

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL-059-072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on August 6, 2018. The complaint was unsubstantiated (Intake #NC00140170). Deficiencies were cited. The facility was issued an initial license and began serving clients on September 5, 2017.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1305921016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2018</b>
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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member was provided training on the mental health, developmental disability, and/ or substance abuse treatment needs (MH/DD/SA) specific to each client for 6 of 6 staff (Staff #12, #13, #14, #15, #16, and the Managing Partner (MP)) and 2 of 2 Associate Professionals (AP) (AP#17 and AP#18). The findings are:</p> <p>Review on 6/14/18 of Client #1's record revealed: - Admission date: 9/25/17 - Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder - Age: 15 - 2/12/17 Juvenile Petition: physically abused and injured or sexually abused by parents</p> <p>Review on 6/25/18 of Client #2's record revealed: - Admission date: 2/16/18 - Diagnoses: ODD; Cannabis Use Disorder, Mild - Age: 15</p> <p>Review on 6/25/18 of Client #3's record revealed: - Admission date: 3/20/18 - Diagnoses: Major Depressive Disorder - Age: 15</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Review on 6/25/18 of Client #4's record revealed: - Admission date: 5/28/18 - Diagnoses: Generalized Anxiety Disorder (GAD); Language Disorder; ODD; Attention Deficit Hyperactive Disorder (ADHD); PTSD (Post Traumatic Stress Disorder) - Age: 16</p> <p>Review on 6/25/18 of Client #5's record revealed: - Admission date: 6/7/18 - Diagnoses: PTSD; ADHD-Combined Type; ODD - Age: 13</p> <p>Review on 6/25/18 of Client #6's record revealed: - Admission date: 12/17/17 - Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II Disorder - Age: 12</p> <p>Review on 6/25/18 of Client #7's record revealed: - Admission date: 4/6/18 - Diagnoses: Conduct Disorder-Adolescent Onset Type; PTSD; Major Depressive Disorder-recurrent/moderate; Cannabis Use Disorder, mild by history; Alcohol Use Disorder (mild by history) - Age: 14</p> <p>Review on 6/26/18 of a facility document titled, "Level III Population Training" revealed: - The document was a "Post Test" and consisted of 4 questions; - The questions were related to the MCO's (Managed Care Organization) responsibility for leveled care approval; Level III Medical Necessity criteria; 3 general client diagnoses of ODD; Conduct Disorder and PTSD; and meaning of the acronym "THINK" (True, Helpful, Inspiring,</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>Necessary and Kind);</p> <ul style="list-style-type: none"> <li>- The training document was not specific for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of Staff #12's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 11/1/17</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized mental health, developmental disability, and/or substance abuse treatment needs (MH/DD/SA) for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of Staff #13's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 1/1/18</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of Staff #14's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/31/18</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of Staff #15's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/1/17</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of Staff #16's personnel file revealed:</p>	V 108		

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V 108	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of AP#17's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of AP#18's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 9/1/17</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Review on 6/26/18 of the MP's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> <li>- "Level III Population Training": undated</li> <li>- No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.</li> </ul> <p>Interview with the MP and QP (Qualified Professional) on 7/9/18 revealed the Level III Population Training was provided to the staff as the client specific training.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 108		

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V 111	Continued From page 5	V 111		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure completion of an assessment</p>	V 111		

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V 111	<p>Continued From page 6</p> <p>prior to service delivery which included presenting problem, needs, strengths, admitting diagnosis, pertinent social, family and medical history affecting 3 of 8 clients (Client #1, Client #5 and Client #6). The findings are:</p> <p>Review on 6/14/18 of Client #1's record revealed:                      - Admission date: 9/25/17                      - Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder                      - Age: 15                      - 2/12/17 Juvenile Petition: physically abused and injured or sexually abused by parents                      -Admission Assessment: No admission assessment was available</p> <p>Review on 6/4/18 of Client #5's record revealed:                      -Admission: 5/8/18                      -Diagnoses: Attention Deficit Hyperactive Disorder (ADHD) - Combined Type; PTSD (Post Traumatic Stress Disorder) and ODD                      - Age: 13                      -Admission Assessment: No admission assessment was available</p> <p>Review on 6/25/18 of Client #6's record revealed:                      - Admission date: 12/17/17                      - Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II Disorder                      - Age: 12                      -Admission Assessment: No admission assessment was available</p> <p>Interview on 7/9/18 with the Managing Partner (MP) revealed:                      - He was unaware of a licensure rule which required an admission assessment for the clients;                      - The MP thought if the Managed Care</p>	V 111		

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V 111	Continued From page 7  Organization (MCO) approved the client's Level III treatment and the designated paperwork was in the client's record an initial client assessment was not needed. - The MP acknowledged understanding an admission assessment was required by licensure rules.  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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.	V 112		

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V 112	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement treatment plan goals and strategies to meet 2 of 3 client's (Client #1 and Client #6) individual needs and failed to develop and implement strategies to meet 1 of 3 client's (Client #5) individual needs. The findings are:</p> <p>Review on 6/14/18 of a facility internal program syllabus titled "Intensive Leadership Academy (ILA) which focused on life building skills revealed:</p> <ul style="list-style-type: none"> <li>- Reading and Writing: effort to ensure grade level performance achieved</li> <li>- Mathematics: opportunities to get students to "catch up"</li> <li>- Leadership and History: introduce 14 Leadership traits and immerse them in history with day trips to educate teen on making decisions for themselves and becoming a leader</li> <li>- Vocational Introduction: introduce areas of vocational training such as automotive trades, carpentry, welding and other areas of interest</li> <li>- Physical Education: introduce to physical fitness and building a stronger body allowing students to learn about nutrition and living a healthy life style; introduce to weight lifting and circuit training</li> <li>- Learn to Swim: teach students to swim in the safety of a pool; work with each student on basic fundamentals and allow them to overcome any fears of water and ability to survive if they find themselves in water</li> <li>- Introduction to Art: explore creativity with different kinds of art from line art to typical line art</li> </ul>	V 112		

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V 112	<p>Continued From page 9</p> <p>to complex hydro-printing and CAD (computer aided design and drafting)</p> <ul style="list-style-type: none"> <li>- Cooking and Baking: introduce areas of meal preparation; learn to properly measure ingredients and follow a recipe</li> <li>- Public Speaking and Socialization: introduce student into public speaking and interacting with peers in a professional environment; complete a speech and overcome fears of speaking in public; learn to use words to be impactful and expressive</li> <li>- Ethnic Diversity: introduce different cultures and learn to appreciate others for their differences; concentrate on races, religions, and other areas that are seldom discussed</li> </ul> <p>Review on 6/14/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/25/17</li> <li>- Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder</li> <li>- Age: 15</li> </ul> <p>Review on 6/4/18 of Client #1's treatment plan goals and strategies dated 9/25/17 revealed:</p> <ul style="list-style-type: none"> <li>- Goal to develop skills to address negative thinking patterns and increase positive self-talk in all settings as evidenced by (AEB) decreasing frequency of talking back, giving and accepting feedback, promoting leadership skills, participating in activities to promote positive self-image and identifying 3 positive aspects of his life daily</li> <li>- Goal to build positive relationships with others through mutual respect and increased compliance in all settings AEB decreasing manipulation of others for personal gain, acknowledge actions with personal accountability and accept consequences and express self in a pro-social manner (calm voice tone, eye contact, appropriate body language)</li> </ul>	V 112		

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V 112	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- Strategies:               <ul style="list-style-type: none"> <li>- provide 24/7/365 supervision</li> <li>- staff assist through role playing, processing, pre-teaching and/or redirection</li> <li>- implement ILA syllabus, which focuses on leadership traits (justice, judgment, decisiveness, dependability, tact, integrity, enthusiasm, bearing, unselfishness, courage, knowledge, loyalty and endurance;)</li> <li>- anger management, organization and other daily living skills</li> <li>- staff facilitate physical training (PT) opportunities with concentration on health/fitness</li> <li>- staff utilize de-escalation techniques, as needed</li> <li>- staff utilize NCI (Non-violent Crisis Intervention) as outlined in NCI interventions Part A/B</li> <li>- staff assist with developing and utilizing coping skills for daily living</li> <li>- provide support as needed</li> </ul> </li> <li>- The staff used the ILA traits and made decisions to punitively give physical training exercise assignments rather than implementing strategies such as journaling, processing, modeling and reinforcing other skill development techniques</li> </ul> <p>Interview on 6/25/18 with Client #1 revealed: - He had no goals "right now."</p> <p>Review on 6/4/18 of Client #5's record revealed: -Admission: 5/8/18 -Diagnoses: Attention Deficit Hyperactive Disorder (ADHD) - Combined Type; PTSD (Post Traumatic Stress Disorder) and ODD - Age: 13</p> <p>Review on 6/25/18 of Client #5's Treatment Plan Goals and Strategies dated 2/28/18 revealed: - Goal to manage maladjusted behaviors AEB</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>interacting with peers and adults without instances of aggression, have appropriate conversations, refrain from getting upset when unable to get his way, utilize learned coping skills and verbal processing with authority figures around him, communicate concerns, feelings, opinions and thoughts around fears of placement stability and not feeling heard</p> <ul style="list-style-type: none"> <li>- Goal to develop healthy relationships by meeting new social supports by being a part of an activity or team, participate in activity without confrontation, meet once weekly to discuss appropriate social skills used during the activity, increase communication in order to maintain positive relationships while experiencing feelings of irritability, frustration, agitation and/or anger, utilize appropriate coping skills and effective processing to regulate his emotions and negative behaviors</li> <li>- No documented facility strategies to assist and support client with meeting goals to develop coping, social and communication skills</li> </ul> <p>Review on 6/25/18 of Client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 12/17/17</li> <li>- Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II Disorder</li> <li>- Age: 12</li> </ul> <p>Review on 6/25/18 of Client #6's treatment plan dated 5/4/18 revealed:</p> <ul style="list-style-type: none"> <li>- Goal to improve communication and build relationships with others AEB decreasing frequency of manipulating others, express himself in a pro-social manner by utilizing eye contact, appropriate body language, calm voice tone and appropriate language</li> <li>- Goal to accept no and decrease frequency of argumentative/deviant behaviors, utilize</li> </ul>	V 112		

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V 112	<p>Continued From page 12</p> <p>"can-wait" and allow others to speak without interrupting or talking over them, ask for help when he doesn't understand and use "listening ears" when getting feedback, engage in age appropriate activities and reduce frequency of negative self-talk</p> <ul style="list-style-type: none"> <li>- Goal to increase compliance with expectations in all setting and learn new calm down strategies for handing feelings of anger/frustrations/sadness AEB connecting thoughts, feelings, and actions-processing with an adult support to decrease the frequency of "thinking errors or distortive thoughts," identifying "anger buttons" or triggers and connecting with an adult to make a safety plan, use tools such as "ask my body how it feels" and "stop and think," use deep breathing, take a self-time out or grounding techniques (listening to music, coloring, etc.) in order to calm down, follow directions given, acknowledge his actions with personal accountability and identifying his role in a situation by learning to accept the consequences for his actions/ behaviors, as well as, feedback given</li> <li>- Goal to develop and learn independent living skills as outlined in his ILA syllabus in order to gain a better understanding of "real world" responsibilities AEB budgeting money, completing chores, increase organization skills and on talk behaviors, maintain a regular hygiene routine, maintain a regular sleep routine</li> <li>- Strategies: <ul style="list-style-type: none"> <li>- provide 24/7/365 supervision</li> <li>- staff assist through role playing, processing, pre-teaching and/or redirection</li> <li>- implement ILA syllabus, which focuses on leadership traits, anger management, organization and other daily living skills</li> <li>- staff facilitate physical training opportunities with concentration on health/fitness</li> <li>- staff utilize de-escalation techniques, as</li> </ul> </li> </ul>	V 112		

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V 112	<p>Continued From page 13</p> <p>needed</p> <ul style="list-style-type: none"> <li>- staff utilize NCI (Non-violent Crisis Intervention) as outline in NCI interventions Part A/B</li> <li>- staff assist with developing and utilizing coping skills for daily living</li> <li>- no documentation of physical training exercises tied to specific strategies</li> </ul> <p>Interview on 6/25/18 with Client #6 revealed:</p> <ul style="list-style-type: none"> <li>- He had a goal to not have anger outbursts.</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- He had been working on a workbook for the clients which covered the 14 traits of leadership;</li> <li>- The traits were justice, judgment, decisiveness, dependability, tact, integrity, enthusiasm, bearing, unselfishness, courage, knowledge, loyalty and endurance;</li> <li>- Behavioral issues were associated with work needed with one of the leadership traits;</li> <li>- Staff #15 had learned the traits while in a high school military officer training and then in the armed services;</li> <li>- Extra PT was conducted with smaller groups of clients;</li> <li>- The "Magic Chair" was always a period of 30 seconds to 90 seconds;</li> <li>- A "Boot Slapper" was usually 50 - 75 "body squats;"</li> <li>- All of the staff knew about PT;</li> <li>- Other exercises used were 15-50 push-ups or jumping jacks 50-100;</li> <li>- If one client misbehaved, PT connected to one of the 14 traits;</li> <li>- If a group of clients had not said anything to the peer, the group had extra PT to develop unit cohesion.</li> </ul> <p>Interviews with the Managing Partner (MP) from</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>6/25/18 thru 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- The MP had developed leadership experience while in the military;</li> <li>- He had experience with the development of programs for adolescents with behavioral issues;</li> <li>- The programs he had developed for adolescents included core values;</li> <li>- The core values included the 14 Traits of Leadership along with maintaining program structure;</li> <li>- The PT was an important component of client treatment, as well as, keeping the clients engaged.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer medications based on the written orders of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 3 of 3 audited clients (Client #1, Client #5, and Client #6). The findings are:</p> <p>Review on 6/14/18 of Client #1's record revealed: - Admission date: 9/25/17 - Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder - Age: 15 - Medication Order: - 4/30/18: Flovent HFA 110mcg - Inhale 2 puffs twice daily</p> <p>Review on 7/2/18 of Client #1's MARs for May, June and July revealed: - ProAir HFA 90mcg Inhale 2 puffs Q4Hrs PRN (as needed) wheezing - clonidine hcl 0.1mg Take 1-2 tablets QHS (each</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>bedtime) PRN sleep - aforementioned medications initialed as administered - no orders available for these medications - Flovent HFA 110mcg - 2 puffs twice daily was not on the MAR</p> <p>Review on 6/25/18 of Client #5's record revealed: - Admission date: 6/7/18 - Diagnoses: Post Traumatic Stress Disorder (PTSD); Attention Deficit Hyperactive Disorder (ADHD-Combined Type); ODD - Age: 13</p> <p>Review on 7/2/18 of Client #5's MARs for May, June and July revealed: - Melatonin 3mg QHS (natural hormone for sleep) - Quillichew ER (ADHD treatment) 30mg QAM (each morning) - Quillichew ER 20mg QAM - atomoxetine hcl (ADHD treatment) 40mg QAM - polyethylene glycol 3350 (laxative) 1 capful as directed - aforementioned medications were initialed as administered - no orders were available for these medications</p> <p>Review on 6/25/18 of Client #6's record revealed: - Admission date: 12/17/17 - Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II Disorder - Age: 12 - Medication Order: - 1/12/18: Zyrtec 10mg QHS for allergies</p> <p>Review on 7/2/18 of Client #6's MARs for May, June and July revealed: - The Zyrtec 10mg was not written on the MARs or documented as administered.</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>Interview on 7/2/18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- Staff #16 took the clients to their medical appointments;</li> <li>- A form was taken to the client's physician at each appointment for the documentation of medication orders;</li> <li>- The missing orders for Client #1 and Client #5's medications would be obtained right away;</li> <li>- Client #6's allergy medication would be obtained.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct an HCPR (Health Care Personnel Registry) check prior to the date of hire for 1 of 6 staff (Staff #13). The findings are:</p>	V 131		

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V 131	Continued From page 18  Review of Staff #13's employee file on 6/26/18 revealed: - Hire Date: 1/1/18 - HCPR Check: 5/8/18  Interview on 7/3/18 with the Managing Partner (MP) revealed: -The MP acknowledged the HCPR check for Staff #13 had not been conducted prior to the hire date.  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care	V 132		

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V 132	<p>Continued From page 19</p> <p>facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all allegations of harm or abuse against health care personnel were reported to the Health Care Personnel Registry (HCPR) for 1 of 6 Staff (Staff#14). The findings are:</p> <p>Review of Client #5's record on 6/25/18 revealed: Admission Date: 6/7/18 Diagnoses: Post Traumatic Stress Disorder (PTSD); Attention Deficit Hyperactive Disorder (ADHD-Combined Type); Oppositional Defiant Disorder (ODD)</p> <p>Review on 6/26/18 of Staff #13's employee file revealed: - Hire Date: 1/1/18</p>	V 132		

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V 132	<p>Continued From page 20</p> <p>Review on 6/26/18 of Staff #14's personnel file revealed: - Hire Date: 2/31/18</p> <p>Review on 6/28/18 of a facility document titled, "Complaint Log" and dated 6/19/18 revealed: - A complaint was received from Client #5's Department of Social Services (DSS) Case Manager (CM) on 6/19/18: - Staff #14 was alleged to have pushed Client #5's head against the wall.</p> <p>Review on 6/28/18 of a facility document titled, "Disciplinary Action Request" dated 6/19/18 revealed: - Client #5 had alleged Staff #14 had put his hands on him while the other clients in the house chanted obscene statements.</p> <p>Review on 6/28/18 of a facility document titled, "Written Statement" completed by Staff #14 dated 6/19/18 revealed: - On 6/14/18, Staff #14, Client #5 and Client #6, returned to the facility from a martial arts class at 20:30 (8:30PM); - Client #5 began to yell at Client #6 about where he sat on the couch; - Staff #14 instructed both clients to calm down; - Client #5 continued to yell and was told to go sit on his bed in his room; - Client #5 refused and was told again to go sit quietly and calm down; - Client #5 walked toward his room and Client #6 (sat on the couch); - Client #6 informed Staff #14 that Client #5 was making "rude hand gestures;" - Staff #14 asked Client #5 to go sit on his bed, but he refused; - Staff #14 closed Client #5's bedroom door;</p>	V 132		

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V 132	<p>Continued From page 21</p> <ul style="list-style-type: none"> <li>- "At 21:45 (9:45PM), my (Staff #14) supervisor, [Staff #13] returned to the home ...spoke to him (Client #5) he still refused;"</li> <li>- Staff #14 told Client #5 to turn and face the wall;</li> <li>- "At no time was I (Staff #14) ever out of site of my supervisor or other residents;"</li> <li>- Client #1 and Client #2 were in direct line of "site" of Client #5 and reported to Staff #14 that Client #5 was hitting himself;</li> <li>- Client #5 was brought out of his room and put in the center of the living room floor;</li> <li>- Staff #14 asked the clients who were standing in their doorways how they felt about Client #5's behavior;</li> <li>- "Several (clients) had not nice things to say;"</li> <li>- Client #5's peers were upset because they had lost a chance for everyone to eat cake;</li> <li>- Staff #14 asked Client #5 if he was ready to go to bed;</li> <li>- Client #5 had stated, "I'm ready to go to bed Sir! and stop being an a*****e!"</li> </ul> <p>Review on 6/28/18 of a facility document titled, "Complaint Investigation" dated 6/19/18 completed by Staff #12 and Staff #13 revealed:</p> <ul style="list-style-type: none"> <li>- Interview with Client #2 said he was in direct line of sight of Client #5 who was hitting himself in the face;</li> <li>- Interview with Client #6 said he was in direct line of sight of Client #5 and "stated similar occurrence;"</li> <li>- Client #1 had direct line of sight regarding the incident and said Client #5 was witnessed to be striking himself in the face;</li> <li>- Interviews with Client #3, Client #4 and Client #7 (current clients) indicated they witnessed Client #5's behaviors but were not in line of sight to validate their statements.</li> </ul> <p>Review on 6/28/18 of a facility document titled,</p>	V 132		

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V 132	<p>Continued From page 22</p> <p>Complaint Resolution Form" completed by the Managing Partner (MP) and dated 6/19/18 revealed:</p> <ul style="list-style-type: none"> <li>- After visits by the local DSS and client interviews, Staff #14's statements were accepted as credible;</li> <li>- No safety concerns existed regarding his behavior;</li> <li>- DSS was contacted regarding Staff #14's return to work.</li> </ul> <p>Interview on 6/25/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3 had lived in the facility since March;</li> <li>- Recently, he had walked past Client #5's room and saw Staff #14 put his hands on Client #5's shoulders and put his back against the wall;</li> <li>- Client #3 had gone to his room and heard a "thump" in Client #5's room.</li> </ul> <p>Interview on 6/25/18 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- One day, Client #5 had repeatedly not listened to staff directions:</li> <li>- Staff #14 said to him, "If you f***k yourself, you unf***k yourself;"</li> <li>- He had never seen anyone have their head banged against the wall.</li> </ul> <p>Interview on 6/25/18 with Client #5 revealed:</p> <ul style="list-style-type: none"> <li>- He had not really been restrained, but Staff #14 had told him to put his head against the wall and back his feet away from the wall;</li> <li>- Staff #14 had taken his head and moved or positioned his head;</li> <li>- Another time, Staff #14 picked up Client #5's head and banged it against the wall really hard;</li> <li>- Staff #14 had said the client was banging his own head against the wall;</li> <li>- Client #5 was unable to remember who the other staff was.</li> </ul>	V 132		

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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	<p>Continued From page 23</p> <p>Interview on 6/26/18 with Staff #13 revealed:</p> <ul style="list-style-type: none"> <li>- There had been an issue with Client #5 with the use of profanity;</li> <li>- Staff #14 had told him to do "Burpees" (push-ups, then stand and jump toward the ceiling);</li> <li>- Client #5 stopped doing them and refused;</li> <li>- He was sent to his room and told to sit on the bed;</li> <li>- Client #5 refused and Staff #14 had him to stand in the corner;</li> <li>- Staff #13 had never seen Staff #14 put his hands on Client #5;</li> <li>- Staff #14 told Staff #13 that Client #5 was trying to hurt himself and was standing against the wall.</li> </ul> <p>Interview on 6/26/18 with Staff #14 revealed:</p> <ul style="list-style-type: none"> <li>- Client #5 and Client #6 had gotten into an argument on 6/12/18;</li> <li>- Client #5 started cursing and Staff #14 had not been given any information on the client;</li> <li>- Staff #14 sent a text to Staff #13;</li> <li>- He stated, Staff #13 "was down the hall;"</li> <li>- Staff #13 responded he had not been given information on Client #5;</li> <li>- Staff #14 directed the client to give him a couple of "Burpees;"</li> <li>- Client #5 refused and was sent to his room;</li> <li>- Staff #14 walked back to the client's room and Client #5 was kicking the bed and thumping the wall;</li> <li>- Client #5 refused to sit on the bed, stand in the corner or stand in the doorway with his head against the wall;</li> <li>- Staff #14 directed Client #5 to come and stand in the center of the living room;</li> <li>- After Client #5 came into the living room, the other clients were angry with him;</li> <li>- Client #5 had caused the other clients to be sent to their rooms;</li> </ul>	V 132		

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V 132	<p>Continued From page 24</p> <ul style="list-style-type: none"> <li>- Staff #14 asked the client's peers, "How does that make you feel;"</li> <li>- Client #5's peers were yelling at him and saying he had ruined everything because no one got a piece of cake;</li> <li>- Client Rights included the right to refuse treatment or to do something, but that did not mean a client had freedom from a consequence.</li> </ul> <p>Interview with the Qualified Professional (QP) on 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- She had been unable to access the Incident Response Improvement System (IRIS) to enter any incidents including the 6/12/18 incident involving Client #5's allegation against Staff #14.</li> <li>- The IRIS system was being updated when she called the MCO (Managed Care Organization) in order to register for entry.</li> </ul> <p>Interview with the Managing Partner (MP) on 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #14 had been a good staff;</li> <li>- He had resigned his position due to the distance traveled from his home to the facility;</li> <li>- The MP had no safety concerns about Staff #14's work at the facility;</li> <li>- He believed the information Staff #14 had given regarding the incident involving Client #5 on 6/12/18 was credible;</li> <li>- The facility's internal investigation had not substantiated an allegation made that Client #5's head had been pushed against the wall;</li> <li>- The MP was unable to provide a reason for not submitting a 24 hour HCPR report for the allegation he received on 6/19/18;</li> <li>- He said, "Does the state not have somebody to tell you how to do these things."</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1</p>	V 132		

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V 132	Continued From page 25  and must be corrected within 23 days.	V 132		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record	V 133		

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V 133	<p>Continued From page 26</p> <p>check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all</p>	V 133		

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V 133	<p>Continued From page 27</p> <p>of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</li> </ol> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or</p>	V 133		

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V 133	Continued From page 28  federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while	V 133		

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V 133	<p>Continued From page 29</p> <p>impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request a criminal history record check within 5 business days of a conditional offer of employment for 4 of 8 staff (Staff#12, #13, #14, and #15). The findings are:</p> <p>Review on 6/28/18 of Staff #12's employee file revealed: - Hire Date: 11/1/17 - Criminal Background Check: 8/8/17</p>	V 133		

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V 133	<p>Continued From page 30</p> <p>Review on 6/28/18 of Staff #13's employee file revealed: - Hire Date: 1/1/18 - Criminal Background Check: 6/16/17 and 5/9/18</p> <p>Review on 6/28/18 of Staff #14's employee file revealed: - Hire Date: 2/3/18 - Criminal Background Check: 2/26/18</p> <p>Review on 6/28/18 of Staff #15's employee file revealed: - Hire Date: 10/1/17 - Criminal Background Check: 8/4/17</p> <p>Interview on 7/9/18 with Qualified Professional #19 revealed: - She acknowledged understanding of the requirement for a Criminal Background Check request within 5 days of a conditional offer of employment.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 133		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>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</p>	V 293		

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V 293	<p>Continued From page 31</p> <p>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 32</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interviews, the facility failed to provide intensive, active therapeutic services and interventions for adolescents who have a primary diagnosis of mental illness, emotional disturbance, substance-related disorders and other co-occurring disorders in a living environment which addressed each client's functional deficits and behaviors affecting 7 of 8 clients (Client #1, #2, #3, #4, #5, #6, #7). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 (g) Personnel Requirements. Based on record review and interviews, the facility failed to ensure each staff member was provided training on the mental health, developmental disability, and/ or substance abuse treatment needs (MH/DD/SA) specific to each client for 6 of 6 paraprofessional (PP) staff (Staff #12, #13, #14, #15, #16 and the Managing Partner (MP) and 2 of 2 Associate Professionals (AP) (AP#17 and AP#18) (V108).</p> <p>Cross Reference: 10A NCAC 27G .0205 (a) Assessment and Treatment/Habilitation or Service Plan. Based on record review and interview, the facility failed to ensure completion of an assessment prior to service delivery which included presenting problem, needs, strengths, admitting diagnosis, pertinent social, family and medical history affecting 3 of 8 clients (Client #1, Client #5 and Client #6) (V111).</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Or Service Plan (d) (1) (2) Based on record review</p>	V 293		

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V 293	<p>Continued From page 33</p> <p>and interview, the facility failed to utilize treatment plan goals and strategies to meet each client's individual needs affecting 3 of 8 clients (Client #1, #5 and #6) (V112).</p> <p>Cross Reference: 10A NCAC 27G .0209 (c) Medication Administration. Based on record review and interviews, the facility failed to administer medications based on the written orders of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 3 of 8 clients (Client #1, Client #5, and Client #6) (V118).</p> <p>Cross Reference: General Statute 131E (d) (2) HCPR. Based on record review and interview, the facility failed to conduct an HCPR (Health Care Personnel Registry) check prior to the date of hire for 1 of 6 staff (Staff #13) (V131).</p> <p>Cross Reference: General Statute 131E (g) - HCPR Reporting. Based on record review and interviews, the facility failed to ensure all allegations of harm or abuse against health care personnel were reported within 24 hours of becoming aware of the incident to the Health Care Personnel Registry (HCPR) for 1 of 6 Staff (Staff#14) (V132).</p> <p>Cross Reference: General Statute Article 3A 122C - 80 - Criminal Background Checks. Based on record review and interviews, the facility failed to request a criminal history record check within 5 business days of a conditional offer of employment for 6 of 8 staff (Staff#12, #13, #14, #15, #16, and Associate Professional (AP#18). (V133).</p> <p>Cross Reference: 10A NCAC 27G .1702</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 34</p> <p>Requirements of Qualified Professionals - Based on record review and interviews, the facility which had 8 beds failed to ensure a Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of 32 hours weekly with 70% of the time while clients were awake and present in the facility for 1 of 1 Qualified Professionals (QP #19) (V294).</p> <p>Cross Reference: 10A NCAC 27G .1703 Requirements for Associate Professionals - Based on observations, record review and interviews, the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP) (V295).</p> <p>Cross Reference: 10A NCAC 27G .1704 (b) (1) (2) Minimum Staffing Requirements - Based on observation and interviews, the facility failed to ensure minimum staffing requirements of three staff for five or more clients (V296).</p> <p>Cross Reference: 10A NCAC 27G .1705 (a) Requirements of Licensed Professionals - Based on record review and interviews, the facility failed to provide face to face clinical consultation four hours per week by a Licensed Professional (LP) (V297).</p> <p>Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements Based on record review and interviews, the facility failed to complete a Level III Incident Report when a client made an allegation of abuse against a direct care staff (V366).</p> <p>Cross Reference: 10A NCAC 27D .0103 (a) Search and Seizure Policy - Based on observation, record review and interviews, the</p>	V 293		

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V 293	<p>Continued From page 35</p> <p>facility failed to ensure clients were free from unwarranted invasion of privacy, failed to document each search including scope, reason and procedures followed, and failed to document a description, as well as, disposition of property seized affecting 7 of 8 clients (Client #1, #2, #3, #4, #5, #6, and Client #7) (V503).</p> <p>Cross Reference: 10a NCAC 27e .0108 (1) Training in Seclusion, Physical Restraint and Isolation Time?Out Based on interviews and record review, the facility failed to ensure staff demonstrated competence in the proper use of and alternatives to the use of restrictive interventions for 6 of 6 paraprofessional (PP) staff (Staff #12, #13, #14, #15, #16 &amp; the Managing Partner (MP)) (V537).</p> <p>Review on 6/26/18 of Staff #12's employee file revealed: - Hire Date: 11/1/17</p> <p>Interview on 6/26/18 with Staff #12 revealed: - He described Client #6's treatment needs as anger and screaming issues; - Client #6 would "shut down" and accept no feedback; - Staff #12 had tried to read "as little as possible of the client's assessments;" - He wanted to get to know the clients on his own; - He would read the treatment plan; - The facility used client consequences of either physical activities or writing essays;</p> <p>Review on 6/26/18 of Staff #13's employee file revealed: - Hire Date: 1/1/18</p> <p>Interview on 6/26/18 with Staff #13 revealed: - The clients would push boundaries and the staff</p>	V 293		

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V 293	<p>Continued From page 36</p> <p>had to lay out consequences;</p> <ul style="list-style-type: none"> <li>- The consequences for behaviors was the use of physical training (PT) activities such as jumping jacks or running laps at a local ball field called the "temple;"</li> <li>- He was unsure about client rights;</li> <li>- When parents asked him about clients' rights, he referred them to the Managing Partner (MP).</li> </ul> <p>Review on 6/26/18 of Staff #14's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/31/18</li> </ul> <p>Interview on 6/26/18 with Staff #14 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #14 let the "kids" tell him about themselves;</li> <li>- He had not looked at the clients' records, but tried to talk with them to learn about them;</li> <li>- Client #5 and Client #6 had gotten into an argument on 6/12/18;</li> <li>- Client #5 started cursing and Staff #14 had not been given any information on the client;</li> <li>- Staff #14 sent a text to Staff #13;</li> <li>- He said the other staff "was down the hall;"</li> <li>- Staff #13 responded he had not been given information on Client #5;</li> <li>- Staff #14 directed the client to give him a couple of "Burpees" (type of exercise);</li> <li>- Client #5 refused and was sent to his room;</li> <li>- Staff #14 walked back to the client's room and Client #5 was kicking the bed and thumping the wall;</li> <li>- Client #5 refused to sit on the bed, stand in the corner or stand in the doorway with his head against the wall;</li> <li>- Staff #14 directed Client #5 to come and stand in the center of the living room;</li> <li>- After Client #5 came into the living room, the other clients were angry with him;</li> <li>- Client #5 had caused the other clients to be sent</li> </ul>	V 293		

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V 293	<p>Continued From page 37</p> <p>to their rooms;</p> <ul style="list-style-type: none"> <li>- Staff #14 asked the client's peers, "How does that make you feel;"</li> <li>- Client #5's peers were yelling at him and said he had ruined everything because no one got a piece of cake;</li> <li>- The dynamic of the program was not conventional.</li> </ul> <p>Review on 7/2/18 of Staff #15's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/1/17</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- He had the required training in alternatives to restrictive interventions;</li> <li>- The facility had not had to use restraints because the staff had respect from the clients;</li> <li>- The staff had used "implicit communication" just by making eye contact with the clients.</li> </ul> <p>Review on 6/26/18 of Staff #16's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> </ul> <p>Interview on 6/26/18 with Staff #16 revealed:</p> <ul style="list-style-type: none"> <li>- The facility used PT rather than using restraints;</li> <li>- The program was "geared toward military principles;"</li> <li>- Staff #16 was unsure about the clients' treatment plan goals, because the "group leaders covered those;"</li> <li>- The group leaders wrote the notes on each client based on his goals.</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- He had been working on a workbook for the clients which covered the 14 traits of leadership;</li> <li>- The traits were justice, judgment, decisiveness, dependability, tact, integrity, enthusiasm, bearing,</li> </ul>	V 293		

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V 293	<p>Continued From page 38</p> <p>unselfishness, courage, knowledge, loyalty and endurance;</p> <ul style="list-style-type: none"> <li>- Behavioral issues were associated with work needed with one of the leadership traits;</li> <li>- Staff #15 had learned the traits while in a high school military officer training and then in the armed services;</li> <li>- Extra PT was conducted with smaller groups of clients;</li> <li>- The "Magic Chair" was always a period of 30 seconds to 90 seconds;</li> <li>- A "Boot Slapper" was usually 50 - 75 "body squats;"</li> <li>- All of the staff knew about PT;</li> <li>- Other exercises used were 15-50 push-ups or jumping jacks 50-100;</li> <li>- If one client misbehaved, PT connected to one of the 14 traits;</li> <li>- If a group of clients had not said anything to the peer, the group had extra PT to develop unit cohesion;</li> <li>- The facility had not used restraints.</li> </ul> <p>Interviews with the Managing Partner (MP) from 6/25/18 thru 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- The MP had developed leadership experience while in the military;</li> <li>- He had experience with the development of programs for adolescents with behavioral issues;</li> <li>- The programs he had developed for adolescents included core values;</li> <li>- The core values included the 14 Traits of Leadership along with maintaining program structure (justice, judgment, decisiveness, dependability, tact, integrity, enthusiasm, bearing, unselfishness, courage, knowledge, loyalty and endurance ;)</li> </ul>	V 293		

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V 293	<p>Continued From page 39</p> <p>- The PT was an important component of client treatment, as well as, keeping the clients engaged.</p> <p>Review on 8/6/18 of the "Clear Sky Group Home" Plan of Protection updated 8/6/18 and written by the LP and the QP revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "Clear Sky Behavioral will immediately implement a new initial training specific to the populations that are being served in our Level III residential facility. The training will focus on clients served, and all diagnostic symptomology will be covered, so that staff are well informed. With the implementation of our initial assessment, our LP will continuously monitor the consumers entering our program and our trainings will be updated as the needs of our population change." "Paraprofessionals will complete all training requirements at initial hire, including population specific training provided by LP. Any additional training opportunities will be presented based on the population served. Paraprofessionals will be supervised by QP and/or LP in regards to technical knowledge; cultural awareness; analytical skills; decision making; interpersonal skills; communication skills; and clinical skills." "Clear Sky Behavioral has develop an initial assessment tool to be utilized prior to delivery of services." "Clear Sky Behavioral Staff will utilize client specific intervention strategies to address the client's needs and will utilize tools listed for behavior management/de-escalation purposes as it pertains to treatment goals. All intervention strategies listed will be "client specific" to each</p>	V 293		

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V 293	<p>Continued From page 40</p> <p>consumer served."</p> <p>"Clear Sky Behavioral will obtain written orders signed by the prescribing physician. Those orders will be maintained with the current MAR for each consumer being served. All medications will be given as prescribed."</p> <p>"Clear Sky Behavioral has immediately use of the NC Reporting System with IRIS. Any further issues, incidents, or concerns which warrant notification will be submitted within 24 hours as mandated by DHHS."</p> <p>"Clear Sky Behavioral will complete all criminal background checks for potential employees within five days of a conditional offer of employment."</p> <p>"Clear Sky Behavioral QP will provide a minimum of 32 hours a week of clinical and administrative responsibilities. At least 70% (22.4 hours) of that time will occur when consumers are awake and present in the facility. Documentation provided will outline specific duties performs within scope case management, incident reporting, supervision, and other outline assigned duties."</p> <p>"Clear Sky Behavioral will employ a full time AP as a direct care staff within the facility. Documentation provided will outline specific duties including management of the day to day operations, supervision of para-professionals, and other outlined duties."</p> <p>"Clear Sky Behavioral will ensure that two direct care staff are present at all times while supervising one to four consumers. Three direct care staff members will be present when supervising five to eight consumers. Direct "line of sight" will be provided at all times."</p> <p>"Clear Sky Behavioral LP will provide a minimum of four hours clinical face to face consultation in the facility including, but not limited to: clinical supervision of QP; individual/group or family therapy; and participation in treatment planning; or overall program issues. LP will be available for</p>	V 293		

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V 293	<p>Continued From page 41</p> <p>clinical consultation as needed for crisis intervention or response."                      "Clear Sky Behavioral will immediately implement use of the IRIS reporting system and provide specific information needed as outlined by Bulletin J272. Clear Sky Behavioral will notify all parties within 24 hours."                      "All search and seizures, including "wandering," will be documented per Clear Sky Behavioral policy and procedure expectations."                      "Clear Sky Behavioral will use least restrictive options and de-escalation strategies as outlined in NCI training and population specific training interventions. Clear Sky Behavioral will provide multiple options of activities meaningful to the consumers served allowing for the consumer to make an informed choice."                      "Clear Sky Behavioral will ensure that all Staff including new hire employees will receive and maintain certification with NCI Part A/B. NCI will be maintained annually."                      "Plan of Protection Implementations With this plan of protection, Clear Sky Behavioral Staff (Managing Partners, LP, QP, AP as well as direct care staff) will all be informed of changes outlined above. LP/QP will collaborate with Managing Partners to ensure implementation of new policy and procedures. LP/QP/AP will be responsible for providing training for all direct care staff."                      "[Licensed Professional] (newly hired) will review all immediate changes on July 10th, 2018 as outlined by DHHS plan of protection. She will oversee the immediate implementation through continued auditing measures-renewing policy/procedures, consume/employee charts, etc. She will provide written documentation to show the completion of all corrective measures."                      Signed by the Qualified Professional, Licensed Professional and Managing Partner updated 8/6/18.</p>	V 293		

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V 293	Continued From page 42  The facility implemented a new Level III residential treatment program which served clients by utilizing a military style approach. None of the staff were trained in specific needs of the clients including clients with histories of abuse, neglect, depression, anxiety along with other mental illnesses. The facility had not completed initial client assessments but required all of the clients to participate in a daily, comprehensive physical training (PT) program. The system of care failed to ensure basic hiring requirements were met for all staff; required staffing ratios were implemented; medication orders were followed; clients remained free from unwarranted invasion of their privacy; and clients were given choices which promoted coping and engagement skills. The AP, QP and LP had not provided the required treatment hours face to face with clients in order to ensure the facility provided a safe and effective treatment milieu. The militaristic culture of the facility and the lack of training specific to meet the needs of clients with mental illnesses was inconsistent with the licensing of the facility. The facility milieu was more punitive than therapeutic. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3000.00 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 294	27G .1702 Residential Tx. Child/Adol -Req. for Q P  10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS	V 294		

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V 294	<p>Continued From page 43</p> <p>(a) Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience.</p> <p>(b) For each facility of five or less beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 10 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(c) For each facility of six or more beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(d) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include:</p> <p>(1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section;</p> <p>(2) oversight of emergencies;</p> <p>(3) provision of direct psychoeducational services to children or adolescents;</p> <p>(4) participation in treatment planning meetings;</p> <p>(5) coordination of each child or adolescent's treatment plan; and</p> <p>(6) provision of basic case management functions.</p>	V 294		

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V 294	<p>Continued From page 44</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility which had 8 beds failed to ensure a Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of 32 hours weekly with 70% of the time while clients were awake and present in the facility for 1 of 1 Qualified Professionals (QP #19). The findings are:</p> <p>Review on 6/28/18 of QP#19's personnel file revealed: - Hire Date: 1/1/18</p> <p>Review on 7/9/18 of QP#19's "Professional Employee Timesheet" for April, May and June revealed: - The timesheets included the QP's time both in and out of the facility, as well as, her time working as direct care staff; - The timesheets included total hours for "In Ratio/Support; CFT (Child &amp; Family Teams); Case Management; Activities; Training; Therapy; and Support Role." - Direct care hours were not separated from the QP hours on the timesheets; - The QP hours (70% of fulltime 22.4 hrs weekly) in the facility while clients were awake and present were approximately as follows: - April Week 1: 16 hours - April Week 4: 16 hours - May Week 1: 18 hours - May Week 4: 18 hours</p>	V 294		

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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 294	<p>Continued From page 45</p> <ul style="list-style-type: none"> <li>- June Week 1: 15 hours</li> <li>- June Week 2: 13 hours</li> <li>- June Week 3: 18 hours</li> <li>- June Week 4: 14 hours</li> </ul> <p>Interview on 6/25/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He saw the QP in the facility 3-4 times per week;</li> <li>- She stayed from 5 minutes to a whole day;</li> <li>- Sometimes the QP worked as the group leader.</li> </ul> <p>Interview on 6/25/18 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- The QP came to the facility about 2 or 3 days per week.</li> </ul> <p>Interview on 6/25/18 with Client #7 revealed:</p> <ul style="list-style-type: none"> <li>- The QP came to the facility randomly about every other day;</li> <li>- The QP stayed overnight sometimes;</li> <li>- She was at the facility all day at times.</li> </ul> <p>Interviews on 6/25/18 through 7/9/18 with QP #19 revealed:</p> <ul style="list-style-type: none"> <li>- QP#19 said 32 hours of work equaled full-time status;</li> <li>- She provided case management/clinical and administrative duties full time;</li> <li>- She provided staff supervision and met with staff monthly;</li> <li>- The QP was unable to provide documentation which indicated the amount of time she spent in the facility working as the QP while the clients were awake and present.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 294		

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V 295	Continued From page 46	V 295		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p><b>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</b></p> <p>(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).</p> <p>(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:</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 observations, record review and interviews, the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:</p> <p>Observations on 6/25/18 from approximately 11:00AM - 12:30PM revealed: - AP#17 was outside at the side of the building with 6 of the 8 clients;</p>	V 295		

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V 295	<p>Continued From page 47</p> <ul style="list-style-type: none"> <li>- She worked with the clients to make solar ovens with boxes and aluminum foil.</li> </ul> <p>Observations on intermittent days from 6/25/18 through 7/9/18 from approximately 8:00AM until 5:30PM revealed AP#18 was not at the facility or the main office.</p> <p>Review of AP#17 and AP#18's personnel files on 6/28/18 revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date AP#17: 12/17/17</li> <li>- Hire Date AP#18: 9/1/17</li> </ul> <p>Review on 7/9/18 of a facility handbook titled, Clear Sky Behavioral, LLC (Limited Liability Corporation) which described AP#18 revealed:</p> <ul style="list-style-type: none"> <li>- She had a four year degree in Human Services;</li> <li>- "While holding a day job, [AP#18] also serves as a therapeutic foster parent for teenage boys."</li> </ul> <p>Multiple requests were made for AP#18's facility work schedule. No schedule of hours worked were made available.</p> <p>Interview on 6/25/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- The clients saw AP#18 every Wednesday or every other Wednesday;</li> <li>- The Managing Partner (MP) brought his wife (AP#18) to a local pizza restaurant;</li> <li>- Sometimes, AP#18 only stayed for 5 minutes;</li> <li>- AP#18 sold insurance at a local insurance agency.</li> </ul> <p>Interview on 6/25/18 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- AP#18 was not working at the facility.</li> </ul> <p>Interview on 6/25/18 with Client #7 revealed:</p> <ul style="list-style-type: none"> <li>- AP#18 came to the facility "every now and then;"</li> <li>- They saw AP#18 every Wednesday when the clients went out to eat.</li> </ul>	V 295		

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V 295	<p>Continued From page 48</p> <p>Interview on 7/2/18 with Staff #15 revealed: - AP#17 worked at the facility 1-2 times a week for approximately 2 hours; - AP#18 worked at the facility 1-2 times a week for approximately 2 hours; - AP#18 may work in the office or do something clerical.</p> <p>Interview on 6/26/18 with Staff #16 revealed: - AP#18 saw the clients once a week when they went out to eat; - AP#17 came to the facility on Mondays for an hour and half or 2 hours.</p> <p>Interview with AP#17 on 6/25/18 revealed: - She provided basic tutoring for the clients; - She worked from 11AM to 1:00PM on Mondays; - AP#17 provided enrichment activities when she worked; - She worked fulltime as a public school teacher; - AP#17 stated AP#18 worked fulltime at an insurance company.</p> <p>Interview with the MP on 6/25/18 revealed: - AP#18 provided the AP services for the facility.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 295		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>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</p>	V 296		

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V 296	<p>Continued From page 49</p> <p>times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 50</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure minimum staffing requirements of three staff for five or more clients. The findings are:</p> <p>Observation on 6/26/18 from 9:30AM - 5:00PM revealed: - The Managing Partner (MP) had gestured toward a dry erase board, when staffing schedules were requested; - 2 separate staff initials were written on various dates of an outlined calendar.</p> <p>Multiple requests from 6/25/18 thru 7/3/18 were made for documentation of staffing schedules or staff timesheets which were not available.</p> <p>Interview on 6/26/18 with Staff #13 revealed: - During the day, there were 2 staff and they also had team support; - The team support members were either at the facility or running errands.</p> <p>Interview on 7/2/18 with Staff #15 revealed: - There had been only 2 staff with the clients at the facility sometimes; - Staff #16 supported the staff any way she could; - Staff #16 would step in and help.</p> <p>Interview on 6/26/18 with Staff #16 revealed: - She arrived at the facility when the clients woke up; - Staff #16 prepared breakfast and cleaned up; - She took the clients to their doctor's appointments went grocery shopping and</p>	V 296		

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V 296	<p>Continued From page 51</p> <p>transported clients to and from school; - When Staff #16 ran errands, there was always two staff at the facility.</p> <p>Interview on 6/25/18 with Client #3 revealed: - There was usually 2 staff at the facility in the daytime; - Staff worked 3 days a week and then staff rotated; - Staff #16 was there during the week going in and out running errands; - The facility never had 3 staff there all day long.</p> <p>Interview on 6/25/18 with Client #5 revealed: - Staff #16 had been at the facility off and on; - There was 3 staff "sometimes" at the facility.</p> <p>Interview on 6/25/18 with the MP revealed; - There was 3 staff employed to work during awake hours; - Staff #16 transported clients to appointments, ran errands, shopped for groceries and picked up prescription medications; - Administrative staff were usually onsite while Staff #16 was out of the facility.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 296		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an</p>	V 297		

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V 297	<p>Continued From page 52</p> <p>individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide face to face clinical consultation four hours per week by a Licensed Professional (LP). The findings are:</p> <p>Review on 7/19/18 of the LP's face to face clinical services documentation of hours for April and May revealed:</p> <ul style="list-style-type: none"> <li>- face to face meetings occurred at a nearby work out gym or public park</li> <li>- 4/4/18: Week One 1.5 hours</li> <li>- 4/11/18: Week Two 1.5 hours</li> <li>- 4/18/18: Week Three 1.25 hours</li> <li>- 4/25/18: Week Four 1.25 hours</li> <li>- 5/2/18: Week One 1.5 hours</li> <li>- 5/9/18: Week Two 1.5 hours</li> <li>- 5/16/18: Week Three 1.5 hours</li> <li>- 5/23/18: Week Four 1.5 hours</li> <li>- 5/30/18: Week Five 1.5 hours</li> </ul>	V 297		

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V 297	<p>Continued From page 53</p> <p>Review on 7/19/18 of the LP's Group Therapy Weekly Note Submission for May revealed:</p> <ul style="list-style-type: none"> <li>- 5/9/18: Teamwork, Sportsmanship and Communication - Group</li> <li>- 5/23/18: History of Service Involvement - Group</li> <li>- 5/23/18: Therapy Note - Individual with FC#10</li> <li>- 5/30/18: Skill Development and Application - Group and Individual with Client #2</li> </ul> <p>Interview on 6/25/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- The clients met in groups or individually with the LP for 1-2 hours every Wednesday.</li> </ul> <p>Interview on 6/25/18 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- The clients met with the LP every Wednesday.</li> </ul> <p>Interview on 6/25/18 with Client #7 revealed:</p> <ul style="list-style-type: none"> <li>- The clients saw the LP for 1-2 hours every Wednesday.</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- The group therapist (LP) met with the clients once weekly for 1-2 hours.</li> </ul> <p>Interview on 6/26/18 with Staff #16 revealed:</p> <ul style="list-style-type: none"> <li>- The LP came to the facility to meet with the clients and at other times to an obstacle course which was similar to a "boot camp;"</li> <li>- The clients met with the LP on Wednesdays for an hour.</li> </ul> <p>Interview on 7/9/18 with the LP revealed:</p> <ul style="list-style-type: none"> <li>- She stated she had met with the clients weekly in a group or individually, as needed;</li> <li>- The LP acknowledged understanding of licensure requirements for the LP to meet with the clients 4 hours weekly.</li> </ul> <p>Interview on 7/19/18 with the Managing Partner</p>	V 297		

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V 297	Continued From page 54  (MP) revealed: - He acknowledged the LP met at an area gym or nearby park; - Sometimes the clients met with the LP at the facility.  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.	V 297		
V 366	27G .0603 Incident Response Requirments  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers	V 366		

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V 366	<p>Continued From page 55</p> <p>shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the</p>	V 366		

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V 366	<p>Continued From page 56</p> <p>owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete a Level III Incident Report when a client made an allegation of abuse against a direct care staff. The findings are:</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1305921016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	<p>Continued From page 57</p> <p>Review on 6/25/18 of Client #5's record revealed: - Admission date: 6/7/18 - Diagnoses: Post Traumatic Stress Disorder (PTSD); Attention Deficit Hyperactive Disorder (ADHD-Combined Type); Oppositional Defiant Disorder (ODD) - Age: 13</p> <p>Review on 6/26/18 of Staff #13's employee file revealed: - Hire Date: 1/1/18</p> <p>Review on 6/26/18 of Staff #14's personnel file revealed: - Hire Date: 2/31/18</p> <p>Review on 6/28/18 of a facility document titled, "Complaint Log" and dated 6/19/18 revealed: - A complaint was received from Client #5's Department of Social Services (DSS) Case Manager (CM) on 6/19/18: - Staff #14 was alleged to have pushed Client #5's head against the wall.</p> <p>Review on 6/28/18 of a facility document titled, "Disciplinary Action Request" dated 6/19/18 revealed: - Client #5 had alleged Staff #14 had put his hands on him while the other clients in the house chanted obscene statements.</p> <p>Review on 6/28/18 of a facility document titled, "Written Statement" completed by Staff #14 dated 6/19/18 revealed: - On 6/14/18, Staff #14, Client #5 and Client #6, returned to the facility from a martial arts class at 20:30 (8:30PM); - Client #5 began to yell at Client #6 about where he sat on the couch; - Staff #14 instructed both clients to calm down;</p>	V 366		

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V 366	<p>Continued From page 58</p> <ul style="list-style-type: none"> <li>- Client #5 continued to yell and was told to go sit on his bed in his room;</li> <li>- Client #5 refused and was told again to go sit quietly and calm down;</li> <li>- Client #5 walked toward his room and Client #6 (sat on the couch);</li> <li>- Client #6 informed Staff #14 that Client #5 was making "rude hand gestures;"</li> <li>- Staff #14 asked Client #5 to go sit on his bed, but he refused;</li> <li>- Staff #14 closed Client #5's bedroom door;</li> <li>- "At 21:45 (9:45PM), my (Staff #14) supervisor, [Staff #13] returned to the home ...spoke to him (Client #5) ...he still refused;"</li> <li>- Staff #14 told Client #5 to turn and face the wall;</li> <li>- "At no time was I (Staff #14) ever out of site of my supervisor or other residents;"</li> <li>- Client #1 and Client #2 were in direct line of "site" of Client #5 and reported to Staff #14 that Client #5 was hitting himself;</li> <li>- Client #5 was brought out of his room and put in the center of the living room floor;</li> <li>- Staff #14 asked the clients who were standing in their doorways how they felt about Client #5's behavior;</li> <li>- "Several (clients) had not nice things to say;"</li> <li>- Client #5's peers were upset because they had lost a chance for everyone to eat cake;</li> <li>- Staff #14 asked Client #5 if he was ready to go to bed;</li> <li>- Client #5 had stated, "I'm ready to go to bed Sir! and stop being an a*****e!"</li> </ul> <p>Review on 6/28/18 of a facility document titled, "Complaint Investigation" dated 6/19/18 completed by Staff #12 and Staff #13 revealed:</p> <ul style="list-style-type: none"> <li>- Interview with Client #2 said he was in direct line of sight of Client #5 who was hitting himself in the face;</li> <li>- Interview with Client #6 said he was in direct line</li> </ul>	V 366		

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V 366	<p>Continued From page 59</p> <p>of sight of Client #5 and "stated similar occurrence;"</p> <ul style="list-style-type: none"> <li>- Client #1 had direct line of sight regarding the incident and said Client #5 was witnessed striking himself in the face;</li> <li>- Interviews with Client #3, Client #4 and Client #7 indicated they witnessed Client #5's behaviors but were not in line of sight to validate their statements.</li> </ul> <p>Review on 6/28/18 of a facility document titled, "Complaint Resolution Form" completed by the Managing Partner (MP) and dated 6/19/18 revealed:</p> <ul style="list-style-type: none"> <li>- After visits by the local DSS and client interviews, Staff #14's statements were accepted as credible;</li> <li>- No safety concerns existed regarding his behavior;</li> <li>- DSS was contacted regarding Staff #14's return to work.</li> </ul> <p>Interview on 6/25/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3 had lived in the facility since March;</li> <li>- Recently, he had walked past Client #5's room and saw Staff #14 put his hands on Client #5's shoulders and put his back against the wall;</li> <li>- Client #3 had gone to his room and heard a "thump" in Client #5's room.</li> </ul> <p>Interview on 6/25/18 with Client #5 revealed:</p> <ul style="list-style-type: none"> <li>- He had not really been restrained, but Staff #14 had told him to put his head against the wall and back his feet away from the wall;</li> <li>- Staff #14 had taken his head and moved or positioned his head;</li> <li>- Another time, Staff #14 picked up Client #5's head and banged it against the wall really hard;</li> <li>- Staff #14 had said the client was banging his own head against the wall;</li> </ul>	V 366		

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V 366	<p>Continued From page 60</p> <ul style="list-style-type: none"> <li>- Client #5 was unable to remember who the other staff was.</li> </ul> <p>Interview on 6/26/18 with Staff #13 revealed:</p> <ul style="list-style-type: none"> <li>- There had been an issue with Client #5 with the use of profanity;</li> <li>- Staff #14 had told him to do "Burpees" (push-ups, then stand and jump toward the ceiling);</li> <li>- Client #5 stopped doing them and refused;</li> <li>- He was sent to his room and told to sit on the bed;</li> <li>- Client #5 refused and Staff #14 had him to stand in the corner;</li> <li>- Staff #13 had never seen Staff #14 put his hands on Client #5;</li> <li>- Staff #14 told Staff #13 that Client #5 was trying to hurt himself and was standing against the wall;</li> <li>- Staff #13 defined neglect as not providing the resources or care that someone needed including attention, medical care, sustenance and mental or emotional support.</li> </ul> <p>Interview on 6/26/18 with Staff #14 revealed:</p> <ul style="list-style-type: none"> <li>- Client #5 and Client #6 had gotten into an argument on 6/12/18;</li> <li>- Client #5 started cursing and Staff #14 had not been given any information on the client;</li> <li>- Staff #14 sent a text to Staff #13;</li> <li>- He stated, Staff #13 "was down the hall;"</li> <li>- Staff #13 responded he had not been given information on Client #5;</li> <li>- Staff #14 directed the client to give him a couple of "Burpees;"</li> <li>- Client #5 refused and was sent to his room;</li> <li>- Staff #14 walked back to the client's room and Client #5 was kicking the bed and thumping the wall;</li> <li>- Client #5 refused to sit on the bed, stand in the corner or stand in the doorway with his head</li> </ul>	V 366		

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V 366	<p>Continued From page 61</p> <p>against the wall;</p> <ul style="list-style-type: none"> <li>- Staff #14 directed Client #5 to come and stand in the center of the living room;</li> <li>- After Client #5 came into the living room, the other clients were angry with him;</li> <li>- Client #5 had caused the other clients to be sent to their rooms;</li> <li>- Staff #14 asked the client's peers, "How does that make you feel?";</li> <li>- Client #5's peers were yelling at him and saying he had ruined everything because no one got a piece of cake;</li> <li>- Client Rights included the right to refuse treatment or to do something, but that did not mean a client had freedom from a consequence.</li> </ul> <p>Interview with the Qualified Professional (QP) on 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- She had been unable to access the Incident Response Improvement System (IRIS) to enter any incidents including the 6/12/18 incident involving Client #5's allegation against Staff #14.</li> </ul> <p>Interview with the Managing Partner (MP) on 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #14 had been a good staff;</li> <li>- He had resigned his position due to the distance traveled from his home to the facility;</li> <li>- The MP had no safety concerns about Staff #14's work at the facility;</li> <li>- He believed the information Staff #14 had given regarding the incident involving Client #5 on 6/12/18 was credible;</li> <li>- The facility's internal investigation had not substantiated an allegation made that Client #5's head had been pushed against the wall;</li> <li>- The MP was unable to provide a reason for not submitting a Level III Incident Report for the allegation of abuse he received on 6/19/18.</li> </ul>	V 366		

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V 366	Continued From page 62  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.	V 366		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> <li>(1) scope of search;</li> <li>(2) reason for search;</li> <li>(3) procedures followed in the search;</li> <li>(4) a description of any property seized; and</li> <li>(5) an account of the disposition of seized property.</li> </ol> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure clients were free from unwarranted invasion of privacy, failed to document each search including scope, reason and procedures followed, and failed to document a description, as well as, disposition of property seized affecting 7 of 8 clients (Client #1, #2, #3, #4, #5, #6, and Client #7). The findings are:\</p> <p>Observation on 6/26/18 from 9:30AM to 5:00PM</p>	V 503		

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V 503	<p>Continued From page 63</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- A security wand (hand held metal detector) was kept in the facility office.</li> </ul> <p>Review on 6/14/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/25/17</li> <li>- Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder</li> <li>- Age: 15</li> <li>- 2/12/17 Juvenile Petition: physically abused and injured or sexually abused by parents</li> </ul> <p>Review on 6/25/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 2/16/18</li> <li>- Diagnoses: ODD; Cannabis Use Disorder, Mild</li> <li>- Age: 15</li> </ul> <p>Review on 6/25/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 3/20/18</li> <li>- Diagnoses: Major Depressive Disorder</li> <li>- Age: 15</li> </ul> <p>Review on 6/25/18 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 5/28/18</li> <li>- Diagnoses: Generalized Anxiety Disorder (GAD); Language Disorder; ODD; Attention Deficit Hyperactive Disorder (ADHD); PTSD (Post Traumatic Stress Disorder)</li> <li>- Age: 16</li> </ul> <p>Review on 6/25/18 of Client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 6/7/18</li> <li>- Diagnoses: PTSD; ADHD-Combined Type; ODD</li> <li>- Age: 13</li> </ul> <p>Review on 6/25/18 of Client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 12/17/17</li> <li>- Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II</li> </ul>	V 503		

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V 503	<p>Continued From page 64</p> <p>Disorder - Age: 12</p> <p>Review on 6/25/18 of Client #7's record revealed: - Admission date: 4/6/18 - Diagnoses: Conduct Disorder-Adolescent Onset Type; PTSD; Major Depressive Disorder-recurrent/moderate; Cannabis Use Disorder, mild by history; Alcohol Use Disorder (mild by history) - Age: 14</p> <p>Interview on 6/28/18 with Staff #14 revealed: - All of the clients were "wanded in" (security wand) when they returned from school or any outings where they were out of line of sight; - All of the clients came in and took off their shoes and opened their book bags; - He stated it was rare the clients had contraband; - There had never been any knives or nails; - Staff would "wand" a client when they returned from a home visit; - When the group returned from the pool, they would "wand" them; - The searches were only documented if contraband was found; - If something was found, an incident report was written.</p> <p>Interview on 6/26/18 with the Managing Partner (MP) revealed: - He acknowledged the facility utilized a security wand when clients returned from any unmonitored activities; - There was no documentation of the routine client searches including wand.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 503		

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V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <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> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to use the least restrictive and most appropriate methods which promote coping and engagement skills meaningful to the clients affecting 7 of 8 clients (Client #1, #2, #3, #4, #5, #6 and #7). The findings are:</p> <p>Review on 7/9/18 of a Clear Sky Behavioral, LLC facility admission packet document titled,</p>	V 513		

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V 513	<p>Continued From page 66</p> <p>"Compliance and Expectation Standards" revealed:</p> <ul style="list-style-type: none"> <li>- Basic Standards and Expectations:               <ul style="list-style-type: none"> <li>- memorization of the 14 leadership traits (justice, judgment, decisiveness, dependability, tact, integrity, enthusiasm, bearing, unselfishness, courage, knowledge, loyalty and endurance) and definitions</li> <li>- participate in physical training in an effort to strengthen minds and bodies</li> </ul> </li> <li>- Compliance Standards used as primary means of motivation:               <ul style="list-style-type: none"> <li>- Essay Writing (Based on Leadership Trait) - no more than 1000 words and within scope and severity of infraction</li> <li>- Incentive Physical Training (PT) (must have defined objective and be within the resident's physical ability) - may be used upon election of the staff member if quicker way to get past infraction ...within client's physical ability ... "(ie. 100 Jumping Jacks)."</li> <li>- Time Out (15 minute cool down) - used when a client became "hot headed"</li> <li>- Tap Out (24 hour, out of group) - intervention used when the client was unable to be safely maintained in milieu setting ...intervention may also be at staff discretion on shift if de-escalation strategies ...not successful ...allowed use of quiet time alone in room ...not out of group longer than 24 hours</li> </ul> </li> </ul> <p>Review on 6/14/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/25/17</li> <li>- Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder</li> <li>- Age: 15</li> <li>- 2/12/17 Juvenile Petition: physically abused and injured or sexually abused by parents</li> </ul>	V 513		

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V 513	<p>Continued From page 67</p> <p>Review on 6/25/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 2/16/18</li> <li>- Diagnoses: ODD; Cannabis Use Disorder, Mild</li> <li>- Age: 15</li> </ul> <p>Interview on 6/25/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Everything at the facility was "kinda military based ...;"</li> <li>- The program taught him how to deal with stressful situations;</li> <li>- The clients had PT activities which included running a mile, pushups, squats, run down steps, run around the baseball field and then run up steps and back;</li> <li>- All of the clients had to do it (PT) and it was "punishment;"</li> <li>- It was not very bad because all of the clients had lost a lot of weight;</li> <li>- "Lately, we have been doing pretty good (behaviors) cause nobody wants to go out in the heat;"</li> <li>- Sometimes, the clients had PT in the house such as jumping jacks, pushups, sit ups or they ran around the parking lot;</li> <li>- Once he had been a "smart aleck" or talked too much and had to do the "Magic Chair;"</li> <li>- The "Magic Chair" was a "wall sit" on an invisible chair for a period of time (unsure of amount).</li> </ul> <p>Review on 6/25/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 3/20/18</li> <li>- Diagnoses: Major Depressive Disorder</li> <li>- Age: 15</li> </ul> <p>Interview on 6/25/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>- The facility had PT but he had not liked it;</li> <li>- PT helped him take out some stress and agitation;</li> <li>- PT was like a punishment;</li> <li>- The clients had to go in the hallway, put their</li> </ul>	V 513		

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V 513	<p>Continued From page 68</p> <p>heads against the wall and move their feet back for a maximum of 10 minutes; - Sometimes, the clients had to do 120 pushups.</p> <p>Review on 6/25/18 of Client #4's record revealed: - Admission date: 5/28/18 - Diagnoses: Generalized Anxiety Disorder (GAD); Language Disorder; ODD; Attention Deficit Hyperactive Disorder (ADHD); PTSD (Post Traumatic Stress Disorder) - Age: 16</p> <p>Interview on 6/25/18 with Client #4 revealed: - Staff #14, Staff #15 and the Managing Partner (MP) had put Client #3 in handcuffs one time, he had a key to the handcuffs and worked in a prison; - Staff #14 had left Client #2 unsupervised at the "temple" or "mud dog"( public baseball field with concrete/rock stairs for working out by running up the stairs and around the ball field) because Client #2 had said he was going to run away; - The MP had picked Client #2 up and brought him back to the facility; - One day, Client #5 would not listen and all of the clients had to sit down.</p> <p>Review on 6/25/18 of Client #5's record revealed: - Admission date: 6/7/18 - Diagnoses: PTSD; ADHD-Combined Type; ODD - Age: 13</p> <p>Interview on 6/25/18 with Client #5 revealed: - He had not really been restrained, but Staff #14 had told him to put his head against the wall and back his feet away from the wall; - Staff #14 had taken his head and moved or positioned his head; - Another time, Staff #14 picked up Client #5's</p>	V 513		

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V 513	<p>Continued From page 69</p> <p>head and banged it against the wall really hard.</p> <p>Review on 6/25/18 of Client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 12/17/17</li> <li>- Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II Disorder</li> <li>- Age: 12</li> </ul> <p>Interview on 6/25/18 with Client #6 revealed</p> <ul style="list-style-type: none"> <li>- He had gotten mad and hit a window twice;</li> <li>- Staff #14 came over and held his arms up, put him down on the floor and sat on his legs;</li> <li>- Five of the clients were in the same facility room for PT;</li> <li>- Another staff was present but he no longer worked at the facility;</li> <li>- The other staff had told the other clients to stop laughing.</li> </ul> <p>Review on 6/25/18 of Client #7's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 4/6/18</li> <li>- Diagnoses: Conduct Disorder-Adolescent Onset Type; PTSD; Major Depressive Disorder-recurrent/moderate; Cannabis Use Disorder, mild by history; Alcohol Use Disorder (mild by history)</li> <li>- Age: 14</li> </ul> <p>Interview on 6/25/18 with Client #7 revealed:</p> <ul style="list-style-type: none"> <li>- He had to put his head against the wall and put his feet back which worked on his "abs" (abdominal muscles) and his shoulders;</li> <li>- This had been used as punishment once or twice;</li> <li>- At other times, the clients had to run laps.</li> </ul> <p>Review on 6/26/18 of Staff #12's employee file revealed:</p>	V 513		

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V 513	<p>Continued From page 70</p> <ul style="list-style-type: none"> <li>- Hire Date: 11/1/17</li> <li>- Documentation of 8/2017 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #12 revealed:</p> <ul style="list-style-type: none"> <li>- He had not personally restrained any clients;</li> <li>- The clients were more verbal and not really physical;</li> <li>- PT was 75% of what the clients would do such as sit ups, push-ups, run in stadium, run a mile or sometimes 1 ½ miles at the "Mud Dog or the Temple;"</li> <li>- Consequences for behaviors were either physical activities or writing an essay with one of the leadership traits;</li> <li>- If a client lied, the assigned essay would be on integrity;</li> <li>- A PT consequences would be whatever the clients had not liked such as running up the hill which would still be related to one of the 14 leadership traits the group may have;</li> <li>- The traits were part of the armed forces leadership traits;</li> <li>- Sometimes the clients would have issues regarding physical activities and the "Magic Chair" was just an exercise;</li> <li>- All of the clients would be required to do this exercise if they were getting escalated;</li> <li>- Other exercises included a technique called a "Burpee" which was push-ups, "mountain Climber" and a "star jumper" combination;</li> <li>- Staff #12 had done those in his high school "[military officer training]."</li> </ul> <p>Review on 6/26/18 of Staff #13's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 1/1/18</li> <li>- Documentation of 8/15/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul>	V 513		

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V 513	<p>Continued From page 71</p> <p>Interview on 6/26/18 with Staff #13 revealed:</p> <ul style="list-style-type: none"> <li>- PT time varied everyday usually around 3PM or 4PM;</li> <li>- The "Temple or Mud Dog" (area ball field) was used if the weather was clear;</li> <li>- The clients were paired up weak with strong and given an activity;</li> <li>- The physical activity types used were jumping jacks, run the temple and other exercises;</li> <li>- If the clients were getting "amped up" or unruly, staff would take the clients to run some laps to de-stress;</li> <li>- The clients were only "as good as the weakest member of their team;"</li> <li>- Clients' consequences were usually a physical activity;</li> <li>- If a client "tapped out," he would stay out of everything for 24 hours;</li> <li>- If a client's peers see him tap out, the peers would hold the client accountable;</li> <li>- The "tapped out" client read a book, wrote in their journal, practice 14 traits of leadership;</li> <li>- The MP had brought the leadership traits into the program from his experience in the military;</li> </ul> <p>Review on 6/26/18 of Staff #14's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/31/18</li> <li>- Documentation of 8/15/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #14 revealed:</p> <ul style="list-style-type: none"> <li>- He was a former soldier who had served during a time of active battle in special operations;</li> <li>- Staff #14 had worked for the local Sheriff's Department for 2 ½ years;</li> <li>- The facility's program was structured similarly to a military unit;</li> <li>- Staff #14 stated, he was a "cat herder" or "troop handler;"</li> </ul>	V 513		

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V 513	<p>Continued From page 72</p> <ul style="list-style-type: none"> <li>- PT of some type was held every day;</li> <li>- PT was not done as punishment, but more as a challenge;</li> <li>- The consequences for behaviors was like a barter system;</li> <li>- If a client started to escalate, Staff #14 would use a prompt, look at them and the client would stop;</li> <li>- If the "whole house went out of whack," staff would start with push-ups;</li> <li>- If a client was upset and had damaged the relationship with his peers, the peers volunteered to do push-ups with the client;</li> <li>- Client #5 and Client #6 had gotten into an argument on 6/12/18;</li> <li>- Client #5 started cursing and Staff #14 had not been given any information on the client;</li> <li>- Staff #14 sent a text to Staff #13 stating the staff "was down the hall;"</li> <li>- Staff #13 responded he had not been given information on Client #5;</li> <li>- Staff #14 directed the client to give him a couple of "Burpees;"</li> <li>- Client #5 refused and was sent to his room;</li> <li>- Staff #14 walked back to the client's room and Client #5 was kicking the bed and thumping the wall;</li> <li>- Client #5 refused to sit on the bed, stand in the corner or stand in the doorway with his head against the wall;</li> <li>- Staff #14 directed Client #5 to come and stand in the center of the living room;</li> <li>- After Client #5 came into the living room, the other clients were angry with him;</li> <li>- Client #5 had caused the other clients to be sent to their rooms;</li> <li>- Staff #14 asked the client's peers, "How does that make you feel;"</li> <li>- Client #5's peers were yelling at him and saying he had ruined everything because no one got a</li> </ul>	V 513		

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V 513	<p>Continued From page 73</p> <p>piece of cake;</p> <ul style="list-style-type: none"> <li>- Client Rights included the right to refuse treatment or to do something, but that did not mean a client had freedom from a consequence.</li> </ul> <p>Review on 7/2/18 of Staff #15's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/1/17</li> <li>- Documentation of 8/15/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- He had been working on a workbook for the clients which covered the 14 traits of leadership;</li> <li>- The traits were justice, judgment, decisiveness, dependability, tact, integrity, enthusiasm, bearing, unselfishness, courage, knowledge, loyalty and endurance;</li> <li>- Behavioral issues were associated with work needed with one of the leadership traits;</li> <li>- Staff #15 had learned the traits while in a high school military officer training and then in the armed services;</li> <li>- Extra PT was conducted with smaller groups of clients;</li> <li>- The "Magic Chair" was always a period of 30 seconds to 90 seconds;</li> <li>- A "Boot Slapper" was usually 50 - 75 "body squats;"</li> <li>- All of the staff knew about PT;</li> <li>- Other exercises used were 15-50 push-ups or jumping jacks 50-100;</li> <li>- If one client misbehaved, PT connected to one of the 14 traits;</li> <li>- If a group of clients had not said anything to the peer to make the peer accountable, the group had extra PT to develop unit cohesion.</li> </ul> <p>Review on 6/26/18 of Staff #16's employee file revealed:</p>	V 513		

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V 513	<p>Continued From page 74</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> <li>- Documentation of 9/14/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #16 revealed:</p> <ul style="list-style-type: none"> <li>- The facility used PT rather than restraints;</li> <li>- The PT was geared toward military principles including running, push-ups and depended on behavior;</li> <li>- If staff told the clients countless times about a behavior, they would have them do a hundred or so;</li> <li>- The clients got 10-15 second breaks between exercises.</li> </ul> <p>Interviews with the MP from 6/25/18 thru 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- The MP had developed leadership experience while in the military;</li> <li>- He had experience with the development of programs for adolescents with behavioral issues;</li> <li>- The programs he had developed for adolescents included core values;</li> <li>- The core values included the 14 Traits of Leadership along with maintaining program structure;</li> <li>- The PT was an important component of client treatment, as well as, keeping the clients engaged in the program.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27E .0102 Prohibited Procedures (V514) for a Type A1 and must be corrected within 23 days.</p>	V 513		
V 514	<p>27E .0102 Client Rights - Prohibited Procedures</p> <p>10A NCAC 27E .0102 PROHIBITED PROCEDURES</p>	V 514		

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V 514	<p>Continued From page 75</p> <p>In each facility the following types of procedures shall be prohibited:</p> <p>(1) those interventions which have been prohibited by statute or rule which shall include:</p> <p>(a) any intervention which would be considered corporal punishment under G.S. 122C-59;</p> <p>(b) the contingent use of painful body contact;</p> <p>(c) substances administered to induce painful bodily reactions, exclusive of Antabuse;</p> <p>(d) electric shock (excluding medically administered electroconvulsive therapy);</p> <p>(e) insulin shock;</p> <p>(f) unpleasant tasting foodstuffs;</p> <p>(g) contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and</p> <p>(h) any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior.</p> <p>(2) those interventions determined by the governing body to be unacceptable for or prohibited from use in the facility.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility implemented procedures which were prohibited and potentially physically painful for the purpose of reducing the frequency or intensity of a behavior affecting 7 of 8 clients (Client #1, #2, #3, #4, #5, #6, #7). The findings are:</p> <p>Cross Reference: 10A NCAC 27E-.0101 (b) Least Restrictive Alternative - Based on record review and interviews, the facility failed to use the least</p>	V 514		

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V 514	<p>Continued From page 76</p> <p>restrictive and most appropriate methods which promote coping and engagement skills meaningful to the clients affecting 7 of 8 clients (Client #1, #2, #3, #4, #5, #6 and #7) (V513).</p> <p>Observation of a public area the facility used for PT (physical training) on 6/26/18 at 1:07PM revealed:</p> <ul style="list-style-type: none"> <li>-3 flights of double stairs made of rock and concrete led down a steep grassy hill to a softball field;</li> <li>- The stairs resembled an ancient temple's narrow steps;</li> <li>- The stairs had metal hand railing;</li> <li>- The top flight of stairs had 11 steps;</li> <li>- The middle flight of stairs had 10 steps;</li> <li>- The third flight of stairs had 13 steps;</li> <li>- There was a concrete platform between each flight of stairs.</li> </ul> <p>Review on 7/9/18 of a facility handbook titled, Clear Sky Behavioral, LLC (Limited Liability Corporation)" which described the Managing Partner (MP) revealed:</p> <ul style="list-style-type: none"> <li>- The MP was a " ...14 year veteran of the [armed forces branch] and well versed in team behaviors ...developed successful programs in several states that are still thriving ...;"</li> <li>- The MP was wearing a military uniform in his picture;</li> <li>- His accomplishments included designing a program in another state for the state attorney to serve the communities' "toughest teenage boys;"</li> <li>- The MP had built a program for boys "that a [North Carolina (NC) law enforcement association] could model statewide;"</li> <li>- The MP had "been a force, for decades preparing boys for the challenges life will demand of them;"</li> <li>- The MP was a "Master of 'Tough Love' and</li> </ul>	V 514		

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V 514	<p>Continued From page 77</p> <p>getting the best out of teenage boys that ...had given up on themselves."</p> <p>Review on 7/9/18 of a facility handbook titled, Clear Sky Behavioral, LLC (Limited Liability Corporation)" which described a former staff (FS) or "Partner"</p> <p>Revealed:</p> <ul style="list-style-type: none"> <li>- He was the graduate of a university with a Master's Degree in Criminal Justice;</li> <li>- The FS had spent the last 20 years "not only fighting crime but developing procedures to prevent crime;"</li> <li>- His personality connected with young people and pushed them down the path for future success.</li> </ul> <p>Review on 7/9/18 of a Clear Sky Behavioral, LLC facility admission packet document titled, "Compliance and Expectation Standards" revealed:</p> <ul style="list-style-type: none"> <li>- Basic Standards and Expectations: <ul style="list-style-type: none"> <li>- memorization of the 14 leadership traits and definitions</li> <li>- participate in physical training in an effort to strengthen minds and bodies</li> </ul> </li> <li>- Compliance Standards used as primary means of motivation: <ul style="list-style-type: none"> <li>- Essay Writing (Based on Leadership Trait) - no more than 1000 words and within scope and severity of infraction</li> <li>- Incentive Physical Training (must have defined objective and be within the resident's physical ability) - may be used upon election of the staff member if quicker way to get past infraction ...within client's physical ability ... "(ie. 100 Jumping Jacks)."</li> <li>- Time Out (15 minute cool down) - used when a client became "hot headed"</li> <li>- Tap Out (24 hour, out of group) - intervention</li> </ul> </li> </ul>	V 514		

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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 514	<p>Continued From page 78</p> <p>used when the client was unable to be safely maintained in milieu setting ...intervention may also be at staff discretion on shift if de-escalation strategies ...not successful ...allowed use of quiet time alone in room ...not out of group longer than 24 hours</p> <p>Review on 6/14/18 of Client #1's record revealed:                      - Admission date: 9/25/17                      - Diagnoses: Unspecified Trauma; Oppositional Defiant Disorder (ODD); Other Disruptive, Impulse Control Disorder                      - Age: 15                      - 2/12/17 Juvenile Petition: physically abused and injured or sexually abused by parents</p> <p>Interview on 6/25/18 with Client #1 revealed:                      - The clients had PT in one of the facility's unoccupied rooms, at the local middle school or an exercise facility;                      - He had never seen staff put their hands on any of the clients.</p> <p>Review on 6/25/18 of Client #2's record revealed:                      - Admission date: 2/16/18                      - Diagnoses: ODD; Cannabis Use Disorder, Mild                      - Age: 15</p> <p>Interview on 6/25/18 with Client #2 revealed:                      - Everything at the facility was "kinda military based ...;"                      - The program taught him how to deal with stressful situations;                      - The clients had PT activities which included running a mile, pushups, squats, run down steps, run around the baseball field and then run up steps and back;                      - All of the clients had to do it (PT) and it was "punishment;"                      - It was not very bad because all of the clients</p>	V 514		

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V 514	<p>Continued From page 79</p> <p>had lost a lot of weight;</p> <ul style="list-style-type: none"> <li>- "Lately, we have been doing pretty good (behaviors) cause nobody wants to go out in the heat;"</li> <li>- Sometimes, the clients had PT in the house such as jumping jacks, pushups, sit ups or they ran around the parking lot;</li> <li>- Once he had been a "smart aleck" or talked too much and had to do the "Magic Chair;"</li> <li>- The "Magic Chair" was a "wall sit" on an invisible chair for a period of time (unsure of amount);</li> <li>- He had seen Client #3 get restrained because he was "squaring up with the staff;"</li> <li>- Client #3 "kept fighting and was being violent;"</li> <li>- Staff #14 was holding Client #3's arms and his legs;</li> <li>- Staff #14 was a cop and there was another staff watching;</li> <li>- Client #6 had been restrained after being violent and "throwing a fit;"</li> <li>- Staff #14 "had put him (Client #6) on the floor on his stomach because he started punching stuff and being violent;"</li> <li>- Client #6 was down on his stomach, screaming and fussing.</li> </ul> <p>Review on 6/25/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 3/20/18</li> <li>- Diagnoses: Major Depressive Disorder</li> <li>- Age: 15</li> </ul> <p>Interview on 6/25/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>- The facility had PT but he had not liked it;</li> <li>- PT helped him take out some stress and agitation;</li> <li>- PT was like a punishment;</li> <li>- The clients had to go in the hallway, put their heads against the wall and move their feet back for a maximum of 10 minutes;</li> <li>- Sometimes, the clients had to do 120 pushups;</li> </ul>	V 514		

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V 514	<p>Continued From page 80</p> <ul style="list-style-type: none"> <li>- He had walked past Client #5's room and saw Staff #14 put his hands on Client #5's shoulders and put his back against the wall;</li> <li>- Client 3 had gone to his room and heard a "thump" in Client #5's room;</li> <li>- Last week, he was cleaning the dining room and had told staff it was unfair because his roommate was supposed to be helping;</li> <li>- Client #3 had stated, "...it was b*****t" and refused to go to his room;</li> <li>- Staff #14 had flipped Client #3's chair backwards and Client #3 rolled over from his back and stood up;</li> <li>- Client #3 balled up his fists and Staff #13 screamed, "You are just another face in the crowd;"</li> <li>- Staff #14 and Staff #13 told him he had no rights and then had slammed him on the floor trying to restrain him;</li> <li>- Client #3 had rolled over and Staff #14 had put Client #3's arm behind his back and Staff #13 grabbed his ankles and held him down for about 3 minutes;</li> <li>- The hold had not been an appropriate restraint;</li> <li>- Things had gotten better and the clients were listening better and had tried not to get in that position again.</li> </ul> <p>Review on 6/25/18 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 5/28/18</li> <li>- Diagnoses: Generalized Anxiety Disorder (GAD); Language Disorder; ODD; Attention Deficit Hyperactive Disorder (ADHD); PTSD (Post Traumatic Stress Disorder)</li> <li>- Age: 16</li> </ul> <p>Interview on 6/25/18 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #14, Staff #15 and the MP had put Client #3 in handcuffs one time, he had a key to the handcuffs and worked in a prison;</li> </ul>	V 514		

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V 514	<p>Continued From page 81</p> <ul style="list-style-type: none"> <li>- Staff #14 had left Client #2 at the "temple" or "mud dog"( public baseball field with concrete/rock stairs) to work out running up the stairs and around the ball field because Client #2 had said he was going to run away;</li> <li>- The MP had picked Client #2 up and brought him back to the facility;</li> <li>- One day, Client #5 would not listen and all of the clients had to sit down.</li> </ul> <p>Review on 6/25/18 of Client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 6/7/18</li> <li>- Diagnoses: PTSD; ADHD-Combined Type; ODD</li> <li>- Age: 13</li> </ul> <p>Interview on 6/25/18 with Client #5 revealed:</p> <ul style="list-style-type: none"> <li>- He had not really been restrained, but Staff #14 had told him to put his head against the wall and back his feet away from the wall;</li> <li>- Staff #14 had taken his head and moved or positioned his head;</li> <li>- Another time, Staff #14 picked up Client #5's head and banged it against the wall really hard;</li> <li>- Staff #14 had said the client was banging his own head against the wall;</li> <li>- Client #5 was unable to remember who the other staff was.</li> </ul> <p>Review on 6/25/18 of Client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 12/17/17</li> <li>- Diagnoses: Unspecified Schizophrenia Spectrum &amp; Other Psychotic Disorder; Bipolar II Disorder</li> <li>- Age: 12</li> </ul> <p>Review on 6/14/18 of two Treatment Plan goals for Client #6 dated 1/10/17 revealed:</p> <ul style="list-style-type: none"> <li>- Participate in treatment daily and continue to develop/learn skills as outlined in the ILA syllabus;</li> </ul>	V 514		

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V 514	<p>Continued From page 82</p> <ul style="list-style-type: none"> <li>- Participate in PT, Martial Arts Training and/or other specialized subjects with concentration on health/fitness;</li> <li>- Staff was to facilitate physical training opportunities with a concentration on health/fitness as outlined in program guidelines.</li> </ul> <p>Interview on 6/25/18 with Client #6 revealed</p> <ul style="list-style-type: none"> <li>- He had a goal not to have anger outbursts;</li> <li>- He had gotten mad and hit a window twice;</li> <li>- Staff #14 came over and held his arms up, put him down and sat on his legs;</li> <li>- Five of the clients were in the same facility room for PT;</li> <li>- Another staff was present but he no longer worked at the facility;</li> <li>- The other staff had told the other clients to stop laughing.</li> </ul> <p>Review on 6/25/18 of Client #7's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 4/6/18</li> <li>- Diagnoses: Conduct Disorder-Adolescent Onset Type; PTSD; Major Depressive Disorder-recurrent/moderate; Cannabis Use Disorder, mild by history; Alcohol Use Disorder (mild by history)</li> <li>- Age: 14</li> </ul> <p>Interview on 6/25/18 with Client #7 revealed:</p> <ul style="list-style-type: none"> <li>- He had to put his head against the wall and put his feet back which worked on his "abs" (abdominal muscles) and his shoulders;</li> <li>- This had been used as punishment once or twice;</li> <li>- At other times, the clients had to run laps;</li> <li>- He had not seen another client put their head against the wall;</li> <li>- Client #7 had never seen staff put their hands on any clients.</li> </ul>	V 514		

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V 514	<p>Continued From page 83</p> <p>Review on 6/26/18 of Staff #12's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 11/1/17</li> <li>- Documentation of 8/2017 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #12 revealed:</p> <ul style="list-style-type: none"> <li>- He had not personally restrained any clients;</li> <li>- The clients were more verbal and not really physical;</li> <li>- PT was 75% of what they clients would do such as sit ups, push-ups, run in stadium, run a mile or sometimes 1 ½ miles at the "Mud Dog or the Temple;"</li> <li>- Consequences for behaviors were either physical activities or writing an essay with one of the leadership traits;</li> <li>- If a client lied, the assigned essay would be on integrity;</li> <li>- A PT consequences would be whatever the clients had not liked such as running up the hill which would still be related to one of the 14 leadership traits the group may have;</li> <li>- The traits were part of the [armed forces branch] leadership traits;</li> <li>- Sometimes the clients would have issues regarding physical activities and the "Magic Chair" was just an exercise;</li> <li>- All of the clients would be required to do this exercise if they were getting escalated;</li> <li>- Other exercises included a technique called a "Burpee" which was push-ups, "mountain Climber" and a "star jumper" combination;</li> <li>- Staff #12 had done those in his high school "[military officer training];"</li> <li>- He defined neglect as a willful disregard for a child's needs.</li> </ul> <p>Review on 6/26/18 of Staff #13's employee file revealed:</p>	V 514		

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V 514	<p>Continued From page 84</p> <ul style="list-style-type: none"> <li>- Hire Date: 1/1/18</li> <li>- Documentation of 8/15/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #13 revealed:</p> <ul style="list-style-type: none"> <li>- PT time varied everyday usually around 3PM or 4PM;</li> <li>- The "Temple or Mud Dog" field was used if the weather was clear;</li> <li>- The clients were paired up weak with strong and given an activity;</li> <li>- The physical activity types used were jumping jacks, run the temple and other exercises;</li> <li>- If the clients were getting "amped up" or unruly, staff would take the clients to run some laps to de-stress;</li> <li>- The clients were only "as good as the weakest member of their team;"</li> <li>- Clients' consequences were usually a physical activity;</li> <li>- If a client "tapped out," he would stay out of everything for 24 hours;</li> <li>- If a client's peers see him tap out, the peers would hold the client accountable;</li> <li>- The "tapped out" client read a book, wrote in their journal, practice 14 traits of leadership;</li> <li>- The MP had brought the leadership traits into the program from his experience in the military;</li> <li>- He had not restrained any of the clients, but had seen other staff conduct an assisted walk at times;</li> <li>- There had been an issue with Client #5 with the use of profanity;</li> <li>- Staff #14 had told him to do "Burpees" (push-ups, then stand and jump toward the ceiling);</li> <li>- Client #5 stopped doing them and refused;</li> <li>- He was sent to his room and told to sit on the bed;</li> <li>- Client #5 refused and Staff #14 had him to stand</li> </ul>	V 514		

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V 514	<p>Continued From page 85</p> <p>in the corner;</p> <ul style="list-style-type: none"> <li>- Staff #13 never saw Staff #14 put his hands on Client #5;</li> <li>- Staff #14 told Staff #13 that Client #5 was trying to hurt himself and was standing against the wall;</li> <li>- Staff #13 defined neglect as not providing the resources or care that someone needed including attention, medical care, sustenance and mental or emotional support.</li> </ul> <p>Review on 6/26/18 of Staff #14's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/31/18</li> <li>- Documentation of 8/15/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #14 revealed:</p> <ul style="list-style-type: none"> <li>- He was a former soldier who had served during a time of active battle in special operations;</li> <li>- Staff #14 had worked for the local Sheriff's Department for 2 ½ years;</li> <li>- The facility's program was structured similarly to a military unit;</li> <li>- Staff #14 stated, he was a "cat herder" or "troop handler;"</li> <li>- PT of some type was held every day;</li> <li>- PT was not done as punishment, but more as a challenge;</li> <li>- The consequences for behaviors was like a barter system;</li> <li>- If a client started to escalate, Staff #14 would use a prompt, look at them and the client would stop;</li> <li>- If the "whole house went out of whack," staff would start with push-ups;</li> <li>- If a client was upset and had damaged the relationship with his peers, the peers volunteered to do push-ups with the client;</li> <li>- Client #5 and Client #6 had gotten into an argument on 6/12/18;</li> </ul>	V 514		

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V 514	<p>Continued From page 86</p> <ul style="list-style-type: none"> <li>- Client #5 started cursing and Staff #14 had not been given any information on the client;</li> <li>- Staff #14 sent a text to Staff #13 stating the staff "was down the hall;"</li> <li>- Staff #13 responded he had not been given information on Client #5;</li> <li>- Staff #14 directed the client to give him a couple of "Burpees;"</li> <li>- Client #5 refused and was sent to his room;</li> <li>- Staff #14 walked back to the client's room and Client #5 was kicking the bed and thumping the wall;</li> <li>- Client #5 refused to sit on the bed, stand in the corner or stand in the doorway with his head against the wall;</li> <li>- Staff #14 directed Client #5 to come and stand in the center of the living room;</li> <li>- After Client #5 came into the living room, the other clients were angry with him;</li> <li>- Client #5 had caused the other clients to be sent to their rooms;</li> <li>- Staff #14 asked the client's peers, "How does that make you feel;"</li> <li>- Client #5's peers were yelling at him and saying he had ruined everything because no one got a piece of cake;</li> <li>- Client rights included the right to refuse treatment or to do something, but that did not mean a client had freedom from a consequence.</li> </ul> <p>Review on 7/2/18 of Staff #15's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/1/17</li> <li>- Documentation of 8/15/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- He had been working on a workbook for the clients which covered the 14 traits of leadership;</li> <li>- The traits were justice, judgment, decisiveness,</li> </ul>	V 514		

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V 514	<p>Continued From page 87</p> <p>dependability, tact, integrity, enthusiasm, bearing, unselfishness, courage, knowledge, loyalty and endurance;</p> <ul style="list-style-type: none"> <li>- Behavioral issues were associated with work needed with one of the leadership traits;</li> <li>- Staff #15 had learned the traits while in a high school military officer training and then in the armed services;</li> <li>- Extra PT was conducted with smaller groups of clients;</li> <li>- The "Magic Chair" was always a period of 30 seconds to 90 seconds;</li> <li>- A "Boot Slapper" was usually 50 - 75 "body squats;"</li> <li>- All of the staff knew about PT;</li> <li>- Other exercises used were 15-50 push-ups or jumping jacks 50-100;</li> <li>- If one client misbehaved, PT connected to one of the 14 traits;</li> <li>- If a group of clients had not said anything to the peer, the group had extra PT to develop unit cohesion.</li> </ul> <p>Review on 6/26/18 of Staff #16's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> <li>- Documentation of 9/14/17 Non-Violent Crisis Intervention (NCI) Training Part A</li> </ul> <p>Interview on 6/26/18 with Staff #16 revealed:</p> <ul style="list-style-type: none"> <li>- The facility used PT rather than restraints;</li> <li>- The PT was geared toward military principles including running, push-ups and depended on behavior;</li> <li>- If staff told the clients countless times about a behavior, they would have them do a hundred or so;</li> <li>- The clients got 10-15 second breaks between exercises.</li> </ul>	V 514		

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V 514	<p>Continued From page 88</p> <p>Interviews with the MP from 6/25/18 thru 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- The MP had developed leadership experience while in the military;</li> <li>- He had experience with the development of programs for adolescents with behavioral issues;</li> <li>- The programs he had developed for adolescents included core values;</li> <li>- The core values included the 14 Traits of Leadership along with maintaining program structure;</li> <li>- The PT was an important component of client treatment, as well as, keeping the clients engaged.</li> </ul> <p>Review on 7/9/18 of the "Clear Sky Group Home" Plan of Protection dated 7/9/18 and written by the Managing Partner (MP) revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "Policy will be revised with removal of the use of 'Incentive Physical Training (IPT)' as an authorized means of behavior management. Upon revision, all staff will be trained and signed off on the understanding of the new policy. The use of essay writing, drawing, or thinking projects will be the assignment in an effort to process behaviors. In accordance with policy, the assignment will be based upon the cognitive abilities of the resident. Any organized physical training will be monitored by supervisory staff to ensure safety is taken into account. This includes but not limited to basketball, football, field day, swimming, Crossfit, and martial arts. Residents will be encouraged to participate in 'Organized Physical Training' but will not be mandated to do so. Things that will be considered prior to engagement in organized physical training: " First Aid Equipment On Hand</p>	V 514		

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NAME OF PROVIDER OR SUPPLIER  <b>CLEAR SKY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 RAILROAD STREET MARION, NC 28752</b>
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V 514	<p>Continued From page 89</p> <p>" Hydration Available " Inclement Weather " Prior Injuries or inability for the resident to participate" Describe your plans to make sure the above happens. "Upon revision of policy, management will consider a violation of this policy to be means for immediate termination of the employee that fails to follow the standard. Qualified Professional and supervision AP serving in a Direct Care role will report any violation of this policy to senior management for disciplinary action. LP will be tasked with implementing questioning regarding the use of Incentive Physical Training by staff members to each resident during private therapy sessions. The LP will report any allegations of the use of IPT to senior management immediately. Senior management will report all allegations to the healthcare registry. [Newly contracted therapist] will review the policy revision and provide oversight based on the Plan of Protection immediately." Signed by the Managing Director 7/9/18</p> <p>The facility failed to provide services for clients which promoted client rights in a safe and respectful environment. The activity choices were viewed as "punishment." Prohibited and potentially, physically painful procedures were required daily and included wall squats, jumping jacks, running laps, and other extreme exercises to control client behaviors. The utilization of physical trainings were adopted from military training techniques. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3000.00 is imposed. If the violation is not corrected within 23 days, an</p>	V 514		

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V 514	Continued From page 90  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 514		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum	V 537		

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V 537	<p>Continued From page 91</p> <p>annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training</p>	V 537		

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V 537	<p>Continued From page 92</p> <p>Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at</p>	V 537		

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V 537	<p>Continued From page 93</p> <p>least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff demonstrated competence in the proper use of and alternatives to the use of restrictive interventions for 6 of 6 paraprofessional (PP) staff (Staff #12, #13, #14, #15, #16 &amp; the Managing Partner (MP)). The findings are:</p>	V 537		

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V 537	<p>Continued From page 94</p> <p>Interview on 6/25/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- He had seen Client #3 get restrained because he was "squaring up with the staff;"</li> <li>- Client #3 "kept fighting and was being violent;"</li> <li>- Staff #14 was holding Client #3's arms and his legs;</li> <li>- Staff #14 was a cop and there was another staff watching;</li> <li>- Client #6 had been restrained after being violent and "throwing a fit;"</li> <li>- Staff #14 "had put him (Client #6) on the floor on his stomach because he started punching stuff and being violent;"</li> <li>- Client #6 was down on his stomach, screaming and fussing.</li> </ul> <p>Interview on 6/25/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>- He had walked past Client #5's room and saw Staff #14 put his hands on Client #5's shoulders and put his back against the wall;</li> <li>- Client #3 had gone to his room and heard a "thump" in Client #5's room;</li> <li>- Last week, he was cleaning the dining room and had told staff it was unfair because his roommate was supposed to be helping;</li> <li>- Client #3 had stated, "...it was b*****t" and refused to go to his room;"</li> <li>- Staff #14 had flipped Client #3's chair backwards and Client #3 rolled over from his back and stood up;</li> <li>- Client #3 balled up his fists and Staff #13 screamed, "You are just another face in the crowd;"</li> <li>- Staff #14 and Staff #13 told him he had no rights and then had slammed him on the floor trying to restrain him;</li> <li>- Client #3 had rolled over and Staff #14 had put Client #3's arm behind his back and Staff #13 grabbed his ankles and held him down for about 3 minutes;</li> </ul>	V 537		

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V 537	<p>Continued From page 95</p> <ul style="list-style-type: none"> <li>- The hold had not been an appropriate restraint;</li> <li>- Things had gotten better and the clients were listening better and had tried not to get in that position again.</li> </ul> <p>Interview on 6/25/18 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #14, Staff #15 and the MP had put Client #3 in handcuffs one time, the MP had a key to the handcuffs and worked in a prison;</li> <li>- Staff #14 had left Client #2 at the "temple" or "mud dog"( public baseball field with concrete/rock stairs) to work out running up the stairs and around the ball field because Client #2 had said he was going to run away;</li> <li>- The MP had picked Client #2 up and brought him back to the facility;</li> <li>- One day, Client #5 would not listen and all of the clients had to sit down.</li> </ul> <p>Interview on 6/25/18 with Client #5 revealed:</p> <ul style="list-style-type: none"> <li>- He had not really been restrained, but Staff #14 had told him to put his head against the wall and back his feet away from the wall;</li> <li>- Staff #14 had taken his head and moved or positioned his head;</li> <li>- Staff #14 had said the client was banging his own head against the wall;</li> <li>- Client #5 was unable to remember who the other staff was.</li> </ul> <p>Interview on 6/25/18 with Client #6 revealed</p> <ul style="list-style-type: none"> <li>- He had a goal not to have anger outbursts;</li> <li>- He had gotten mad and hit a window twice;</li> <li>- Staff #14 came over and held his arms up, put him down and sat on his legs;</li> <li>- Five of the clients were in the same facility room for PT;</li> <li>- Another staff was present but he no longer worked at the facility;</li> <li>- The other staff had told the other clients to stop</li> </ul>	V 537		

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V 537	<p>Continued From page 96</p> <p>laughing.</p> <p>Review on 6/26/18 of Staff #12's employee file revealed: - Hire Date: 11/1/17 - Non-Violent Crisis Intervention (NCI) Part A Training: 8/2017 - No training in Seclusion, Physical Restraint and Isolation Time Out</p> <p>Interview on 6/26/18 with Staff #12 revealed: - He had not restrained any clients; - Staff #12 had no physical restraint training; - The facility used client consequences of either physical activities or writing essays.</p> <p>Review on 6/26/18 of Staff #13's employee file revealed: - Hire Date: 1/1/18 - Non-Violent Crisis Intervention (NCI) Part A Training: 8/15/17 - No training in Seclusion, Physical Restraint and Isolation Time Out</p> <p>Interview on 6/26/18 with Staff #13 revealed: - The clients would push boundaries and the staff had to lay out consequences; - The consequences for behaviors was the use of physical training (PT) activities such as jumping jacks, push-ups, running laps at a local ball field, or a combination of exercises; - He had not restrained a client; - At some times the clients needed a time out; - Restraints were not used at the facility.</p> <p>Review on 6/26/18 of Staff #14's employee file revealed: - Hire Date: 2/31/18 - Non-Violent Crisis Intervention (NCI) Part A Training: 8/15/17</p>	V 537		

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V 537	<p>Continued From page 97</p> <ul style="list-style-type: none"> <li>- No training in Seclusion, Physical Restraint and Isolation Time Out</li> </ul> <p>Interview on 6/26/18 with Staff #14 revealed:</p> <ul style="list-style-type: none"> <li>- Client #5 and Client #6 had gotten into an argument on 6/12/18;</li> <li>- Client #5 started cursing and Staff #14 had not been given any information on the client;</li> <li>- Staff #14 sent a text to Staff #13;</li> <li>- He said the Staff #13 "was down the hall;"</li> <li>- Staff #13 responded he had not been given information on Client #5;</li> <li>- Staff #14 directed the client to give him a couple of "Burpees" (type of exercise);</li> <li>- Client #5 refused and was sent to his room;</li> <li>- Staff #14 walked back to the client's room and Client #5 was kicking the bed and thumping the wall;</li> <li>- Client #5 refused to sit on the bed, stand in the corner or stand in the doorway with his head against the wall;</li> <li>- Staff #14 directed Client #5 to come and stand in the center of the living room;</li> <li>- After Client #5 came into the living room, the other clients were angry with him;</li> <li>- Client #5 had caused the other clients to be sent to their rooms;</li> <li>- Staff #14 asked the client's peers, "How does that make you feel;"</li> <li>- Client #5's peers were yelling at him and said he had ruined everything because no one got a piece of cake;</li> <li>- He had not known about any other measures to use with Client #5;</li> <li>- The dynamic of the program was not conventional.</li> </ul> <p>Review on 7/2/18 of Staff #15's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/1/17</li> </ul>	V 537		

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V 537	<p>Continued From page 98</p> <ul style="list-style-type: none"> <li>- Non-Violent Crisis Intervention (NCI) Part A Training: 8/15/17</li> <li>- No training in Seclusion, Physical Restraint and Isolation Time Out</li> </ul> <p>Interview on 7/2/18 with Staff #15 revealed:</p> <ul style="list-style-type: none"> <li>- He had the required training in alternatives to restrictive interventions;</li> <li>- The facility had not had to use restraints because the staff had respect from the clients;</li> <li>- The staff had used "implicit communication" just by making eye contact with the clients.</li> </ul> <p>Review on 6/26/18 of Staff #16's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 2/15/18</li> <li>- Non-Violent Crisis Intervention (NCI) Part A Training: 9/14/17</li> <li>- No training in Seclusion, Physical Restraint and Isolation Time Out</li> </ul> <p>Interview on 6/26/18 with Staff #16 revealed:</p> <ul style="list-style-type: none"> <li>- The facility used PT rather than using restraints;</li> <li>- The program was "geared toward military principles;"</li> <li>- Staff #16 was unsure about the clients' treatment plan goals, because the "group leaders covered those."</li> </ul> <p>Interviews with the MP from 6/25/18 thru 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/21/16</li> <li>- Non-Violent Crisis Intervention (NCI) Part A &amp; B Training: 8/2017</li> </ul> <p>Interviews with the MP from 6/25/18 thru 7/9/18 revealed:</p> <ul style="list-style-type: none"> <li>- The MP had developed leadership experience while in the military;</li> <li>- He had experience with the development of</li> </ul>	V 537		

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V 537	<p>Continued From page 99</p> <p>programs for adolescents with behavioral issues;</p> <ul style="list-style-type: none"> <li>- The programs he had developed for adolescents included core values;</li> <li>- The core values included the 14 Traits of Leadership along with maintaining program structure;</li> <li>- The PT was an important component of client treatment, as well as, keeping the clients engaged;</li> <li>- The facility had not used restraints but utilized PT.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 537		