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V 000	INITIAL COMMENTS A complaint and annual survey was completed on August 16, 2018. The complaint was unsubstantiated (Intake NC00134306). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105		

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V 105	Continued From page 1 recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (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; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (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; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to develop and	V 105		

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V 105	Continued From page 2 implement written policies for admission assessments, including time frames for completing assessment and an assessment of whether or not the facility can provide services to address the individual's needs. The findings are: A request 8/13/18 to review the facility's policy on admission assessments revealed: - The facility is currently in the process of revising policies and was unable to produce a policy on admission assessments. Interview on 8/16/18, with the facility Licensee reported: - He is responsible for completing admission assessments. - He currently conducts admission assessments in a personal a face-to-face interview with each potential client. - He makes a decision regarding whether the client should be admitted to the facility based on his interview. - He looks for the potential client's "strengths and things we can work with them on and what they want to work on." - He makes his own personal notes, however he also obtains information from the client's previous service providers and parents/guardians. - The facility may use the CCA completed by a client's previous service provider as their admission assessment. - The facility does not have a documented admission assessment as he was advised during monitoring by another regulatory agency that the facility was duplicating work/effort when they completed their own admission assessment.	V 105		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan	V 111		

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V 111	Continued From page 3 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document an assessment was completed for 3 of 3 current clients (#1; #2 & #3) and 1 of 1 former client (FC #1) prior to the	V 111		

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V 111	Continued From page 4	V 111		

delivery of services which included the components identified in the rule. The findings are:

Review on 8/9/18 of Client #1's record revealed:
- Admission date of 5/23/18
- Comprehensive Clinical Assessment (CCA) dated 4/12/18 completed by an external provider for another agency documented the client's diagnosis: Post Traumatic Stress Disorder (PTSD); Attention Deficit Hyperactivity Disorder (ADHD) - Combined Type, Moderate

Review on 8/9/18 of Client #2's record revealed:
- Admission date 4/23/18
- Person Centered Plan (PCP) completed on 4/16/18 by client's prior placement contained an assessment which documented his diagnosis as: Intermittent Explosive Disorder; Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder - Severe

Review on 8/9/18 of Client #3's record revealed:
- Admission date of 5/7/18
- PCP dated 6/15/18 completed on 6/15/18 by client's prior placement contained an assessment which documented his diagnosis as:
PTSD; Conduct Disorder - Childhood Onset; ADHD - Combined Type.

Review on 8/13/18 of Former Client (FC) #1's record revealed:
- Admission date of 5/14/18
- Discharge date of 6/29/18
- Assessment completed by the facility on 6/22/18 documented diagnoses of Intermittent Explosive Disorder; ADHD, Combined; Reactive Attachment Disorder and Pica.

Additional review on 8/9/18 of Client #1.#2 and

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V 111	Continued From page 5 #3's records revealed: - The records did not contain an assessment completed by the agency prior to the client's admission. Additional review on 8/13/18 of FC #1's record revealed: - Facility staff completed and documented an assessment, however, staff documented the assessment was completed on 6/22/18 after the client was hospitalized and being considered for discharge. Interview on 8/16/18, with the facility Licensee reported: - He is responsible for completing admission assessments. - He personally completes a face-to-face interview with each potential client prior to making a decision whether the client should be admitted to the facility. - He looks for the potential client's "strengths and things we can work with them on and what they want to work on." - He makes his own personal notes and obtains information from the client's previous service providers and parents/guardians. - The facility uses the CCA completed by a client's previous service provider as their admission assessment. - He was advised during monitoring by another regulatory agency that the facility was duplicating work/effort by completing their own admission assessment. - Consequently, the facility's admissions' process does not include a documented admission assessment for client's prior to admission as required by rule.	V 111		

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V 112	Continued From page 6	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure a treatment plan was developed based on an assessment within 30 days of admission affecting 1 of 1 former client (FC #1.)	V 112		

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V 112	Continued From page 7 Review on 8/13/18 of Former Client (FC) #1's record revealed: - Admission date of 5/14/18 - Discharge date of 6/29/18 - Diagnoses of Intermittent Explosive Disorder; Attention Deficit Hyperactivity Disorder, Combined; Reactive Attachment Disorder and Pica. Further review on 8/13/18 of FC #1's record revealed: 1. A Person Centered Plan completed on 3/9/18 (prior to admission) with most recent updates dated 5/7/18 and 5/9/18 documenting: a. Client was discharged from a Psychiatric Residential Treatment Center (PRTF) on 4/12/18 to his home with a personally expressed goal to "work on his relationship with his mother" with the goal to be accomplished through participation in Family Centered Treatment (FCT) and psychiatric medication management. b. Documentation the client "made progress in treatment" during the 8 month stay in the PRTF. However, during an FTC session on 4/24/18 and within 2 weeks of discharge from the PRTF, the client again exhibited the same behaviors he engaged in prior to PRTF placement: homicidal ideation towards parent and authority, noncompliance, aggression and physical violence, specifically towards mother. c. Client was subsequently admitted to a psychiatric hospital after the above incident until 5/14/18 when he was discharged and admitted to the current Level III facility. 2. A Discharge Summary dated 6/22/18 and a "Mental Health Assessment" completed by the facility as a part of the recommendation discharge documented: a. Client is "impulsive and quick tempered" leading to "multiple school suspensions and	V 112		

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V 112	Continued From page 8 psychiatric hospitalizations." b. Client was admitted to the facility to "improve issues with his anger, impulsivity, decision making, severe mood swings, social skills, symptom management and family relations." 3. Client was hospitalized on 6/21/18 due to "his display of unsafe behaviors" i.e.. AWOL behavior, property destruction and continuous verbal communication of homicidal threats" to steal guns/knives "to stab and shoot people." 4. Client was returned to the facility after an overnight stay and on 6/22/18 facility staff recommended for discharge due to "High Risk" behaviors that "were unable to managed in a Level III residential setting. 5. Facility staff documented the client "treatment needs would best be met in a more secured psychiatric setting such as a PRTF" Additional review on 8/13/18 of FC #1's record revealed: - FC #1's treatment plan was last updated on 5/9/18 prior to his admission to the facility. - No documentation the facility completed a treatment plan for the client within 30 days of admission with expected outcomes and strategies based on their assessment of the client's needs as identified by a facility assessment completed prior to admission. Interview on 8/16/18, with the facility Licensee confirmed: - Facility staff were currently in the process of updating FC #1's treatment plan when he engaged in the behaviors resulting in his discharge from the facility after only 39 days in the facility. - Facility staff were using the treatment plan (completed on 3/9/18, updated 5/7/18 and 5/9/18) developed for FC #1 prior to his admission.	V 112		

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V 112	Continued From page 9 - The plan was modified to include strategies for facility staff to use in addressing FC #1's behaviors. - He personally completes a face-to-face interview with each potential client prior to making a decision whether the client should be admitted to the facility and makes his own personal notes, however he does not complete a facility admission document. - He looks for the potential client's "strengths and things we can work with them on and what they want to work on." - Consequently, FC #1's treatment plan was not developed within 30 days of the client's admission to the facility and based on the facility's documented admission assessments.	V 112		