

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-739	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/03/2018
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NAME OF PROVIDER OR SUPPLIER COMMUNITY TREATMENT ALTERNATIVES II	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE CHARLOTTE, NC 28227
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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
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V 000	INITIAL COMMENTS A complaint survey was completed on 7/3/18. The complaints were substantiated (Intake ID #NC00132953, Intake ID #NC00135350). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.	V 000	DHSR - Mental Health AUG 06 2018 Lic. & Cert. Section	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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. (f) The governing body for each facility shall	V 109	The QP is on staff and understands the responsibilities; CTA as also identified a backup QP. New training and competence testing will be performed along with new rules and guidelines. CTA will ensure that the appropriate professionals (QP) are in place to supervise and train employees on professionalism and appropriate competencies. Also to ensure each employee has the knowledge and skills to provide appropriate care to all consumers in our care. CTA owner will ensure QP complies with a weekly check in starting July 26, 2018.	

Division of Health Service Regulation

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

Megma DeLass

TITLE

7-28-18

DATE

Division of Health Service Regulation

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V 109	<p>Continued From page 1</p> <p>deveiop and impiement 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 review and interview the facility failed to have a Qualified Professional (QP). The findings are:</p> <p>Review on 3/6/18 of facility records revealed: -There was not a personnel file for a QP.</p> <p>Review on 3/6/18 of the QP's supervision notes revealed: -The last supervision notes were documented 4/1/17.</p> <p>Interview on 3/6/18 with the Licensee revealed: -The QP had been out on personal leave since April 2017 and did not know when she would return and had not appointed another QP or considered hiring another QP to fill the required position.</p> <p>Interview on 5/29/18 with the Licensed Professional (LP) revealed: -She met the QP last year, maybe last summer, had not had any meetings with the QP, "I don't see her (QP)."; -She provided Consultative and Therapeutic Groups to all the clients in the facility every Tuesday and Thursday for two hours. She</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COMMUNITY TREATMENT ALTERNATIVES II **4901 ROSENA DRIVE**
CHARLOTTE, NC 28227

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V 109	<p>Continued From page 2</p> <p>provided individual therapy to client #1. The other clients were referred out to specialized therapy to address their sexualized behaviors; - "I do not provide clinical oversight to staff...never have." - The facility could use more clinical oversight and more clinical support for the program; - She had not heard client #1 had to stand at the facility as a consequence after having accidents (enuresis) at school; - Home Manager's (HM) tone was a concern. HM could go from nurturing to the "bottom fell out" in that, "her tone was loud and fussing not therapeutic."</p> <p>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.</p>	V 109		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by</p>	V 110	<p>CTA will offer ongoing training to ensure paraprofessionals knowledge, skills, and abilities of consumers. The QP will have direct supervision of paraprofessionals to ensure CTA staff is knowledgeable of population served monthly. There will be an immediate supervision facilitated by QP. The QP will have supervision with house manager to address professionalism. The QP will also ensure that house manager is retrained on all paraprofessional competencies as of July 26, 2018.</p>	

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V 110	<p>Continued From page 3</p> <p>exhibiting core skills including:</p> <ul 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>(i) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview 1 of 3 paraprofessionals (House Manager-HM) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 3/6/18 of the HM's record revealed: -Hire date of 9/17/07; -Job description duties included but were not limited to direct care as needed, alerting supervisor to program concerns, keeping consumer quality of care a priority, checking the health and safety and intervening before crisis occurs.</p> <p>Review on 3/6/18 of client #1's record revealed: -Admission to the facility in 2016; -Age 8; -Diagnoses of Oppositional Defiant Disorder (ODD) and Post Traumatic Stress Disorder (PTSD) per treatment plan dated 3/1/18;</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>-History included but not limited to behaviors of enuresis, poor self management in handling her emotions, inability to problem solve, throwing objects in an aggressive manner, inappropriate boundaries, behaviors using manipulation, untruthfulness and inappropriate/disrespectful conversations with peers and staff;</p> <p>-Goals included but not limited to reducing the frequency of mood lability to demonstrate improvement of her ODD and PTSD symptoms and refrain from demonstrating sexualized behaviors and maintain appropriate boundaries. Facility staff interventions included but not limited to communicating and coordinating services with team members...facilitating monthly Child and Family Team Meetings...</p> <p>Review on 3/6/18 of the Qualified Professional's (QP) supervision notes revealed: -The last supervision notes were documented 4/1/17.</p> <p>Review on 3/16/18 of client #1's treatment plan revealed no documentation regarding consequences to client #1's behaviors.</p> <p>Interview on 3/5/18 and 3/16/18 with client #1 revealed: -Staff have had to bring clothes to her school for her to change after having an accident, but had not had an accident in a long time; -The HM would yell at her (client #1) after she (client #1) had an accident at school and when she (client #1) did not do the right thing at the facility.</p> <p>Interview on 3/5/18 with a client revealed: -The HM yelled at all the clients in the facility; -The HM was an accusatory type person;</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>-She and the HM had worked together (separate agencies) since 2013 however felt something was changing because the HM was not as knowledgeable in her role as she had been and should be, "something seems off," she doesn't seem to understand how to carry out her job duties. The HM required constant step by step guidance, over and over, "this is what you say, this is what you do." with getting the same administrative and treatment duties completed;</p> <p>-She was unsure about the status of the QP and had had no contact with the QP in a long time, "maybe last summer." She had never met the Licensee, the HM had always been in charge of everything, including clinical services, which she should not have been left in charge of due to her poor communication and lack of clinical skills;</p> <p>-She also had concerns around the HM's boundaries. On one occasion a clients mother told her she was worried the HM was going to get fired after the HM called the mother and shared some a clients information that should not have been shared with mom. The client became upset thinking she was going to get put out of the group home, mom thought the client would have to be discharged abruptly and go to a homeless shelter because she was ready to give up on her child. She felt the HM encouraged the clients mother to side with her and "gang up" on the client, which was not fair. The HM's decision to call the clients mother and share information with no facts to support was very inappropriate.</p> <p>Interview on 3/16/18 with school collateral #1 revealed:</p> <p>-Between November 2017 and February 2018, the HM was aware client #1 would have 3-4 accidents a day in school. She spoke with the HM numerous times about sending a supply of clothes but the outcome was sporadic, in that,</p>	V 110		
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V 110	<p>Continued From page 7</p> <p>sometimes they would send in clothes and sometimes they would not and sometimes they would send in dirty clothes from the day before and they "smelled like pee." On one occasion client #1's dirty clothes saturated with urine were left in her bookbag and sent back to school the next;</p> <p>-On 1/12/18 the HM told her she did not want the school to keep calling for clothes;</p> <p>-If client #1 had an accident around 11:00am, the facility staff would check her out of school as opposed to bringing clothes for client #1 to change in. In addition she would miss class time because school dismissal was at 2:45pm;</p> <p>-On one occasion she went to Goodwill and bought client #1 clothes to keep in her classroom after facility staff would not send clothes for changing and also to avoid client #1 having to leave school early and miss class time;</p> <p>Interview on 3/16/18 with school collateral #3 revealed:</p> <p>-Client #1 would not always have clothes to change in after having an accident at school;</p> <p>-The school could not always rely on the HM to make sure client #1 had a change of clothes at school after having an accident;</p> <p>-On one occasion client #1 asked for a new bookbag because her bookbag was "smelly like pee."</p> <p>Interview on 5/29/18 with the Licensed Professional (LP) revealed:</p> <p>-She had not heard client #1 had to stand at the facility as a consequence after having accidents (enuresis) at school;</p> <p>-The facility could use more clinical oversight and more clinical support for the program;</p> <p>-Home Manager's (HM) tone was a concern. HM could go from nurturing to the "bottom fell out" in</p>	V 110		

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V 110	<p>Continued From page 8</p> <p>that, "her tone was loud and fussing not therapeutic."</p> <p>Interview and Observation on 3/5/18 with the HM revealed:</p> <ul style="list-style-type: none"> -She had a loud tone when speaking; -She had been the HM for the facility since 2010; -Duties as a HM included but were not limited to making sure the girls needs were met, get them to therapy, doctors appointment and attend treatment team meetings and school meetings. -Client #1 had been in the facility one year with little progress; -Client continued to lie, assault staff, exhibit seeking attention behaviors, urinate on herself in cycles and make allegations against staff, i.e. reporting and then retracting staff keeping her up all night and making her stand; -The allegations made by client #1 that staff made her (client #1) stay up all night and made her stand up as a consequences were not true <p>The facility staff used incentives, took away privileges with client #1 and consequences were rare.</p> <ul style="list-style-type: none"> -Client #1 had been in the system a long time and was aware of what she was saying, "no remorse and spiteful." <p>Interview on 3/6/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> -The QP had been out on personal leave since April 2017 and did not know when she would return and had not appointed another QP or considered hiring another QP to fill the required position. <p>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.</p>	V 110		

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V 112	Continued From page 9	V 112		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible, (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have a written consent/signature by the responsible party/legal guardian for the treatment plan affecting 1 of 4 clients (#2). The findings are:</p>	V 112	CTA will ensure all treatment plans have written consent/signatures by responsible party/legal guardians. QP will be present for all treatment planning and will check for signatures. July 26th will be the effective date for double checking of signatures.	

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V 293	<p>Continued From page 11</p> <p>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.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		

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V 293	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide intensive, active therapeutic treatment and intervention within a system of care approach; failed to support clients in gaining the skills needed to step-down to a less intensive treatment setting; failed to coordinate with other individuals and agencies within the clients system of care affecting 1 of 4 clients (#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109). Based on record review and interview the facility failed to have a Qualified Professional (QP).</p> <p>Cross Reference: 10A NCAC 27G .0204 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V110). Based on record review and interview 1 of 2 audited paraprofessionals (House Manager-HM) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .1703 REQUIREMENT FOR ASSOCIATE PROFESSIONAL (V295). Based on interview the facility failed to have at least one full-time direct</p>	V 293		
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V 293	Continued From page 15 responsibilities and the coordination of educational services, however failed to consistently attend and/or participate in scheduled Child Family Team (CFT) meetings related to client #1's education from September 2017 to March 2018. This deficiency constitutes serious neglect to client #1. This deficiency constitutes a Type A1 rule violation 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 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: (1) management of the day to day 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; and (3) participation in service planning meetings.	V 295	CTA will ensure that QP monitor and train AP to sustain functional, technical and organizational proficiency. AP has reviewed and understands AP responsibilities as of July 26, 2018	

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V 295	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to have at least one full-time direct care Associate Professional staff (AP) who performed the duties required by the AP position related to the responsibilities of managing the day to day operations of the facility, providing supervision to paraprofessionals and participating in service planning affecting 1 of 1 AP. The findings are:</p> <p>Interview on 5/29/18 with the AP revealed: -She was the full time AP for the facility; -Her Direct Supervisor was the Home Manager (HM) and the Qualified Professional (QP); -While the QP was out on personal leave, the HM was her direct supervisor -She worked five days a week and every other weekend. Weekday hours 3:30pm-9:30pm and weekend hours 9:00am-9:00pm; -She was not responsible for the day to day operations of the facility, supervision of paraprofessionals regarding responsibilities related to the implementation of client treatment plans, participation in service planning meetings and the coordination of all doctor appointments; -The Home Manager (HM) was responsible for the day to day operations of the facility, supervision of paraprofessionals regarding responsibilities related to the implementation of client treatment plans, participation in service planning meetings and the coordination of all doctor appointments. The HM attended all of the clients school and treatment team meetings and supervised all the staff when the QP was out on personal leave;</p>	V 295		

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V 295	<p>Continued From page 17</p> <p>-She had not heard any staff yelling at the clients or instructing any of the clients to stand as a consequence or observed any clients standing as a consequence. Staff may give consequences of an early bedtime or an activity taken away;</p> <p>-The Licensed Professional (LP) had group therapy every Tuesday with the LP and one on one therapy sessions at different times and days with the LP. After therapy sessions, the LP would debrief with facility staff about some of the clients interactions based on the therapy sessions and make suggestions on how staff could try different or new approaches to clients treatment.</p> <p>Review on 3/16/18 of client #1's treatment plan revealed no documentation regarding consequences to client #1's behaviors.</p> <p>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.</p>	V 295		
V 298	<p>27G .1706 Residential Tx. Child/Adol - Operations</p> <p>10A NCAC 27G .1706 OPERATIONS</p> <p>(a) Each facility shall serve no more than a total of 12 children and adolescents.</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will</p>	V 298	<p>CTA will coordinate with the local educational agency to ensure educational needs are met as identified in the education plan and treatment plans. AP/QP will be involved in all educational planning and meetings as of July 26, 2018.</p>	

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V 298	<p>Continued From page 18</p> <p>coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with the local educational agency to ensure the child's educational needs were met as identified in the education plan and treatment plan affecting 1 of 4 clients (#1). The findings are:</p> <p>Review on 3/6/18 of client #1's record revealed: -Admission to the facility in 2016; -Age 8; -Diagnoses of Oppositional Defiant Disorder (ODD) and Post Traumatic Stress Disorder (PTSD) per treatment plan dated 3/1/18; -History included but not limited to behaviors of enuresis, poor self management in handling her emotions, inability to problem solve, throwing objects in an aggressive manner, inappropriate boundaries, behaviors using manipulation,</p>	V 298		

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V 298	<p>Continued From page 20</p> <p>called the HM. The HM returned the call at approximately 11:30am and told staff #2 she had forgotten about the scheduled CFT meeting. Due to the unexpected time delay and team members various schedules and other obligations the meeting had to rescheduled for 3/26/18;</p> <p>-The HM had no clinical oversight and support which made the task of assuring clients treatment difficult;</p> <p>-To her knowledge the Qualified Professional (QP) had not been involved since late June 2017, the HM "runs all of it."</p> <p>Interview on 3/16/18 with clinical collateral #5 revealed:</p> <p>-She visited the facility frequently at least once a month;</p> <p>-She and the HM had worked together (separate agencies) since 2013 however felt something was changing because the HM was not as knowledgeable in her role as she had been and should be, "something seems off," she doesn't seem to understand how to carry out her job duties. The HM required constant step by step guidance over and over. "this is what you say, this is what you do." with getting the same administrative and treatment duties completed;</p> <p>-She was unsure about the status of the QP and had had no contact with the QP in a long time, "maybe last summer." She had never met the Licensee, the HM had always been in charge of everything, including clinical services, which she should not have been left in charge of due to her poor communication and lack of clinical skills;</p> <p>-She also had concerns around the HM's boundaries. On one occasion a clients mother told her she was worried the HM was going to get fired after the HM called the mother and shared client information that should not have been shared with mom. The client became upset</p>	V 298		

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V 298	<p>Continued From page 21</p> <p>thinking she was going to get put out of the group home, mom thought the client would have to be discharged abruptly and go to a homeless shelter because she was ready to give up on her child. She felt the HM encouraged the clients mother to side with her and "gang up" on the client, which was not fair. The HM's decision to call the clients mother and share information with no facts to support was very inappropriate.</p> <p>Interview on 3/16/18 with school collateral #1 revealed: -She was well aware of client #1's history of lying, manipulation and the poor relationship with her mother, however had concerns around the HM and her communication and accountability with and around client #1; -She first met the HM in September 2017 and during that time she (HM) consistently spoke about client #1 negatively in front of her as if she (client #1) were not present, as well as spoke negatively about client #1's mother in front of her (client #1). -HM told her "she (client #1) harms herself so if you see marks don't call Department of Social Services (DSS)." -Working with the HM around client #1's academic needs created more conflict than progress in helping client #1 grow and achieve her best in school.</p> <p>Interview on 3/16/18 with school collateral #2 revealed: -On 1/24/18 there was a scheduled 504 plan meeting for client #1. The meeting participants waited for the HM to arrive, however she never showed up but instead called in after the meeting started; -On 2/8/18 there was a scheduled IEP meeting for client #1. The meeting participants waited</p>	V 298		

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V 298	<p>Continued From page 22</p> <p>again for the HM to arrive, however again she never showed up and eventually called in after the meeting started;</p> <p>-The HM had not been consistent in participation or communication around client #1's academic needs.</p> <p>Interview on 3/16/18 with school collateral #3 revealed:</p> <p>-She observed HM's to be "odd conversations, no clarity in her conversations." HM would speak about client #1's "entire history" while standing in the school lobby in front of teachers and client #1.</p> <p>-The HM told her that client #1 lied a lot and "if she says someone tells you something you are to call me not anybody else, don't call DSS."</p> <p>-The HM's unprofessional attitude was worse than client #1's behaviors.</p> <p>Attempted interview with the QP was unsuccessful due to her (QP) being out on personal leave since 4/2017:</p> <p>Interview on 3/6/18 with the Licensee revealed:</p> <p>-The QP had been out on personal leave since April 2017 and did not know when she would return and had not appointed another QP or considered hiring another QP to fill the required position.</p> <p>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.</p>	V 298		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE</p>	V 513	<p>CTA will assure service/support using the least restrictive and more appropriate methods to reduce client behaviors. LP/QP will offer training on least restrictive methods. CTA will ensure the safety of the consumer is place in our care by utilizing appropriate intercentions to address consumer behavior by utilizing the least restrictive alternative immediately.</p>	

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V 513	<p>Continued From page 23</p> <p>ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <ul style="list-style-type: none"> (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <ul style="list-style-type: none"> (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to assure that services/supports using the least restrictive and most appropriate methods to reduce client behaviors were utilized affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 3/6/18 of the HMI's record revealed: -Hire date of 9/17/07; -Job description duties included but were not limited to direct care as needed, alerting supervisor to program concerns, keeping consumer quality of care a priority, checking the health and safety and intervening before crisis</p>	V 513		

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V 513	<p>Continued From page 24</p> <p>occurs.</p> <p>Review on 3/6/18 of client #1's record revealed: -Admission to the facility in 2016; -Age 8; -Diagnoses of Oppositional Defiant Disorder (ODD) and Post Traumatic Stress Disorder (PTSD) per treatment plan dated 3/1/18; -History included but not limited to behaviors of enuresis, poor self management in handling her emotions, inability to problem solve, throwing objects in an aggressive manner, inappropriate boundaries, behaviors using manipulation, untruthfulness and inappropriate/disrespectful conversations with peers and staff; -Goals included but not limited to reducing the frequency of mood lability to demonstrate improvement of her ODD and PTSD symptoms and refrain from demonstrating sexualized behaviors and maintain appropriate boundaries. Facility staff interventions included but not limited to communicating and coordinating services with team members...facilitating monthly Child and Family Team Meetings...</p> <p>Interview on 5/2/18 with a North Carolina Intervention (NCI) Instructor revealed: -Having a client stand in a corner for unlimited periods of time was not a part of the NCI curriculum.</p> <p>Interview on 3/5/18 and 3/16/18 with client #1 revealed: -When she would have wetting accidents at school or at home, she received punishments of early bed time, loss of privileges. They would also make her stand outside the room in a corner near the hallway bathroom after she got home until her bedtime at 6:00pm for 5-10 minutes or 20 minutes, if she had "pissy clothes." They</p>	V 513		

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V 513	<p>Continued From page 25</p> <p>never made her stand late at night "like midnight," and she was allowed to go to sleep. -She had not had any accidents in "long long" time at the school; -The Home Manager (HM) would yell at her when she had accidents at the school.</p> <p>Interview on 3/5/18 with a client revealed: -She observed client #1 having to stand for a behavior.</p> <p>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.</p>	V 513		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility was not maintained in in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 3/5/18 of both the outside and inside of the facility at approximately 3:00pm revealed:</p> <p>-Vehicle door lying on the side of the house.</p>	V 736	CTA has contacted our handyman to handle all facility maintiance issues with safety, cleanliness, and attractiveness. All facility maintiance has been address prior to July 26th.	

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V 736	<p>Continued From page 26</p> <ul style="list-style-type: none"> -Inoperable car in the facility driveway with fiat tires, no tags and obvious signs the car had not been moved in a long period of time. -Gutters of the house clogged with leaves and debris. -Trash items in the yard, including but not limited to plastic water bottles and paper. -Smoke detectors beeped constantly throughout the home during the survey. -Clients closets had locks attached to them. <p>Review on 3/6/18 of all client's records revealed: -No documentation of client rights restrictions in the treatment plan about having locks on closets.</p> <p>Interview on 3/5/18 with neighborhood collaterals revealed: -The vehicle in the yard had been there for at least a year or more, had not been moved and was an eye sore to the community.</p> <p>Interview on 3/5/18 with all the clients revealed: -The car had been there since each of their admission dates; -They had never seen anyone drive the car since being admitted to the facility .</p> <p>Interview on 3/5/18 with the House Manger revealed: -The vehicle outside in the driveway was her vehicle, was operable however it needed to be repaired; -She was unsure how long her vehicle had been sitting in the facility driveway.</p>	V 736		