	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
ANDILAN	or dortheories	BENTH ISATION NOWBER.	A. BUILDING: _			
		MHL-059-072	B. WING		08/0	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME		OAD STREET			
		MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	;	V 000			
	on August 6, 2018. T unsubstantiated (Inta Deficiencies were cite an initial license and September 5, 2017. This facility is license	ke #NC00140170). ed. The facility was issued began serving clients on d for the following service 27G .1700 Residential				
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	(g) Employee training provided and, at a min following: (1) general organization (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet a client as specified in a plan; and (4) training in infection bloodborne pathogen (h) Except as permittion. 5602(b) of this Subcomember shall be avait times when a client is member shall be training in the same shall be same shall be training in the same shall be training in the same shall be same shal	tion shall be documented. g programs shall be nimum, shall consist of the utional orientation; rights and confidentiality as EAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation ous diseases and as. ed under 10a NCAC 27G hapter, at least one staff illable in the facility at all is present. That staff				
	to provide cardiopulm trained in the Heimlic	nonary resuscitation and h maneuver or other first aid nose provided by Red Cross,				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME		OAD STREET			
		<u>_</u>	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 108	Continued From page	e 1	V 108			
	equivalence for reliev (i) The governing bod implement policies an reporting, investigatin	ing airway obstruction.				
	facility failed to ensure provided training on the developmental disabile treatment needs (MH, client for 6 of 6 staff (5)	ew and interviews, the e each staff member was he mental health, lity, and/ or substance abuse //DD/SA) specific to each Staff #12, #13, #14, #15, ng Partner (MP)) and 2 of 2 als (AP) (AP#17 and				
	- Admission date: 9/2 - Diagnoses: Unspeci Defiant Disorder (ODI Impulse Control Disor - Age: 15	fied Trauma; Oppositional D); Other Disruptive, rder tition: physically abused and				
	- Admission date: 2/1	Client #2's record revealed: 6/18 annabis Use Disorder, Mild				
	Review on 6/25/18 of - Admission date: 3/2 - Diagnoses: Major De - Age: 15					

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 2 of 100

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		1305921016	B. WING		08	8/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CLEAR SI	KY GROUP HOME	55 RAILE	ROAD STREET			
		MARION	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From pag	e 2	V 108			
	- Admission date: 5/2 - Diagnoses: Genera (GAD); Language Di	lized Anxiety Disorder sorder; ODD; Attention Disorder (ADHD); PTSD (Post				
	Review on 6/25/18 of Client #5's record revealed: - Admission date: 6/7/18 - Diagnoses: PTSD; ADHD-Combined Type; ODD - Age: 13					
	Review on 6/25/18 of Client #6's record revealed: - Admission date: 12/17/17 - Diagnoses: Unspecified Schizophrenia Spectrum & Other Psychotic Disorder; Bipolar II Disorder - Age: 12					
	- Admission date: 4/6 - Diagnoses: Conduc Type; PTSD; Major I Disorder-recurrent/m	ct Disorder-Adolescent Onset				
	"Level III Population - The document was of 4 questions; - The questions were (Managed Care Orga leveled care approva criteria; 3 general clie Conduct Disorder an	f a facility document titled, Training" revealed: a "Post Test" and consisted e related to the MCO's anization) responsibility for al; Level III Medical Necessity ent diagnoses of ODD; d PTSD; and meaning of the rue, Helpful, Inspiring,				

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 3 of 100

		IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY LETED	
		1305921016	B. WING	B. WING		08/06/2018	
NAME OF PR	OVIDER OR SUPPLIER		DDRESS, CITY, STA		1 00/	00/2016	
			ROAD STREET	7E, 2II 000E			
CLEAR SK	Y GROUP HOME	MARION,	NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 108	Continued From page	: 3	V 108				
	of the facility's clients. Review on 6/26/18 of revealed: - Hire Date: 11/1/17 - "Level III Population - No training had beer meet the individualize	Staff #12's personnel file Training": undated n provided specifically to d mental health,					
	developmental disability, and/or substance abuse treatment needs (MH/DD/SA) for any of the facility's clients. Review on 6/26/18 of Staff #13's personnel file revealed: - Hire Date: 1/1/18 - "Level III Population Training": undated - No training had been provided specifically to meet the individualized MH/DD/SA needs for any of the facility's clients.						
	revealed: - Hire Date: 2/31/18 - "Level III Population - No training had beer	n provided specifically to d MH/DD/SA needs for any					
	revealed: - Hire Date: 10/1/17 - "Level III Population - No training had beer meet the individualize of the facility's clients.	n provided specifically to d MH/DD/SA needs for any					

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 4 of 100

DIVISION	of Health Service Regu	liation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		1305921016	B. WING		08/06/2018
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NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
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022, 111 01	11 OROGI 1102	MARION	NC 28752		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(* /
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
TAG	1740		TAG	DEFICIENCY)	WATE
V 108	Continued From page	e 4	V 108		
	- Hire Date: 2/15/18				
	- Hire Date: 2/15/18 - "Level III Population Training": undated - No training had been provided specifically to meet the individualized MH/DD/SA needs for any				
	of the facility's clients.				
	Review on 6/26/18 of AP#17's personnel file revealed: - Hire Date: 2/15/18				
	- "Level III Population				
	- No training had been provided specifically to				
	meet the individualize	ed MH/DD/SA needs for any			
	of the facility's clients	•			
	D : 0/00/40 /				
		AP#18's personnel file			
	revealed:				
	- Hire Date: 9/1/17	Training": undated			
	- "Level III Population	n provided specifically to			
		ed MH/DD/SA needs for any			
	of the facility's clients	•			
	of the facility's clients				
	Review on 6/26/18 of	the MP's personnel file			
	revealed:	the ivii o percentier the			
	- Hire Date: 2/15/18				
	- "Level III Population Training": undated				
		n provided specifically to			
	meet the individualized MH/DD/SA needs for any of the facility's clients. Interview with the MP and QP (Qualified				
		18 revealed the Level III			
	Population Training w	as provided to the staff as			
	the client specific train	ning.			
	•	ss referenced into 10A			
		ope (V293) for a Type A1			
	and must be correcte	d within 23 days.			

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 5 of 100

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		1305921016	B. WING		08/06	08/06/2018	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00.0	<u></u>	
CLEAR SI	(Y GROUP HOME	55 RAILRO MARION, N	AD STREET IC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 111	Continued From page	5	V 111				
V 111	27G .0205 (A-B) Assessment/Treatme	nt/Habilitation Plan	V 111				
	PLAN (a) An assessment so client, according to go the delivery of services be limited to: (1) the client's prese (2) the client's needs (3) a provisional or a established diagnosis of admission, except detoxification or other shall have an established admission; (4) a pertinent social and (5) evaluations or as psychiatric, substance vocational, as apprope (b) When services ar establishment and im treatment/habilitation referred to as the "pla"	hall be completed for a overning body policy, prior to es, and shall include, but not enting problem; and strengths; admitting diagnosis with an adetermined within 30 days that a client admitted to a 24-hour medical program shed diagnosis upon entity, and medical history; assessments, such as a abuse, medical, and ariate to the client's needs. The provided prior to the plementation of the or service plan, hereafter an," strategies to address the oblem shall be documented.					
		as evidenced by: ew and interview, the facility					

Division of Health Service Regulation

failed to ensure completion of an assessment

STATE FORM 6899 MZ3B11 If continuation sheet 6 of 100

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 RAILROAD STREET MARION, NC 28752 (A)1) (A)1) (B)		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURV COMPLETED	
NAME OF PROVIDER OR SUPPLIER CLEAR SKY GROUP HOME 55 RAILROAD STREET MARION, NC 28752 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 111 Continued From page 6 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: 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 5/8/18 - Diagnoses: Stentin Deficit Hyperactive Disorder (ADHD) - Combined Type; PTSD (Post Traumatic Stress Disorder) and ODD - Age: 13 - Admission Assessment: No admission assessment was available							
CLEAR SKY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE FREGULATIONY OR LSC IDENTIFYING INFORMATION) V 111 Continued From page 6 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: 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 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			1305921016	B. WING		08/06/20	018
(A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 111 Continued From page 6 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 #8). The findings are: 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 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	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG (EACH OBFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 111 Continued From page 6 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; 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 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	CLEAR SI	KY GROUP HOME					
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: 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 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	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	O BE C	OMPLETE
Review on 6/25/18 of Client #6's record revealed: - Admission date: 12/17/17 - Diagnoses: Unspecified Schizophrenia Spectrum & Other Psychotic Disorder; Bipolar II Disorder - Age: 12 - Admission Assessment: No admission assessment was available 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;	V 111	prior to service delive problem, needs, strer pertinent social, famil affecting 3 of 8 clients Client #6). The finding Review on 6/14/18 of - Admission date: 9/2 - Diagnoses: Unspect Defiant Disorder (OD Impulse Control Disorder 15 - 2/12/17 Juvenile Peinjured or sexually ab - Admission Assessment was avail Review on 6/4/18 of - Admission: 5/8/18 - Diagnoses: Attention Disorder (ADHD) - Control Traumatic Stress Disorder (ADHD) - Control Traumatic Stre	ry which included presenting agths, admitting diagnosis, y and medical history (Client #1, Client #5 and gs are: Client #1's record revealed: 5/17 ified Trauma; Oppositional D); Other Disruptive, other Disrupt	V 111			

Division of Health Service Regulation

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1305921016	B. WING		08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME	55 RAILRO MARION, N	OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 111	III treatment and the cin the client's record a was not needed The MP acknowledge admission assessmentales. This deficiency is cross NCAC 27G .1701 Scand must be corrected.	approved the client's Level designated paperwork was an initial client assessment ged understanding an ant was required by licensure as referenced into 10 A tope (V293) for a Type A1 d within 23 days.	V 111			
	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.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		4005004040	B. WING			10010010
		1305921016	B. Wille		08	/06/2018
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE		
CLEAR SI	KY GROUP HOME		ROAD STREET I, NC 28752			
	0.11.11.42.70.4.0			DDOLUBERIO DI ANI	T CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From pag	ie 8	V 112			
	Continued From pag					
	This Rule is not met	as evidenced by:				
		iew and interview, the facility				
		reatment plan goals and				
	· -	of 3 client's (Client #1 and				
		needs and failed to develop				
	and implement strategies to meet 1 of 3 client's					
	(Client #5) individual needs. The findings are:					
	(0.10.11.7.7.11.00.01					
	Review on 6/14/18 of a facility internal program					
		sive Leadership Academy				
	(ILA) which focused					
	revealed:	•				
	- Reading and Writin	g: effort to ensure grade				
	level performance ad	chieved				
		rtunities to get students to				
	"catch up"					
	- Leadership and His					
	•	d immerse them in history				
	with day trips to edu					
		elves and becoming a leader				
		ction: introduce areas of				
	_	uch as automotive trades,				
		nd other areas of interest : introduce to physical fitness				
	_	ger body allowing students to				
		and living a healthy life style;				
		ifting and circuit training				
		ch students to swim in the				
		k with each student on basic				
		low them to overcome any				
		bility to survive if they find				
	themselves in water					
		explore creativity with				
		from line art to typical line art				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ILED
		1305921016	B. WING		08/06	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CL EAD C	CV CROUR HOME	55 RAILR	OAD STREET			
CLEAR SI	KY GROUP HOME	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE	(X5) COMPLETE DATE
V 112	to complex hydro-prir aided design and dra - Cooking and Baking preparation; learn to ingredients and follow - Public Speaking and student into public sppeers in a profession speech and overcom learn to use words to - Ethnic Diversity: intrilearn to appreciate of concentrate on races that are seldom discurrence. Review on 6/14/18 of - Admission date: 9/2 - Diagnoses: Unspect Defiant Disorder (OD Impulse Control Disorum - Age: 15 Review on 6/4/18 of Goals and strategies - Goal to develop skill thinking patterns and all settings as eviden frequency of talking be feedback, promoting participating in activities elf-image and identified in the setting of the set	nting and CAD (computer fiting) g: introduce areas of meal properly measure v a recipe d Socialization: introduce eaking and interacting with all environment; complete a efears of speaking in public; be impactful and expressive roduce different cultures and thers for their differences; religions, and other areas assed f Client #1's record revealed: 5/17 iffed Trauma; Oppositional D); Other Disruptive, reder Client #1's treatment plan dated 9/25/17 revealed: Is to address negative increase positive self-talk in ced by (AEB) decreasing back, giving and accepting leadership skills, ies to promote positive fying 3 positive aspects of erelationships with others ect and increased ings AEB decreasing	V 112			
		ences and express self in a alm voice tone, eye contact, guage)				

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 10 of 100

Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1305921016	B. WING		08/06/2018	
					1 00/00/2010	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME	55 RAILR	OAD STREET			
022,414 01	(1 01(00) 110m2	MARION,	NC 28752			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		
IAG	TREGOLATION ON		IAG	DEFICIENCY)	W (1 L	
			1,,,,,			
V 112	Continued From page	e 10	V 112			
	 Strategies: provide 24/7/365 supervision staff assist through role playing, processing, pre-teaching and/or redirection implement ILA syllabus, which focuses on 					
		ce, judgment, decisiveness,				
	dependability, tact, in	tegrity, enthusiasm, bearing,				
	unselfishness, courage, knowledge, loyalty and endurance;) - anger management, organization and other					
	daily living skills					
	 staff facilitate phys 	- : :				
		ncentration on health/fitness				
		alation techniques, as				
	needed					
	- staff utilize NCI (No					
	· ·	ned in NCI interventions Part				
	A/B	1 (9)				
		veloping and utilizing coping				
	skills for daily living	nooded				
	- provide support as	_A traits and made decisions				
		sical training exercise				
		nan implementing strategies				
		ocessing, modeling and				
		development techniques				
	Interview on 6/25/18	with Client #1 revealed:				
	- He had no goals "right now." Review on 6/4/18 of Client #5's record revealed:					
	-Admission: 5/8/18					
	-Diagnoses: Attention					
		ombined Type; PTSD (Post				
	Traumatic Stress Disc	order) and ODD				
	- Age: 13					
		Client #5's Treatment Plan				
	Goals and Strategies	dated 2/28/18 revealed:				

- Goal to manage maladjusted behaviors AEB

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPL	
		1305921016	B. WING		08/0	06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SE	KY GROUP HOME	55 RAILR	OAD STREET			
- CLEAR OF	ti ditadi ilame	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 112	V 112 Continued From page 11		V 112			
	interacting with peers instances of aggressi conversations, refrair unable to get his way and verbal processing around him, commun opinions and thoughts stability and not feelir - Goal to develop hear meeting new social si activity or team, partic confrontation, meet of appropriate social ski increase communicat positive relationships of irritability, frustration utilize appropriate copprocessing to regulate behaviors - No documented fact support client with me coping, social and confrontation date: 12/- Diagnoses: Unspecting Spectrum & Other Pst Disorder - Age: 12	and adults without on, have appropriate in from getting upset when in, utilize learned coping skills g with authority figures icate concerns, feelings, is around fears of placement ing heard althy relationships by imports by being a part of an individual company in activity without ince weekly to discuss ills used during the activity, ion in order to maintain in while experiencing feelings in, agitation and/or anger, iong skills and effective in his emotions and negative ility strategies to assist and itering goals to develop immunication skills Client #6's record revealed: 17/17 iffied Schizophrenia ychotic Disorder; Bipolar II				
	- Goal to improve con relationships with oth frequency of manipula in a pro-social manne	nmunication and build ers AEB decreasing ating others, express himself er by utilizing eye contact, guage, calm voice tone and				
	Goal to accept no a	nd decrease frequency of				

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argumentative/deviant behaviors, utilize

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Division of	<u>of Health Service Regu</u>	ılation				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING			
		1305921016			08/06	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		55 RAII F	OAD STREET			
CLEAR SH	KY GROUP HOME		NC 28752			
1				T		
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
1/ 440			1//440			
V 112	Continued From page	e 12	V 112			
	"can-wait" and allow	others to speak without				
		over them, ask for help				
		erstand and use "listening				
		edback, engage in age				
		and reduce frequency of				
		and reduce frequency of				
	negative self-talk	maliance with expectations				
		mpliance with expectations				
		n new calm down strategies				
		of anger/frustrations/sadness				
	AEB connecting thou	-				
		ith an adult support to				
	-	ncy of "thinking errors or				
		dentifying "anger buttons" or				
		ng with an adult to make a				
		s such as "ask my body how				
		d think," use deep breathing,				
		r grounding techniques				
		oloring, etc.) in order to calm				
		ns given, acknowledge his				
	actions with personal	accountability and				
	identifying his role in	a situation by learning to				
	accept the consequer	nces for his actions/				
	behaviors, as well as	, feedback given				
	- Goal to develop and	d learn independent living				
		is ILA syllabus in order to				
	gain a better understa					
		oudgeting money, completing				
		anization skills and on talk				
		a regular hygiene routine,				
	maintain a regular sle					
	- Strategies:	, , , , , , , , , , , , , , , , , , , ,				
	- provide 24/7/365 s	supervision				
		role playing, processing,				
	pre-teaching and/or re					
		abus, which focuses on				
	leadership traits, ang					
	organization and other					
		sical training opportunities				
	with concentration on	i health/fitness				

- staff utilize de-escalation techniques, as

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILANO	OOKKEOTION	IDENTIFICATION NOMBER.	A. BUILDING: _		OOMI LETED	
		1305921016	B. WING		08/06/2018	
NAME OF PR	OVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CLEVBSK	Y GROUP HOME	55 RAILRO	AD STREET			
OLLAN SK	T GROOF HOME	MARION, I	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 112	Continued From page 13		V 112			
	needed - staff utilize NCI (No Intervention) as outlin A/B - staff assist with de skills for daily living - no documentation exercises tied to spec Interview on 6/25/18 v - He had a goal to no Interview on 7/2/18 w - He had been workin clients which covered - The traits were justic dependability, tact, in unselfishness, courage endurance; - Behavioral issues w needed with one of th - Staff #15 had learne school military officer armed services; - Extra PT was condu clients; - The "Magic Chair" w seconds to 90 second - A "Boot Slapper" wa squats;" - All of the staff knew - Other exercises use jumping jacks 50-100 - If one client misbeha of the 14 traits; - If a group of clients	on-violent Crisis the in NCI interventions Part veloping and utilizing coping of physical training cific strategies with Client #6 revealed: thave anger outbursts. with Staff #15 revealed: of on a workbook for the of the 14 traits of leadership; ce, judgment, decisiveness, of tegrity, enthusiasm, bearing, of the knowledge, loyalty and of the eleadership traits; of the traits while in a high of training and then in the of the traits while in a high of training and then in the of the traits while in a high of the traits while in a high of training and then in the of the traits while in a high of the	V 112			

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Interviews with the Managing Partner (MP) from

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		, ,	E SURVEY PLETED
		1305921016	B. WING		08	3/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	•	
0.545.0	10/ 000UD UQUE	55 RAIL	ROAD STREET			
CLEAR S	KY GROUP HOME	MARIO	N, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From pag	e 14	V 112			
	while in the military; - He had experience programs for adolese - The programs he h adolescents included - The core values included structure; - The PT was an implement, as well as engaged.	with the development of cents with behavioral issues; ad developed for discore values; cluded the 14 Traits of the maintaining program fortant component of client to, keeping the clients cope (V293) for a Type A1				
V 118	only be administered order of a person audrugs. (2) Medications shall clients only when audrient's physician. (3) Medications, incluadministered only by unlicensed persons to pharmacist or other I privileged to prepare (4) A Medication Admall drugs administered	9 MEDICATION	V 118			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CLEAR SI	(Y GROUP HOME	55 RAILRO MARION, N	AD STREET IC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	(C) instructions for ad (D) date and time the (E) name or initials of drug. (5) Client requests for	following: nd quantity of the drug; Iministering the drug; drug is administered; and person administering the r medication changes or	V 118		
	file followed up by apwith a physician.	ded and kept with the MAR pointment or consultation			
	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:				
	 Admission date: 9/2 Diagnoses: Unspeci Defiant Disorder (OD Impulse Control Disorder: Age: 15 Medication Order: 	fied Trauma; Oppositional D); Other Disruptive,			
	June and July reveale - ProAir HFA 90mcg I (as needed) wheezing	nhale 2 puffs Q4Hrs PRN			

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7.1. 56.25.1.16.			
		1305921016	B. WING		08/	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
CLEAR SI	KY GROUP HOME		ROAD STREET			
	I		, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE . CROSS-REFERENCED [*] DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 16	V 118			
	- Flovent HFA 110mc not on the MAR	for these medications g - 2 puffs twice daily was				
	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					
	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					
	- Admission date: 12/ - Diagnoses: Unspec Spectrum & Other Ps Disorder - Age: 12 - Medication Order: - 1/12/18: Zyrtec 10/ Review on 7/2/18 of 0 June and July revealed	ified Schizophrenia sychotic Disorder; Bipolar II mg QHS for allergies Client #6's MARs for May, ed: as not written on the MARs				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018
	ROVIDER OR SUPPLIER KY GROUP HOME	55 RAIL	DDRESS, CITY, STATE ROAD STREET I, NC 28752	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETE
V 118	Continued From page 17		V 118		
V 131	each appointment for medication orders; - The missing orders medications would be - Client #6's allergy mobtained. This deficiency is cross NCAC 27G .1701 Scand must be correcte G.S. 131E-256 (D2) Hoverification G.S. §131E-256 HEAREGISTRY (d2) Before hiring heathealth care facility or health care facility shades.	realed: ients to their medical the client's physician at the documentation of for Client #1 and Client #5's e obtained right away; redication would be as referenced into 10 A ope (V293) for a Type A1 d within 23 days. HCPR - Prior Employment LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident	V 131		
	failed to conduct an F Personnel Registry) of	ew and interview, the facility			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVE COMPLETED		
			B. WING				
		1305921016	B. WING		08	3/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CLEAR S	KY GROUP HOME	55 RAILI	ROAD STREET				
		MARION	, NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 131	Continued From page	e 18	V 131				
	revealed: - Hire Date: 1/1/18 - HCPR Check: 5/8/1						
	(MP) revealed: -The MP acknowledg	rith the Managing Partner red the HCPR check for Staff reducted prior to the hire					
		ss referenced into 10A ope (V293) for a Type A1 d within 23 days.					
V 132	G.S. 131E-256(G) Ho Allegations, & Protec		V 132				
	REGISTRY (g) Health care faciliti Department is notified health care personne unknown source, whi	ies shall ensure that the d of all allegations against el, including injuries of ch appear to be related to ivision (a)(1) of this section.					
	a. Neglect or abuse facility or a person to as defined by G.S. 13 as defined by G.S. 13 b. Misappropriation in a health care facilit (b) of this section incidere services as defined by the services as defined by the services as defined are being provided. c. Misappropriation healthcare facility.	of a resident in a healthcare whom home care services 31E-136 or hospice services 31E-201 are being provided. of the property of a resident ty, as defined in subsection luding places where home ned by G.S. 131E-136 or defined by G.S. 131E-201 of the property of a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			A. BOILDING			
		1305921016	B. WING		08/0	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME		OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 132	a patient or client for providing services). Facilities must have acts are investigated to protect residents fr investigation is in pro investigations must b	or client. lealth care facility or against whom the employee is evidence that all alleged and must make every effort from harm while the gress. The results of all e reported to the e working days of the initial	V 132			
	facility failed to ensur abuse against health reported to the Health (HCPR) for 1 of 6 Sta are: Review of Client #5's Admission Date: 6/7/ Diagnoses: Post Trau (PTSD); Attention De	ew and interviews, the e all allegations of harm or care personnel were n Care Personnel Registry aff (Staff#14). The findings				
	Review on 6/26/18 of revealed: - Hire Date: 1/1/18	f Staff #13's employee file				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	1 ' '	E SURVEY PLETED
			A. BUILDING: _			
		1305921016	B. WING		08	3/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ΓE, ZIP CODE		
CI EAD SI	KY GROUP HOME	55 RAILF	ROAD STREET			
CLEAR 3	KT GROOP HOWE	MARION	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 132	2 Continued From page 20		V 132			
	Review on 6/26/18 of revealed: - Hire Date: 2/31/18	Staff #14's personnel file				
	"Complaint Log" and - A complaint was red Department of Social Manager (CM) on 6/1	ed to have pushed Client				
	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.					
	"Written Statement" of 6/19/18 revealed: On 6/14/18, Staff #1 returned to the facility 20:30 (8:30PM); Client #5 began to yhe sat on the couch; Staff #14 instructed Client #5 continued on his bed in his roon Client #5 refused an quietly and calm dow Client #5 walked tow (sat on the couch); Client #6 informed Smaking "rude hand ges Staff #14 asked Cliebut he refused;	nd was told again to go sit n; vard his room and Client #6 Staff #14 that Client #5 was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SI COMPLE	
		1305921016	B. WING		08/06/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEAR SE	(Y GROUP HOME	55 RAILRO	AD STREET			
		MARION, N	IC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
	[Staff #13] returned to (Client #5) he still refu - Staff #14 told Client - "At no time was I (S my supervisor or othe - Client #1 and Client "site" of Client #5 and	#5 to turn and face the wall; taff #14) ever out of site of er residents;" #2 were in direct line of I reported to Staff #14 that				
	"site" of Client #5 and reported to Staff #14 that Client #5 was hitting himself; - Client #5 was brought out of his room and put in the center of the living room floor; - Staff #14 asked the clients who were standing in their doorways how they felt about Client #5's behavior; - "Several (clients) had not nice things to say;" - Client #5's peers were upset because they had lost a chance for everyone to eat cake; - Staff #14 asked Client #5 if he was ready to go to bed; - Client #5 had stated, "I'm ready to go to bed Sir! and stop being an a*****e!"					
	"Complaint Investigat completed by Staff #1 - Interview with Client of sight of Client #5 w face; - Interview with Client of sight of Client #5 a occurrence;" - Client #1 had direct incident and said Clie striking himself in the - Interviews with Client (current clients) indicated	2 and Staff #13 revealed: #2 said he was in direct line tho was hitting himself in the #6 said he was in direct line nd "stated similar line of sight regarding the nt #5 was witnessed to be face; nt #3, Client #4 and Client #7 ated they witnessed Client ere not in line of sight to				

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Review on 6/28/18 of a facility document titled,

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		1305921016	B. WING		08/06/2018
					1 00/00/2010
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CLEAR SE	(Y GROUP HOME		ROAD STREET		
		MARION	NC 28752		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /
1 IXEI IX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
			IAG	DEFICIENCY)	
1/ 100	2 Continued From 1 and 20		1,400		
V 132	Continued From page 22		V 132		
	Complaint Resolution Form" completed by the				
	Managing Partner (M	P) and dated 6/19/18			
	revealed:				
	- After visits by the lo	cal DSS and client			
	interviews, Staff #14's	s statements were accepted			
	as credible;				
	- No safety concerns	existed regarding his			
	behavior;				
	- DSS was contacted regarding Staff #14's return				
	to work.				
	Interview on 6/25/19	with Client #3 revealed:			
		n the facility since March;			
		alked past Client #5's room			
		t his hands on Client #5's			
	•	back against the wall;			
	•	to his room and heard a			
	"thump" in Client #5's				
	r				
	Interview on 6/25/18	with Client #4 revealed:			
	- One day, Client #5 I	nad repeatedly not listened			
	to staff directions:				
		n, "If you f***k yourself, you			
	unf***k yourself;"				
		anyone have their head			
	banged against the w	all.			
	Interview on 6/25/19	with Client #5 revealed:			
		een restrained, but Staff #14			
	-	s head against the wall and			
	back his feet away fro	_			
		his head and moved or			
	positioned his head;				
	•	#14 picked up Client #5's			
	head and banged it a	gainst the wall really hard;			
		he client was banging his			
	own head against the				
		e to remember who the			
	other staff was.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1205024046	B. WING		00/06/2040	
		1305921016			08/06/2018	_
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
OLEAD OL	(V ODOUB HOME	55 RAILR	OAD STREET			
CLEAR SI	KY GROUP HOME	MARION,	NC 28752			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	_
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG REGULATORY OR		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE	
				DEFICIENCY)		
V 132	Continued From page 23		V 132			
	Interview on 6/26/18 with Staff #13 revealed: - There had been an issue with Client #5 with the					
	use of profanity;					
	- Staff #14 had told hi	im to do "Burnees"				
		d and jump toward the				
	ceiling);	a and jump toward the				
	G / ·	oing them and refused;				
		room and told to sit on the				
	bed;	com and told to oil on the				
	- Client #5 refused and Staff #14 had him to stand					
	in the corner;	ia otali " i i ilaa iliii to otalia				
		seen Staff #14 put his				
	hands on Client #5;	occir ctair ii i pat iiic				
		#13 that Client #5 was trying				
		as standing against the wall.				
		3 3				
	Interview on 6/26/18	with Staff #14 revealed:				
	- Client #5 and Client	#6 had gotten into an				
	argument on 6/12/18;	•				
	- Client #5 started cui	rsing and Staff #14 had not				
	been given any inforn	nation on the client;				
	- Staff #14 sent a text	t to Staff #13;				
	- He stated, Staff #13	"was down the hall;"				
		d he had not been given				
	information on Client					
		ne client to give him a couple				
	of "Burpees;"					
		nd was sent to his room;				
		ck to the client's room and				
		the bed and thumping the				
	wall;					
		sit on the bed, stand in the				
		doorway with his head				
	against the wall;					
		lient #5 to come and stand				
	in the center of the liv					
		e into the living room, the				
	other clients were and	• •				
	- Client #5 had caused the other clients to be sent					

to their rooms;

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CLEAR SI	(Y GROUP HOME	55 RAILRO MARION, N	OAD STREET NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 132	that make you feel;" - Client #5's peers we he had ruined everyth piece of cake; - Client Rights include treatment or to do sor mean a client had free. Interview with the Quanty/9/18 revealed: - She had been unable Response Improvement any incidents including involving Client #5's area The IRIS system was called the MCO (Manorder to register for elementary of the Merita of the matter of the Merita of	client's peers, "How does are yelling at him and saying hing because no one got a sed the right to refuse mething, but that did not edom from a consequence. calified Professional (QP) on the to access the Incident ent System (IRIS) to enter gothe 6/12/18 incident allegation against Staff #14. Its being updated when she aged Care Organization) in entry. Inaging Partner (MP) on a good staff; a position due to the distance lee to the facility; and the facility; armation Staff #14 had given the involving Client #5 on the involving Client #5 on the involving Client #5 on the provide a reason for not HCPR report for the don 6/19/18; state not have somebody to se things."	V 132		
		ss referenced into 10A ope (V293) for a Type A1			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
		1305921016	B. WING		08/0	6/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
CLEAR SKY GROUP HOME 55 RAILI		55 RAILR	OAD STREET			
MARIC			NC 28752			
(X4) ID			ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
				DEFICIENCY)		
V 132	Continued From page	= 25	V 132			
	and must be correcte	d within 23 days.				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	G S 8122C 80 CPIM	IINAL HISTORY RECORD				
	CHECK REQUIRED					
	APPLICANTS FOR E					
		ed in this section, the term				
	• •	an area authority/county				
	program and any pro	vider of mental health,				
	developmental disabi	lity, and substance abuse				
	services that is licens	able under Article 2 of this				
	Chapter.					
	. ,	offer of employment by a				
	provider licensed und	•				
		tion that does not require the				
	• •	occupational license is				
		nt to a State and national				
		d check of the applicant. If				
		en a resident of this State for then the offer of employment				
		sent to a State and national				
		d check of the applicant. The				
	national criminal histo	• •				
		e applicant's fingerprints. If				
		en a resident of this State for				

Division of Health Service Regulation

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

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Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE		
	10115211 011 001 1 21211		ROAD STREET	, 2 6652		
CLEAR SKY GROUP HOME			, NC 28752			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPI	LETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DAT	E.
				52.16.2.16.1,		
V 133	Continued From page	26	V 133			
	check required by this	s section. Notwithstanding				
		Department of Justice shall				
	return the results of n	ational criminal history				
	record checks for em	ployment positions not				
	covered by Public Lav					
	-	and Human Services,				
	Criminal Records Che					
		eipt of the national criminal				
		the Department of Health				
		Criminal Records Check rovider as to whether the				
		may affect the employability				
		case shall the results of the				
		bry record check be shared				
		viders shall make available				
	-	tion that a criminal history				
		oleted on any staff covered				
	by this section. A cou	nty that has adopted an				
	appropriate local ordi	nance and has access to				
	the Division of Crimin	al Information data bank				
		ılf of a provider a State				
		d check required by this				
		ovider having to submit a				
		ment of Justice. In such a				
	·	I commence with the State				
		d check required by this				
	section within five bus					
		nployment by the provider.				
		ormation received by the all and may not be disclosed,				
	=	nt as provided in subsection				
	(c) of this section. For					
		'private entity" means a				
	business regularly en					
		d checks utilizing public				
	records obtained from	• .				

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(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all

STATE FORM 6899 MZ3B11 If continuation sheet 27 of 100

Division of Fleatin Service Regulation		_		_	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE	
CLEAR SKY GROUP HOME 55 RAILRO		OAD STREET			
		MARION,	NC 28752		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE DATE
				DEI IOIEI(OT)	
V 133	Continued From page	27	V 133		
	_	s in determining whether to			
	hire the applicant:				
	(1) The level and serie				
	(2) The date of the cri				
		rson at the time of the			
	conviction.				
	(4) The circumstance	•			
	commission of the cri				
	` '	en the criminal conduct of			
	the person and the jo	b duties of the position to be			
	filled.				
	(6) The prison, jail, pr	obation, parole,			
		ployment records of the			
	•	the crime was committed.			
		ommission by the person of			
	a relevant offense.				
		of a relevant offense alone			
	shall not be a bar to e	employment; however, the			
		considered by the provider.			
	If the provider disqual	lifies an applicant after			
	consideration of the re	elevant factors, then the			
	provider may disclose	e information contained in			
	the criminal history re	cord check that is relevant			
	to the disqualification,	, but may not provide a copy			
	of the criminal history	record check to the			
	applicant.				
	(d) Limited Immunity.	- A provider and an officer			
	or employee of a prov	vider that, in good faith,			
	complies with this sec	ction shall be immune from			
	civil liability for:				
	(1) The failure of the	provider to employ an			
	individual on the basis	s of information provided in			
	the criminal history re	cord check of the individual.			
		n employee's history of			
		e employee's criminal			
		s requested and received in			
	compliance with this s				
		- As used in this section,			
		ans a county, state, or			

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	LETED
ı						
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
IVANIE OF T	NOVIDER OR GOLF EIER		ROAD STREET	12, 211 0002		
CLEAR SH	KY GROUP HOME		, NC 28752			
	CLIMMA DV CT			PROVIDEDIC DI ANI OF CORDECT	FION	T
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
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				DEFICIENCY)		
V 133	Continued From page	e 28	V 133			
1	federal criminal histor	y of conviction or pending				
		whether a misdemeanor or				
	· ·	on an individual's fitness to				
	•	r the safety and well-being of				
		ntal health, developmental				
	disabilities, or substar	nce abuse services. These				
	crimes include the cri	minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		article 7A, Rape and Other				
		8, Assaults; Article 10,				
	Injury or Damage by	ction; Article 13, Malicious				
		Material; Article 14, Burglary				
	_	akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property or					
	Fraudulent Use of Cre	edit Device or Other Means;				
	Article 19B, Financial	Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
		, Adult Establishments;				
		n; Article 28, Perjury; Article				
		, Misconduct in Public				
		enses Against the Public				
		tiots and Civil Disorders;				
,	Article 39, Protection					
	Protection of the Fam	lle 60, Computer-Related				
	·	also include possession or				

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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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	1305921016 B. WING			08/06/2018	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	1 00/00/2010
			ROAD STREET		
CLEAR SKY GROUP HOME MARION, N		, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 133	Continued From page	e 29	V 133		
	G.S. 20-138.5. (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employment applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-2005-4, ss. 1, 2, 3, 4,	oyment A provider may conditionally prior to of a criminal history record applicant if both of the sare met: not employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. submit the request for a dicheck not later than five the individual begins ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h); 5(a); 2007-444, s. 3.)			
	facility failed to reque check within 5 busine	ew and interviews, the st a criminal history record ss days of a conditional or 4 of 8 staff (Staff#12,			
	Review on 6/28/18 of revealed: - Hire Date: 11/1/17	Staff #12's employee file			

Division of Health Service Regulation

- Criminal Background Check: 8/8/17

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/00/2010
CLEAR SI	KY GROUP HOME		OAD STREET NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 133	Continued From page	e 30	V 133		
	revealed: - Hire Date: 1/1/18 - Criminal Backgroun Review on 6/28/18 of revealed: - Hire Date: 2/3/18 - Criminal Backgroun Review on 6/28/18 of revealed: - Hire Date: 10/1/17 - Criminal Backgroun Interview on 7/9/18 w #19 revealed: - She acknowledged requirement for a Criminal request within 5 days employment.	d Check: 8/4/17 with Qualified Professional understanding of the minal Background Check of a conditional offer of ss referenced into 10A ope (V293) for a Type A1			
V 293	27G .1701 Residentia	al Tx. Child/Adol - Scope	V 293		
	children or adolescen free-standing residen intensive, active thera interventions within a shall not be the prima who is not a client of (b) Staff secure mea	tment staff secure facility for tts is one that is a tial facility that provides apeutic treatment and system of care approach. It ary residence of an individual			

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		1305921016	B. WING		08/06/2018	8
NAME ∩E PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	TO VIDER OR OUT LIER			TE, ZII OOBE		
CLEAR SKY GROUP HOME			ROAD STREET			
		MARION	, NC 28752			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		PLETE ATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	JAIE	VIE.
				52.16.2.16.1)		
V 293	Continued From page	e 31	V 293			
	shall be continuous a	s set forth in Rule .1704 of				
	this Section.					
	(c) The population se	erved shall be children or				
	adolescents who have	e a primary diagnosis of				
	mental illness, emotic					
	substance-related dis	orders; and may also have				
		s including developmental				
	•	nildren or adolescents shall				
		npatient psychiatric services.				
		dolescents served shall				
	require the following:					
		m home to a				
	` '	sidential setting in order to				
	facilitate treatment; a					
		n a staff secure setting.				
	(e) Services shall be					
		vidualized supervision and				
	structure of daily living	_				
	` '	e occurrence of behaviors				
	related to functional d					
		ety and deescalate out of				
	control behaviors incl	-				
	-	without physical restraint;				
	` '	hild or adolescent in the				
	acquisition of adaptive	e functioning in self-control,				
	communication, socia	al and recreational skills; and				
	(5) support the	child or adolescent in				
	gaining the skills need	ded to step-down to a less				
	intensive treatment se	etting.				
	(f) The residential tre	eatment staff secure facility				
	shall coordinate with	•				
		hild or adolescent's system				
	of care.	,				
			1			

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NAME OF PROVIDER OR SUPPLIER CLEAR SKY GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 55 RAILROAD STREET MARION, NC 28752 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 RAILROAD STREET MARION, NC. 28752 (PAS) ID PREERIX TAG COMPLETE REGULATORY OR ISC IDENTIFYING INFORMATION) V293 Continued From page 32 V293 Continued From page 32 V293 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 addlescents who have a primary diagnosis of mental illness, emotional disturbance, substance-related disorders and other co-occurring disorders in a lilving 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: 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). Cross Reference: 10A NCAC 27G. 0.0205 (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, sternights, admitting diagnosis, pertinent social, family and								
CLEAR SKY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES CAS ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (IEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE DATE			1305921016	B. WING		08.	/06/2018	
MARION, NC 28752 MARION, NC	NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	CLEAR SI	KY GROUP HOME						
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 293 Continued From page 32 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: 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). 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				·				
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: 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 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). 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	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED T	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETE	
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: 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). 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	V 293	Continued From page	e 32	V 293				
Client #5 and Client #6) (V111). Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Or Service Plan (d) (1) (2) Based on record review		Based on record revi interviews, the facility active therapeutic ser adolescents who have mental illness, emotic substance-related disco-occurring disorder which addressed each and behaviors affecti #2, #3, #4, #5, #6, #7 Cross Reference: 10. Personnel Requiremental interviews, the fastaff member was probable to each clien (PP) staff (Staff #12, Managing Partner (MP) staff #12, Managing	ew, observations, and a failed to provide intensive, rvices and interventions for the a primary diagnosis of conal disturbance, sorders and other are in a living environment of client's functional deficits and 7 of 8 clients (Client #1, 1/2). The findings are: A NCAC 27G .0202 (g) cents. Based on record review acility failed to ensure each covided training on the mental all disability, and/ or extrement needs (MH/DD/SA) at for 6 of 6 paraprofessional #13, #14, #15, #16 and the IP) and 2 of 2 Associate AP#17 and AP#18) (V108). A NCAC 27G .0205 (a) catment/Habilitation or on record review and failed to ensure completion for to service delivery which problem, needs, strengths, coertinent social, family and cling 3 of 8 clients (Client #1, #6) (V111). A NCAC 27G .0205 catment/Habilitation Or					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING	B. WING		06/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/0	70/2010
CLEAR S	KY GROUP HOME	55 RAILRO MARION, I	OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETE DATE
V 293	plan goals and strate individual needs affect #5 and #6) (V112). Cross Reference: 10/Medication Administrate Based on record reviet facility failed to administ the written orders of a prescribe medications MARs complete and 8 clients (Client #1, Client	ility failed to utilize treatment gies to meet each client's eting 3 of 8 clients (Client #1, A NCAC 27G .0209 (c) ation. Ew and interviews, the dister medications based on a person authorized to a and failed to keep the current affecting 3 of client #5, and Client #6) Ineral Statute 131E (d) (2) and review and interview, the location and interview, the location and interview and interview and contained to ensure all a rabuse against health care are the within 24 hours of the incident to the Health estry (HCPR) for 1 of 6 Staff Ineral Statute Article 3A Background Checks. Based interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews, the facility failed history record check within 5 and interviews.	V 293			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/	06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
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0/10/15	SHIMMADV ST	ATEMENT OF DEFICIENCIES	, NC 28752	PROVIDER'S PLAN	OF CORRECTION	0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 293	Continued From page	e 34	V 293				
	on record review and had 8 beds failed to 6 Professional (QP) pe administrative resport hours weekly with 70 were awake and pres Qualified Professional Cross Reference: 10. Requirements for Ass Based on observation interviews, the facility full-time direct care si	rformed clinical and asibilities a minimum of 32 % of the time while clients sent in the facility for 1 of 1 als (QP #19) (V294). A NCAC 27G .1703 sociate Professionals -					
	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). 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).						
	Response Requireme and interviews, the fa Level III Incident Rep	A NCAC 27G .0603 Incident ents Based on record review scility failed to complete a ort when a client made an gainst a direct care staff					
	Search and Seizure F	A NCAC 27D .0103 (a) Policy - Based on eview and interviews, the					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
			A. BOILDING		
		1305921016	B. WING		08/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
CLEAR SI	(Y GROUP HOME		ROAD STREET NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 293	unwarranted invasion document each search and procedures follow a description, as well seized affecting 7 of 8 #4, #5, #6, and Client Cross Reference: 10a Training in Seclusion, Isolation Time?Out Barecord review, the fact demonstrated compete and alternatives to the interventions for 6 of (Staff #12, #13, #14, is Partner (MP)) (V537). Review on 6/26/18 of revealed: - Hire Date: 11/1/17 Interview on 6/26/18 v. He described Client anger and screaming - Client #6 would "shufeedback; - Staff #12 had tried to of the client's assessing - He wanted to get to - He would read the triangle activities or v. Review on 6/26/18 of revealed: - Hire Date: 1/1/18	e clients were free from of privacy, failed to h including scope, reason wed, and failed to document as, disposition of property clients (Client #1, #2, #3, #7) (V503). A NCAC 27e .0108 (1) Physical Restraint and ased on interviews and illity failed to ensure staff tence in the proper use of e use of restrictive comparaprofessional (PP) staff #15, #16 & the Managing Staff #12's employee file with Staff #12 revealed: #6's treatment needs as issues; at down" and accept no oread "as little as possible ments;" know the clients on his own; reatment plan; and consequences of either	V 293	DEL ROILING I)	
		ish boundaries and the staff			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			750.2510				
		1305921016	B. WING		08	/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ΓE, ZIP CODE			
CLEAR SI	KY GROUP HOME		OAD STREET				
	T		NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 293	Continued From page	e 36	V 293				
V 293	had to lay out consect - The consequences physical training (PT) jacks or running laps "temple;" - He was unsure abotonic - When parents asked he referred them to the Review on 6/26/18 or revealed: - Hire Date: 2/31/18 Interview on 6/26/18 or revealed: - Hire Date: 2/31/18 Interview on 6/26/18 or revealed: - Hire Date: 2/31/18 Interview on 6/26/18 or revealed: - Hire Date: 2/31/18 Interview on 6/26/18 or revealed: - He had not looked at tried to talk with them or Client #5 and Client argument on 6/12/18 or Client #5 started cubeen given any informore. Staff #14 sent a texing the said the other stong information on Client - Staff #14 directed the for "Burpees" (type of Client #5 refused ar or Staff #14 walked bat Client #5 was kicking wall; - Client #5 refused to corner or stand in the against the wall; - Staff #14 directed Corner or Staff #14 directed Corner was a staff #14 dir	for behaviors was the use of activities such as jumping at a local ball field called the ut client rights; d him about clients' rights, he Managing Partner (MP). If Staff #14's employee file with Staff #14 revealed: Is" tell him about It the clients' records, but It to learn about them; #6 had gotten into an is raing and Staff #14 had not mation on the client; it to Staff #13; aff "was down the hall;" if he had not been given #5; he client to give him a couple exercise); he was sent to his room; ck to the client's room and the bed and thumping the sit on the bed, stand in the endoorway with his head	V 293				
	other clients were an	e into the living room, the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CLEAR S	KY GROUP HOME		OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 293	that make you feel;" - Client #5's peers we had ruined everything piece of cake; - The dynamic of the conventional. Review on 7/2/18 of sevealed: - Hire Date: 10/1/17 Interview on 7/2/18 we He had the required restrictive intervention The facility had not because the staff had used by making eye contact. Review on 6/26/18 of revealed: - Hire Date: 2/15/18 Interview on 6/26/18 of revealed: - Hire Date: 2/15/18 Interview on 6/26/18 The facility used PT The program was "gprinciples;" - Staff #16 was unsur treatment plan goals, covered those;" - The group leaders we client based on his goals. Interview on 7/2/18 we He had been working clients which covered The traits were justing the converse of the traits were justing the covered that the covered of the traits were justing the covered that the covered of the traits were justing the covered that the covered of the traits were justing the covered that the covered of the traits were justing the covered of the traits were justing the covered that the covered of the traits were justing the covered of the traits were justing the covered of the traits were justing the covered of the cov	client's peers, "How does ere yelling at him and said he g because no one got a program was not Staff #15's employee file with Staff #15 revealed: I training in alternatives to ns; had to use restraints I respect from the clients; "implicit communication" just ct with the clients. Staff #16's employee file with Staff #16 revealed: rather than using restraints; geared toward military re about the clients' because the "group leaders wrote the notes on each	V 293			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	SI CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _	A. BUILDING:		LILD
		1305921016	B. WING		08/0	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME	55 RAILR	OAD STREET			
CLLAIT SI	KI GROOF HOWL	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 293	endurance; - Behavioral issues w needed with one of the Staff #15 had learner school military officer armed services; - Extra PT was conductients; - The "Magic Chair" w seconds to 90 seconder A "Boot Slapper" was squats;" - All of the staff knew - Other exercises use jumping jacks 50-100 - If one client misbehalof the 14 traits; - If a group of clients	ge, knowledge, loyalty and ere associated with work he leadership traits; he the traits while in a high training and then in the heted with smaller groups of has always a period of 30 ds; his usually 50 - 75 "body habout PT; he were 15-50 push-ups or he was always and the push-ups or he was always a period of 30 he was always a perio	V 293			
	6/25/18 thru 7/9/18 re - The MP had develop while in the military; - He had experience of programs for adolesc - The programs he had adolescents included - The core values included - The core values included teadership along with structure (justice, judg dependability, tact, in	with the development of ents with behavioral issues; ad developed for core values; luded the 14 Traits of maintaining program				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		
		1305921016	B. WING		08/06/2018
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NAME OF P	ROVIDER OR SUPPLIER		ROAD STREET	E, ZIP CODE	
CLEAR SI	KY GROUP HOME		, NC 28752		
0/4) ID	QUIMMADV QT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC	TION
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
V 293	Continued From page	e 39	V 293		
	. •	ortant component of client			
	Plan of Protection up the LP and the QP re What will you immedirule violations in order further risk or addition "Clear Sky Behaviora a new initial training sthat are being served facility. The training wand all diagnostic syrso that staff are well implementation of ou will continuously monour program and our the needs of our population served training opportunities the population served supervised by QP and technical knowledge; analytical skills; decis skills; communication "Clear Sky Behaviora assessment tool to be services." "Clear Sky Behaviora specific intervention served specific intervention served specific intervention services."	ately do to correct the above or to protect clients from anal harm? If will immediately implement especific to the populations in our Level III residential will focus on clients served, appromology will be covered, and informed. With the remaining in trainings will be updated as culation change." If complete all training ill complete all training including population ded by LP. Any additional will be presented based on it. Paraprofessionals will be integer to protect the consumers of the complete and it.			
	behavior managemer it pertains to treatmer	nt/de-escalation purposes as nt goals. All intervention be "client specific" to each			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	1305921016	B. WING		08/0	06/2018	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE, ZIP CODE	1 00/0	0/2010	
CLEAR SKY GROUP HOME	55 RAILR	OAD STREET				
CLEAR SKT GROUP HOME	MARION,	NC 28752				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
signed by the prescril will be maintained wit consumer being serv given as prescribed." "Clear Sky Behaviora NC Reporting System issues, incidents, or o notification will be sul mandated by DHHS." "Clear Sky Behaviora background checks fe five days of a conditio "Clear Sky Behaviora of 32 hours a week or responsibilities. At lea time will occur when of present in the facility, will outline specific du case management, in supervision, and othe "Clear Sky Behaviora as a direct care staff Documentation provior duties including mana operations, supervision and other outlined du "Clear Sky Behaviora care staff are present supervising one to for care staff members w supervising five to eig of sight" will be provio "Clear Sky Behaviora of four hours clinical the facility including, I supervision of QP; inc	al will obtain written orders bing physician. Those orders the current MAR for each ed. All medications will be all has immediately use of the new with IRIS. Any further concerns which warrant bimitted within 24 hours as all will complete all criminal or potential employees within onal offer of employment." all QP will provide a minimum of clinical and administrative east 70% (22.4 hours) of that consumers are awake and and Documentation provided uties performs within scope incident reporting, er outline assigned duties." all will employee a full time AP within the facility. It will employee a full time AP within the facility. It will ensure that two direct at at all times while ur consumers. Three direct will be present when ght consumers. Direct "line"	V 293				

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or overall program issues. LP will be available for

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
			_			
		1305921016	B. WING		08/	06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
01 = 4 = 01	0/ 0D011D11011E	55 RAILR	OAD STREET			
CLEAR SI	(Y GROUP HOME	MARION,	NC 28752			
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 293	Continued From page	e 41	V 293			
	clinical consultation a	se needed for crisis				
	intervention or respon					
	· ·	al will immediately implement				
		ting system and provide				
		needed as outlined by				
		Sky Behavioral will notify all				
	parties within 24 hour					
	•	res, including "wanding," will				
	be documented per Clear Sky Behavioral policy and procedure expectations." "Clear Sky Behavioral will use least restrictive					
		ation strategies as outlined				
	in NCI training and po	opulation specific training				
	interventions. Clear S	Sky Behavioral will provide				
	multiple options of ac	ctivities meaningful to the				
	consumers served al	lowing for the consumer to				
	make an informed ch	ioice."				
	"Clear Sky Behaviora	al will ensure that all Staff				
	including new hire en	nployees will receive and				
	maintain certification	with NCI Part A/B. NCI will				
	be maintained annua	-				
		nplementations With this				
		ear Sky Behavioral Staff				
	`	LP, QP, AP as well as direct				
		nformed of changes outlined				
		llaborate with Managing				
		nplementation of new policy				
		QP/AP will be responsible for				
	providing training for					
	=	nal] (newly hired) will review				
		es on July 10th, 2018 as				
		an of protection. She will				
		te implementation through				
	continued auditing m	•				
		onsume/employee charts, written documentation to				
	•					
	-	of all corrective measures."				
	-	ed Professional, Licensed naging Partner updated				

8/6/18.

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DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE ZIP CODE		
			, ,			
CLEAR SI	Y GROUP HOME		ROAD STREET			
		MARION	, NC 28752			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	JAIE DAIE	
				52.16.2.16.1		
V 293	Continued From page	e 42	V 293			
	The facility implemen					
	residential treatment	program which served				
	clients by utilizing a m	nilitary style approach. None				
	of the staff were train	ed in specific needs of the				
	clients including clien	ts with histories of abuse,				
	•	anxiety along with other				
	•	facility had not completed				
		ents but required all of the				
		n a daily, comprehensive				
		program. The system of				
		basic hiring requirements				
		required staffing ratios were				
		ition orders were followed;				
	•	from unwarranted invasion				
		lients were given choices				
	-	ng and engagement skills.				
		and not provided the required				
		to face with clients in order				
	• •	provided a safe and effective				
		militaristic culture of the				
	facility and the lack of	f training specific to meet the				
	needs of clients with I	mental illnesses was				
	inconsistent with the I	licensing of the facility. The				
	facility milieu was mo	re punitive than therapeutic.				
	This deficiency consti	itutes a Type A1 rule				
	violation for serious n	eglect and must be				
	corrected within 23 da	ays. An administrative				
		s imposed. If the violation is				
	not corrected within 2					
		of \$500.00 per day will be				
	imposed for each day					
	compliance beyond the	•				
	compliance beyond the	ic zoru day.				
V 294		al Tx. Child/Adol -Req. for Q	V 294			
	Р					
	10A NCAC 27G .1702	2 REQUIREMENTS OF				
	QUALIFIED PROFES	SSIONALS				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	1305921016	B. WING		08/06/2018	
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
CLEAR SKY GROUP HOME	55 RAILR	OAD STREET			
CLEAR SKT GROOP HOWE	MARION,	NC 28752			
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES DIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 294 Continued From	Continued From page 43				
(a) Each facility care staff who m qualified profess 27G .0104(18). professional sha care experience. (b) For each face (1) the qualified professional shall care experience. (b) For each face (1) the qualified paragraph (a) of and administrative and the facility. (c) For each face (1) the qualified paragraph (a) of and administrative	shall utilize at least one direct eets the requirements of a conal as set forth in 10 A NCAC in addition, this qualified in the two years of direct client eresponsibilities a minimum of eek; and the time shall occur when scents are awake and present in this Rule shall perform clinical eresponsibilities a minimum of eek; and the time shall occur when scents are awake and present in this Rule shall perform clinical eresponsibilities a minimum of eek; and the time shall occur when scents are awake and present in this Rule shall perform clinical eresponsibilities a minimum of eek; and the time shall occur when scents are awake and present in eight by the clinical and administrative if its qualified professional(s). At a policies shall include: sion of its associate is set forth in Rule .1703 of this ent of direct psychoeducational en or adolescents; ation in treatment planning thation of each child or				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		1305921016	B. WING		08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	CY GROUP HOME	55 RAILRO MARION, I	DAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETE DATE
V 294	Continued From page	2 44	V 294			
	facility which had 8 be Qualified Professional and administrative reside 32 hours weekly with clients were awake at of 1 Qualified Profess findings are: Review on 6/28/18 of revealed: - Hire Date: 1/1/18 Review on 7/9/18 of Cemployee Timesheet revealed: - The timesheets included out of the facility, as direct care staff; - The timesheets included included and Support; CFT (Case Management; All and Support Role." - Direct care hours we QP hours on the time	ew and interviews, the eds failed to ensure a I (QP) performed clinical sponsibilities a minimum of 70% of the time while and present in the facility for 1 sionals (QP #19). The QP#19's personnel file QP#19's "Professional " for April, May and June and Well as, her time working and total hours for "In Child & Family Teams); activities; Training; Therapy; ere not separated from the sheets; of fulltime 22.4 hrs weekly) ents were awake and mately as follows: ours ours ours				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		1305921016	B. WING		08/06/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEAR SH	(Y GROUP HOME		AD STREET			
		MARION, N	IC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 294	Continued From page	e 45	V 294			
V 294	- June Week 1: 15 h - June Week 2: 13 h - June Week 3: 18 h - June Week 4: 14 h Interview on 6/25/18 v - He saw the QP in th week; - She stayed from 5 m - Sometimes the QP v Interview on 6/25/18 v - The QP came to the per week. Interview on 6/25/18 v - The QP came to the every other day; - The QP stayed over - She was at the facili Interviews on 6/25/18 revealed: - QP#19 said 32 hour status; - She provided case m administrative duties to - She provided staff s staff monthly; - The QP was unable which indicated the an the facility working as were awake and pres This deficiency is cross NCAC 27G .1701 Sco	ours ours ours ours ours ours with Client #1 revealed: e facility 3-4 times per ninutes to a whole day; worked as the group leader. with Client #4 revealed: facility about 2 or 3 days with Client #7 revealed: facility randomly about night sometimes; ty all day at times. through 7/9/18 with QP #19 s of work equaled full-time management/clinical and full time; upervision and met with to provide documentation mount of time she spent in the QP while the clients ent. ess referenced into 10 A ope (V293) for a Type A1	V 254			
		ope (V293) for a Type A1				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME	55 RAILRO MARION, N	AD STREET IC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 295	Continued From page	2 46	V 295			
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A		V 295			
	facility shall have at lest staff who meets or ex an associate professi NCAC 27G .0104(1). (b) The governing bot facility shall develop a policies that specify the associate professional policies shall address (1) management day-to-day operations (2) supervision regarding responsibility implementation of each treatment plan; and	ssionals qualified professional 2 of this Section, each east one full-time direct care ceeds the requirements of onal as set forth in 10A dy responsible for each and implement written he responsibilities of its al(s). At a minimum these the following: nt of the day to day s of the facility; of paraprofessionals				
	full-time direct care st	ns, record review and failed to have at least one raff who meets or exceeds n Associate Professional				
	11:00AM - 12:30PM r	at the side of the building				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI AND PLAN OF CORRECTION IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/0	06/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/0	0/2010	
CLEAR S	KY GROUP HOME		OAD STREET NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
V 295	Continued From page	e 47	V 295				
	- She worked with the with boxes and alumi	e clients to make solar ovens num foil.					
	through 7/9/18 from a	rmittent days from 6/25/18 approximately 8:00AM until #18 was not at the facility or					
	Review of AP#17 and 6/28/18 revealed: - Hire Date AP#17: 12 - Hire Date AP#18: 9/						
	Review on 7/9/18 of a facility handbook titled, Clear Sky Behavioral, LLC (Limited Liability Corporation) which described AP#18 revealed: - She had a four year degree in Human Services; - "While holding a day job, [AP#18] also serves as a therapeutic foster parent for teenage boys."						
		re made for AP#18's facility chedule of hours worked					
	 The clients saw AP# every other Wednesd The Managing Partr (AP#18) to a local piz Sometimes, AP#18 	ner (MP) brought his wife					
	Interview on 6/25/18 v - AP#18 was not worl	with Client #4 revealed: king at the facility.					
	- AP#18 came to the	with Client #7 revealed: facility "every now and then;" very Wednesday when the it.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CLEAR SH	(Y GROUP HOME		OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 295	Continued From page	÷ 48	V 295			
	- AP#17 worked at the for approximately 2 he - AP#18 worked at the for approximately 2 he - AP#18 may work in clerical. Interview on 6/26/18 very approximately 2 he - AP#18 saw the client went out to eat;	e facility 1-2 times a week ours; the office or do something with Staff #16 revealed: ats once a week when they facility on Mondays for an				
	Interview with AP#17 - She provided basic - She worked from 11 - AP#17 provided enr worked; - She worked fulltime - AP#17 stated AP#18 insurance company.	on 6/25/18 revealed: tutoring for the clients; AM to 1:00PM on Mondays; ichment activities when she as a public school teacher; 3 worked fulltime at an				
V 296	This deficiency is cross NCAC 27G .1701 Scot and must be corrected 27G .1704 Residential	ss referenced into 10A ope (V293) for a Type A1 d within 23 days.	V 296			
	telephone or page. A	MINIMUM STAFFING sional shall be available by direct care staff shall be ity within 30 minutes at all				

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DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			-			
		1305921016	B. WING		08/06/2018	
	20,4250 02 0400450	070557.4		TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, STA	I E, ZIP CODE		
CLEAD SI	Y GROUP HOME	55 RAILF	ROAD STREET			
CLEAR SI	AT GROUP HOWE	MARION	, NC 28752			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J (VE)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(/	
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF		
				DEFICIENCY)		
V 296	Continued From page	e 49	V 296			
	time a a					
	times.					
	` '	mber of direct care staff				
	required when childre					
	present and awake is	as follows:				
	(1) two direct c	are staff shall be present for				
	one, two, three or fou	r children or adolescents;				
	(2) three direct	care staff shall be present				
	for five, six, seven or	eight children or				
	adolescents; and	•				
	·	are staff shall be present for				
	nine, ten, eleven or tv					
	adolescents.	verve criticiter of				
		mber of direct care staff				
	_	cent sleep hours is as				
	follows:					
	(1) two direct c	are staff shall be present				
	and one shall be awa	ke for one through four				
	children or adolescen	ts;				
	(2) two direct c	are staff shall be present				
		ake for five through eight				
	children or adolescen					
		care staff shall be present				
		awake and the third may be				
		eleven or twelve children or				
	•	deven or twelve children of				
	adolescents.	minimum number of direct				
	` '	minimum number of direct				
		Paragraphs (a)-(c) of this				
		e staff shall be required in				
		he child or adolescent's				
	individual needs as sp	pecified in the treatment				
	plan.					
	(e) Each facility shall	be responsible for ensuring				
		n or adolescents when they				
		cility in accordance with the				
		individual strengths and				
	needs as specified in					
	niceus as specified III	the treatment plan.				
			- 1			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CLEAR S	CY GROUP HOME	55 RAILRO MARION,	DAD STREET NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
V 296	Continued From page	e 50	V 296		
	This Rule is not met Based on observation failed to ensure mining three staff for five or mare: Observation on 6/26/2 revealed: - The Managing Partretoward a dry erase be schedules were requesed at the schedules were requesed at the schedules of an outlined of the schedules were requested at the schedules were requ	as evidenced by: an and interviews, the facility num staffing requirements of more clients. The findings 18 from 9:30AM - 5:00PM her (MP) had gestured bard, when staffing ested; als were written on various calendar. 16/25/18 thru 7/3/18 were nion of staffing schedules or			
	facility or running erra	ands.			
	- There had been only the facility sometimes	the staff any way she could;			
	- She arrived at the faup;				

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STATE FORM 6899 MZ3B11 If continuation sheet 51 of 100

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
		1305921016	B. WING		08	/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CLEAR SI	KY GROUP HOME		ROAD STREET I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 296	Interview on 6/25/18 daytime; - Staff worked 3 days rotated; - Staff #16 was there and out running errar - The facility never has Interview on 6/25/18 daytime; - Staff #16 had been - There was 3 staff "s Interview on 6/25/18 daytime; - Staff #16 transporte ran errands, shopped prescription medication - Administrative staff Staff #16 was out of the staff staff #16 was out of the staff daytime.	and from school; errands, there was always /. with Client #3 revealed: e staff at the facility in the a week and then staff during the week going in ads; ad 3 staff there all day long. with Client #5 revealed: at the facility off and on; ometimes" at the facility. with the MP revealed; mployed to work during d clients to appointments, I for groceries and picked up ons; were usually onsite while the facility. ss referenced into 10 A ope (V293) for a Type A1	V 296			
V 297	27G .1705 Residentia	al Tx. Child/Adol - Req. for L	V 297			
	provided in each facil	SIONALS cal consultation shall be ity at least four hours a rofessional. For purposes of				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEAD S	KY GROUP HOME	55 RAILRO	AD STREET			
CLEAR SI	NT GROUP HOME	MARION, N	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 297	license issued by the a human service prof Carolina. For substar shall include a license Specialist or a certific (b) The consultation this Rule shall include (1) clinical super professional specified Section; (2) individual, general services; or (3) involvement	a license or provisional governing board regulating ession in the State of North nce-related disorders this ed Clinical Addiction dd Clinical Supervisor. specified in Paragraph (a) of e: ervision of the qualified	V 297			
	facility failed to provide consultation four hour professional (LP). The Review on 7/19/18 of services documentation May revealed:	ew and interviews, the le face to face clinical rs per week by a Licensed ne findings are: I the LP's face to face clinical on of hours for April and les occurred at a nearby work k .5 hours 1.5 hours e 1.25 hours .5 hours .5 hours .5 hours .5 hours .5 hours .5 hours .6 hours .7 hours .8 hours .9 hours				

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STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	(Y GROUP HOME		OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 297	Continued From page	e 53	V 297			
	Weekly Note Submiss - 5/9/18: Teamwork, Scommunication - Gro - 5/23/18: History of Scommunication - Gro - 5/23/18: Therapy Note - 5/30/18: Skill Develor Group and Individual Interview on 6/25/18 or The clients met in gruph for 1-2 hours every Interview on 6/25/18 or The clients met with Interview on 6/25/18 or The clients saw the Wednesday. Interview on 7/2/18 or The group therapist once weekly for 1-2 hours every Interview on 6/26/18 or The LP came to the clients and at other time which was similar to a The clients met with an hour. Interview on 7/9/18 or The LP cakenowledge or Individual The LP acknowledge.	service Involvement - Group ofe - Individual with FC#10 opment and Application - with Client #2 with Client #1 revealed: roups or individually with the y Wednesday. with Client #4 revealed: the LP every Wednesday. with Client #7 revealed: LP for 1-2 hours every ith Staff #15 revealed: (LP) met with the clients ours. with Staff #16 revealed: facility to meet with the mes to an obstacle course a "boot camp;" the LP on Wednesdays for ith the LP revealed: met with the clients weekly ally, as needed; ed understanding of ts for the LP to meet with the				

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Interview on 7/19/18 with the Managing Partner

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		1305921016	B. WING		00	3/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CLEAR S	KY GROUP HOME		ROAD STREET			
	I		N, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 297	Continued From pag	e 54	V 297			
	nearby park; - Sometimes the clie facility.	he LP met at an area gym or nts met with the LP at the				
		oss referenced into 10A cope (V293) for a Type A1 ed within 23 days.				
V 366	27G .0603 Incident F	Response Requirments	V 366			
	implement written poresponse to level I, II shall require the prov (1) attending to of individuals involve (2) determining (3) developing measures according timeframes not to ex (4) developing to prevent similar incompecified timeframes (5) assigning propersion of the preventive measures (6) adhering to set forth in G.S. 75, 42 CFR Parts 2 and 164; and	REMENTS FOR B PROVIDERS B providers shall develop and blicies governing their I or III incidents. The policies vider to respond by: to the health and safety needs and in the incident; and implementing corrective to provider specified ceed 45 days; and implementing measures cidents according to provider anot to exceed 45 days; the corrections and significant to exceed 45 days; the corrections and significant to exceed 45 days; the confidentiality requirements article 2A, 10A NCAC 26B, 3 and 45 CFR Parts 160 and				
	Subparagraphs (a)(1 (b) In addition to the	g documentation regarding) through (a)(6) of this Rule. requirements set forth in Rule, ICF/MR providers				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	1305921016	B. WING		08/06/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
CLEAR SKY GROUP HOME	55 RAILR	OAD STREET			
	MARION,	NC 28752		,	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 366 Continued From page	e 55	V 366			
shall address incident regulations in 42 CFF (c) In addition to the Paragraph (a) of this providers, excluding I develop and impleme their response to a let while the provider is cor while the client is cor while the core if the core while the core when the core when the core with the core when the core with the core within the facts and make recommen occurrence of future in the core within five working day preliminary findings of the core within the working day preliminary findings of the core within the working day preliminary findings of the core within the working day preliminary findings of the core within the working day preliminary findings of the core within the working day preliminary findings of the core within the working day preliminary findings of the core within the working day preliminary findings of the core within	ts as required by the federal R Part 483 Subpart I. requirements set forth in Rule, Category A and B CF/MR providers, shall int written policies governing wel III incident that occurs delivering a billable service on the provider's premises. The provider's premises wire the provider to respond a securing the client record to eclient record; the copy to an internal the hours of the incident. The shall consist of individuals do in the incident and who for the client's direct care or all oversight of the client's find the incident. The internal inplete all of the activities as opy of the client record to additions for minimizing the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		1305921016	B. WING		08/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
CLEAR S	KY GROUP HOME		OAD STREET		
		MARION,	NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 56	V 366		
	final report shall be so catchment area the p LME where the client final written report shall be sidentified by the interior include all public doctincident, and shall maximimizing the occurrall documents needed available within three LME may give the prothere months to subm (3) immediately (A) the LME resarea where the service Rule .0604; (B) the LME who different; (C) the provide for maintaining and utreatment plan, if differenting the client's applicable; and	erent from the reporting nent; legal guardian, as uthorities required by law.			
	Based on record revieus facility failed to complete Report when a client	ew and interviews, the lete a Level III Incident made an allegation of abuse			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CLEAR SI	(Y GROUP HOME	55 RAILRO MARION, I	OAD STREET NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 366	Continued From page	e 57	V 366		
	Admission date: 6/7Diagnoses: Post Tra (PTSD); Attention De	Client #5's record revealed: /18 aumatic Stress Disorder ficit Hyperactive Disorder pe); Oppositional Defiant			
	Review on 6/26/18 of revealed: - Hire Date: 1/1/18	Staff #13's employee file			
	Review on 6/26/18 of revealed: - Hire Date: 2/31/18	Staff #14's personnel file			
	"Complaint Log" and - A complaint was red Department of Social Manager (CM) on 6/1	ed to have pushed Client			
	"Disciplinary Action R revealed: - Client #5 had allege	a facility document titled, equest" dated 6/19/18 d Staff #14 had put his ne other clients in the house ements.			
	"Written Statement" of 6/19/18 revealed: - On 6/14/18, Staff #1 returned to the facility 20:30 (8:30PM); - Client #5 began to yhe sat on the couch;	a facility document titled, completed by Staff #14 dated 4, Client #5 and Client #6, or from a martial arts class at the client #6 about where both clients to calm down;			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED		OF DEFICIENCIES			CONSTRUCTION	(Y3) DATE SLIDI/EV	
1305921016 B. WING 08/06/201			` '			(X3) DATE SURVEY COMPLETED	
1333321010				A. BUILDING: _			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			1305921016	B. WING		08/06/2018	
	NAME OF PROV	ROVIDER OR SUPPLIER	SUPPLIER STREET ADI	ORESS, CITY, STA	ATE, ZIP CODE		
CLEAR SKY CROUP HOME 55 RAILROAD STREET	CLEAD CKY	KY CROUD HOME	55 RAILRO	OAD STREET			
CLEAR SKY GROUP HOME MARION, NC 28752	LEAR SKY	TY GROUP HOME	MARION,	NC 28752			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PREFIX	(EACH DEFICIENC	CH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
V 366 Continued From page 58 V 366	V 366 C	Continued From page	From page 58	V 366			
Collinit #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 refused and was told again to go sit quietly and calm down; Client #5 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; "At 21:45 (9:45PM), my (Staff #14) supervisor, [Staff #13] returned to the homespoke to him (Client #5)he still refused;" Staff #14 told Client #5 to turn and face the wall; "At no time was I (Staff #14) ever out of site of my supervisor or other residents;" Client #1 and Client #2 were in direct line of "site" of Client #5 and reported to Staff #14 hat Client #5 was brought out of his room and put in the center of the living room floor; Staff #14 asked the clients who were standing in their doorways how they felt about Client #5's behavior; "Several (clients) had not nice things to say," Client #5's peers were upset because they had lost a chance for everyone to eat cake; Staff #14 asked Client #5 if he was ready to go to bed; Client #5 had stated, "I'm ready to go to bed Sir! and stop being an a*****"e!" Review on 6/28/18 of a facility document titled, "Complaint Investigation" dated 6/19/18 completed by Staff #12 and Staff #13 revealed: Interview with Client #2 said he was in direct line of sight of Client #5 who was hitting himself; in the	- () or - () qu - () (s - () (- Client #5 continued on his bed in his roor - Client #5 refused ar quietly and calm dow - Client #5 walked to (sat on the couch); - Client #6 informed \$\frac{6}{2} making "rude hand grands and the refused; - Staff #14 asked Cliebut he refused; - Staff #14 closed Clier "At 21:45 (9:45PM), [Staff #13] returned to (Client #5)he still result - "At no time was I (Sing supervisor or other and client #5 was broughted the center of the living - Client #5 was broughted their doorways how the center of the living - Staff #14 asked the their doorways how the center of the living - Staff #14 asked the their doorways how the center of the living - Staff #14 asked Client #5's peers we lost a chance for every - Staff #14 asked Client #5 had stated and stop being an a** Review on 6/28/18 of "Complaint Investigat completed by Staff #* - Interview with Client" - Interview with Client #5 had client with Client #5 had stated and stop being an a**	continued to yell and was told to go sit lin his room; refused and was told again to go sit d calm down; walked toward his room and Client #6 e couch); informed Staff #14 that Client #5 was ude hand gestures;" asked Client #5 to go sit on his bed, used; closed Client #5's bedroom door; (9:45PM), my (Staff #14) supervisor, returned to the homespoke to himhe still refused;" told Client #5 to turn and face the wall; ne was I (Staff #14) ever out of site of visor or other residents;" and Client #2 were in direct line of lient #5 and reported to Staff #14 that was hitting himself; was brought out of his room and put in of the living room floor; asked the clients who were standing in ways how they felt about Client #5's (clients) had not nice things to say;" is peers were upset because they had not or everyone to eat cake; asked Client #5 if he was ready to go had stated, "I'm ready to go to bed Sir! being an a*****e!" 16/28/18 of a facility document titled, it Investigation" dated 6/19/18 18 by Staff #12 and Staff #13 revealed: with Client #2 said he was in direct line	V 300			

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- Interview with Client #6 said he was in direct line

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	1 00.00.2010	
			OAD STREET	,		
CLEAR SH	(Y GROUP HOME	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 366	Continued From page	2 59	V 366			
	incident and said Clie himself in the face; - Interviews with Clier indicated they witness were not in line of sig statements. Review on 6/28/18 of "Complaint Resolution Managing Partner (Managing Partner (Man	line of sight regarding the nt #5 was witnessed striking at #3, Client #4 and Client #7 sed Client #5's behaviors but ht to validate their a facility document titled, a facility document titled, a Form" completed by the P) and dated 6/19/18 cal DSS and client as statements were accepted				
	Client #3 had lived iRecently, he had waand saw Staff #14 pu	n the facility since March; alked past Client #5's room t his hands on Client #5's back against the wall;				
	- Client #3 had gone to the "thump" in Client #5's	to his room and heard a room.				
	- He had not really be had told him to put his back his feet away fro - Staff #14 had taken positioned his head; - Another time, Staff # head and banged it a	with Client #5 revealed: een restrained, but Staff #14 s head against the wall and om the wall; his head and moved or #14 picked up Client #5's gainst the wall really hard; he client was banging his				

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own head against the wall;

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					1
					1
		1305921016	B. WING		08/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CLEAD CL	(V CDOUD HOME	55 RAILI	ROAD STREET		
CLEAR SP	(Y GROUP HOME	MARION	, NC 28752		
0(0)15	CLIMMADV CT.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1 0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
			+		
V 366	Continued From page	e 60	V 366		
	01: 1.45				
		e to remember who the			
	other staff was.				
	Interview on 6/26/18	with Staff #13 revealed:			
	- There had been an i	issue with Client #5 with the			
	use of profanity;				
	- Staff #14 had told hi	im to do "Burnees"			
		d and jump toward the			
		a and jump toward the			
	ceiling);	-: #			
		oing them and refused;			
		oom and told to sit on the			
	bed;				
	 Client #5 refused an 	nd Staff #14 had him to stand			
	in the corner;				
	- Staff #13 had never	seen Staff #14 put his			
	hands on Client #5;	•			
	•	#13 that Client #5 was trying			
		as standing against the wall;			
		5 5			
		eglect as not providing the			
		t someone needed including			
		e, sustenance and mental			
	or emotional support.				
	Interview on 6/26/18	with Staff #14 revealed:			
	- Client #5 and Client	#6 had gotten into an			
	argument on 6/12/18;				
		rsing and Staff #14 had not			
	been given any inform	•			
	- Staff #14 sent a text				
	- He stated, Staff #13	•			
		he had not been given			
	information on Client				
	- Staff #14 directed th	ne client to give him a couple			
	of "Burpees;"				
	· · · · · · · · · · · · · · · · · · ·	nd was sent to his room;			
		ck to the client's room and			
		the bed and thumping the			
	-	and bed and thamping the			
	wall;	att and the best at the Co.			
	- Client #5 refused to	sit on the bed, stand in the			

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corner or stand in the doorway with his head

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X*		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		1305921016	B. WING		08/06/2018
					1 00/00/2010
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
CLEAR S	CY GROUP HOME		OAD STREET NC 28752		
	CLIMMA DV CT	<u>_</u>		DDOVIDEDIC DI AN OF CODDECTION	1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 61	V 366		
	in the center of the living After Client #5 came other clients were and Client #5 had cause to their rooms; Staff #14 asked the that make you feel; Client #5's peers we he had ruined everyth piece of cake; Client Rights include treatment or to do sor mean a client had free Interview with the Quantification of the company incidents including involving Client #5's and the content of the company incidents including involving Client #5's and the content in the content including involving Client #5's and the content in the content including involving Client #5's and the content in the content including involving Client #5's and the content including involving Client #5's and the content including Client #5's and the content including involving Client #5's and the content including involvin	e into the living room, the gry with him; d the other clients to be sent client's peers, "How does are yelling at him and saying hing because no one got a led the right to refuse mething, but that did not ledom from a consequence. Calified Professional (QP) on the to access the Incident lent System (IRIS) to enter g the 6/12/18 incident lent gation against Staff #14.			
	7/9/18 revealed: - Staff #14 had been	naging Partner (MP) on a good staff;			
	 He had resigned his traveled from his hom The MP had no safe #14's work at the faci 	position due to the distance ne to the facility; ety concerns about Staff lity;			
	regarding the incident 6/12/18 was credible; - The facility's interna	rmation Staff #14 had given t involving Client #5 on I investigation had not gation made that Client #5's			
	head had been pushed - The MP was unable submitting a Level III				

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	OF DEFICIENCIES OF CORRECTION			E SURVEY PLETED		
		1305921016	B. WING		08	/06/2018
	ROVIDER OR SUPPLIER	55 RAIL	ADDRESS, CITY, STATE .ROAD STREET N, NC 28752	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 366		ss referenced into 10A ope (V293) for a Type A1	V 366			
V 503	Policy 10A NCAC 27D .0103 SEIZURE POLICY (a) Each client shall I invasion of privacy. (b) The governing be implement policy that under which searches area may occur, and for seizure of the clier in the possession of t (c) Every search or so Documentation shall in (1) scope of se (2) reason for so (3) procedures (4) a description and	obe free from unwarranted ody shall develop and specifies the conditions of the client or his living if permitted, the procedures of the client, or property the client. eizure shall be documented. include: arch;	V 503			
	free from unwarranted to document each sea and procedures follow a description, as well seized affecting 7 of 8 #4, #5, #6, and Client	•				

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		1305921016	B. WING		00/6	06/2018
		1303921010			1 00/0	10/2010
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
OLEAD O	(V ODOUB HOME	55 RAILR	OAD STREET			
CLEAR SI	KY GROUP HOME	MARION,	NC 28752			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
				DEI ICIENCT)		
V 503	Continued From page	e 63	V 503			
	revealed:					
		nd held metal detector) was				
	kept in the facility office	ce.				
	D : 0/44/40 f					
		Client #1's record revealed:				
	- Admission date: 9/2					
		ified Trauma; Oppositional				
	Defiant Disorder (OD					
	Impulse Control Disor	rder				
	- Age: 15 - 2/12/17 Juvenile Petition: physically abused and					
	injured or sexually ab					
	injured or sexually ab	used by parents				
	Review on 6/25/18 of	Client #2's record revealed:				
	- Admission date: 2/1					
		annabis Use Disorder, Mild				
	- Age: 15	annabis Osc Disorder, Mild				
	7 tgc. 10					
	Review on 6/25/18 of	Client #3's record revealed:				
	- Admission date: 3/2					
	- Diagnoses: Major D	epressive Disorder				
	- Age: 15					
	o .					
	Review on 6/25/18 of	Client #4's record revealed:				
	- Admission date: 5/2	8/18				
	- Diagnoses: General	ized Anxiety Disorder				
	(GAD); Language Dis	sorder; ODD; Attention				
	Deficit Hyperactive D	isorder (ADHD); PTSD (Post				
	Traumatic Stress Disc	order)				
	- Age: 16					
		Client #5's record revealed:				
	- Admission date: 6/7					
		ADHD-Combined Type; ODD				
	- Age: 13					
	D					
		Client #6's record revealed:				
	- Admission date: 12/					
	- Diagnoses: Unspeci					
	Spectrum & Other Ps	ychotic Disorder; Bipolar II				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7. BOILBING.		
		1305921016	B. WING		08/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CLEAR S	(Y GROUP HOME	55 RAILRO MARION, I	DAD STREET NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 503	- Admission date: 4/6 Diagnoses: Conduct Type; PTSD; Major D Disorder-recurrent/mo Disorder, mild by history) - Age: 14 Interview on 6/28/18 or All of the clients wer wand) when they retu outings where they w - All of the clients can shoes and opened the - He stated it was rare - There had never bee - Staff would "wand" of from a home visit; - When the group retu would "wand" them; - The searches were contraband was found - If something was for written. Interview on 6/26/18 or (MP) revealed: - He acknowledged the wand when clients retu unmonitored activities - There was no docur client searches include This deficiency is cross	Client #7's record revealed: /18 t Disorder-Adolescent Onset epressive oderate; Cannabis Use ory; Alcohol Use Disorder with Staff #14 revealed: re "wanded in" (security urned from school or any ere out of line of sight; ne in and took off their eir book bags; e the clients had contraband; en any knives or nails; a client when they returned urned from the pool, they only documented if d; und, an incident report was with the Managing Partner ne facility utilized a security turned from any s; mentation of the routine	V 503		
	and must be correcte				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCES (AT) PROVIDERS UPPLIER STREET ADDRESS. CITY. STATE_ZIP_CODE STATULATION OF PROVIDER OR SUPPLIER STATUS ADDRESS. CITY. STATE_ZIP_CODE STATUS ADDRESS. CITY. S	DIVISION	n nealth Service Regu	ialion				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. ZIP CODE 55 RAILROAD STREET MARION, NO. 28792 TOUR PREPRIX (RACH DEPRICENCY MUST BE PRECEDED BY PULL PREPRIX TAG V 513 27E. 0101 Client Rights - Least Restictive Alternative 10 A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting oping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally respinsable person and staff. (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: (1) using the intervention by people trained in its use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to use the least restrictives, 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:			` '	(X2) MULTIPLE	CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE S\$ RAILROAD STREET MARION, NO 23752 MARION, NO 23752 MARION, NO 23752 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG V 513 27E - 0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clientise served/supported; and (4) sharing of control over decisions with the clientifegality responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall allows be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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:	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		EIED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE S\$ RAILROAD STREET MARION, NO 23752 MARION, NO 23752 MARION, NO 23752 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG V 513 27E - 0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clientise served/supported; and (4) sharing of control over decisions with the clientifegality responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall allows be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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:							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE S\$ RAILROAD STREET MARION, NO 23752 MARION, NO 23752 MARION, NO 23752 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG V 513 27E - 0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clientise served/supported; and (4) sharing of control over decisions with the clientifegality responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall allows be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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:			1305921016	B. WING		00/0	6/2019
CLEAR SKY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES NARION, NO. 22752 MARION, NO. 22752 MARION			1303921010	1 -		1 08/0	0/2010
CLEAR SKY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES FREEDULATION OR LSC DENTIFYING INFORMATION) V 513 27E. 0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives in injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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 within the provide service 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:	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SKY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES FREEDULATION OR LSC DENTIFYING INFORMATION) V 513 27E. 0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives in injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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 within the provide service 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:			55 RAILR	OAD STREET			
SUMMARY STATEMENT OF DEFICIENCIES PRETIX PRETIX PRECIDATIONS 1/2/24 (1997) 1/2/	CLEAR SH	KY GROUP HOME					
PRÉÉRIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE DI TO THE APPROPRIATE DATE CROSS REFERENCE DI TO THE APPROPRIATE DATE DATE	(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(VE)
V 513 27E. 0.101 Client Rights - Least Restictive Alternative 10A NCAC 27E. 0.101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injunious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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 *H. #2, #3, #4, #5, #6 and #7). The findings are:							
V 513 27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101		REGULATORY OR I	LSC IDENTIFYING INFORMATION)			RIATE	DATE
Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. 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:					DEFICIENCY)		
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#6 and #7). The findings are:							
Daview on 7/0/19 of a Clear Sky Pohaviers LLC		#o and #1). The findir	iys aie.				
		Davious on 7/0/10 of a	Clear Sky Robavioral III C				
Review on 7/9/18 of a Clear Sky Behavioral, LLC facility admission packet document titled,			_				

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 66 of 100

Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		1305921016	B. WING		08/06/2049
		1303321010			08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		55 RAILE	ROAD STREET		
CLEAR SP	(Y GROUP HOME	MARION	, NC 28752		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(/
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
				DEFICIENCY)	
V 513	Continued From page	e 66	V 513		
	"Compliance and Exp	pectation Standards"			
	revealed:				
	- Basic Standards and	d Expectations:			
		e 14 leadership traits			
	(justice, judgment, de	ecisiveness, dependability,			
	tact, integrity, enthusi	iasm, bearing,			
	unselfishness, courag	ge, knowledge, loyalty and			
	endurance) and defin	itions			
		ical training in an effort to			
	strengthen minds and				
	- Compliance Standa	rds used as primary means			
	of motivation:				
		sed on Leadership Trait) - no			
		ls and within scope and			
	severity of infraction	T :: (DT) (
		Training (PT) (must have			
		be within the resident's			
		be used upon election of			
		uicker way to get past ent's physical ability "(ie.			
	100 Jumping Jacks).				
		ite cool down) - used when a			
	client became "hot he				
		out of group) - intervention			
	• •	was unable to be safely			
		settingintervention may			
		tion on shift if de-escalation			
	strategiesnot succe	essfulallowed use of quiet			
	time alone in room	not out of group longer than			
	24 hours	- -			
		Client #1's record revealed:			
	- Admission date: 9/2				
		ified Trauma; Oppositional			
	Defiant Disorder (OD	• •			
	Impulse Control Diso	rder			
	- Age: 15				
		tition: physically abused and			
	injured or sexually ab	used by parents			

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 67 of 100

DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	E1ED
		1205024040	B. WING			0/2042
		1305921016			ı 08/0	6/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		55 RAILR	OAD STREET			
CLEAR S	KY GROUP HOME		NC 28752			
	OLIMANA DV OT			DDO//DEDIO DI ANI OF CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
1/540	0 11 1-		1/540			
V 513	Continued From page	e 67	V 513			
	Review on 6/25/18 of	Client #2's record revealed:				
	- Admission date: 2/1					
		annabis Use Disorder, Mild				
	- Age: 15	aa				
	7 tg 0. 10					
	Interview on 6/25/18	with Client #2 revealed:				
		cility was "kinda military				
	based;"	,				
	- The program taught	him how to deal with				
	stressful situations;	This field to dod! With				
	•	activities which included				
		ips, squats, run down steps,				
	-	pall field and then run up				
	steps and back;	an neid and then run up				
	•	to do it (PT) and it was				
	"punishment;"	a to do it (i 1) and it was				
	•	because all of the clients				
	had lost a lot of weigh					
	- "Lately, we have be					
		body wants to go out in the				
	heat:"	body wants to go out in the				
	,	nts had PT in the house				
		s, pushups, sit ups or they				
	ran around the parking					
	·	a "smart aleck" or talked too				
	much and had to do t					
		vas a "wall sit" on an invisible				
	_	me (unsure of amount).				
	chair for a period of the	ine (unsure or amount).				
	Review on 6/25/18 of	Client #3's record revealed:				
	- Admission date: 3/2					
	- Diagnoses: Major D					
	- Age: 15	opioodive Disorder				
	/ tgc. 10					
	Interview on 6/25/19	with Client #3 revealed:				
		out he had not liked it;				
	_					
	- PT helped him take	out some stress and				
	agitation;	hmont:				
	- PT was like a punisl					
	- The clients had to g	o in the hallway, put their				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/0	6/2018
	ROVIDER OR SUPPLIER KY GROUP HOME	55 RAILR	DRESS, CITY, STA OAD STREET NC 28752	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIEM (PROVIDER CORRECTIVE)	D BE	(X5) COMPLETE DATE
V 513	for a maximum of 10 - Sometimes, the clie Review on 6/25/18 of - Admission date: 5/2 - Diagnoses: General (GAD); Language Dis Deficit Hyperactive D Traumatic Stress Dise - Age: 16 Interview on 6/25/18 - Staff #14, Staff #15 (MP) had put Client # had a key to the hand prison; - Staff #14 had left Cl "temple" or "mud dog concrete/rock stairs for the stairs and around Client #2 had said he - The MP had picked him back to the facilit - One day, Client #5 or clients had to sit dow Review on 6/25/18 of - Admission date: 6/7 - Diagnoses: PTSD; // - Age: 13 Interview on 6/25/18 of - He had not really be	Ill and move their feet back minutes; nts had to do 120 pushups. If Client #4's record revealed: 8/18 lized Anxiety Disorder sorder; ODD; Attention isorder (ADHD); PTSD (Post order) with Client #4 revealed: and the Managing Partner 13 in handcuffs one time, he dcuffs and worked in a lient #2 unsupervised at the "(public baseball field with or working out by running up the ball field) because was going to run away; Client #2 up and brought y; would not listen and all of the n. If Client #5's record revealed:	V 513	DEFICIENCY)		
	positioned his head;	his head and moved or #14 picked up Client #5's				

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 69 of 100

Division (of Health Service Regu	lation			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	JI GURREUTIUN	IDENTIFICATION NUMBER.	A. BUILDING: _		COWIFLETED
			5 14/11/0		
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE	
CLEAR SI	KY GROUP HOME	55 RAIL	ROAD STREET		
OLLAI O	KI GROOF HOME	MARION	I, NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 513	Continued From page	e 69	V 513		
	head and banged it a	gainst the wall really hard.			
	- Admission date: 12/ - Diagnoses: Unspec Spectrum & Other Ps Disorder - Age: 12	ified Schizophrenia ychotic Disorder; Bipolar II with Client #6 revealed			
	- Staff #14 came over him down on the floor - Five of the clients w for PT; - Another staff was pr worked at the facility;	ere in the same facility room resent but he no longer			
	- Admission date: 4/6 - Diagnoses: Conduc Type; PTSD; Major D Disorder-recurrent/ma	t Disorder-Adolescent Onset			
	 He had to put his he his feet back which w (abdominal muscles) This had been used twice; 				
	Review on 6/26/18 of	Staff #12's employee file			

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revealed:

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DIVISION	n Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			1	_		
		4005004040	B. WING		00/0	0/0040
		1305921016	D. WING		ı 08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		55 RAII R	OAD STREET			
CLEAR SKY GROUP HOME		NC 28752				
			10 20732	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		DATE
IAG			IAG	DEFICIENCY)		
			+			
V 513	Continued From page	2 70	V 513			
	- Hire Date: 11/1/17					
		2017 Non-Violent Crisis				
	Intervention (NCI) Tra	aining Part A				
	International 0/00/10	.::th- Ot-# #40				
		with Staff #12 revealed:				
		lly restrained any clients;				
		re verbal and not really				
	physical;					
		t the clients would do such				
	as sit ups, push-ups,	run in stadium, run a mile or				
	sometimes 1 1/2 miles	at the "Mud Dog or the				
	Temple;"					
	- Consequences for b	ehaviors were either				
	physical activities or v	vriting an essay with one of				
	the leadership traits;					
	· ·	ssigned essay would be on				
	integrity;	,				
		would be whatever the				
		uch as running up the hill				
		elated to one of the 14				
	leadership traits the g					
	- The traits were part					
		of the affiled forces				
	leadership traits; - Sometimes the clien	te would have issues				
	0 01 7	tivities and the "Magic				
	Chair" was just an ex					
		uld be required to do this				
	exercise if they were					
		uded a technique called a				
	"Burpee" which was p					
	Climber" and a "star j	•				
		those in his high school				
	"[military officer training	ng]."				
	Review on 6/26/18 of	Staff #13's employee file				
	revealed:					
	- Hire Date: 1/1/18					
	- Documentation of 8/	15/17 Non-Violent Crisis				
	Intervention (NCI) Tra	ining Part A				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ŁIŒD
		1305921016	B. WING		00/0	06/2049
		1305321010			08/0	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
		55 RAILR	OAD STREET			
CLEAR SH	(Y GROUP HOME	MARION,	NC 28752			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT	ION	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 513	Continued From page	71	V 513			
V 313	Continued From page	<i>5 1</i> 1	1010			
	Interview on 6/26/18	with Staff #13 revealed:				
	- PT time varied every	yday usually around 3PM or				
	4PM;					
	- The "Temple or Mud	l Dog" (area ball field) was				
	used if the weather w					
		ired up weak with strong and				
	given an activity;	пр посем поли селону село				
	•	types used were jumping				
	jacks, run the temple					
	, .	etting "amped up" or unruly,				
	_	lients to run some laps to				
		ilents to run some laps to				
	de-stress;	ly llan mand on the year least				
		y "as good as the weakest				
	member of their team					
	•	es were usually a physical				
	activity;					
		ut," he would stay out of				
	everything for 24 hou					
	•	e him tap out, the peers				
	would hold the client					
		ent read a book, wrote in				
	their journal, practice	14 traits of leadership;				
	- The MP had brough	t the leadership traits into				
	the program from his	experience in the military;				
	Review on 6/26/18 o	f Staff #14's employee file				
	revealed:	-				
	- Hire Date: 2/31/18					
	- Documentation of 8/	/15/17 Non-Violent Crisis				
	Intervention (NCI) Tra					
	, ,	-				
	Interview on 6/26/18	with Staff #14 revealed:				
		dier who had served during				
		in special operations;				
		ed for the local Sheriff's				
	Department for 2 ½ y					
		m was structured similarly to				
		n was structured Sillillarly to				
	a military unit;	a llast bandent en literen				
	- Starr #14 stated, he	was a "cat herder" or "troop				

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handler;"

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Division	of Health Service Regu	lation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			B. WING			
		1305921016	B. WING		08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		55 RAILF	ROAD STREET			
CLEAR SI	KY GROUP HOME	MARION	NC 28752			
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
V 513	Continued From page	72	V 513			
	- PT of some type wa					
		punishment, but more as a				
	challenge;					
	•	for behaviors was like a				
	barter system;					
		escalate, Staff #14 would				
	use a prompt, look at	them and the client would				
	stop;					
		went out of whack," staff				
	would start with push	• •				
		and had damaged the				
		peers, the peers volunteered				
	to do push-ups with the					
		#6 had gotten into an				
	argument on 6/12/18;					
		rsing and Staff #14 had not				
	been given any inform					
		t to Staff #13 stating the staff				
	"was down the hall;"					
		d he had not been given				
	information on Client	-				
		ne client to give him a couple				
	of "Burpees;"					
		nd was sent to his room;				
		ck to the client's room and				
	_	the bed and thumping the				
	wall;	-:4 4l l				
		sit on the bed, stand in the				
		doorway with his head				
	against the wall;	liant WE to some and stand				
		lient #5 to come and stand				
	in the center of the liv					
	other clients were and	e into the living room, the				
		gry with him, d the other clients to be sent				
	to their rooms;	a the other chemis to be sell				
		client's peers, "How does				
	that make you feel;"	chem's peers, 170% dues				
		are velling at him and saving				
		ere yelling at him and saying				
	i ne nau rumeu everytr	ning because no one got a				

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DIVISION	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B. WING		
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
TO WILL OF TH	TO VIDER OR OUT FEET				
CLEAR SH	(Y GROUP HOME		ROAD STREET		
		MARION	, NC 28752		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE DATE
				BEI IOIEIVOT)	
V 513	Continued From page	2 73	V 513		
	piece of cake;				
	- Client Rights include	ed the right to refuse			
	treatment or to do sor	mething, but that did not			
	mean a client had fre	edom from a consequence.			
	Review on 7/2/18 of 9	Staff #15's employee file			
	revealed:	stan " 10 0 omproyee me			
	- Hire Date: 10/1/17				
		/15/17 Non-Violent Crisis			
	Intervention (NCI) Tra	aining Part A			
	l-t	:th. Ota# #45			
		ith Staff #15 revealed:			
		g on a workbook for the			
		the 14 traits of leadership;			
	<u> </u>	ce, judgment, decisiveness,			
	dependability, tact, in	tegrity, enthusiasm, bearing,			
	unselfishness, courag	ge, knowledge, loyalty and			
	endurance;				
	- Behavioral issues w	ere associated with work			
	needed with one of th	ne leadership traits:			
		ed the traits while in a high			
		training and then in the			
	armed services;	training and their in the			
	-	icted with smaller groups of			
	clients:	icted with smaller groups of			
	,	vas always a period of 30			
	seconds to 90 second				
		is usually 50 - 75 "body			
	squats;"				
	- All of the staff knew				
		d were 15-50 push-ups or			
	jumping jacks 50-100				
	- If one client misbeha	aved, PT connected to one			
	of the 14 traits;				
	- If a group of clients	had not said anything to the			
	• .	r accountable, the group			
	had extra PT to devel				
	22 2	- p			
	Review on 6/26/18 of	Staff #16's employee file			

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revealed:

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STATEMENT OF DEFICIENCIES (X1) PF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 30.00.20.0	
CLEAR SE	(Y GROUP HOME		DAD STREET			
		MARION, I	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 513	Continued From page 74		V 513			
	 Hire Date: 2/15/18 Documentation of 9/14/17 Non-Violent Crisis Intervention (NCI) Training Part A Interview on 6/26/18 with Staff #16 revealed: The facility used PT rather than restraints; The PT was geared toward military principles including running, push-ups and depended on behavior; If staff told the clients countless times about a behavior, they would have them do a hundred or so; The clients got 10-15 second breaks between exercises. 					
	revealed: - The MP had develop while in the military; - He had experience or programs for adolesc The programs he had adolescents included The core values included and the core values included The PT was an import treatment, as well as, engaged in the program and the program of the core of the	core values; luded the 14 Traits of n maintaining program ortant component of client keeping the clients				
V 514	27E .0102 Client Right 10A NCAC 27E .0102 PROCEDURES	nts - Prohibited Procedures PROHIBITED	V 514			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
CLEAR SI	KY GROUP HOME	55 RAIL	ROAD STREET		
OLLAN O	CT GICOT TIGHT	MARION	I, NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETI
V 514	Continued From page	e 75	V 514		
	In each facility the foll shall be prohibited: (1) those interved prohibited: (a) any intervery considered corporal properties of the contingent contact; (b) the contingent contact; (c) substances painful bodily reaction (d) electric should administered electrodiction (e) insulinistered electrodiction (f) unpleasant (g) contingent as substances which incomoise, bad smells or substances which incomoise	lowing types of procedures entions which have been or rule which shall include: intion which would be ounishment under G.S. ent use of painful body administered to induce as, exclusive of Antabuse; ack (excluding medically convulsive therapy); ack; tasting foodstuffs; application of any noxious allude but are not limited to asplashing with water; and ally physically painful prescribed injections, or aninistered to the client for the the frequency or intensity of entions determined by the unacceptable for or a the facility. as evidenced by:			
	Restrictive Alternative	A NCAC 27E0101 (b) Least e - Based on record review cility failed to use the least			

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STATE FORM 6899 MZ3B11 If continuation sheet 76 of 100

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE					
			A. BOILDING.			
		1305921016	B. WING		08	/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
OLEAD O	CV CROUR HOME	55 RAILI	ROAD STREET			
CLEAR SI	KY GROUP HOME	MARION	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 514	Continued From page	2 76	V 514			
	promote coping and emeaningful to the clie	ppropriate methods which engagement skills nts affecting 7 of 8 clients #5, #6 and #7) (V513).				
	Observation of a public area the facility used for PT (physical training) on 6/26/18 at 1:07PM revealed: -3 flights of double stairs made of rock and concrete led down a steep grassy hill to a softball					
	field; - The stairs resemble narrow steps;	d an ancient temple's				
	The stairs had meta The top flight of stair					
	- The middle flight of	stairs had 10 steps;				
	- The third flight of sta - There was a concre flight of stairs.	airs had 13 steps; te platform between each				
	Clear Sky Behavioral Corporation)" which of Partner (MP) revealed	a facility handbook titled, , LLC (Limited Liability lescribed the Managing d: 4 year veteran of the [armed				
	developed success states that are still thr					
	picture;	g a military uniform in his				
	program in another st	is included designing a late for the state attorney to s' "toughest teenage boys;"				
	- The MP had built a ¡ [North Carolina (NC)	orogram for boys "that a law enforcement				
	association] could mo	a force, for decades				
	of them;"	e challenges life will demand ter of 'Tough Love' and				

Division of Health Service Regulation

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _	A. BUILDING:		
		1305921016	B. WING		08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	(Y GROUP HOME	55 RAILRO MARION, N	AD STREET IC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 514	given up on themselv Review on 7/9/18 of a Clear Sky Behavioral Corporation)" which o or "Partner" Revealed: - He was the graduate Master's Degree in C - The FS had spent th fighting crime but dev prevent crime;" - His personality connand pushed them dow success. Review on 7/9/18 of a facility admission pac "Compliance and Exp revealed: - Basic Standards and	f teenage boys thathad es." a facility handbook titled, LLC (Limited Liability described a former staff (FS) e of a university with a riminal Justice; he last 20 years "not only eloping procedures to hected with young people when the path for future a Clear Sky Behavioral, LLC ket document titled, hectation Standards"	V 514	DEFICIENCY		
	strengthen minds and - Compliance Standar of motivation: - Essay Writing (Bas more than 1000 word severity of infraction - Incentive Physical objective and be with ability) - may be used member if quicker wa within client's physical Jumping Jacks)." - Time Out (15 minu client became "hot he	rds used as primary means sed on Leadership Trait) - no s and within scope and Training (must have defined in the resident's physical upon election of the staff y to get past infraction cal ability "(ie. 100				

Division of Health Service Regulation

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			E SURVEY PLETED			
		1305921016	B. WING		08	3/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	-	
			ROAD STREET	,		
CLEAR SI	KY GROUP HOME	MARION	I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 514		e 78 was unable to be safely	V 514			
	maintained in milieu s also be at staff discre strategiesnot succe	settingintervention may tion on shift if de-escalation essfulallowed use of quiet not out of group longer than				
	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					
	 The clients had PT i unoccupied rooms, a an exercise facility; He had never seen 	with Client #1 revealed: n one of the facility's t the local middle school or staff put their hands on any				
	of the clients. Review on 6/25/18 of Client #2's record revealed: - Admission date: 2/16/18 - Diagnoses: ODD; Cannabis Use Disorder, Mild - Age: 15					
	- Everything at the factorists based;" - The program taught stressful situations; - The clients had PT arunning a mile, pushurun around the baseb	with Client #2 revealed: cility was "kinda military him how to deal with activities which included ups, squats, run down steps, call field and then run up				
	"punishment;"	I to do it (PT) and it was				

Division of Health Service Regulation

STATE FORM 6899 MZ3B11 If continuation sheet 79 of 100

Division of	of Health Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		4005004040	B. WING			0/0040
		1305921016	B. W(0		08/0	06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		55 RAILF	ROAD STREET			
CLEAR S	KY GROUP HOME		NC 28752			
	CUMMADVCT			DDOVIDEDIC DI ANI OF CODDECTIO	N.	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI		DATE
				DEFICIENCY)		
V 514	Continued From page	70	V 514			
V 314	Continued From page	± 79	0314			
	had lost a lot of weigh	nt;				
	- "Lately, we have be	en doing pretty good				
	(behaviors) cause no	body wants to go out in the				
	heat;"	, ,				
	- Sometimes, the clie	nts had PT in the house				
		s, pushups, sit ups or they				
	ran around the parkin					
		a "smart aleck" or talked too				
	much and had to do t					
		vas a "wall sit" on an invisible				
		me (unsure of amount);				
	•	#3 get restrained because				
	he was "squaring up					
		ing and was being violent;"				
		ng Client #3's arms and his				
	legs;	ig chant no c anno and mo				
	•	and there was another staff				
	watching;	and there was another stan				
	O .	restrained after being violent				
	and "throwing a fit;"	restrained after being violent				
		im (Client #6) on the floor on				
		he started punching stuff				
	and being violent;"	The started purioning stair				
	•	on his stomach, screaming				
	and fussing.	off fils stoffacti, screaming				
	and lussing.					
	Review on 6/25/18 of	Client #3's record revealed:				
	- Admission date: 3/2					
	- Diagnoses: Major D					
	- Age: 15	epiessive Disorder				
	- Age. 13					
	Interview on 6/25/18	with Client #3 revealed:				
		out he had not liked it;				
	- PT helped him take					
	agitation;	cat come of occ and				
	- PT was like a punish	hment:				
		o in the hallway, put their				
	_	ill and move their feet back				
	_					
	for a maximum of 10	•				
	- Sometimes, the clie	nts had to do 120 pushups;				1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		4205004040	B WING		00/00/2010	
		1305921016	B. WING		08/06/2018	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
CLEAR S	Y GROUP HOME		OAD STREET			
			NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 514	Continued From page	e 80	V 514			
	- He had walked past Staff #14 put his hand and put his back agai - Client 3 had gone to "thump" in Client #5's - Last week, he was chad told staff it was u was supposed to be he Client #3 had stated refused to go to his rored - Staff #14 had flipped backwards and Client back and stood up; - Client #3 balled up his screamed, "You are jucrowd;" - Staff #14 and Staff had then had slammer restrain him; - Client #3 had rolled Client #3's arm behing grabbed his ankles and 3 minutes; - The hold had not be - Things had gotten be listening better and his position again. Review on 6/25/18 of - Admission date: 5/2 - Diagnoses: General (GAD); Language Dis Deficit Hyperactive D Traumatic Stress Disc - Age: 16	Client #5's room and saw ds on Client #5's shoulders nst the wall; his room and heard a room; cleaning the dining room and offair because his roommate nelping; "it was b******t" and com; d Client #3's chair at 3 rolled over from his his fists and Staff #13 cust another face in the sed him on the floor trying to over and Staff #14 had put d his back and Staff #13 and held him down for about then an appropriate restraint; etter and the clients were and tried not to get in that Client #4's record revealed: 8/18 ized Anxiety Disorder corder; ODD; Attention isorder (ADHD); PTSD (Post order)				
		and the MP had put Client me, he had a key to the				

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handcuffs and worked in a prison;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY
	1305921016	B. WING		08	/06/2018
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ΓE, ZIP CODE		
CLEAR SKY GROUP HOME		ROAD STREET , NC 28752			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
"mud dog"(public base concrete/rock stairs) stairs and around the had said he was goin - The MP had picked him back to the facilithate - One day, Client #5 will clients had to sit down review on 6/25/18 of - Admission date: 6/7 - Diagnoses: PTSD; // - Age: 13 Interview on 6/25/18 of - Admission date: 6/7 - Diagnoses: PTSD; // - Age: 13 Interview on 6/25/18 of - Admission date had told him to put his back his feet away from - Staff #14 had taken positioned his head; - Another time, Staff will head and banged it at - Staff #14 had said to own head against the - Client #5 was unabloother staff was. Review on 6/25/18 of - Admission date: 12/1 - Diagnoses: Unspective Spectrum & Other Pstair Disorder - Age: 12 Review on 6/14/18 of for Client #6 dated 1/4	ient #2 at the "temple" or seball field with to work out running up the ball field because Client #2 g to run away; Client #2 up and brought y; would not listen and all of the n. Client #5's record revealed: /18 ADHD-Combined Type; ODD with Client #5 revealed: een restrained, but Staff #14 shead against the wall and om the wall; his head and moved or #14 picked up Client #5's gainst the wall really hard; he client was banging his e wall; e to remember who the Client #6's record revealed: 17/17 iffied Schizophrenia rychotic Disorder; Bipolar II	V 514			

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUF COMPLET	
			P WING			
		1305921016	B. WING		08/06/	/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME		ROAD STREET			
	T		, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 514	Continued From page	e 82	V 514			
	other specialized sub health/fitness; - Staff was to facilitate opportunities with a c health/fitness as outling Interview on 6/25/18 of - He had a goal not to - He had gotten mad - Staff #14 came over him down and sat on - Five of the clients w for PT; - Another staff was pr worked at the facility;	oncentration on ned in program guidelines. with Client #6 revealed o have anger outbursts; and hit a window twice; and held his arms up, put his legs; ere in the same facility room resent but he no longer				
	- Admission date: 4/6 - Diagnoses: Conduct Type; PTSD; Major D Disorder-recurrent/mo Disorder, mild by histor (mild by history) - Age: 14 Interview on 6/25/18 or - He had to put his he his feet back which w (abdominal muscles) - This had been used twice; - At other times, the co - He had not seen and against the wall;	t Disorder-Adolescent Onset epressive oderate; Cannabis Use ory; Alcohol Use Disorder with Client #7 revealed: ead against the wall and put orked on his "abs" and his shoulders; as punishment once or				

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STATE FORM 6899 MZ3B11 If continuation sheet 83 of 100

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPL	
		1305921016	B. WING		08/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR S	KY GROUP HOME	55 RAILRO MARION,	DAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 514	revealed: - Hire Date: 11/1/17 - Documentation of 8/Intervention (NCI) Tra Interview on 6/26/18 He had not persona - The clients were more physical; - PT was 75% of wha as sit ups, push-ups, sometimes 1 ½ miles Temple;" - Consequences for be physical activities or were the leadership traits; - If a client lied, the as integrity; - A PT consequences clients had not liked so which would still be re leadership traits the ge - The traits were part leadership traits; - Sometimes the client regarding physical act Chair" was just an ex - All of the clients wou exercise if they were - Other exercises incl "Burpee" which was pe Climber" and a "star j - Staff #12 had done "[military officer training	staff #12's employee file /2017 Non-Violent Crisis aining Part A with Staff #12 revealed: Illy restrained any clients; ore verbal and not really It they clients would do such run in stadium, run a mile or at the "Mud Dog or the behaviors were either writing an essay with one of ssigned essay would be on s would be whatever the such as running up the hill elated to one of the 14 group may have; of the [armed forces branch] Ints would have issues stivities and the "Magic ercise; uld be required to do this getting escalated; uded a technique called a bush-ups, "mountain umper" combination; those in his high school	V 514	DEFICIENCY)		
	Chair" was just an ex - All of the clients wore exercise if they were - Other exercises incl "Burpee" which was p Climber" and a "star j - Staff #12 had done "[military officer training - He defined neglect and child's needs.	ercise; uld be required to do this getting escalated; uded a technique called a bush-ups, "mountain umper" combination; those in his high school ng];"				

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DIVISION	n nealth Service Regu	iation	_		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		
			D WING		
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE	
				,	
CLEAR SH	(Y GROUP HOME		OAD STREET		
		MARION,	NC 28752		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORT OR L	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DAIE
V 514	Continued From page	e 84	V 514		
	. •				
	- Hire Date: 1/1/18				
		15/17 Non-Violent Crisis			
	Intervention (NCI) Tra	aining Part A			
	Interview on 6/26/18 v	with Staff #13 revealed:			
	- PT time varied every	yday usually around 3PM or			
	4PM;				
	- The "Temple or Mud	Dog" field was used if the			
	weather was clear;	3			
	•	red up weak with strong and			
	given an activity;				
	•	types used were jumping			
	jacks, run the temple	- · · -			
		etting "amped up" or unruly,			
		lients to run some laps to			
	de-stress;	illents to full some laps to			
	•	y "an good on the weakent			
		y "as good as the weakest			
	member of their team				
	•	es were usually a physical			
	activity;				
		ıt," he would stay out of			
	everything for 24 hou				
		e him tap out, the peers			
	would hold the client				
		ent read a book, wrote in			
		14 traits of leadership;			
	 The MP had brough 	t the leadership traits into			
	the program from his	experience in the military;			
	- He had not restraine	ed any of the clients, but had			
	seen other staff condu	uct an assisted walk at			
	times;				
		issue with Client #5 with the			
	use of profanity;				
	- Staff #14 had told hi	m to do "Burpees"			
		and jump toward the			
	ceiling);	a and james to train a trio			
		oing them and refused;			
		oom and told to sit on the			
	- HE WAS SELL TO HIS I	oom and told to sit on the			

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- Client #5 refused and Staff #14 had him to stand

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X3) DATE SURVEY COMPLETED	
	1305921016	B. WING	B. WING	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
CLEAR SKY GROUP HOME		OAD STREET		
	MARION,	NC 28752		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
Client #5; - Staff #14 told Staff # to hurt himself and wa - Staff #13 defined neg resources or care that attention, medical care or emotional support. Review on 6/26/18 of revealed: - Hire Date: 2/31/18 - Documentation of 8/- Interview on 6/26/18 v - He was a former sold a time of active battle - Staff #14 had worked Department for 2 ½ y - The facility's program a military unit; - Staff #14 stated, he v handler;" - PT of some type was - PT was not done as challenge; - The consequences fo barter system; - If a client started to e use a prompt, look at s stop; - If the "whole house v would start with push If a client was upset	Staff #14 put his hands on 13 that Client #5 was trying as standing against the wall; glect as not providing the someone needed including e, sustenance and mental 5 Staff #14's employee file 15/17 Non-Violent Crisis ining Part A with Staff #14 revealed: dier who had served during in special operations; d for the local Sheriff's ears; n was structured similarly to was a "cat herder" or "troop is held every day; punishment, but more as a cor behaviors was like a escalate, Staff #14 would them and the client would event out of whack," staff ups; and had damaged the eers, the peers volunteered	V 514		

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argument on 6/12/18;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		1305921016	B. WING		08/06/2	2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SH	CY GROUP HOME		OAD STREET NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 514	been given any inform - Staff #14 sent a text "was down the hall;" - Staff #13 responded information on Client - Staff #14 directed the of "Burpees;" - Client #5 refused and - Staff #14 walked ba Client #5 was kicking wall; - Client #5 refused to corner or stand in the against the wall; - Staff #14 directed Coin the center of the live - After Client #5 came other clients were angeneral to their rooms; - Staff #14 asked the that make you feel;" - Client #5's peers were head ruined everyth piece of cake; - Client rights include treatment or to do so mean a client had free Review on 7/2/18 of Strevealed: - Hire Date: 10/1/17 - Documentation of St. Intervention (NCI) Trains	rsing and Staff #14 had not nation on the client; to Staff #13 stating the staff The had not been given #5; e client to give him a couple d was sent to his room; ck to the client's room and the bed and thumping the sit on the bed, stand in the doorway with his head lient #5 to come and stand ing room; e into the living room, the gry with him; d the other clients to be sent client's peers, "How does are yelling at him and saying hing because no one got a d the right to refuse mething, but that did not edom from a consequence. Staff #15's employee file	V 514	DEFICIENCY)		
	- He had been workin clients which covered	g on a workbook for the the 14 traits of leadership; ce, judgment, decisiveness,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING	B. WING		/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	•	
CLEAD SI	(Y GROUP HOME	55 RAILR	OAD STREET			
CLEAR SI	T GROOF HOME	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 514	Continued From page	e 87	V 514			
	unselfishness, courage endurance; - Behavioral issues woneeded with one of the Staff #15 had learned school military officer armed services; - Extra PT was conductients; - The "Magic Chair" was econds to 90 seconder A "Boot Slapper" was squats;" - All of the staff knewer of the 14 traits; - If a group of clients peer, the group had ecohesion.	ed the traits while in a high training and then in the lected with smaller groups of was always a period of 30 ds; is usually 50 - 75 "body about PT; id were 15-50 push-ups or; aved, PT connected to one shad not said anything to the extra PT to develop unit				
	Review on 6/26/18 of Staff #16's employee file revealed: - Hire Date: 2/15/18 - Documentation of 9/14/17 Non-Violent Crisis Intervention (NCI) Training Part A Interview on 6/26/18 with Staff #16 revealed: - The facility used PT rather than restraints; - The PT was geared toward military principles including running, push-ups and depended on behavior; - If staff told the clients countless times about a behavior, they would have them do a hundred or so; - The clients got 10-15 second breaks between exercises.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		1305921016	B. WING		08/06/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR S	CY GROUP HOME	55 RAILR MARION,	OAD STREET			
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRI	ECTION (X5)	\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE COMPLET	ſΈ
V 514	Continued From page	e 88	V 514			
	Interviews with the M revealed: - The MP had develop while in the military; - He had experience programs for adolesce - The programs he had adolescents included - The core values included the core values included structure;	P from 6/25/18 thru 7/9/18 ped leadership experience with the development of ents with behavioral issues; ad developed for core values; luded the 14 Traits of maintaining program ortant component of client				
	Plan of Protection day Managing Partner (M What will you immedi rule violations in orde further risk or addition "Policy will be revised 'Incentive Physical Tr authorized means of Upon revision, all star off on the understand use of essay writing, will be the assignmen behaviors. In accorda assignment will be ba abilities of the resider training will be monito ensure safety is taker but not limited to bash swimming, Crossfit, a will be encouraged to Physical Training' but so. Things that will be	ately do to correct the above r to protect clients from hal harm? I with removal of the use of aining (IPT)' as an behavior management. If will be trained and signed ing of the new policy. The drawing, or thinking projects at in an effort to process ance with policy, the ased upon the cognitive ht. Any organized physical bred by supervisory staff to in into account. This includes ketball, football, field day, and martial arts. Residents participate in 'Organized will not be mandated to do				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE	
CLEADS	KY CBOUR HOME	55 RAILR	OAD STREET		
CLEAR S	KY GROUP HOME	MARION,	NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 514	Continued From page		V 514		
	participate" Describe your plans thappens. "Upon revision of policonsider a violation of immediate termination to follow the standard Qualified Professional in a Direct Care role withis policy to senior maction. LP will be task questioning regarding Physical Training by serior dent during private will report any allegat senior management will report immanagement will report healthcare registry. [Now will review the policy oversight based on the	er nability for the resident to o make sure the above cy, management will f this policy to be means for n of the employee that fails . I and supervision AP serving will report any violation of nanagement for disciplinary sed with implementing the use of Incentive staff members to each the therapy sessions. The LP tions of the use of IPT to mmediately. Senior ort all allegations to the Newly contracted therapist] revision and provide			
	which promoted clien respectful environment viewed as "punishme potentially, physically required daily and incipacks, running laps, a to control client behave physical trainings wer	nt. The activity choices were			
	Type A1 rule violation must be corrected wit administrative penalty	for serious neglect and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED			
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
01 545 0	W ODOUD HOME	55 RAILF	ROAD STREET			
CLEAR S	KY GROUP HOME	MARION	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLET	ΓE
V 514	Continued From page	= 90	V 514			
	additional administra	tive penalty of \$500.00 per or each day the facility is out				
V 537	27E .0108 Client Rigi	nts - Training in Sec Rest &	V 537			
	ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to en procedures are retrai competence at least (b) Prior to providing disabilities whose tre includes restrictive in service providers, en volunteers shall com seclusion, physical re and shall not use the training is completed demonstrated. (c) A pre-requisite fo demonstrating competraining in preventing the need for restrictiv (d) The training shall include measurable le measurable testing (v behavior) on those of methods to determine course. (e) Formal refresher	CAL RESTRAINT AND JT cal restraint and isolation loyed only by staff who have e demonstrated oper use of and alternatives Facilities shall ensure that helpoy and terminate these hed and have demonstrated annually. direct care to people with hatment/habilitation plan terventions, staff including helpoyees, students or helete training in the use of hestraint and isolation time-out he interventions until the hand competence is r taking this training is hetence by completion of h, reducing and eliminating he interventions. he competency-based,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1305921016	B. WING		08/06/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
CLEADS	KY GROUP HOME	55 RAILI	ROAD STREET			
CLEAR 3	KT GROOF HOME	MARION	I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 537	Continued From page	91	V 537			
	annually). (f) Content of the traiprovider plans to empthe Division of MH/DI Paragraph (g) of this (g) Acceptable training but are not limited to, (1) refresher in the use of restrictive in (2) guidelines of (understanding imminothers); (3) emphasis orights and dignity of a concepts of least restincemental steps in a (4) strategies for restrictive interventions which in assessment and more psychological well-because of restraint through restrictive interventions (6) prohibited profiles (7) debriefing simportance and purpor (8) documentation of initiat least three years. (1) Documentation (A) who participoutcomes (pass/fail); (B) when and vice) The Division (C) instructor's (2) The Division	ining that the service ploy must be approved by D/SAS pursuant to Rule. Ing programs shall include, presentation of: formation on alternatives to interventions; on when to intervene ment danger to self and In safety and respect for the full persons involved (using prictive interventions and an intervention); or the safe implementation tions; emergency safety include continuous hitoring of the physical and hing of the client and the safe ghout the duration of the in; procedures; trategies, including their ose; and tion methods/procedures. shall maintain hal and refresher training for tion shall include: hated in the training and the where they attended; and name. In of MH/DD/SAS may boumentation at any time.				

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DIVISION	n nealth Service Regu	ialion					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	=IED	
		1305921016	B. WING		00/0	6/2010	
		1303321010			08/0	6/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
CLEVD C	KY GROUP HOME	55 RAILR	OAD STREET				
CLEAR SI	AT GROUP HOWE	MARION,	NC 28752				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU		COMPLETE	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)	PRIATE	DATE	
				321161211617			
V 537	Continued From page	e 92	V 537				
	Requirements:						
	•	all demonstrate competence					
	` '	esting in a training program					
		reducing and eliminating the					
	need for restrictive int	-					
		all demonstrate competence					
		esting in a training program					
		eclusion, physical restraint					
	and isolation time-out						
		all demonstrate competence					
	• •	grade on testing in an					
	instructor training pro	•					
	(4) The training	_					
		nclude measurable learning					
		le testing (written and by					
	_	ior) on those objectives and					
		to determine passing or					
	failing the course.	to dotonimio pacemig en					
	-	t of the instructor training the					
	service provider plans						
	-	sion of MH/DD/SAS pursuant					
	to Subparagraph (j)(6	•					
		instructor training programs					
		be limited to, presentation					
	of:						
		ng the adult learner;					
		r teaching content of the					
	course;	<u> </u>					
		of trainee performance; and					
		ion procedures.					
		all be retrained at least					
	()	strate competence in the use					
		restraint and isolation					
		in Paragraph (a) of this					
	Rule.	aragraph (a) or tho					
	(8) Trainers sha	all be currently trained in					
	CPR.	-					
	(9) Trainers sha	all have coached experience					
		f restrictive interventions at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1305921016 B. WING		08/06/2018	
	ROVIDER OR SUPPLIER KY GROUP HOME	55 RAILR	DDRESS, CITY, STA COAD STREET NC 28752	TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 537	coach. (10) Trainers shause of restrictive interannually. (11) Trainers shainstructor training at late (k) Service providers documentation of inititraining for at least th. (1) Documenta. (A) who particip outcome (pass/fail); (B) when and v. (C) instructor's. (2) The Division review/request this do. (I) Qualifications of C. (1) Coaches sharequirements as a tra. (2) Coaches shall mission in the course white.	all teach a program on the eventions at least once all complete a refresher east every two years. shall maintain al and refresher instructor ree years. tion shall include: ated in the training and the where they attended; and name. In of MH/DD/SAS may ocumentation at any time. Coaches: shall meet all preparation iner. In all teach at least three ch is being coached. It is being coached. It is the same in the same	V 537		
	facility failed to ensur competence in the pr to the use of restrictiv paraprofessional (PP	and record review, the			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
	1305921016 B. WING			08	3/06/2018	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE	, ,		
		ROAD STREET	, 0052			
CLEAR SKY GROUP HOME		, NC 28752				
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
- He had seen Client is he was "squaring up or Client #3 "kept fightithe Staff #14 was holding legs; - Staff #14 was a copwatching; - Client #6 had been rand "throwing a fit;" - Staff #14 "had put his stomach because and being violent;" - Client #6 was down and fussing. Interview on 6/25/18 or He had walked past Staff #14 put his hand and put his back agai - Client #3 had gone to "thump" in Client #5's - Last week, he was con had told staff it was unwas supposed to be herefused to go to his rowas supposed to go to his rowas supposed to go to his rowas and Staff #14 had flipped backwards and Client #3 had stated refused to go to his rowas supposed to go to his rowas	with Client #2 revealed: #3 get restrained because with the staff;" ng and was being violent;" ng Client #3's arms and his and there was another staff restrained after being violent im (Client #6) on the floor on he started punching stuff on his stomach, screaming with Client #3 revealed: Client #5's room and saw ds on Client #5's shoulders nst the wall; to his room and heard a room; cleaning the dining room and infair because his roommate helping; , "it was b******t" and hom;" d Client #3's chair if #3 rolled over from his	V 537				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		EIED
		1305921016	B. WING		08/06/2018	
					06/0	16/2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	KY GROUP HOME		OAD STREET NC 28752			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	DN .	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 537	Continued From page	95	V 537			
	- The hold had not be - Things had gotten b	en an appropriate restraint; etter and the clients were ad tried not to get in that				
	- Staff #14, Staff #15 #3 in handcuffs one ti handcuffs and worked - Staff #14 had left CI "mud dog"(public bas concrete/rock stairs) to stairs and around the had said he was goin - The MP had picked him back to the facility	ient #2 at the "temple" or seball field with to work out running up the ball field because Client #2 g to run away; Client #2 up and brought y; would not listen and all of the				
	 He had not really be had told him to put his back his feet away fro Staff #14 had taken positioned his head; Staff #14 had said the own head against the 	his head and moved or ne client was banging his				
	 He had a goal not to He had gotten mad Staff #14 came over him down and sat on Five of the clients w for PT; Another staff was pr worked at the facility; 	ere in the same facility room resent but he no longer				

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DIVISION	n nealth Service Regu	lation				
. , ,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
4205024040		B. WING		00/0	NG/2049	
		1305921016			1 08/0	06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
CLEAR SE	(Y GROUP HOME	55 RAILF	ROAD STREET			
OLLAIN OI	TO GROOT TIOME	MARION	, NC 28752			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE	DAIL
V 537	Continued From page	e 96	V 537			
	laughing.					
	5 5					
	Review on 6/26/18 of	Staff #12's employee file				
	revealed:					
	- Hire Date: 11/1/17					
		ntervention (NCI) Part A				
	Training: 8/2017					
	- No training in Secius	sion, Physical Restraint and				
	isolation Time Out					
	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 v	•				
		Staff #13's employee file				
	revealed:					
	- Hire Date: 1/1/18	(
		ntervention (NCI) Part A				
	Training: 8/15/17 - No training in Seclusion, Physical Restraint and Isolation Time Out					
	isolation fille Out					
	Interview on 6/26/18	with Staff #13 revealed:				
		ush boundaries and the staff				
	had to lay out conseq					
		for behaviors was the use of				
	physical training (PT)	activities such as jumping				
	jacks, push-ups, runn	ing laps at a local ball field,				
	or a combination of e	xercises;				
	- He had not restraine	ed a client;				
		lients needed a time out;				
	- Restraints were not	used at the facility.				
	Di 0/00/43	£ 01-# #4.41				
		f Staff #14's employee file				
	revealed:					
	- Hire Date: 2/31/18	ntervention (NCI) Part A				
	Training: 8/15/17	icivenion (NOI) Fall A				
			- 1	İ		1

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DIVISION	of Health Service Regu	liation				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDE		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
4205024046		B. WING		00/06/2040		
1305921016				08/06/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
0. 5.5 0.	0/ 0D0UD U014	55 RAILF	OAD STREET			
CLEAR SP	(Y GROUP HOME	MARION	NC 28752			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(-1-)	
		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE	
				DEFICIENCY)		
V 537	Continued From page	e 97	V 537			
		sion, Physical Restraint and				
	Isolation Time Out					
	Interview on 6/26/19	with Staff #14 revealed:				
		#6 had gotten into an				
	argument on 6/12/18;	_				
	•	rsing and Staff #14 had not				
	been given any information on the client; - Staff #14 sent a text to Staff #13; - He said the Staff #13 "was down the hall;"					
	- Staff #13 responded he had not been given					
	information on Client #5;					
· · · · · · · · · · · · · · · · · · ·		ne client to give him a couple				
	of "Burpees" (type of exercise); - Client #5 refused and was sent to his room;					
		ck to the client's room and				
	-	the bed and thumping the				
	wall;					
		sit on the bed, stand in the				
		doorway with his head				
	against the wall;					
		lient #5 to come and stand				
	in the center of the liv	•				
		e into the living room, the				
	other clients were and	ed the other clients to be sent				
	to their rooms;	a the other chemis to be sell				
	•	client's peers, "How does				
	that make you feel;"	5.15.110 pooro, 110W dood				
		ere yelling at him and said he				
		g because no one got a				
	piece of cake;	,				
		about any other measures to				
	use with Client #5;	,				
	- The dynamic of the	program was not				
	conventional.	-				
	Review on 7/2/18 of 5	Staff #15's employee file				
	revealed:					

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- Hire Date: 10/1/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 5 6 . 2 5 1 6			
1305921016		B. WING		08/06/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CLEAR SI	CY GROUP HOME		OAD STREET NC 28752			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 537	Continued From page 98		V 537			
	- Non-Violent Crisis Intervention (NCI) Part A Training: 8/15/17 - No training in Seclusion, Physical Restraint and Isolation Time Out Interview on 7/2/18 with Staff #15 revealed: - He had the required training in alternatives to restrictive interventions; - The facility had not had to use restraints because the staff had respect from the clients; - The staff had used "implicit communication" just by making eye contact with the clients. Review on 6/26/18 of Staff #16's employee file revealed: - Hire Date: 2/15/18 - Non-Violent Crisis Intervention (NCI) Part A Training: 9/14/17 - No training in Seclusion, Physical Restraint and Isolation Time Out					
	The facility used PTThe program was "g principles;"Staff #16 was unsur	·				
	revealed: - Hire Date: 10/21/16	P from 6/25/18 thru 7/9/18 Intervention (NCI) Part A & B				
	revealed: - The MP had develope while in the military;	P from 6/25/18 thru 7/9/18 ped leadership experience with the development of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
1305921016		B. WING		08	08/06/2018		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CLEAR S	CLEAR SKY GROUP HOME 55 RAILROAD STREET MARION, NC 28752						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
V 537	programs for adolesce - The programs he ha adolescents included - The core values incl Leadership along with structure; - The PT was an import treatment, as well as, engaged; - The facility had not u PT. This deficiency is cross	ents with behavioral issues; ad developed for core values; uded the 14 Traits of maintaining program ortant component of client keeping the clients used restraints but utilized ess referenced into 10 A ope (V293) for a Type A1	V 537				

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