> <p>Scheduling/Staffing revealed: -"JMJ ENTERPRISE, LLC (the Licensee) will ensure that there is adequate staffing for clients based on their ability to participate in community activities with their mentor or natural support as long as it is geared to improving their social, interpersonal and interactional skills. During the service provision of each client, staff will be available to ensure the safety and security of the client. However, a client may engage in his/or her community activity without the presence of staff, if in the opinion of the administrator and the Child and Family Team (CFT) that it will not present a danger or safety issue to the client and that client needs to have unsupervised time during his/or her community outing or during a program activity. The agency may ensure that a competent adult will be present in a volunteer capacity to provide a source of security for the clients."</p> <p>Review on 4/26/18 of the facility's policy on Transporting Clients revealed: -" JMJ ENTERPRISE, LLC may enlist transportation from the client's school, church or other organizations as deemed necessary with the client's system of care, for the improvement and/or social integration of the client. Such transportation, without the presence of a staff member, can only be with established, natural or community support organizations. Clients will be allowed to be transported by such organizations as agreed to by the agency and the client based on the ability of the client to be with others in the community and to express their independence."</p> <p>Review on 4/19/18 of client #1's record revealed: -An admission date of 10/4/16 -Diagnoses of Post-Traumatic Stress Disorder (PTSD); Major Depressive Disorder (MDD), Recurrent, Moderate; Attention Deficit</p>	V 296		

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V 296	<p>Continued From page 29</p> <p>Hyperactivity Disorder (ADHD), Predominantly Inattentive Type, and Conduct Disorder, Adolescent Onset.</p> <p>-Age 17</p> <p>-An admission assessment dated 10/4/16 noting "16 year old in the Department of Social Service (DSS)'s custody, No contact with biological family, needs reminders for proper hygiene, past treatment of Acute Care, in a Psychiatric Residential Treatment Facility, history of sexual abuse, self-injurious behaviors, running away and property damage. Long-standing pattern of risky behaviors, would benefit significantly from structure and safety."</p> <p>-A treatment plan dated 6/12/17 noting "will refrain from non-verbal, verbal and physically aggressive behaviors and angry outbursts in all setting, will increase respectful interactions with authority figures and peers in all settings, and will refrain from making false statements and manipulation in all settings"</p> <p>-No documentation of treatment team approval for non-facility staff to transport and supervise client #1 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/19/18 of client #2's record revealed:</p> <p>-An admission date of 6/14/17</p> <p>-Diagnoses of MDD, Recurrent, Severe with Psychotic Symptoms; PTSD, Unspecified and Mild Intellectual Developmental Disorder (IDD)</p> <p>-Age 17</p> <p>-An admission assessment dated 6/14/17 noting "has a history of self-harm, needs to utilize skills learned in therapy, has poor hygiene, will become disrespectful when re-directed, needs reminders to use coping skills, issues with boundaries, stepped down from a behavioral center, history of sexual trauma from an early age, engages in</p>	V 296		

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V 296	<p>Continued From page 30</p> <p>unhealthy behaviors, was raped by her brother at age 7, past history of auditory hallucinations, prior attempt to hang herself, cuts her arms, attempted to drown and strangle herself and has a history of Absent Without Leave (AWOL) behaviors." -A treatment plan dated 9/16/17 noting "will refrain from using verbal or physical aggression by avoiding yelling, cursing and hitting others, will refrain from using self-harming and suicidal behaviors on a daily basis and will report any ideations to trusted adults by avoiding disclosing unsafe thoughts and avoiding cutting or inflicting harm upon self, will maintain compliance with rules and regulations in the home, school and community by following direction first time given, complying with treatment and respecting authority, will work therapeutically to decrease intrusive and avoidant trauma symptoms by a reduction from 4 days per week to 1 day per week of traumatic dreams, thoughts of trauma history and feelings of despair." -No documentation of treatment team approval for non-facility staff to transport and supervise client #2 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/19/18 of client #3's record revealed: -An admission date of 3/9/18 -Diagnoses of Conduct Disorder; PTSD; Cannabis Use Disorder, Moderate; MDD, Moderate, Recurrent and Poly-Substance Abuse. -Age 15 -An admission assessment dated 3/9/18 noting "was admitted from a crisis center, Full Scale IQ of 92, victim of physical, sexual and emotional abuse, witnessed her father being shot and killed by the police, held client and her mom hostage in a standoff, situational drug related incidents such as seizures, mini strokes, panic attacks and</p>	V 296		

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V 296	<p>Continued From page 31</p> <p>blacking out, self-injurious behaviors (picks skin), prior inpatient and outpatient treatment, verbal altercations, issues with being disrespectful and not following rules, destroys property, got high off of Xanax and overdosed (took 21 pills), sniffing cleaning products, AWOL from previous placements, poly-substance abuse (marijuana, alcohol, methamphetamines, over the counter drugs, crack/cocaine, opiates, hallucinogens, barbiturates and inhalants)."</p> <p>-No documentation of treatment team approval for non-facility staff to transport and supervise client #3 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/20/18 of FC #4's record revealed: -An admission date of 7/17/17 -Diagnoses of PTSD; Generalized Anxiety Disorder (GAD); MDD; Postural Orthostatic Tachycardia Syndrome (POTS); Syncope and Seizure-Like Activity. -Age 15 -A medically planned discharge date of 3/7/18 due to trauma related Syncope and Seizures. -An admission assessment dated 6/22/17 noting "14 year old female in the custody of the DSS, contact with biological family must be supervised, manipulative issues with Anxiety and Depression, difficulty with authority and following rules, multiple placements since 11/12/15 (adoptive family, relative placements and psychiatric hospitals), victim of neglect and sexual abuse, biological mother had substance abuse and mental health issues and was adopted at age 8 by maternal aunt/uncle." -A treatment plan dated 6/27/17 noting "will reduce her symptoms of PTSD by significantly reducing the negative impact her trauma history has on many aspects of her life, will reduce her</p>	V 296		

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V 296	<p>Continued From page 32</p> <p>MDD symptoms by developing healthy cognitive patterns and beliefs about herself and the world that lead to alleviation and help prevent the relapse of depression symptoms, will reduce GAD symptoms by stabilizing her anxiety level while increasing her ability to function on a daily basis, will reduce family conflict by displaying increased communication, coping and emotion regulations skills that improve her role in the family dynamics, will address thoughts and emotions associated with her discharge/transition plan and any anxieties pertaining to the transition into a lower level of care, will work on skills related to adaptive behavioral functioning within the community and engagement in appropriate behavioral skills within the community without any negative behaviors or elopement attempts while participating in facility outings"</p> <p>-No documentation of treatment team approval for non-facility staff to transport and supervise FC #4 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/20/18 of FC #5's record revealed: -An admission date of 4/3/18 -Diagnoses of MDD; IDD and ADHD, Unspecified -Age 17 -A discharge date of 4/18/18 -An admission assessment noting "threatens, curses, easily frustrated, impulsive, suspended from school due to behaviors, inappropriately touched a boy on the school bus, victim of neglect, possible human trafficking, victim of emotional abuse, threatens to kill herself which led to hospitalizations twice, sexual behaviors at school, verbally aggressive, history of lying, suicidal thoughts, mother was released from prison in 2017, was primarily raised by her grandmother, previously at a level II facility and</p>	V 296		

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V 296	<p>Continued From page 33</p> <p>has had 2 or 3 prior seizures."</p> <p>-A treatment plan dated 7/10/17 noting "will decrease high risk behaviors to include AWOL behaviors, verbal aggression and manipulation (telling lies), will learn to manage her feelings by using more effective coping, problem solving and emotional modulation skills, will also be able to resolve interpersonal conflicts alone and know where to get help if necessary, will have the ability to resolve conflicts with others while refraining from the use of physical violence or acting out and will develop rational problem solving skills, will follow rules as well as listen and follow instructions as they are given from adult authority figures in the home, school and community, will refrain from disrespectful behaviors (use of profanity, talking back, yelling, etc.) towards adult authority figures when given a directive and will develop and maintain skills of independent living daily"</p> <p>-No documentation of treatment team approval for non-facility staff to transport and supervise FC #5 during church events, or approval for only one staff to supervise multiple clients while in the community.</p> <p>Review on 4/26/18 of the facility's incident reports, dated 3/7/18 and completed by the Program Director/Qualified Professional (PD/QP) revealed:</p> <p>-Allegations that the Church Van Driver (CVD), on multiple occasions, had sexually abused clients #1, #2 and FC #4, and video-taped sexual acts between FC #4 and the CVD and a non-staff, adult male in the community (M #1) were reported on 3/5/18.</p> <p>-An investigation was conducted by the facility, and it was found that Former Staff (FS) #9 was the wife of the CVD and she had not ridden the church van during the times that the sexual abuse</p>	V 296		

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V 296	<p>Continued From page 34</p> <p>occurred.</p> <p>Interview on 4/20/18 with the Local Police Department's Detective revealed:</p> <ul style="list-style-type: none"> - The Detective had investigated allegations that the CVD and M #1 had committed multiple sexual offenses against clients #1, #2 and FC #4. -The alleged incidents of sexual abuse of clients #1, #2 and FC #4 occurred in the church, the church van, and an apartment in the community. -The Police Forensic Department found 5 sexually-explicit videos in the deleted cache of a cell phone belonging to the CVD showing the CVD and M #1 engaging in sexual acts with FC #4. -"[FC #4] was coerced into oral sex and in the van there was digital penetration for cigarettes and cell phone usage. [FC #4] stated she thought there were videos taken at one of the perpetrator's apartment. Apparently all three clients went to the man's apartment, [FC #4] went inside with [the CVD], while [client #1] and [client #2] remained in the vehicle." -"The facility allowed [the CVD] to take the girls to church with no supervision. [FC #4] was told by [the CVD], 'either you do this (sexual acts) or I will tell my wife (FS #9) to put you on restriction.'" -The Detective was only able to charge the CVD and M#1 for offences against FC #4 because clients #1 and #2 were over the North Carolina legal age of consent. <p>Interview on 4/19/18 with client #1 revealed:</p> <ul style="list-style-type: none"> -Had been at the facility since 10/2016. -During the day, there were always 2 staff working. -During third shift (12am to 8am) one staff leaves at midnight "because they have children." -In the mornings the staff that left at midnight returns at 8am. 	V 296		

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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V 296	<p>Continued From page 35</p> <p>-This occurred on a regular basis.</p> <p>Interview on 5/1/18 with client #1's Legal Guardian (LG) revealed: -When asked about supervision at the facility and in the community, she stated "We trust our placements to supervise appropriately ...this (supervision on the church van, the facility and in the community) fell through the cracks ..." -" ...I asked [client #1] about supervision and stuff ... I asked her if she had ever been here alone unsupervised ... she said one time she was ...she said it was a half a day of school ... she was dropped off a little early at the group home and the staff that was supposed to be there wasn't there yet... She was at a different school than the other girls because of the timing ... by the time she said she got to the group home and sat on the front steps, [the PD/QP] was pulling in and she (the PD/QP) was mad that the staff wasn't there ..."</p> <p>Interview on 4/25/18 with client #2 revealed: -Had been at the facility since 6/2017 -When asked about staffing, client #2 stated when she got home from school there were 2 staff present -On third shift, there was usually only one staff present. -"Sometimes on third shift on the weekends, there is only one staff." -On community outings there was usually just one staff as another staff remained at the facility with the other clients</p> <p>Interview on 5/1/18 with client #2's LG revealed: -As far as she knew, there were no facility staff on the church van. -"I had no idea anything would happen (without facility staff on the church van)..."</p>	V 296		

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V 296	<p>Continued From page 36</p> <p>Interview on 4/19/18 with client #3 revealed: -Had been at the facility since March of last year (2017) -There was only one staff at night (third shift), "but during the day there are 2 staff." -The reason for only one staff at night was because the clients were "good."</p> <p>No client interview was conducted with FC #4 due to concerns about re-traumatization related to sexual abuse by the CVD and M #1, and reported medical/emotional fragility of FC #4.</p> <p>Interview on 5/1/18 with FC #4's LG revealed: -"When all this came out, [the PM/O/AP] called me because she was taken back too, that this happened ...She said that it was the church van and other people rode it ...I was told that the girls sometimes went to the church to clean, but I thought staff was with them ...I assumed staff was with them ..."</p> <p>No client interview was conducted on FC #5 due to her LG's concern for her current emotional state.</p> <p>Interview on 4/25/18 with FC #5's LG revealed: -As of 4/17/2018, FC #5 had been placed in a new level III facility. -Had spoken with FC #5 on 4/24/18 -Regarding concerns with supervision at the previous placement, "I remember my second visit there. I only saw one staff and one other client besides us. I was there for 15 or 20 minutes moving [FC #5]'s possessions." -Due to FC #5's current emotional state she felt it would be better if she was not interviewed at this point and time.</p>	V 296		

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V 296	<p>Continued From page 37</p> <p>Interview on 4/27/18 with staff #1 revealed: -Been working at the facility for approximately 6 months -Worked Monday through Friday from 4pm-12am (second shift) -Worked Saturdays and Sundays from 7am-7pm every other weekend -The PD/QP was responsible for the work schedule. -There were two staff on each shift at the facility -When questioned further, staff #1 stated one staff leaves at 10pm, leaving just one staff with all the clients and another staff came in at 12:00am.</p> <p>Interview on 4/27/18 with staff #4 revealed: -Worked full time at the facility since 2014 -Worked on second shift, Monday through Wednesday, from either 3:15pm to 10pm or 4:00pm to 10:00pm -"I used to work until midnight, but I have little ones (children). I stopped working until midnight about 5 or 6 months ago. So, from 10pm to 12am, there was only one staff working when the clients were present. It has been like this since I stopped working until midnight. If there are two staff now, on that shift, then it just started recently." -If there was an emergency with her children, staff #4 would take 2 clients with her and leave 2 clients with the other staff member. -"I did not want to leave all 4 clients with just one staff." -The PD/QP made out the work schedules for the staff</p> <p>Interview on 4/27/18 with staff #5 revealed: -Had worked at the facility for almost 4 years -Worked full time on both 2nd and 3rd shifts -The clients participated in church activities which included Bible study, Youth Groups, church and</p>	V 296		

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V 296	<p>Continued From page 38</p> <p>volunteering to clean the church on Saturdays. -The clients were transported and returned to church activities by the CVD. -There was always one facility staff member on the church van when being transported. -Was not sure if there was a facility staff member on the church van when the clients returned to the facility. -Was not sure of the dates or timeframes of when the CVD started transporting the clients alone.</p> <p>Interview on 4/27/18 with staff #6 revealed: -Had previously worked at the facility prior to her stroke in 2015 and returned in 2017 -Filled in as needed on "the bed time shift" from 10pm to 8am -At times, when the clients had outings in the community, only 1 staff went with the 2 clients while the other staff stayed behind with 1 or 2 clients at the facility -Clients would attend church, youth groups, Bible study and volunteer to clean the church on Saturdays -Most of the time, she was the only staff present on the church van with the clients when they went to church.</p> <p>Interview on 4/26/18 with staff #8 revealed: -Had worked at the facility since September 2017 and primarily worked Saturdays and Sundays from 7am to 7pm -There were two staff on a shift "but if there was only 1 or 2 clients at the facility, then we do have only 1 staff with them." -The PD/QP made out the staff's schedule -Was recently told by the PM/O/AP there had to be staff with the clients when they attended church on Sundays from 10am to 2pm -"[Staff #6] would be at the church and supervise them. Sometimes a member of the church</p>	V 296		

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V 296	<p>Continued From page 39</p> <p>transported the clients to church. [The CVD] had been providing transportation since November 2017 until the being of March 2018."</p> <p>Interview on 5/2/18 with Former Staff #9 (FS #9) revealed:</p> <ul style="list-style-type: none"> -Had worked at the facility for 5 to 7 years -Was suspended from her job duties on 3/6/18 while the internal investigation was completed related to allegations that FS #9's husband (the CVD) had sexually abused clients. -Was then terminated on 4/2/18 -Had worked third shift, from 12am to 7am, on Fridays and Saturdays -The PD/QP was responsible for making out the staffs' schedules -"I told [the PD/QP] and [the PM/O/AP] I would ride on the van to supervise the clients. On Fridays, for Youth Group, it was the same thing unless there was another staff scheduled." -"There were 1 or 2 times when I was not on the church van when the clients were transported there. There was no other facility staff with them. It happened maybe 2 or 3 times. [The CVD] was transporting the clients alone to and from church activities." -When asked for clarification for each month she was not on the church van with the clients providing supervision, FS #9 stated "December (2017), January, February and March (2018), each month there were one or two times the clients were unsupervised ..." -"I would stay back at the church and clean up after both Bible study (8:45pm to 9pm on Tuesdays) and the Youth Group (8:45pm to 9pm on the first Friday of every month). Had I not stayed back to clean, none of this (the abuse) would have happened ..." <p>Interview on 4/19/18 with the PD/QP revealed:</p>	V 296		

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V 296	<p>Continued From page 40</p> <ul style="list-style-type: none"> -FS #9 was terminated due to lack of supervision of the clients and her termination date was 4/2/18 -FS #9 failed to supervise the clients, on the church van, to and from their activities. <p>Further interview on 4/27/18 with the PD/QP revealed:</p> <ul style="list-style-type: none"> -She made out the facility staffs' work schedules with two staff on every shift. -The church activities for the clients was approved by the PM/O/AP. -Attended Bible study once or twice a week from 6pm to 7pm on Tuesdays. -Attended church every Sunday from 11:00am to 1:30pm. -The first Friday of every month, the clients had youth group activities at the church. -"Mostly, the clients rode on the church van with one staff being responsible for them and another staff would help supervise once they arrived at the church. The working staff would clock out during the outing." -Regarding supervision at the church, the PM/O/AP was there every Sunday. -"I cannot speak to supervision on Tuesdays and the first Friday of every month." -FS #9 was responsible for all the church activities and was responsible for supervising them. -"[FS #9] was responsible for supervising the clients on the van to and from church. When all of this (sexual abuse) came out on 3/5/18, is when we learned she was not on the church van supervising them." -Regarding supervision at the church on Sundays, the PD/QP stated facility staff would clock out from 10am to 2pm and go to church and supervise the clients. -"Some of the church members were also willing to supervise the clients. I knew [FS #9] and [the 	V 296		

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V 296	<p>Continued From page 41</p> <p>PM/O/AP] would always be at the church..."</p> <p>-Was made aware FS #9 was sometimes not on the church van with the clients, "but there were staff from sister facilities on the van."</p> <p>Interview on 4/27/18 with the PM/O/AP revealed:</p> <p>-She would fill in on third shift at the facility sometimes</p> <p>-"I was always at church every Sunday with the clients from 10am to 2pm or 3pm to supervise them."</p> <p>-Stated staff #2 and staff #6 were also at the Sunday services.</p> <p>-"They would look out for the clients but were off the clock. Everyone in the church kept an eye on them."</p> <p>-Denied having only one staff working at the facility with the clients.</p> <p>-"I don't know why you are hearing that (only one staff on shift). Either me or [the PD/QP] would be called in if both staff were unable to work on their shift."</p> <p>-The PD/QP was responsible for making the staff schedule.</p> <p>-The clients participated in church activities which included the youth group activities once a month as well as Bible study every Tuesday.</p> <p>-"If one client was on restriction, they can now go on the outings but not participate. Before if one client was on restriction, one staff had to stay with them at the facility and the other clients would be with one staff. I didn't like the staff doing that because I was not comfortable with that. We changed it a while ago."</p> <p>-Every Sunday morning, the clients attended church from 10am to 2pm or 3pm.</p> <p>-The first Friday of every month, the clients attended youth group activities from 7pm to 8:30pm or 9:00pm and Bible study was from 7:00 or 7:30pm and ended at 9pm on Tuesdays.</p>	V 296		

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V 296	Continued From page 42 -Clients were transported by the church van and not by facility staff to the church activities. -The new CVD took over at the end of December 2017 or early January 2018. -"He (the CVD) said he wanted to help and offered to pick the clients up for all the church activities. [FS #9] was supposed to be on the van supervising the clients. If the girls were going to volunteer at the church, I told [FS #9] she would have to stay with them. It was just to protect [the CVD] and the clients so it wouldn't be just them (the church van driver and the clients)." -The majority of the time FS #9 was on the van, "but I can't say for sure." -During the clients' CFT meetings, their LGs were told they would participate in church activities and that there would only be one staff on the church van. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
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-86. (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	V 512	27D .0304 Client Rights- Harm, Abuse, Neglect <u>Under the direct supervision of the License Professional</u> Facility policy and procedures regarding the supervision of consumers has been reviewed with all staff members all staff members to ensure understanding. Facility management has increased supervision of facility staff members to review possible scenarios that may arise, and how to effectively problem solve in the best interest of the safety of all consumers. 1 monthly staff meeting facilitated by Program Director/QP to review policy and procedures and address group related concerns and identified staff development needs. Licensed Professional will meet with Direct Care Staff 2x per month in both group and individual settings in order to address individual professional development needs and clinical service delivery. Program Director/QP will meet with the Direct Staff under the direction of	5/02/2018 05/02/2018

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V 512	<p>Continued From page 43</p> <p>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.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 8 current staff (#2) and 1 of 1 Former Staff (FS) (FS #9) neglected and failed to protect 2 of 3 current clients (#1 & #2) and 1 of 3 Former Clients (FC) (FC #4) from harm, abuse and exploitation. The findings are:</p> <p>(Note: Facility documents used various titles for the Program Director/Qualified Professional (PD/QP), the Program Manager/Owner/Associate Professional (PM/O/AP) and the Licensed Professional (LP). Clarification of position titles will be noted where relevant).</p> <p>Review on 4/20/18 of staff #2's employee record revealed: -A hire date of 9/25/14 -A job description of Paraprofessional -Abuse/Neglect/Exploitation training on 10/4/13</p> <p>Review on 4/20/18 of FS #9's employee record revealed: -A hire date of 4/15/14 -A job description of Paraprofessional -A termination date of 4/2/18 -Abuse/Neglect/Exploitation training on 5/1/14</p>	V 512	<p><i>Licensed Professional 2x per month to address administrative needs, corrective action needs, and individual review of policy and procedures, roles and responsibilities as it relates to overall job performance and adhering to DHSR and Medicaid standards.</i></p> <ul style="list-style-type: none"> <i>Facility has had the consumers assessed for safety to determine any underlying or existing issues. Facility has taken the liberty to review incident reporting procedures with all staff members.</i> <i>Facility has increased communication surrounding reporting of whereabouts of staff and clients when in the community setting.</i> <i>Outings will be scheduled in advance to ensure that the staffing ratio is maintained.</i> <i>Program director /QP will ensure that adequate staff is placed on the schedule to ensure coverage based on the location of the children in the home and community.</i> <i>The Program Director/QP and License Professional will serve as an on-call staff in the event of an emergency situation in which coverage is needed.</i> <p><i>Immediately the Program Director/QP or Program manager /AP/Owner will conference in the treatment team to update the client's current treatment plans on how supervision and transporting the clients while attending community events, schools, extra curriculum activities, ie: school, school dances, after-school activities, social programs outside of church.</i></p> <p><i>Staff would use Fresh Start's van to transport clients to social activities, this would also be included in the client's treatment plan</i></p> <p><i>The Management company has put check and balances in place. Fresh Start 's van is equipped with a tracking device so that management staff can track the whereabouts of all clients riding the van. When attending an activity staff would have to call into Director owner phone and text destination, departure time and arrival. All activities will be schedule weekly and posted and email to the owner for approval. Activites may be updated daily; all updated activites will be sent to management. When a person other than the client legal guardian show up at the facility to take the client out to a planned activity outside of the group home, a signed written permission slip must be forwarded to the</i></p>	

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V 512	<p>Continued From page 44</p> <p>-No documentation specifying that FS #9 would be the only facility staff responsible for transportation and supervision of clients when they attended church events.</p> <p>Review on 4/19/18 of client #1's record revealed: -An admission date of 10/4/16 -Diagnoses of Post-Traumatic Stress Disorder (PTSD); Major Depressive Disorder (MDD), Recurrent, Moderate; Attention Deficit Hyperactivity Disorder (ADHD), Predominant, Inattentive Type and Conduct Disorder, Adolescent Onset -Age 17 -An admission assessment dated 10/4/16 noting "16 year old in the Department of Social Services' (DSS) custody. No contact with biological family, needs reminders for proper hygiene, past treatment of Acute Care, in a Psychiatric Residential Treatment Facility, history of sexual abuse, self-injurious behaviors, running away and property damage. Long-standing pattern of risky behaviors, would benefit significantly from structure and safety." -A treatment plan dated 6/12/17 noting "will refrain from non-verbal, verbal and physically aggressive behaviors and angry outbursts in all settings, will increase respectful interactions with authority figures and peers in all settings, and will refrain from making false statements and manipulation in all settings"</p> <p>Review on 4/19/18 of client #2's record revealed: -An admission date of 6/14/17 -Diagnoses of MDD, Recurrent, Severe with Psychotic Symptoms; PTSD, Unspecified and Mild Intellectual Developmental Disorder -Age 17 -An admission assessment dated 6/14/17 noting "has a history of self-harm, needs to utilize skills</p>	V 512	<ul style="list-style-type: none"> • Program Director/UP by the legal guardian. On the day of the activity the group home staff must make a copy of that person's driver's license and attach it to the permission slip. • Employees are to report to management and document any rumors of sort of abuse, exploitation, mistreatment or neglectful treatment of any clients. <p>The licensed professional would have meetings with the Program Director/UP to ensure that staff scheduling, and ratios are met. The license professional who also review treatment plans for updates and accuracy.</p> <p>The Program Director/UP will provide supervision to the AP to make sure that all staffing ratios and supervision is done daily under the direction of the License Professional. The AP will handle the day to day operation of the facility. The facility will have a Fulltime AP starting the 6th of May.</p>	<p>05/14/2018</p> <p>5/7/2018</p>

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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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 512	<p>Continued From page 45</p> <p>learned in therapy, has poor hygiene, will become disrespectful when re-directed, needs reminders to use coping skills, issues with boundaries, stepped down from a behavioral center, history of sexual trauma from an early age, engages in unhealthy behaviors, was raped by her brother at age 7, past history of auditory hallucinations, prior attempt to hang herself, cuts her arms, attempted to drown and strangle herself and has a history of Absent Without Leave (AWOL) behaviors."</p> <p>-A treatment plan dated 9/16/17 noting "will refrain from using verbal or physical aggression by avoiding yelling, cursing and hitting others, will refrain from using self-harming and suicidal behaviors on a daily basis and will report any ideations to trusted adults by avoiding disclosing unsafe thoughts and avoiding cutting or inflicting harm upon self, will maintain compliance with rules and regulations in the home, school and community by following direction first time given, complying with treatment and respecting authority, will work therapeutically to decrease intrusive and avoidant trauma symptoms by a reduction from 4 days per week to 1 day per week of traumatic dreams, thoughts of trauma history and feelings of despair."</p> <p>Review on 4/20/18 of FC #4's record revealed: -An admission date of 7/17/17 -Diagnoses of PTSD; Generalized Anxiety Disorder (GAD); MDD; Postural Orthostatic Tachycardia Syndrome (POTS); Syncope and Seizure-Like Activity. -Age 15 -A medically planned discharge date of 3/7/18 due to trauma related Syncope and Seizures.-An admission assessment dated 6/22/17 noting "14 year old female in the custody of the Department of Social Services, contact with biological family must be supervised, manipulative issues with</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1829 MURRYHILL ROAD GREENSBORO, NC 27403
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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 512	<p>Continued From page 46</p> <p>Anxiety and Depression, difficulty with authority and following rules, multiple placements since 11/12/15 (adoptive family, relative placements and psychiatric hospitals), victim of neglect and sexual abuse, biological mother had substance abuse and mental health issues and was adopted at age 8 by maternal aunt/uncle."</p> <p>-A treatment plan dated 6/27/17 noting "will reduce her symptoms of PTSD by significantly reducing the negative impact her trauma history has on many aspects of her life, will reduce her MDD symptoms by developing healthy cognitive patterns and beliefs about herself and the world that lead to alleviation and help prevent the relapse of depression symptoms, will reduce GAD symptoms by stabilizing her anxiety level while increasing her ability to function on a daily basis, will reduce family conflict by displaying increased communication, coping and emotion regulation skills that improve her role in the family dynamics, will address thoughts and emotions associated with her discharge/transition plan and any anxieties pertaining to the transition into a lower level of care, will work on skills related to adaptive behavioral functioning within the community and engagement in appropriate behavioral skills within the community without any negative behaviors or elopement attempts while participating in facility outings"</p> <p>Interview on 4/27/18 with the Program Manager/Owner/Associate Professional (PM/O/AP) revealed:</p> <ul style="list-style-type: none"> -Every Sunday morning, the clients attended church from 10am to 2pm or 3pm. -Clients attended Bible Study every Tuesday from 7:00 or 7:30pm until it ended at 9pm. -The first Friday of every month, the clients attended Youth Services from 7pm to 8:30pm or 9:00pm. 	V 512		

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V 512	<p>Continued From page 47</p> <p>-Clients were transported by the church van and not by facility staff to the church activities.</p> <p>-The new Church Van Driver (CVD) took over at the end of December 2017 or early January 2018.</p> <p>-"He said he wanted to help and offered to pick the clients up for all the church activities. [FS #9] was supposed to be on the van supervising the clients. If the girls were going to volunteer at the church, I told [FS #9] she would have to stay with them. It was just to protect [the CVD] and the clients so it wouldn't be just them (the CVD and the clients)."</p> <p>-The majority of the time FS #9 was on the van, "but I can't say for sure."</p> <p>-On Saturdays, client #1, client #2, and FC #4 had volunteered to clean the church.</p> <p>-"This was for social interaction. [FS #9] and [the CVD] wanted the clients to clean the church as it had become too much for them to do it alone (FS#9 and the CVD are husband and wife)."</p> <p>Review on 4/26/18 of the facility's incident reports, dated 3/7/18 and completed by the Program Director/Qualified Professional (PD/QP) revealed:</p> <p>-Staff #1 was approached on 3/5/18 by a member of the community alleging they had been shown an "inappropriate" video of a young female that looked like one of the clients (FC #4) in the facility.</p> <p>-The PM/O/AP was notified on 3/5/18 of the allegation.</p> <p>-"Staff (not specified) proceeded to question [FC #4] if she had done anything inappropriate when she would be out in the community. At that point [FC #4] alleged that [the Church Van Driver (CVD)] had touched her and two of her peers (clients #1 & #2). [FC #4] alleged these acts took place several times while taking part in church events. At the church events there is an assigned</p>	V 512		

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V 512	<p>Continued From page 48</p> <p>staff member (FS #9). She is also a member of the church and wife of the CVD. When [FS #9] was unable to be at a church event other group home staff would fill in to provide supervision. The details around the incident are not all the way clear. [FC #4] has stated several changes of events that lead to the alleged accusation. [FC #4] stated that she wanted to do it (sexual acts) at one point and at another point, she alleges that she was promised things. Once the alleged incident was reported to Management (the PD/QP & PM/O/AP), Management contacted the facility therapist (the Licensed Professional (LP)) for processing. Each client was interviewed separately by CEO (the PM/O/AP) and director (the PD/QP) together and then therapist (the LP). Attending church events have been place on hold pending investigation outcomes. [FS #9] is placed on suspension pending investigating outcomes on supervision."</p> <p>-Two other incident reports were completed by the PD/QP on 3/7/18 for clients #1 and #2, which included identical information regarding the allegations of the CVD inappropriately touching clients and the facility's response, with the following client-specific information:</p> <p>-Client #1 specified that "she was touched one time on her breast by [the CVD] ... Stated that she wanted to do it at one point and at another point she alleges that her and the other two clients made a secret pact to let [the CVD] touch them so she could say they did something together for a bond ..."</p> <p>-Client #2 specified that " ... she was touched one time on her vagina by [the CVD] ... she wanted to do it at one point so that her an her peers could have a secret and at another point she alleges she did it to get cigarettes ..."</p> <p>Review on 4/26/18 of the facility's Internal</p>	V 512		

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V 512	<p>Continued From page 49</p> <p>Follow-Up Incident Forms, dated 3/6/18 and 3/7/18 and written by the PD/QP, revealed: -"Date staff was informed of the incident: 3/5/18; Purpose of Completion of Form: Accusations presented by clients involving sexual misconduct towards group home clients by an adult in the community (the CVD and a non-staff male in the community (M #1)). Follow Up Completed on Behalf of the Facility: Following the report of incidents, management contacted the family therapist (the LP) immediately for processing of incident. Each client in the group home was interviewed separately by both the [PM/O/AP] and [the PD/QP] in order to gather further information. Clients were encouraged to notate their accounts of the incident(s) that have occurred. DSS and the local authorities were contacted in order to report the incidents. Each clients' guardian was contacted and informed about the alleged sexual misconduct. Clients had follow up sessions conducted by the therapist in order to process events. Involvement, attendance and any other contact with the attending church and all related events, where the alleged perpetrator (the CVD) was involved, have been suspended pending further investigation. Appropriate staff (FS #9) have been placed on suspension pending further investigation."</p> <p>Review on 3/6/18 of client #2's written accounts of the incident, undated, revealed: -"Mr. [The Church Van Driver (CVD)] touched us and we let him. It started with [FC #4], talking about twerking then pulls up her shift to fix her pants and [the CVD] says you have a sexy stomach. Let me touch it. [FC #4] say no, but Mr. [the CVD] touches her anyway. Peer pressure caused me to let him touch me. [FC #4] and [client #1] kept saying 'come on and do it. Nobody will know. You're scared right?' I said 'I am not</p>	V 512		

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V 512	<p>Continued From page 50</p> <p>scared' and let him touch me. We ALL agreed to keep it a secret and what happens in the van stays in the van. I knew it was WRONG. I was scared to say no. I didn't know if he would get mad at me, us ...(Sorry for not telling sooner)."</p> <p>Review on 3/6/18 of Former Client #4 (FC #4)'s written accounts of the incident dated 3/6/18, revealed:</p> <p>-"So it all started near the first of December (2017). Maybe end of November. But one day Mrs. [Former Staff #9 (FS #9)], a staff member that worked with the group home asked me 'do you want to help clean because Ms. [the Program Manager/Owner/Associate Professional (PM/O/AP)] said we need some volunteers. I said sure 'I'll help because I like cleaning. She also asked the other girls but they said no. So the Saturdays we would clean, Mr. [CVD] would touch me in inappropriate places like my vagina, breast and butt and would kiss me and tell me he loved me. I told him that I didn't want to do the stuff he was doing and I told him no several times but he wouldn't listen. I would try to keep my distance but somehow he always ended up near me or picking us up for bible study or some event the next day or in the next few days. He would make me have oral sex with him and swallow the sperm that came out and I would tell him I don't want to do it and he would say 'Well, I can get Ms. [FS #9] to say something to Ms. [PM/O/AP] about you misbehavior or put you on the board for full restriction if you don't do what I tell you to do. Then, that was going for about 2 months and then one of the girls at the group home got banned from coming to church because of how she acted and Mr. [CVD] is the driver of the van and he would never take us straight home like he was supposed to. But after the girl got banned he said well now you can have more fun. And one day I</p>	V 512		

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V 512	<p>Continued From page 51</p> <p>heard him talking to somebody on the phone about 'Okay year. Irma set it up and how much you gonna pay me and I will bring her over there tonight.' And that night he said [FC #4], if you don't go in here and do what you're supposed to do then I'm going to put you on full restriction for 3 weeks for cussing, and not following directions. Which none of that was true, but I just didn't want to be on the board cause his wife works with us and she can put us on it. But the boy's name is [Male #1 (M#1)] and he lives on [a local city's street] in some apartments. The apartments are in like [alphabet letters], one of those I think ...and you walk in and there are stairs to your right and to your left there is a playpen and then a couch that's I think red or blue and in front of that there is a tv and keep walking there is a kitchen, a store and then turn left there is a dryer and washer."</p> <p>Review on 3/6/18 of client #1's written accounts of the incident dated 3/6/18, revealed: -"I was in the van and Mr. [the CVD] kept touching me and calling me junk cause I have a big butt. One of the girls asked in what order he would he have sex with us and it just kept going further and further. We were letting him touch us so that way we could have a cigarette. Me and the other girls, we all promised that we wouldn't tell. After the second day when he was done touching me, I said that I wasn't going to do it anymore because it made me feel uncomfortable. Mr. [the CVD] and [FC #4] would go into his friend's house and would be in there for about a good 30 minutes while me and [client #2] was in the van. I don't know what went on in the house. When staff, Mrs. [FS #9] was at church, Mr. [the CVD] would try to get the girls to walk away from being around Mrs. [FS #9]. So that he could touch us without Mrs. [FS #9] knowing about it. He only touched me one time under my clothes on my</p>	V 512		

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V 512	<p>Continued From page 52</p> <p>private part. I told him to stop and he didn't. Some of the other girls were doing it just so that he would give them cigarettes to smoke."</p> <p>Interview on 4/20/18 with the Local Police Department's Detective revealed:</p> <ul style="list-style-type: none"> -The alleged incidents of sexual abuse of clients #1, #2 and FC #4 occurred in the church, the church van, and an apartment in the community. -The Police Forensic Department found 5 videos in the deleted cache of a cell phone belonging to the CVD. -The date stamps of the videos were (Thursday) 2/1/18, (Monday) 2/5/18, (Sunday) 2/18/18, (Saturday) 2/24/18 and (Monday) 3/5/18. -The date stamps might not be the actual dates they were recorded. -The videos showed: "There was penile and vaginal penetration as well as oral sex between [FC #4] and [M #1]. [The CVD] inserted his finger into the anus of [FC #4] and he can be heard on the video telling [FC #4] what to do to [M #1]." -One of the perpetrators was the husband of FS #9. -Due to the video evidence being sufficient to proceed with charges, the Police Department did not schedule client interviews with a Forensic Interviewer. However, interviews were completed with all three clients by the Detective. -"[FC #4] was coerced into oral sex and in the van there was digital penetration for cigarettes and cell phone usage. [FC #4] stated she thought there were videos taken at one of the perpetrator's apartment. Apparently all three clients went to the man's apartment, [FC #4] went inside with the CVD, while [client #1] and [client #2] remained in the vehicle." -FC #4 was able to pick out one of the perpetrators in a photo line-up. -FC #4 was able to describe a scorpion tattoo on 	V 512		

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V 512	<p>Continued From page 53</p> <p>the body of one of the perpetrators</p> <ul style="list-style-type: none"> -FC #4 had a seizure at school on 3/6/18 and disclosed the inappropriate sexual contact after she was taken to a local hospital for evaluation. -FC #4 was currently admitted to a medical hospital in a neighboring state. -"It sounded like the owner (the PM/O/AP) of the facility's mother was the minister at the church." -"The facility allowed [the CVD] to take the girls to church with no supervision. [FC #4] was told by [the CVD], 'either you do this (sexual acts) or I will tell my wife (FS #9) to put you on restriction.'" -"It is hard to believe she (FS #9) did not know what was going on. It is a 20 minute drive from the facility to the church. They were gone several hours and I am surprised it did not pique her interest (why they were gone so long)." -Most of the sexual acts occurred on Saturdays when the CVD would take FC #4 to clean up the church. -Neither the facility nor the church requested criminal record background checks on either of the perpetrators, and both were convicted felons. -The Police had arrested the 2 perpetrators and they were being held under 16 ½ million dollar bonds each. -Current charges against the CVD and M #1 were filed on behalf of FC #4 as she was the youngest victim (age 15). -No charges were filed on behalf of client #1 and client #2 as they were 17, which was over the legal age of consent in North Carolina. -The CVD had 46 felony charges and M #1 had 44 felony charges related to the sexual offences. -The charges related to the videos: 3 counts of Statutory Rape, 4 counts of Statutory Sex Offense, 3 counts of First Degree Sexual Exploitation, 12 counts of Indecent Liberties, 22 Conspiracy and charges related to offences committed on the van: 1 count of Statutory Sex 	V 512		

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V 512	<p>Continued From page 54</p> <p>Offense and 1 Indecent Liberties.</p> <p>Interview on 4/26/18 with the Police Detective revealed: -The time stamps on three of the videos had been obtained: -Sunday, 2/18/18, from 7:14pm to 7:36pm -Saturday, 2/24/18 starting at 9:52pm and "it only lasted a few minutes." -Sunday, 3/4/18 starting at 5:45pm and "it lasted for approximately 5 minutes."</p> <p>Further interview on 4/20/18 with the Police Detective revealed: -The Police Detective had spoken to staff #1 because there was information that the facility's maintenance man had seen the video. -"[Staff #1] did say a church member had approached her about seeing the video, but she did not want to get them involved ..." -A search of FS #9's personal computer was in progress, but the forensic results had not yet been reported. -The Police Detective spoke with the maintenance man for the facility and he denied knowing about the video or watching it.</p> <p>(In-depth interviews with clients #1 and #2 regarding specifics of the alleged sexual activity with the CVD were not conducted due to concerns about re-traumatization and reported interviews about the same by multiple other investigators (i.e. the Police Detective, DSS, etc.))</p> <p>Interview on 4/19/18 with client #1 revealed: -She went on outings which including attending church -Stated the PM/O/AP was usually at the church -Stated sometimes when driving to the church</p>	V 512		

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V 512	<p>Continued From page 55</p> <p>"only one staff is present" -Currently felt safe at the facility.</p> <p>Interview on 4/25/18 with client #2 revealed: -Had been at the facility since 6/2017 -Had been to the church to volunteer by cleaning on one occasion. -Stated present at the time of the church cleaning were FC #4 and client #1. -"[The CVD], me, [FC #4] and [client #1] drove over to an apartment where [the CVD] had a friend (M #1). [FC #4] went into the apartment with [the CVD] while [client #1] and me stayed in the van for like over an hour." -When FC #4 came out of the apartment she was crying. -"[The CVD] told us they were not tears of sadness, but tears of joy." -The clients were no longer transported by the CVD. -FS # 9 was the wife of the CVD. -"She (FS #9) told us that (the CVD) was her husband and he was not going to do anything to us. But low and behold, he did. He touched me, [FC #4] and [client #1] inappropriately." -She had not felt safe when the CVD had transported her to church, "but I do now (feel safe) because he is not around anymore."</p> <p>No client interview was conducted with FC #4 due to concerns about re-traumatization and reported medical/emotional fragility of FC #4.</p> <p>Interview on 4/27/18 with staff #1 revealed: -Been working at the facility for approximately 6 months. -Worked Monday through Friday from 4pm-12am (second shift). -Worked Saturdays and Sundays from 7am-7pm every other weekend.</p>	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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NAME OF PROVIDER OR SUPPLIER: FRESH START HOME FOR CHILDREN
STREET ADDRESS, CITY, STATE, ZIP CODE: 1929 MURRYHILL ROAD GREENSBORO, NC 27403

(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	<p>Continued From page 56</p> <p>[REDACTED]</p> <p>never knew about it ..."</p> <p>-FC #4 also stated she had sex with M #1 and it had occurred several times.</p> <p>-"She (FC #4) stated the abuse started in December 2017 when [the CVD] picked her up for Bible Study, Youth Programs at the church and also volunteering to clean the church."</p> <p>-FC #4 mentioned that clients #1 and #2 also were involved.</p> <p>-"The other two clients (#1 and #2) made a pact with [FC #4] to keep it a secret. I also learned [FC #4] went into [M #1]'s home where some sexual acts were recorded and involved [the CVD] and [M #1]."</p> <p>-Staff #1 notified the PMO/AP on 3/5/18 about the video with FC #4 and the CVD</p> <p>Interview on 4/27/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -Had worked at the facility for 2 ½ years. -Worked 2 or 3 days per week on third shift (12am to 8:30am) and as needed on the weekends (7pm-7am). -Had training in Abuse, Neglect and Exploitation and was able to give examples of each. -Had training on Sexual Abuse -In February 2018, she had heard clients #1 and #2 talking about the CVD "touching" them. 	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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V 512	<p>Continued From page 57</p> <p>"I heard it from [client #1] and [client #2] about 2 months ago. They were talking about [the CVD] touching them. I kinda talked to them about it. They said not to tell anyone about it. I asked them if they were going to be all right."</p> <p>-She did not notify the PD/QP or the PM/O/AP about the sexual abuse of clients #1 and #2.</p> <p>"When [FC #4] told me she was sexually abused by him, I kept it to myself. She told me she had told other staff."</p> <p>-Staff #2 was unable to specify the date that FC #4 told her about the CVD sexually abusing her.</p> <p>-Did not know the specific dates that the incidents between the clients and the CVD occurred.</p> <p>-The CVD had been providing transportation for approximately 5 or 6 months.</p> <p>"I attend that church and the members never told me about any of it. [The CVD] transported them to Bible study, youth activities, Church and volunteering (to clean up the church)."</p> <p>Interview on 4/27/18 with staff #3 revealed:</p> <p>-Had been working for the facility for approximately 5 months.</p> <p>-Worked second shift from 4pm to 12am.</p> <p>-Filled in on some weekends from 7am to 7pm.</p> <p>-Had not heard of any of the clients being sexually abused by the CVD</p> <p>"I only know the majority of the clients had been sexually abused in the past (history)."</p> <p>-The clients were transported by the CVD to Bible study (on Tuesday nights), volunteering at the church (on Saturdays), Youth night (Friday nights) and Sunday church services.</p> <p>Interview on 4/27/18 with staff #4 revealed:</p> <p>-She had worked full time at the facility since 2014.</p> <p>-Worked on second shift, Monday through Wednesday, from either 3:15pm to 10pm or</p>	V 512		

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V 512	<p>Continued From page 58</p> <p>4:00pm to 10:00pm.</p> <p>-The clients attended church every Sunday.</p> <p>-On every Tuesday night, the clients attended Bible study starting at 6:15pm.</p> <p>-"The clients were transported by [the CVD]. He started as the church van driver from November 2017 to March 2018. He also picked them up on Friday nights for youth programs, but I did not work then. He also picked them up for church (on Sundays)."</p> <p>-Sometimes the clients did not return to the facility until 9:30pm or 10:00pm on Tuesday nights.</p> <p>-"We would wonder why they (the clients) were not back yet."</p> <p>-She was made aware on 3/5/18 of the sexual abuse allegations by her daughter (staff #1).</p> <p>-"My daughter called me and said her friend that drops her off for work, asked her if she knew one of the clients was video-taped having sex."</p> <p>-The video was taken by the CVD, who showed the video to her daughter's friend.</p> <p>-The video showed M #1 performing sex acts with FC #4.</p> <p>-On 3/5/18, "[Staff #1] asked [FC #4] if anyone had video-taped her and she said yes, [the CVD]. I did not believe it, her (FC #2) performing oral sex on [the CVD], but she said she performed oral sex on [the CVD] since December 2017. She also informed us she was taken over to [M #1]'s home and had sex with him ..."</p> <p>-FC #4 revealed client #1 and client #2 were also involved and were given cigarettes by the CVD to stop them from telling facility staff about what was occurring.</p> <p>-FC #4 had also revealed that the CVD had tried to "hook" her up with other people in the community.</p> <p>Interview on 4/27/18 with staff #5 revealed:</p>	V 512		

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V 512	<p>Continued From page 59</p> <ul style="list-style-type: none"> -Had worked at the facility for almost 4 years -Worked full time on both 2nd and 3rd shifts -The clients participated in church activities which included Bible study on Tuesdays, Youth Groups on Fridays, Church on Sundays and volunteering to clean the church on Saturdays. -The clients were transported and returned to church activities by the CVD -There was always one facility staff member on the church van when being transported. -Was not sure if there was a facility staff member on the church van when the clients returned to the facility. -Was not sure of the dates or timeframes of when the CVD started transporting the clients. -Stated she, the PM/O/AP, staff #2 and staff #6 attended the church. -Had not heard any information regarding the clients being sexually abused by the CVD. <p>Interview on 4/27/18 with staff #6 revealed:</p> <ul style="list-style-type: none"> -Had previously worked at the facility prior to her stroke in 2015 and returned in 2017 -Filled in as needed on "the bed time shift" from 10pm to 8am -At times, when the clients had outings in the community, only 1 staff went with the 2 clients while the other staff stayed behind with 1 or 2 clients at the facility -Clients would attend church on Sundays, Youth Groups on Fridays, Bible study on Tuesdays and volunteer to clean the church on Saturdays -Up until six months ago, staff #2 had provided transportation to all the church activities -Most of the time, she was on the church van with the clients when they went to church prior to December of 2017, when there was a change in the CVD. -"When the clients rode on the van, they had to be in the back of the van and never in the 	V 512		

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V 512	<p>Continued From page 60</p> <p>passenger seat."</p> <p>-Had never heard any statements by the clients regarding sexual abuse by anyone.</p> <p>-Had never heard there was a video of FC #4 and the CVD showing sexual acts between the two.</p> <p>-"In my experience with [FC #4] and in dealing with her, sometimes you could not trust her. We don't know what she has been exposed to. She'd say things that someone her age should not be coming out of her mouth."</p> <p>Interview on 4/26/18 with staff #8 revealed:</p> <p>-She had worked at the facility since September 2017 and primarily worked Saturdays and Sundays from 7am to 7pm</p> <p>-Was recently told by the PM/O/AP there had to be staff with the clients when they attended church on Sundays from 10am to 2pm.</p> <p>-Staff would clock out between 10am to 2pm on Sundays while clients were in church.</p> <p>-"[Staff #6] would be at the church and supervise them. Sometimes a member of the church transported the clients to church. [The CVD] had been providing transportation since November 2017 until the being of March 2018."</p> <p>-She had spoken with staff #6 regarding FC #4 and her "too close for comfort" behaviors with the CVD on an unknown date.</p> <p>-"[FC #4] was always riding with him (the CVD) to clean up the church. This was on Saturdays. I don't know the exact dates though. She would leave at 1pm or 2pm and return between 6pm and 7pm. Sometimes [FS #9] took her. If the CVD provided transportation, [FC #4] would arrive much later. Like between 9pm and 10pm ...I asked her about anything inappropriate happening with [the CVD], but she would never answer me."</p> <p>-Facility staff could never figure out why the CVD returned FC #4 so late from church.</p>	V 512		

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V 512	<p>Continued From page 61</p> <p>Interview on 5/2/18 with FS #9 revealed:</p> <ul style="list-style-type: none"> -Had worked at the facility for 5 to 7 years -Was suspended from her job duties on 3/6/18 while the internal investigation was completed -Was then terminated on 4/2/18 -Had worked third shift, from 12am to 7am, on Fridays and Saturdays -Had training on Abuse/Neglect/Exploitation -Had training in Sexual Abuse -There was a transportation schedule with whether the clients were transported to the church activities by the church van or transported in the facility's van -There were facility staff on the church van at all times on Sunday mornings -"If there were 4 clients on the church van, then there were 2 staff on it also." -The CVD was her husband. -On Tuesdays, for Bible study, there were 2 staff with the clients. -"I told [the PD/QP] and [the PM/O/AP] I would ride on the van to supervise the clients. On Fridays, for Youth Group, it was the same thing unless there was another staff scheduled." -Regarding Saturdays, FS #9 rode on the church van with the clients to clean the church. -"There were 1 or 2 times when I was not on the church van when the clients were transported there. There was no other facility staff with them. It happened maybe 2 or 3 times. [The CVD] was transporting the clients alone to and from church activities." -"All of this was a total shock to me! [The CVD] started providing transportation around 11/1/17. I rode in the church van with the clients during the month of November." -When asked for clarification for each month she was not on the church van with the clients providing supervision, FS #9 stated December 	V 512		

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V 512	<p>Continued From page 62</p> <p>(2017), January, February and March (2018), each month there were one or two times the clients were unsupervised.</p> <p>-I would stay back at the church and clean up after both Bible Study (8:45pm to 9pm) and the Youth Group (8:45pm to 9pm). Had I not stayed back to clean, none of this (the abuse) would have happened ..."</p> <p>-Was not aware there were several videos of various sex acts involving FC #4.</p> <p>-I have heard nothing except for the charges. I am pretty much numb. I just had no idea."</p> <p>-Was not aware there was another adult male (M #1) also involved.</p> <p>Interview on 5/1/18 with the Licensed Professional (LP) revealed:</p> <p>-The LP's role was to have groups with the clients, supervise and had trainings for staff.</p> <p>-I met with the clients as a group and on the way out, they would speak to me ...all the clients had outpatient therapists and either [the PD/QP] or [the PM/O/AP] would coordinate services ..."</p> <p>-Staff trainings centered around the needs of the group home, incident report training, policy and procedures, sexual abuse, non-verbal responses to sexual abuse, sexual exploitation.</p> <p>-This training was after the allegations. Prior to the allegations we would talk about what abuse and neglect looked like, how to actively look for it ...all the staff usually attended ..."</p> <p>-Sexual exploitation training addressed mannerisms, changes in behavior, and changes in routine and attitudes.</p> <p>-We talk about that a lot."</p> <p>-Was not involved in scheduling the facility staff shifts.</p> <p>-The LP was not involved with any outings or transporting the clients to activities including church.</p>	V 512		

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V 512	<p>Continued From page 63</p> <ul style="list-style-type: none"> -When the allegations against the CVD were revealed on 3/5/18, he was informed immediately of the allegations and followed up with the clients. -"It was either the 5th or 6th of March (2018). I know I met with the girls on the 6th which was a Tuesday. I checked in with them for their safety. To ensure there were no Suicidal or Homicidal Ideations, signs of trauma, non-verbal (cues) or physical signs such as visibly shaking, more than normal ..." -With a staff member present, he met initially with all clients at once to check in with each of them. -"No one wanted to speak about the allegations. It's important for me to support them in these moments, not to investigate. Just to be supportive ...no one went into any detail." -The LP was recently informed, by the PD/QP, that one of the alleged perpetrators (the CVD) was involved with the church. -Was not aware of any videos. <p>Interview on 4/27/18 with the PD/QP revealed:</p> <ul style="list-style-type: none"> -All facility staff had the Abuse/Neglect/Exploitation training during their orientation. -Approximately 90% of their clients had a sexual abuse history. -Participation in church activities for the clients were approved by the PM/O/AP. -Clients attended Bible study from 6pm to 7pm on Tuesdays. -Clients attended church every Sunday from 11:00am to 1:30pm. -The first Friday of every month, the clients had Youth Night at the church -"Mostly, the clients rode on the church van with one staff being responsible for them and another staff would help supervise once they arrived at the church. The working staff would clock out during the outing." 	V 512		

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V 512	<p>Continued From page 64</p> <ul style="list-style-type: none"> -Regarding supervision at the church, the PM/O/AP was there every Sunday. -"I cannot speak to supervision on Tuesdays and the first Friday of every month." -FS #9 was responsible for supervising clients at all of the church's activities they attended. -"[FS #9] was responsible for supervising the clients on the van to and from church. When all of this (sexual abuse) came out on 3/5/18, is when we learned she was not on the church van supervising them." -Was made aware of the sexual abuse by two staff members on 3/5/18. -"[Staff #1] and [staff #4] called [the PM/O/AP] and then me. [Staff #1] told us one of her friends had seen a video and the person (FC #4) in the video looked familiar to him. We called the police, DSS and all of the Legal Guardians (LGs). Nothing was ever said about other clients, just [FC #4]." -Learned client #1 and client #2 were also being touched inappropriately on the church van. -"We (the PD/QP and the PM/O/AP) talked with all three clients, separately, the next morning (3/6/18) prior to school." -The clients had all given different time frames for the alleged incidents. -FC #4 said it started "December-ish", while client #1 and client #2 stated it had been occurring for "about a month." -"The clients last attended church for Easter Sunday (3/31/18) and the outpatient therapist said attending faith based church would help the clients. I have documentation from that therapist. This is a shock to all of us." -FC #4 had issues with sexualized behaviors last school year. -"She (FC #4) had reached out to men on the school computer (in 2017) for 'sexual solicitation' and that happened more than one time. It was 	V 512		

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V 512	<p>Continued From page 65</p> <p>hard for me to wrap my head around this." -The CVD is the husband of FS #9. -"I don't know a lot about him. I didn't interact with him that way. I had to call [the PM/O/AP] to find out his real name ..." -Regarding supervision at the church, the PD/QP stated facility staff would clock out from 10am to 2pm and go to church and supervise the clients. -"Some of the church members were also willing to supervise the clients. I knew [FS #9] and [the PM/O/AP] would always be at the church. We have never had an issue as far gone as this. I am just floored ..." -Was made aware FS #9 was sometimes not on the church van with the clients, "but there were staff from sister facilities on the van." -"If [staff #1] and [staff #4] had not confronted [FC #4] about the inappropriate touching, we would never had known." -The clients' LGs had been made aware during orientation the clients would be riding the church van and attending activities there. -"We didn't document the actual permission given by the LGs, but we did mention it at the CFT (Child and Family Team) meetings, but not at every one of them."</p> <p>Interview on 4/27/18 with the PM/O/AP revealed: -"We have had a lot of clients with a history of sexual abuse. I would say the baseline is 6 out of every 10 clients. Some of them were promiscuous and we had to get them in therapy. We knew we needed to be very watchful of them." -Stated the facility staff also had training in Abuse/Neglect/Exploitation. -"It is encompassed during Orientation. We have to say it in a way that staff understands it. Not all of the staff are college graduates." -Every Sunday morning, the clients attended</p>	V 512		

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V 512	<p>Continued From page 66</p> <p>church from 10am to 2pm or 3pm. - "I was always at church every Sunday with the clients from 10am to 2pm or 3pm to supervise them." - Staff #2 and staff #6 were also at the Sunday church services. - "They (staff #2 & #6) would look out for the clients but were off the clock. Everyone in the church kept an eye on them." - Clients attended Bible Study every Tuesday from 7:00 or 7:30pm until it ended at 9pm. - The first Friday of every month, the clients attended Youth Services from 7pm to 8:30pm or 9:00pm. - Clients were transported by the church van and not by facility staff to the church activities. - The new CVD took over at the end of December 2017 or early January 2018. - "He said he wanted to help and offered to pick the clients up for all the church activities. [FS #9] was supposed to be on the van supervising the clients. If the girls were going to volunteer at the church, I told [FS #9] she would have to stay with them. It was just to protect [the CVD] and the clients so it wouldn't be just them (the CVD and the clients)." - The majority of the time FS #9 was on the van, "but I can't say for sure." - On Saturdays, client #1, client #2, and FC #4 had volunteered to clean the church. - "This was for social interaction. [FS #9] and [the CVD] wanted the clients to clean the church as it had become too much for them to do it alone." - On 3/5/2018, "[Staff #4] called me and told me what [FC #4] had said and we stopped the church activities immediately. I was told a friend of [staff #1]'s had seen a video with [FC #4] in it. The next morning, [the PD/QP] and I interviewed the clients separately. [FC #4] stated it was supposed to be a secret (having sex with the CVD)."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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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 512	<p>Continued From page 67</p> <ul style="list-style-type: none"> -When asked, the PM/O/AP was not aware the CVD was a convicted felon. -The PM/O/AP pulled the CVD's police report recently and saw the current charges against him. -At the clients' CFT meetings, their LGs were told they would participate in church activities and that there would only be one staff on the church van. -"I don't know what happened. This has never happened in 10 years. [FS #9] failed in her duties. We did our investigation and she was dismissed." -The facility had put in place specific times the clients were to leave and return to the facility for church activities. -The PM/O/AP could now log into her phone and tell where the facility van was and know the path taken when clients were transported in it. -After finding out about what the CVD was accused of, "we immediately called the church board." -"They took the driver off the church van and talked to him. The girls could not return to church, but then he was arrested so they went back one time." -Only FC #4 had participated in the video and not clients #1 and #2. -"I learned about the video from [a Local Management Entity/Managed Care Organization]. The clients made a pact not to tell anyone what had gone on in the van. I was hurt because they did not say anything to me about the abuse." -Was told by the clients the CVD had touched their breasts and their private parts. -"[The CVD] was friendly, nice, charismatic. If you had met him you would understand. If I had thought the clients were in any danger, I would not have allowed them to ride the van." <p>Further interview on 5/2/18 with the PM/O/AP revealed:</p> <ul style="list-style-type: none"> - She had talked to staff # 2 about not reporting 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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V 512	<p>Continued From page 68</p> <p>clients having told her about the CVD touching them inappropriately in February 2018.</p> <ul style="list-style-type: none"> - Staff #2 had a stroke in the past, and "doesn't understand sometimes ..." - Staff #2 had told the PM/O/AP that she was not told about the inappropriate touching until after the other allegations were reported on 3/5/2018. <p>Review on 5/2/18 of the facility's Plan of Protection, written by the PM/O/AP and dated 5/2/18, revealed:</p> <ul style="list-style-type: none"> -What immediate action will the facility take to ensure the safety of the consumers in you care? <p>"Facility policy and procedures regarding the supervision of consumers has been reviewed with all staff members to ensure understanding. Facility management has increased supervision of facility staff members to review possible scenarios, that may arise, and how to effectively problem solve in the best interest of the safety of all consumers. 1 monthly staff meeting facilitated by Program Director/QP (the PD/QP) to review policy and procedures and address group related concerns and identified staff development needs. The LP will meet with Direct Care Staff 2x per month in both group and individual settings in order to address individual professional development needs and clinical service delivery. Program Director/QP will meet with the Direct Staff under the direction of the LP 2x per month to address administrative needs, corrective action needs, and individual review of policy and procedures, roles and responsibilities as it relates to overall job performance and adhering to DHSR (Division of Health Service Regulation) and Medicaid standards. Facility has had the consumers assessed for safety to determine any underlying or existing issues. Facility has taken the liberty to review incident reporting procedures with all staff members. Facility has increased</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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V 512	<p>Continued From page 69</p> <p>communication surrounding reporting of whereabouts of staff and clients when in the community setting. Outings will be scheduled in advance to ensure that the staffing ratio is maintained. Program director/QP will ensure that adequate staff is placed on the schedule to ensure coverage based on the location of the children in the home and community. The Program Director/QP and Licensed Professional will serve as an on-call staff in the event of an emergency situation in which coverage is needed. Immediately the Program Director/QP or Program manager/AP/Owner (the PM/O/AP) will conference in the treatment team to update the client's current treatment plans on how supervision and transporting the clients while attending community events, schools, extra curriculum activities, ie: school, school dances, afterschool activities, social programs outside of church. Staff would use Fresh Start's van to transport clients to social activities, this would also be included in the client's treatment plan. The Management Company has put check and balances in place. Fresh Start's van is equipped with a tracking device so that management staff can track the whereabouts of all clients riding the van. When attending an activity staff would have to call into [a global positioning system-based tracking program] to track departure and arrival time. All activities will be schedule weekly and posted and email to the owner for approval. Activities may be updated daily; all updated activities will be sent to management. When a person other than the client legal guardian show up at the facility to take the client out to a planned activity outside of the group home, a signed written permission slip must be forwarded to the Program Director/QP by the legal guardian. On the day of the activity the group home staff must make a copy of that person's driver's license and</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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V 512	<p>Continued From page 70</p> <p>attach it to the permission slip. Employees are to report to management and document any rumors of sort of abuse, exploitation, mistreatment or neglectful treatment of any clients."</p> <p>-Describe your plans to make sure that the above happens: "The licensed professional would have meetings with the Program Director/QP to ensure that staff scheduling, and ratios are met. The LP who also review treatment plans for updates and accuracy. The Program Director/QP will provide supervision to the AP (Associate Professional) to make sure that all staffing ratios and supervision is done daily under the direction of the L P. The AP will handle the day to day operation of the facility. The facility will have a Fulltime AP starting the 6th of May."</p> <p>Client #1 had a history of sexual abuse and a long-standing pattern of risky behaviors. Client #2 had a history of sexual trauma from an early age and engaged in unhealthy behaviors. FC #4 was a victim of both neglect and sexual abuse and had a history of attempting to solicit males for sex on the school computer. All three clients were in need of close supervision. Staff #2 and FS #9 had training in abuse, neglect and exploitation and were aware of the clients' supervision needs. The clients rode a van to church activities on Tuesday and Friday evenings as well as Saturday and Sunday mornings. There were several instances where client #1, client #2 and FC #4 rode on the church van with just the Church Van Driver (the CVD) and no facility staff. During this time, clients #1, #2 and FC #4 were sexually abused by the CVD. The sexual abuse included kissing, inappropriate touching, oral sex and in the case of FC #4, sexual intercourse with the CVD. FC #4 was also filmed by the CVD participating in sexual acts with a non-staff, adult male in the community (M #1) at M#1's</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/02/2018
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V 512	<p>Continued From page 71</p> <p>apartment, which was video recorded and shown to other people. FS #9 admitted the abuse would not have occurred if she had been supervising the clients while they were transported to church. Staff #1 had knowledge of the sexual abuse and did not report this to the PD/QP or the PM/O/AP prior to the incidents coming to light later. Staff #2, and FS #9 neglected and failed to protect clients #1, #2 and FC #4 from serious harm, abuse and exploitation. This deficiency constitutes a Type A1 rule violation for serious harm, abuse, neglect and exploitation and must be corrected within 23 days. An administrative penalty of \$2,000.00 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.</p>	V 512		

JMJ, Inc. "Fresh Start for Children"

Associate Professional

Purpose:

To provide one-on-one treatment services to designated mental health or development disability persons according to an individualized treatment and/or service plan.

Qualifications:

A graduate of a college or university with a baccalaureate degree in a related human service field with less than two years of full-time, post-baccalaureate accumulated MH/DD/SA experience with the population served, and a substance abuse professional with less than two years of full-time, post-baccalaureate accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan must be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience.

General Responsibilities:

1. Management of the day to day operations of the facility.
2. Supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan.
3. Participation in service planning meetings.
4. Providing one-on-one direct service delivery to assigned persons.
5. Implementing designated goals and interventions identified on each person's treatment/service plan.
6. Document the service provided in the appropriate format. The basic data will include the purpose of the intervention, staff intervention, and the outcome of any intervention; including any pertinent information related to the client.
7. Provide transportation for the client to community activities as indicated in the client's treatment/service plan.
8. Maintain all required records.
9. Participate in required staff meetings and client conferences.
10. Participate in ongoing staff training to enhance skills,
11. Recruit clients
12. Orchestrate programs for the children
13. Solicit funding for the organization
14. Work closely with the LP and QP, to ensure that each client is getting the maximum benefits from our organization.

Signature

Date



NC DEPARTMENT OF
**HEALTH AND
 HUMAN SERVICES**
 Division of Health Service Regulation

ROY COOPER • Governor
 MANDY COHEN, MD, MPH • Secretary
 MARK PAYNE • Director

VIA CERTIFIED MAIL

DHSR - Mental Health

May 18, 2018

JUN 25 2018

Traci Martin, Program Manager
 JMJ Enterprises, LLC
 2020 Textile Drive
 Greensboro, North Carolina 27405

Lic. & Cert. Section

RE: Type A1 Administrative Penalties
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro, NC 27403
MHL # 041-857
E-mail Address: tmartin@jnjenterprise.net

Dear Ms. Martin:

Based on the findings of this agency from a survey completed on May 2, 2018, we find that JMJ Enterprises, LLC has operated Fresh Start Home for Children in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services and N.C.G.S. § 122C, Article 3, Clients' Rights for individuals with mental illness, developmental disabilities, or substance abuse issues. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing:

- a Type A1 administrative penalty of \$2,000.00 against JMJ Enterprises, LLC for violation of 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) and
- a Type A1 administrative penalty of \$2,000.00 against JMJ Enterprises, LLC for violation of 10A NCAC 27G .1701 Scope (V293).

Payment of the \$4,000.00 penalty is to be made to the Division of Health Service Regulation, and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr/ - TEL: 910-855-3795 - FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 18, 2018
JMJ Enterprises, LLC
Traci Martin

Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

Cc: DHSRreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsmotice@lists.ncmail.net, Provider Enrollment DMA
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
Heather Skeens, Director, Guilford County DSS
Pam Pridgen, Administrative Assistant
File



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

VIA CERTIFIED MAIL

May 18, 2018

Traci Martin, Program Manager
JMJ Enterprises, LLC
2020 Textile Drive
Greensboro, North Carolina 27405

RE: Suspension of Admissions
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro, NC 27403
MHL # 041-857
E-mail Address: tmartin@jnjenterprise.net

Dear Ms. Martin:

Based on the findings of this agency during a survey completed May 2, 2018, we find that JMJ Enterprises, LLC has operated Fresh Start Home for Children in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities and Substance Abuse Services and N.C.G.S. § 122C, Article 3, Client Rights for individuals with mental illness, developmental disabilities or substance abuse issues. After a review of the findings, this office is taking the following action:

Suspension of Admissions –The documented violations indicate that conditions in the facility are found to be detrimental to the health and safety of the clients. Therefore, pursuant to North Carolina General Statute § 122C-23, the Division of Health Service Regulation, Department of Health and Human Services, is hereby ordering you to suspend all admissions to the facility effective immediately. The Suspension of Admissions is to continue until conditions are documented to meet approved inspection status. The facts upon which the suspensions of admissions are based are set out in the attached Statement of Deficiencies which is incorporated by reference as though fully set out herein.

The rule citations include:

- 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512),
- 10A NCAC 27G .1701 Scope (V293),
- 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109),
- 10A NCAC 27G .1703 Requirements for Associate Professionals (V295),
- 10A NCAC 27G .1704 Minimum Staffing Requirements (V296),

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within twenty (20) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top*

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dher/ • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

V109.

May 18, 2018
JMJ Enterprises, LLC
Traci Martin

of your petition. For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the twenty (20) day period, you lose your right to appeal. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 20 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

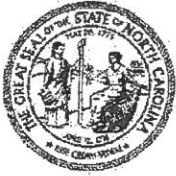
Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief

Mental Health Licensure & Certification Section

Cc: DHSRreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsmotice@lists.ncmail.net, Provider Enrollment DMA
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
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Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
Heather Skeens, Director, Guilford County DSS
Cindy Koempel, MH Program Manager, DSOHF
Pam Pridgen, Administrative Assistant
File



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER - Governor
MANDY COHEN, MD, MPH - Secretary
MARK PAYNE - Director

May 18, 2018

Traci Martin, Program Manager
JMJ Enterprises, LLC
2020 Textile Drive
Greensboro, North Carolina 27405

Re: Complaint and Follow Up Survey completed May 2, 2018
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro, NC 27405
MHL #041-857
E-mail Address: tmartin@jmjenterprise.net
Intake # NC00137922, Intake # NC00137934, Intake # NC00137958, Intake # NC00137959
and Intake # NC00138092

Dear Ms. Martin:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed May 2, 2018. The complaints were substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violations are cited for 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) and for 10A NCAC 27G .1701 Scope (V293).

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be *corrected* within 23 days from the exit date of the survey, which is May 25, 2018. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violations by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against JMJ Enterprises, LLC for each day the deficiency remains out of compliance.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 18, 2018
JMJ Enterprises, LLC
Ms. Traci Martin

What to include in the Plan of Correction

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate *who will monitor* the situation to ensure it will not occur again.
- Indicate *how often* the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. *Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.*

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,

Laura Rodriguez

Laura Rodriguez, CI/I
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

M. Clarice Rising

M. Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
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Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
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