STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-777	A. BUILDING: _____ B. WING _____	R 08/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLIGHT BEHAVIOR CENTER	2030 HOKE LOOP ROAD FAYETTEVILLE, NC 28314

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on August 21, 2018. The complaint was unsubstantiated (Intake #NC00141574). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132		

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V 132	Continued From page 1 acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are: Review on 08/21/18 of client #1's record revealed: -14 year old male. -Admission date of 05/16/18. -Diagnoses of Oppositional Defiant Disorder, Bipolar Disorder, Over weight, Asthma, Allergies, and Hypothyroidism. Review on 08/21/18 of the North Carolina Incident Response Improvement System report dated 07/23/18 revealed: "-[Client #1] became upset that staff would not allow him to stay up pass the set bedtime and refused to follow any directives given to him. These behaviors continued until the breakfast time. Staff prompted him to remain in his room until he de-escalated and could communicate	V 132		

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V 132	Continued From page 2 properly. [Client #1] refused while utilizing profanity. He then attempted to push pass staff. [Client #1] refuse to accept or follow any directives and redirection given to him. Staff placed him in a therapeutic hold for less than 1 minute while the other staff processed with him. Staff remained in the room with him going over different ways to communicate in positive ways with [Client #1] He then de-escalated and apologized. No more incidents took place the rest of the day. -Walk off-Due to [Client #1] getting upset about his bedtime. He left off the facility grounds pushing past staff. Staff put him in a therapeutic hold for less than a minute and released him. He walked off the grounds and down the street. He was brought back by the authorities and went to bed without incident." During interview on 08/21/18 client #1 revealed: -He and staff #6 got into an argument. -He walked off from the facility. -Staff #6 was a cool guy. -He had hit staff #6 twice . -He walked off from the facility to a local store. -The police located him and he told the police staff #6 had pushed him. -Staff #6 had never hit him or hurt him. During interview on 08/21/18 staff #4 revealed: -Client #1 was verbally and physically aggressive with staff #6. -Client #1 was placed in a physical restraint. -Client #1 left the facility. -Client #1 alleged staff #6 had tackled him. -Staff #6 only put client #1 in a restraint. During interview on 08/21/18 staff #6 revealed: -2 or 3 weeks ago he had to put client #1 in a physical restraint.	V 132		

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V 132	Continued From page 3 -Client #1 left the facility and was brought back to the facility by law enforcement. -He never tackled or pushed client #1. Review on 08/21/18 of facility records revealed no documentation the HCPR was notified of the 07/23/18 allegation staff #6 abused client #1. Interview on 08/21/18 the Qualified Professional revealed: -She understood the HCPR was required to be notified of all allegations -Client #1 told the authorities staff #6 had tackled him. -Client #1 later recanted his story and stated staff #6 had not done anything to him. -She did not think the HCPR had to be completed since client #1 recanted.	V 132		