

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-872 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/09/2018 |
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| NAME OF PROVIDER OR SUPPLIER MR BILL'S PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 8612 NATIONS FORD ROAD CHARLOTTE, NC 28217 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 8/9/18. The complaint was substantiated (Intake #NC00140535). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>For confidentiality purposes and to protect the identities of staff and/or clients some identifiers and specific interview dates have been omitted. All interviews were conducted between 6/28/18 and 8/9/18.</p> <p>A sister facility is identified in this report. The sister facility will be identified as Sister Facility A.</p> | V 000 | | |
| V 105 | <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> | V 105 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 105 | <p>Continued From page 1</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> | V 105 | | |

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| V 105 | <p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their policy on confidentiality. The findings are:</p> <p>Review on 8/2/18 of the Confidentiality Policy dated August, 2002 and revised March, 2018 revealed: -" ...Confidentiality of consumer information applies not only to written records but to divulging of such information in any other way ...All records, documents and consumer activities are to be held in the strictest confidence by the staff of A CARING HOME, INC. (Executive Director/ Licensee) ...No information is ever to be released to anyone who is not KNOWN TO BE a parent or guardian with the right to have access to information ..."</p> <p>Interview with Clients revealed: -Staff #7 frequently discussed personal matters regarding clients in front of other clients; -Staff #7 discussed Client #3's behaviors to the clients at Sister Facility A; -Staff #7 met with the clients from Sister Facility A and told them not to share information with the Division of Health Service Regulation staff as it would jeopardize the staff at the two facilities; -Clients wished to remain anonymous.</p> <p>Interview with Clients from Sister Facility A revealed: -Upset and angry because Staff #7 would frequently discuss personal matters regarding</p> | V 105 | | |

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| V 105 | <p>Continued From page 3</p> <p>clients in front of other clients which caused embarrassment for the client who was being discussed; -Clients did not wish to be identified due to fear of "being in trouble" after the Division of Health Service Regulation survey.</p> <p>Interview on 8/6/18 with Staff #7 revealed: -There had never been a breach regarding confidentiality; -Staff #7 "would never allow it."</p> <p>Interview on 8/6/18 with the Licensed Professional revealed: -Had heard concerns about breaches in confidentiality from clients at the facility and at Sister Facility A and had brought the concerns to the attention of the House Manager.</p> <p>Interview on 8/7/18 with Qualified Professional #2 revealed: -Did not know about staff speaking about confidential matters in front of the clients; -All staff have been trained in confidentiality.</p> <p>Interview on 8/7/18 with the House Manager revealed: -Believed the breaches in confidentiality was a result of the clients accidentally overhearing staff discussing issues amongst themselves; -Had discussed concerns regarding confidentiality breaches with the staff members and reminded them of the importance to maintain client confidentiality.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Believed the breaches in confidentiality were the result of clients accidentally overhearing staff discussing issues amongst themselves;</p> | V 105 | | |

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| V 105 | Continued From page 4 -Will retrain all staff in confidentiality issues; -Terminated Staff #7; -Did not want the clients at the facility or at Sister Facility A to be worried about confidentiality. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. | V 105 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and | V 108 | | |

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| V 108 | <p>Continued From page 5</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training to meet the mh/dd/sa needs of the clients affecting 5 of 5 audited staff (Staff #7, House Manager, Qualified Professional #1, Qualified Professional #2, and Executive Director/Licensee). The findings are:</p> <p>Review on 7/11/18 of Client #2's record revealed: -Admission date of 4/23/18; -12 years old; -Diagnoses of Major Depressive Disorder Recurrent Episode with Psychotic Features; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; -History sexual abuse trauma, having oral and vaginal sexual relations with multiple partners, raped in the 2nd grade multiple times by an older sibling, described self as being "hungry for sex."</p> <p>Review on 6/27/18 and 8/2/18 of Staff #7's record revealed: -Hire date of 7/20/17; -Employed as Direct Care Staff; -No training in sexual abuse trauma or sexually active/sexually reactive youth.</p> <p>Review on 6/27/18 and 8/2/18 of the Qualified Professional #1's record revealed: -Hire date of 10/22/15; -No training in sexual abuse trauma or sexually</p> | V 108 | | |

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| V 108 | <p>Continued From page 6</p> <p>active/sexually reactive youth.</p> <p>Review on 6/27/18 and 8/2/18 of the Qualified Professional #2's record revealed: -Hire date of 10/1/08; -No training in sexual abuse trauma or sexually active/sexually reactive youth.</p> <p>Review on 6/27/18 and 8/2/18 of the House Manager's record revealed: -Hire date of 9/17/05; -No training in sexual abuse trauma or sexually active/sexually reactive youth.</p> <p>Review on 6/27/18 and 8/2/18 of the Executive Director/ Licensee's record revealed: -Hire date of 2002; -No training in sexual abuse trauma or sexually active/sexually reactive youth.</p> <p>Interview on 8/8/18 with the Qualified Professional #1 and the Executive Director/Licensee revealed: -Training on sexual abuse trauma and sexually active/sexually reactive youth is scheduled in two weeks with a specialist in the field.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 108 | | |
| V 109 | <p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> | V 109 | | |

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| V 109 | <p>Continued From page 7</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 2 of 2 qualified professionals (Qualified Professional #1 and Qualified Professional #2) failed to display the knowledge, skills, and abilities required by the population served. The findings are:</p> | V 109 | | |

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| V 109 | <p>Continued From page 8</p> <p>Review on 6/27/18, 8/2/18, and 8/7/18 of the Qualified Professional #1's record revealed: -Hire date of 10/22/15; -Job description revealed: "...performs quality assurance checks and documentation assuring such as medical record guidelines are followed and specific program documentation are followed, supervises service provision assuring such as all services and programs are delivered as specified in the plan, progress is recorded accurately and immediately, all consumer rights policies are followed, and consumer is treated with dignity and respect ..."</p> <p>Review on 6/27/18, 8/2/18, and 8/17/18 of the Qualified Professional #2's record revealed: -Hire date of 10/1/08; -Job description revealed: "...performs quality assurance checks and documentation assuring such as medical record guidelines are followed and specific program documentation are followed, supervises service provision assuring such as all services and programs are delivered as specified in the plan, progress is recorded accurately and immediately, all consumer rights policies are followed, and consumer is treated with dignity and respect ..."</p> <p>Interview on 8/2/18 and 8/8/18 with the Qualified Professional #1 revealed: -Responsible for ensuring clients receive the services required, attending team meetings, and updating goals and treatment plans as needed, review of all incident reports to ensure they are completed properly; -Did not realize transportation plans needed to be in the client's treatment plan strategies; -Did not realize the different areas in which goals and strategies needed to be developed for each</p> | V 109 | | |

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| V 109 | <p>Continued From page 9</p> <p>client; -Did not know why incident reports were not completed on all incidents; -Did not have a ledger of money spent or receipts for purchases made clients.</p> <p>Interview on 8/7/18 with the Qualified Professional #2 revealed: -Responsible for training, maintaining client and employee records, and coordination of care as needed, responsible for review of all incident reports to ensure they are completed properly; -Did not know why Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records; -Coordinated sending all clients home on therapeutic leave. "Don't know" what to do about therapeutic leave in the future; -Did not know why incident reports were not completed on all incidents; -The lack of incident reports at the facility is because the incident reports "just fell through the cracks."</p> <p>Interview on 8/8/18 with the Executive Director/ Licensee revealed: -Will provided additional training to the Qualified Professional #1 and the Qualified Professional #2; -Will have the Licensed Professional supervise and provide oversight to the Qualified Professional #1 and the Qualified Professional #2 to ensure services are provided and client needs are met.</p> <p>For further information, refer to 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .1701 Scope (V293), 10A NCAC</p> | V 109 | | |

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| V 109 | Continued From page 10 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 27G .1706 Operations (V298), 10A NCAC 27G .0604 Incident Report Requirements for Category A and B Providers (V367), 10A NCAC 27F .0102 Living Environment (V539), and 10A NCAC 27F .0105 Client Personnel Funds (542). This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. | V 109 | | |
| V 110 | 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and | V 110 | | |

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| V 110 | <p>Continued From page 11</p> <p>(7) clinical skills.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 2 of 4 paraprofessionals (House Manager and the Executive Director/ Licensee) failed to display the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 6/27/18, 8/2/18, and 8/8/18 of the House Manager's record revealed: -Hire date of 9/17/05; -Job description revealed: "communicate relevant consumer information to supervisors, Case Coordinator, and/or parents, provide privacy and confidentiality of all consumer records, assure consumers are free from abuse, mistreatment, and or neglect and report any incidents of such to supervisor ...implement goals and recommendations and follow appropriate documentation procedures, provide a positive atmosphere which facilitates growth and learning, make decisions based on training ..."</p> <p>Review on 6/27/18, 8/2/18, and 8/8/18 of the Executive Director/ Licensee's record revealed: -Hire date of 2002; -Job description revealed: " ...Effectively supervises staff and operations ...ensure that quality staff are interviewed, hired and trained according to company policy ...ensure that quality</p> | V 110 | | |

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| V 110 | <p>Continued From page 12</p> <p>services are provided on a consistent basis by providing appropriate supervision of services ...create/design systems to ensure that services are supervised and implemented according to the mission of the company ..."</p> <p>Interview on 8/7/18 with the House Manager revealed: -Did not ensure that the facility remain open 24 hours per day, 7 days per week, 365 days per year; -Did not ensure that all incidents were reported and filed correctly; -Did not ensure that client personal funds were monitored and documented properly; -When asked about the location of financial ledgers and receipts for client funds, the House Manager responded: "I can't even tell you that." -Did not know about clients from Sister Facility A sleeping at the facility.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Terminated Staff #7; -Did not ensure that the facility remained open 24 hours per day, 7 days per week, 365 days per year; -Did not ensure that all incidents were reported and filed correctly; -Did not ensure that client personal funds were monitored and documented properly; -Did not know about clients from Sister Facility A sleeping at the facility; -Will ensure the Licensed Professional provides necessary training to all staff; -Will have the Licensed Professional supervise all operations of the program to ensure that the House Manager and Executive Director/Licensee are completing the necessary tasks to ensure services are provided and client needs are met.</p> | V 110 | | |

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| V 110 | <p>Continued From page 13</p> <p>For further information, refer to 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .1701 Scope (V293), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 27G .1706 Operations (V298), 10A NCAC 27G .0604 Incident Report Requirements for Category A and B Providers (V367), 10A NCAC 27F .0102 Living Environment (V539), and 10A NCAC 27F .0105 Client Personnel Funds (542).</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 110 | | |
| V 112 | <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> | V 112 | | |

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| V 112 | <p>Continued From page 14</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment strategies affecting 4 of 5 clients (Clients #1, #2, #3, and #4). The findings are:</p> <p>Review on 7/11/18 of Client #1's record revealed: -Admission date of 3/9/18; -16 years old; -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and Major Depressive Disorder. -History of verbal aggression, physical aggression, assaulting her grandmother, truancy, smoking marijuana, AWOL (absent without leave), defiance, self-harm; -Treatment plan dated 5/18/18 did not have treatment strategies to address AWOL, self-harm, or independent transportation to and from program activities on benefit funded vans and cabs.</p> <p>Review on 7/11/18 of Client #2's record revealed: -Admission date of 4/23/18; -12 years old; -Diagnoses of Major Depressive Disorder</p> | V 112 | | |

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| V 112 | <p>Continued From page 15</p> <p>Recurrent Episode with Psychotic Features; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder;</p> <p>-History sexual abuse trauma, having oral and vaginal sexual relations with multiple partners, raped in the 2nd grade multiple times by an older sibling, described self as being "hungry for sex," suicidal and homicidal ideation, AWOL, self-harm;</p> <p>-Treatment plan dated 6/10/18 did not have treatment strategies to address AWOL, sexualized behaviors, self-harm, or independent transportation to and from program activities on benefit funded vans and cabs.</p> <p>Review on 7/11/18 of Client #3's record revealed:</p> <p>-Admission date of 5/7/18;</p> <p>-14 years old;</p> <p>-Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder;</p> <p>-History of suicidal and homicidal ideation, suicide attempts using weapons, homicidal ideation of attempting to poison peers, AWOL, self-harm behaviors of burning and cutting self, physical assault and property destruction;</p> <p>-Treatment plan dated 6/7/18 did not have treatment strategies to address AWOL, suicidal ideation/homicidal ideation, self-harm, or independent transportation to and from program activities on benefit funded vans and cabs.</p> <p>Review on 7/11/18 of Client #4's record revealed:</p> <p>-Admission date of 3/13/18;</p> <p>-15 years old;</p> <p>-Diagnosis of Oppositional Defiant Disorder;</p> <p>-Suicide attempts of choking self, suffocating self, attempting to cut an artery, belief that "It would be better to be in heaven," physical assault, suspension from school, smoking marijuana;</p> | V 112 | | |

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| V 112 | <p>Continued From page 16</p> <p>-Treatment plan dated 5/10/18 did not have treatment strategies to address independent transportation to and from program activities on benefit funded vans and cabs.</p> <p>Interview on 7/30/18 with the Dispatcher for a local Transportation Company revealed: -Provide benefit funded transportation to the residents of the facility; -There is no staff available on the vans and cabs except for the drivers; -Approximately 1 or 2 months ago, Client #4 became upset after the transportation vehicle broke down with a flat tire and Client #4 walked away along a busy 4 lane road. Client #4 knocked on several doors looking for help. One household called the local police department. The driver remained with the vehicle and other clients and called the transportation dispatch office to alert the facility. The facility responded by sending a staff to look for Client #4. Client #4 was able to be secured by the facility staff.</p> <p>Interview on 8/6/18 with Staff #7 revealed: -Was instructed to pick up Client #4 from a busy 4 lane road after the benefit funded transportation vehicle broke down with a flat tire. Client #4 was returned to the facility safely.</p> <p>Interview on 8/8/18 with the Qualified Professional #1 revealed: -Did not realize transportation plans needed to be in the client's treatment plan strategies; -Did not realize the different areas in which goals and strategies needed to be developed for each client; -Will update all treatment plans as needed.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed:</p> | V 112 | | |

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| V 112 | Continued From page 17 -Will have the Licensed Professional oversee that all treatment plans are updated to reflect the necessary goals and strategies for each client. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. | V 112 | | |
| V 293 | 27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; | V 293 | | |

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| V 293 | <p>Continued From page 18</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide active therapeutic treatment, individualized supervision and structure of daily living, minimize the occurrence of behaviors related to functional deficits, and assist the individual in the acquisition of adaptive functioning in self-control affecting 5 of 5 clients (Clients #1, #2, #3, #4, and #5). Furthermore, the facility operated over the licensed capacity affecting 1 of 1 audited clients from Sister Facility A (Client #A3). The findings are:</p> <p>Finding #1</p> | V 293 | | |

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| V 293 | <p>Continued From page 19</p> <p>Review on 7/11/18 Client #A3's record revealed: -Admission date of 1/6/18; -17 years old; -Diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Specific Learning Disorder, Parent-Child Relational Problems.</p> <p>Interview on 7/11/18 with Client #A3 revealed: -Had to sleep at the facility when there was not enough staff at Sister Facility A; -Had slept on the couch in the living room and the upper bunk in the bedroom in the rear right-hand side of the home; -The client sleeping in the lower bunk bed had a history of bed-wetting and the room smelled of urine; -Could not identify specific dates of when she was instructed to sleep at the facility.</p> <p>Interview with Clients from the facility revealed: -Client #A3 had slept at the facility; -Client #A3 had either slept on the living room couch or in the bedroom in the rear right-hand side of the home in the top bunk bed; -Clients wished to remain anonymous.</p> <p>Interview on 8/7/18 with the House Manager revealed: -Did not know anything about Client #A3 sleeping at the facility.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Would make sure all clients sleep in the facility where admitted.</p> <p>Observation/Interview on 7/11/18 at approximately 10:00am of Sister Facility A with the House Manager:</p> | V 293 | | |

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| V 293 | <p>Continued From page 20</p> <ul style="list-style-type: none"> -The bedroom in the rear right-hand side of the home had bunk beds; -House Manager revealed the top bunk was used for storage as the room was designated as a single room; -There was no odor of urine present on 7/11/18. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0201 Governing Body Policies (V105) Based on interview and record review, the facility failed to implement their policy on confidentiality.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to ensure training to meet the mh/dd/sa needs of the clients affecting 5 of 5 audited staff (Staff #7, House Manager, Qualified Professional #1, Qualified Professional #2, and Executive Director/Licensee).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, 2 of 2 qualified professionals (Qualified Professional #1 and Qualified Professional #2) failed to display the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on interview and record review, 2 of 4 paraprofessionals (House Manager and the</p> | V 293 | | |

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| V 293 | <p>Continued From page 21</p> <p>Executive Director/ Licensee) failed to display the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement treatment strategies affecting 4 of 5 clients (Clients #1, #2, #3, and #4).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents affecting 4 of 5 clients (Clients #1, #2, #3, and #4).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1706 Operations (V298) Based on interview, record review, and observation, the facility failed to operate 24 hours per day, seven days per week, and each day of the year affecting 5 of 5 clients (Clients #1, #2, #3, #4, and #5).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Report Requirements for Category A and B Providers (V367) Based on interview and record review, the facility failed to report all Level II incidents that occurred during the provision of billable services to the LME (Local Management Entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident.</p> <p>CROSS REFERENCE: 10A NCAC 27F .0102 Living Environment (V539)</p> | V 293 | | |

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| V 293 | <p>Continued From page 22</p> <p>Based on interview, record review, and observation, the facility failed to provide an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours and areas for personal privacy affecting 2 of 5 clients (Clients #2 and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27F .0105 Client Personnel Funds (V542)</p> <p>Based on interview and record review, the facility failed to ensure the keeping of adequate financial records on all transactions affecting client personal funds affecting 2 of 5 clients (Clients #1 and #3).</p> <p>Review on 8/9/18 of the Plan of Protection dated 8/8/18 signed by the Qualified Professional #1 revealed:</p> <p>"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Describe your plans to make sure the above happens.</p> <p>Governing Body Policies: A Caring Home (Licensee) immediately terminated staff that violated client confidentiality. Training on HIPAA (Health Insurance Portability and Accountability Act)/Confidentiality will be completed by Licensed therapist for all staff. Training will be completed on August 17 by [Licensed Professional].</p> <p>Personnel Requirements: All staff will be trained by a Licensed Clinical Addiction Specialist on working with clients who have a substance use diagnosis. This training will occur on August 18 with [Licensed Professional]. All staff will receive training on working with clients who have are sexually aggressive. This training will take place on August 16 with [Consultant]. In addition, a trauma focused training will be administered by [Licensed Professional] on August 25. No clients with an Autism diagnosis will be admitted. Each</p> | V 293 | | |

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| V 293 | <p>Continued From page 23</p> <p>staff will be required to attend all trainings. A sign in log will be provided and certificates printed and placed in staff files.</p> <p>Assessment and Treatment/Habilitation or Service Plan: Qualified Professional (#1) will review plans within 30 days of admission and update to include appropriate goals and strategies as needed. Goals and strategies will also be reviewed at each CFT (Child Family Team). A Licensed therapist will review completion of service plans.</p> <p>Client Services: Each client will be offered breakfast, lunch, dinner, and a snack daily. When school is in session, clients will receive lunch at school. A menu will be posted in both facilities. A form has been created to keep track of any meal refusals by clients.</p> <p>The doctor's order was retrieved the same day. The MAR (Medication Administration Record) was adjusted to match the label on the prescription bottle. Another medication administration training will be provided for staff.</p> <p>Two staff will be on duty at all times. Moving forward we will be sure clients are aware that two staff are in the home.</p> <p>If client has a substance use diagnosis, the referring agency must have a referral set up for substance use treatment prior to admission to A Caring Home.</p> <p>A Caring Home will operate 24 hours a day, 7 days per week, and each day of the year. If all clients are out on therapeutic leave, a qualified professional will be available by phone at all times and the on-call direct care staff will be available to get to the facility within 30 minutes.</p> <p>In the event of AWOL (absent without leave), the guardian will be notified immediately. If the person is not found within three (3) hours, 911 will be called, and if the consumer is found within three (3) hours, the police will not be called and A</p> | V 293 | | |

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| NAME OF PROVIDER OR SUPPLIER MR BILL'S PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 8612 NATIONS FORD ROAD CHARLOTTE, NC 28217 |
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| V 293 | <p>Continued From page 24</p> <p>Caring Home, Inc. will complete a Level I In-house Incident Report which is reported at the end of each quarter. If the consumer is missing for a period of three (3) hours or more, a Level II Incident Report will be completed within the first 72 hours of the incident. If the consumer's crisis plan states otherwise, the guidelines in the crisis plan will be followed.</p> <p>A Consumer Funds Log was created for each client. The log consists of the date, funding source, amount received, amount spent, balance, client signature, and staff signature.</p> <p>Room doors will be locked when clients are not in rooms. Staff will have to unlock doors each time clients re-enter rooms. Furthermore, our policy states that clients are not allowed to share personal belongings.</p> <p>All training will be completed by August 31, 2018. The plan of protection implementation will be overseen by [Licensed Therapist]."</p> <p>Clients #1, #2, #3, #4 and #5, as well as Client #A3, range in age from 12 to 17 years old and have multiple mental health needs including, but not limited to, Major Depressive Disorder with Psychotic Features, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Intermittent Explosive Disorder. The clients have histories of assault, property destruction, suicidal and homicidal ideation and actions, sexual abuse, sexually active/sexually reactive behaviors, elopement, and legal charges.</p> <p>There were no treatment plan strategies in place to address the clients' behaviors of elopement, sexualized behaviors, self-harm, and suicidal and homicidal ideation. Proper training was not</p> | V 293 | | |

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| V 293 | <p>Continued From page 25</p> <p>provided to meet the needs of Client #2 who had a history of sexual abuse and sexually active/sexually reactive behaviors. Furthermore, Client #2 was placed in a room with another client as opposed to having a private room to minimize the chance of inappropriate behaviors. Minimum staffing ratios were not maintained. At times, the facility served more clients than capacity when clients from Sister Facility A were moved to the facility and slept on the couch or in an extra bunk bed and at other times the facility closed by sending all clients on therapeutic leave to afford the facility staff a rest. The facility billed Local Management Entities for services provided on days when the facility had closed and all clients had been sent on home visits.</p> <p>Confidentiality breaches occurred at the facility. Furthermore, a controlling climate was created by staff when the staff coached the clients on how to respond to Division of Health Service Regulation staff.</p> <p>Incident reports were not properly documented and monitored to ensure the clients' needs were recognized and addressed. It was impossible to determine why the police department had responded to the facility on several dates. Furthermore, the clients were not offered nutritious meals, client personal funds were not maintained resulting in clients having no account for their personal funds, privacy and an area of uninterrupted sleep was not available.</p> <p>Client #A3 was instructed to sleep on the couch in the living room or in the unused top bunk of bunk beds when there was no staff available to work at Sister Facility A.</p> <p>Qualified professional and paraprofessional staff,</p> | V 293 | | |

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| V 293 | Continued From page 26 including the Executive Director/Licensee, did not recognize the deficient practices occurring at the facility. The clients served in the facility were admitted with a variety of diagnoses and challenging behaviors. The facility did not provide the level of care required, resulting in the health, safety and welfare of the clients being in jeopardy. This deficiency constitutes a Type A1 rule violation for serious neglect and exploitation. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 293 | | |
| V 296 | 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as | V 296 | | |

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| V 296 | <p>Continued From page 27</p> <p>follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents affecting 4 of 5 clients (Clients #1, #2, #3, and #4). The findings are:</p> <p>Review on 7/11/18 of Client #1's record revealed: -Admission date of 3/9/18; -16 years old; -Diagnoses of Oppositional Defiant Disorder,</p> | V 296 | | |

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| V 296 | <p>Continued From page 28</p> <p>Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and Major Depressive Disorder; -History of verbal aggression, physical aggression, assaulting her grandmother, truancy, smoking marijuana, AWOL (absent without leave), defiance, self-harm.</p> <p>Review on 7/11/18 of Client #2's record revealed: -Admission date of 4/23/18; -12 years old; -Diagnoses of Major Depressive Disorder Recurrent Episode with Psychotic Features; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; -History sexual abuse trauma, having oral and vaginal sexual relations with multiple partners, raped in the 2nd grade multiple times by an older sibling, described self as being "hungry for sex," suicidal and homicidal ideation, AWOL, self-harm.</p> <p>Review on 7/11/18 of Client #3's record revealed: -Admission date of 5/7/18; -14 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder; -History of suicidal and homicidal ideation, suicide attempts using weapons, homicidal ideation of attempting to poison peers, self-harm behaviors of burning and cutting self, physical assault and property destruction.</p> <p>Review on 7/11/18 of Client #4's record revealed: -Admission date of 3/13/18; -15 years old; -Diagnosis of Oppositional Defiant Disorder; -Suicide attempts of choking self, suffocating self, attempting to cut an artery, belief that "It would be</p> | V 296 | | |

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| V 296 | <p>Continued From page 29</p> <p>better to be in heaven," physical assault, suspension from school, smoking marijuana.</p> <p>Interview with Clients revealed: -Generally only one staff worked in the morning and one staff worked at bedtime, but the Executive Director/Licensee, House Manager, and Qualified Professionals work during the day; -"We are alone in the house (facility) with one staff quite a bit;" -Staff #7 spoke with the girls after the start of the Division of Health Service Regulation (DHSR) survey at Sister Facility A and instructed all clients to tell the DHSR staff member two staff members work per shift; -Clients wished to remain anonymous.</p> <p>Interview on 8/6/18 with Staff #7 revealed: -Denied she coached the clients on how to answer questions from DHSR staff.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Will make sure to have proper staffing ratios in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 296 | | |
| V 298 | <p>27G .1706 Residential Tx. Child/Adol - Operations</p> <p>10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans</p> | V 298 | | |

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| V 298 | <p>Continued From page 30</p> <p>in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to operate 24 hours per day, seven days per week, and each day of the year affecting 5 of 5 clients (Clients #1, #2, #3, #4, and #5). The findings are:</p> <p>Observation/Interview on 8/2/18 at approximately 10:20am of the facility with the Executive Director/ Licensee revealed: -All window blinds were closed and there was no</p> | V 298 | | |

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| V 298 | <p>Continued From page 31</p> <p>answer at the door; -Telephone call to the Executive Director/ Licensee revealed that the "group home was closed for a few days to give the staff a break." The Qualified Professional #1 was available on call. The House Manager and Executive Director/Licensee were at a training in Asheville and would not return until Tuesday 8/7/18. All clients had been sent on home visits.</p> <p>Review on 7/11/18 of Client #1's record revealed: -Admission date of 3/9/18; -16 years old; -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and Major Depressive Disorder; -History of verbal aggression, physical aggression, assaulting her grandmother, truancy, smoking marijuana, AWOL (absent without leave), defiance, self-harm.</p> <p>Review on 7/11/18 of Client #2's record revealed: -Admission date of 4/23/18; -12 years old; -Diagnoses of Major Depressive Disorder Recurrent Episode with Psychotic Features; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; -History sexual abuse trauma, having oral and vaginal sexual relations with multiple partners, raped in the 2nd grade multiple times by an older sibling, described self as being "hungry for sex," suicidal and homicidal ideation, AWOL, self-harm.</p> <p>Review on 7/11/18 of Client #3's record revealed: -Admission date of 5/7/18; -14 years old; -Diagnoses of Post-Traumatic Stress Disorder,</p> | V 298 | | |

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| V 298 | <p>Continued From page 32</p> <p>Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder; -History of suicidal and homicidal ideation, suicide attempts using weapons, homicidal ideation of attempting to poison peers, self-harm behaviors of burning and cutting self, physical assault and property destruction.</p> <p>Review on 7/11/18 of Client #4's record revealed: -Admission date of 3/13/18; -15 years old; -Diagnosis of Oppositional Defiant Disorder; -Suicide attempts of choking self, suffocating self, attempting to cut an artery, belief that "It would be better to be in heaven," physical assault, suspension from school, smoking marijuana.</p> <p>Review on 8/2/18 of Client #5's record revealed: -Admission date of 7/13/18; -12 years old; -Diagnosis of Mood Disorder with Recurrent Psychotic Features; -History of suicidal ideation of wanting to slit her wrist and throat and "bleed out" and homicidal ideation toward a peer.</p> <p>Interview with Clients revealed: -The house closed for several days each month; -Clients were sent home with family members; -Clients wished to remain anonymous.</p> <p>Interview with Clients' Legal Guardians revealed: -Was informed that the facility would be closed from Wednesday, August 1, 2018 until Tuesday, August 8, 2018. Legal Guardian had to take time off of work to pick up his daughter to ensure her transportation. The visit went well; -The facility was closed for Memorial Day and July 4th holidays; -Notified in early July that the facility would be</p> | V 298 | | |

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| V 298 | <p>Continued From page 33</p> <p>closed in early August. The Legal Guardian received a reminder telephone call a few days prior to the closing. The Legal Guardian was unable to pick up his daughter due to his work schedule so a family member picked her up; -Was instructed to pick up the client because the facility was closed for Memorial Day and July 4th holidays and also closed for a few days in early August.</p> <p>Interview on 8/3/18 and 8/7/18 with representatives from three Local Management Entities (LME) which contract with the facility revealed: -Special Investigations Unit/Program Integrity Unit would review all billing to ensure it was submitted accurately as the LMEs were showing billing for some days the facility was reported to be closed.</p> <p>Interview on 8/6/18 with Staff #7 revealed: -The facility closed during Memorial Day and July 4th holidays to give the clients a chance to spend time with their families.</p> <p>Interview on 8/2/18 with the Qualified Professional #1 revealed: -All clients have been sent home on therapeutic leave.</p> <p>Interview on 8/7/18 with the Qualified Professional #2 revealed: -Coordinated sending all clients home on therapeutic leave; -The staff is available on call; -"Don't know" what to do about therapeutic leave in the future; -All therapeutic leave is planned by the House Manager and the Executive Director/Licensee.</p> <p>Interview on 8/7/18 with the House Manager</p> | V 298 | | |

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| V 298 | <p>Continued From page 34</p> <p>revealed: -The clients were sent on therapeutic leave but the house did not close; -"Try to send them (clients) all out at one time."</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -The facility did not really close. Clients participated in therapeutic leave. Arranges all therapeutic leave at one time. Staff were available by phone should they have been needed; -Would make sure all clients sleep in the facility where admitted.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 298 | | |
| V 367 | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following</p> | V 367 | | |

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| V 367 | <p>Continued From page 35</p> <p>information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death</p> | V 367 | | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| V 367 | <p>Continued From page 36</p> <p>immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents that occurred during the provision of billable services to the LME (Local Management Entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/11/18 of Client #1's record revealed: -Admission date of 3/9/18; -16 years old; -Diagnoses of Oppositional Defiant Disorder,</p> | V 367 | | |

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| V 367 | <p>Continued From page 37</p> <p>Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and Major Depressive Disorder.</p> <p>-History of verbal aggression, physical aggression, assaulting her grandmother, truancy, smoking marijuana, AWOL (absent without leave), defiance, self-harm.</p> <p>Review on 7/11/18 of Client #2's record revealed: -Admission date of 4/23/18; -12 years old; -Diagnoses of Major Depressive Disorder Recurrent Episode with Psychotic Features; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; -History sexual abuse trauma, having oral and vaginal sexual relations with multiple partners, raped in the 2nd grade multiple times by an older sibling, described self as being "hungry for sex," suicidal and homicidal ideation, AWOL, self-harm.</p> <p>Review on 7/11/18 of Client #3's record revealed: -Admission date of 5/7/18; -14 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder; -History of suicidal and homicidal ideation, suicide attempts using weapons, homicidal ideation of attempting to poison peers, AWOL, self-harm behaviors of burning and cutting self, physical assault and property destruction.</p> <p>Review on 7/11/18 of Client #4's record revealed: -Admission date of 3/13/18; -15 years old; -Diagnosis of Oppositional Defiant Disorder; -Suicide attempts of choking self, suffocating self, attempting to cut an artery, belief that "It would be</p> | V 367 | | |

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| V 367 | <p>Continued From page 38</p> <p>better to be in heaven," physical assault, suspension from school, smoking marijuana.</p> <p>Attempted review on 7/11/18 of the facility's Incident Reports from 4/1/18 through 7/11/18 revealed there were no incident reports for the time period. (The last incident report in the file was from March, 2017.)</p> <p>Review on 7/11/18 of the North Carolina Incident Response Improvement System (NC IRIS) for facility incident reports dated from 10/1/17 through 7/11/18 revealed: -No incident reports completed.</p> <p>Review on 8/3/18 of NC IRIS for facility incident reports dated from 7/11/18 through 8/3/18 revealed: -No incident reports completed.</p> <p>Review on 7/11/18 of the Call Report from the local Police Department for calls received from 10/1/17 through 6/28/18 revealed: -Four calls to the facility. The first call was on 12/22/17 at 6:32 pm for a "domestic disturbance." The second call was on 1/14/18 at 12:24am for a missing person. The third call was on 4/15/18 at 7:30pm for a disturbance call. The fourth call was on 5/9/18 at 11:06pm for a traffic stop.</p> <p>Review on 7/20/18 of detailed reports provided by the Police Attorney's Office for the local Police Department revealed: -Report dated 1/14/18 at 12:30am for missing persons and runaways involving clients from Sister Facility A involved in running away; -Report dated 4/15/18 at 7:30pm when a client from Sister Facility A was assaulted by a peer from the same facility; -Report dated 12/14/17 at 8:53 pm of an</p> | V 367 | | |

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| V 367 | <p>Continued From page 39</p> <p>aggravated assault/assault with a deadly weapon when a client from Sister Facility A threw a hole punch at Staff #7.</p> <p>Interview on 8/2/18 with Qualified Professional #1 revealed: -Responsible for review of all incident reports to ensure they are completed properly; -Did not know why the police were called on 12/22/17 for a disturbance call; -The police were called on 1/14/18 when clients from Sister Facility A ran away; -The police were called on 4/15/18 after an assault involving two clients from Sister Facility A; -Does not know why the police were called on 5/9/18; -In the past, the police have separated clients when two clients from one facility argue and fight and will take reports at the separate facilities to ensure the safety of all involved. The police must have recorded the incorrect address on the reports as the facility and the Sister Facility A are directly next door to each other; -Would ask staff to clarify details of the police reports; -Did not know why incident reports were not completed on all incidents.</p> <p>Interview on 8/7/18 with Qualified Professional #2 revealed: -Responsible for review of all incident reports to ensure they are completed properly; -Did not know why incident reports were not completed on all incidents. -The lack of incident reports at the facility is because the incident reports "just fell through the cracks."</p> <p>Interview on 8/7/18 with the House Manager revealed:</p> | V 367 | | |

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| V 367 | <p>Continued From page 40</p> <p>-Did not know why incident reports were not completed on all incidents.</p> <p>Interview on 8/8/18 with the Qualified Professional #1 and Executive Director/Licensee revealed: -Unable to identify why the police were called on 12/22/17 and 5/9/18; -Will contact the LME to discuss proper techniques for submitting incident reports into IRIS and will ensure all reports are completed properly in the future.</p> <p>Upon reviewing incident reports and police reports, and conducting interviews, it could not always be determined why the police responded to the facility.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 367 | | |
| V 539 | <p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and</p> <p>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles,</p> | V 539 | | |

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| V 539 | <p>Continued From page 41</p> <p>and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours and areas for personal privacy affecting 2 of 5 clients (Clients #2 and #3). The findings are:</p> <p>Observation on 7/11/18 at approximately 10:00am of Client #2 and Client #3's bedroom revealed: -No bedroom door present.</p> <p>Review on 7/11/18 of Client #2's record revealed: -Admission date of 4/23/18; -12 years old; -Diagnoses of Major Depressive Disorder Recurrent Episode with Psychotic Features; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; -History sexual abuse trauma, having oral and vaginal sexual relations with multiple partners, raped in the 2nd grade multiple times by an older sibling, described self as being "hungry for sex," suicidal and homicidal ideation, AWOL, self-harm.</p> <p>Review on 7/11/18 of Client #3's record revealed: -Admission date of 5/7/18; -14 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder.</p> | V 539 | | |

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| V 539 | <p>Continued From page 42</p> <p>-History of suicidal and homicidal ideation, suicide attempts using weapons, homicidal ideation of attempting to poison peers, self-harm behaviors of burning and cutting self, physical assault and property destruction.</p> <p>Interview on 7/11/18 with Client #2 revealed: -Did not care that there was no bedroom door for her bedroom.</p> <p>Interview on 7/11/18 with Client #3 revealed: -Had difficulty sleeping because of the lights on in the facility and the inability to close a bedroom door.</p> <p>Interview on 7/11/18 with the House Manager revealed: -The bedroom door is down because there are two clients together in the bedroom and Client #2 has a history of sexualized behaviors.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Would re-install the bedroom door.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 539 | | |
| V 542 | <p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor</p> | V 542 | | |

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| V 542 | <p>Continued From page 43</p> <p>above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the keeping of adequate financial records on all transactions affecting client personal funds affecting 2 of 5 clients (Clients #1 and #3). The findings are:</p> <p>Review on 7/11/18 of Client #1's record revealed:</p> | V 542 | | |

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| V 542 | <p>Continued From page 44</p> <p>-Admission date of 3/9/18; -16 years old; -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and Major Depressive Disorder.</p> <p>Review on 7/11/18 of Client #3's record revealed: -Admission date of 5/7/18; -14 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 8/2/18 of the undated Personal Funds/Possessions Consent revealed: -"It is A Caring Home, Inc.'s (Executive Director/Licensee) policy to safeguard all personal funds and possessions while residing at the residential facility. Each client will be encouraged to maintain funds in a personal account. Funds managed by staff will assure client the right to deposit and withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions, assure client funds are kept separate; allow distribution from accounts for payment of treatment/habilitation services when authorized; issue receipts for deposits and withdrawals, and provide client quarterly statements ..."</p> <p>Interview on 7/11/18 with Client #1 revealed: -Recently was given \$70.00 in birthday money while on a home-visit; -Took the \$70.00 back to the facility; -The House Manager took the \$70.00 from Client #1 to store the money.</p> <p>Interview on 7/11/18 with Client #3 revealed:</p> | V 542 | | |

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| V 542 | <p>Continued From page 45</p> <p>-Was given \$20.00 from her grandmother at admission; -The House Manager has her money.</p> <p>Interview on 8/2/18 with Client #1's Legal Guardian revealed: -Client #1's aunt was given \$25.00 by the House Manager when Client #1's aunt picked her up at the facility; -Does not know where the rest of Client #1's money went.</p> <p>Interview on 8/2/18 with Qualified Professional #1 revealed: -Did not have a ledger of money spent or receipts for purchases made for Client #1 and Client #3.</p> <p>Interview on 8/6/18 with the Qualified Professional #2 revealed: -Did not have information on client personal funds, as the House Manager handled the funds.</p> <p>Interview on 8/2/18 and 8/7/18 with the House Manager revealed: -When clients bring money to the facility it is turned over to staff and both clients and parents sign for the cash deposit; -Client #1's money was sent home with Client #1's aunt during the last home visit; -When asked about the location of financial ledgers and receipts for client funds, the House Manager responded: "I can't even tell you that."</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Had developed a new form for client personal funds; -Ledgers and receipts for all client personal funds will be maintained in the future.</p> | V 542 | | |

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| V 542 | Continued From page 46 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. | V 542 | | |