

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN LEVEL III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 COMPTON DRIVE</b> <b>ASHEVILLE, NC 28806</b>
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V 000	INITIAL COMMENTS  A complaint survey was completed on 8/3/18. The complaint was substantiated (Intake #NC00140645). 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	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> <p><b>RECEIVED</b></p> <p><small>By DHSR - Mental Health Lic. &amp; Cert. Section at 11:41 am, Sep 10, 2018</small></p> </div>	
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.  This Rule is not met as evidenced by: Based on interviews and record reviews one of	V 512		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Kelly Russo 9/10/18*  
Director of Performance and Quality Improvement



			<p>2. Boundaries and Dual Relationships for Paraprofessionals (2.25 hours)</p> <p>Reporting of and response to staff-student boundary concerns, as well as general staff performance will be enhanced through:</p> <ol style="list-style-type: none"> <li>1. Eliada's new hire mentorship program that includes:               <ol style="list-style-type: none"> <li>a. Shift partner assignment</li> <li>b. Review of completed new hire checklist</li> <li>c. Individual supervision completed with the Cottage Supervisor between 30-60 days of their start date</li> <li>d. Senior Leader mentor assignment to support onboarding with at least 3 supportive conferences.</li> <li>e. Three week post-training follow up call to review preparedness, clarify practice standards and identify support needs. Calls facilitated by Eliada's Agency Trainer and/or Director of Performance and Quality Improvement.</li> </ol> </li> <li>2. Ongoing, documented individual supervision provided by the Residential Director with the Assistant Residential Director bi-weekly.</li> <li>3. Ongoing , documented individual supervision provided by the Assistant Residential Director with the following residential leaders:               <ol style="list-style-type: none"> <li>a. Cottage Supervisors</li> <li>b. Night Residential Counselor Managers</li> <li>c. Crisis Manager</li> </ol> </li> <li>4. Revision of team supervision meeting agendas to include detailed discussion of staff concerns and program development needs with corresponding action steps and responsible staff assignments.               <ol style="list-style-type: none"> <li>a. Residential Leadership Meeting Agenda</li> <li>b. Weekly Residential Cottage Team Meeting Agenda</li> </ol> </li> <li>5. Corrective Action completed with staff involved in this incident to</li> </ol>	<p>11/1/18</p> <p>7/12/18</p> <p>10/1/18</p> <p>10/1/18</p> <p>9/17/18</p> <p>8/10/18</p>
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			<p>address reporting and responding to concerns.</p> <p>A comprehensive review of residential treatment program practices is being completed and has resulted in the develop and/or revision of the following protocols:</p> <ol style="list-style-type: none"> <li>1. Student access to staff offices</li> <li>2. Facilitation of student phone calls</li> <li>3. Support walks and de-escalation strategies</li> <li>4. Use of student-specific motivators to reinforce positive behaviors.</li> </ol> <p>Introduction of a new program structure for Eliada's LIII Residential Treatment programs: A Hero's Journey</p> <p>Video surveillance has been installed in the Green Cottage staff office.</p>	<p>10/1/18</p> <p>8/15/18</p> <p>8/22/18</p>
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V 512	<p>Continued From page 2</p> <p>talked to her case manager about having to learn to trust new staff. It takes a little time for [FC #1] to trust somebody. She continues to have flashbacks about her being attacked. She continues to work through this trauma ..."</p> <p>"Date Goal was reviewed ...5/8/18 ...[FC #1] has some difficulty trusting new staff. She continues to have some flashbacks and nightmares ..."</p> <p>Review on 7/19/18 of FC #1's Individual Crisis Management Plan updated 4/8/18 revealed: -"Current Issues - Potential Triggers: trauma involving her father ...talk about physical abuse ..."</p> <p>Review on 7/19/18 of Former Staff #1's (FS #1) personnel record revealed: -position - Night Residential Counselor (NRC) -date of hire 4/2/18 -date of termination 6/29/18</p> <p>Interview on 7/20/18 with FC #1 revealed: -FS #1 was hired sometime in April and they immediately started a "growing bond" as they talked about their tattoos and shared music; -they gave each other their snap chat (social media) information and she talked to him while at school; -when they were in the kitchen of the cottage FS #1 showed her a nude video of him on his phone; -FS #1 told her he came to work just to be with her; -he flirted with her and she would request "support-walks" just to have some alone time with him; -FS #1 talked with her about having a family; -they spent time together in the office of the cottage with the door shut - the clients were allowed to call their family and had to have a staff present while making these calls;</p>	V 512		

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V 512	<p>Continued From page 3</p> <p>-FS #1 asked her to have sex with him while they were in this office but she declined; they did touch each other on the outside of their clothes while in the office;</p> <p>-they had codes to communicate with each other while in the cottage; if FS #1 came to the door and stood in the doorway that meant he wanted a hug;</p> <p>-they knew to never do anything in front of the camera;</p> <p>-they started "claiming" each other by the end of April; "He [FS #1] hadn't even been here a month."</p> <p>Interview on 7/20/18 with the Residential Director revealed:</p> <p>-as he walked FC #1 back to the cottage after speaking to the surveyor, FC #1 revealed she and FS #1 had oral sex while in the office of the cottage;</p> <p>-this was the first time FC #1 admitted she and FS #1 had sex.</p> <p>Interview on 7/26/18 with FS #1 revealed:</p> <p>-nothing happened with FC #1;</p> <p>-he was told "basically that I showed favoritism toward her, that's about it";</p> <p>-he denied sharing social media contact, or videos to FC #1.</p> <p>Record review on 7/26/18 of Staff #2's interview with the local Department of Social Services (DSS) revealed :</p> <p>-she felt FS #1 was not appropriate in that he "catered" to FC #1's needs more than other clients;</p> <p>-he would "check-in" with FC #1 for up to two hours when check-ins were to be a maximum of 20 minutes;</p> <p>-she confronted FS #1 about two months ago</p>	V 512		

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V 512	<p>Continued From page 4</p> <p>concerning frequent " ...contact with [FC #1] and her concerns that it was inappropriate"; -she reported these concerns about FS #1 to her Program Manager (PM #1) " ...on three occasions: 2 months ago, 1 month ago, and on Thursday [6/28/18]"; -on 6/28/18 FC #1 disclosed to her she was in a relationship with FS #1 and had been for about three months.</p> <p>Interview on 7/31/18 with the local DSS revealed: -FC #1 disclosed she and FS #1 had sex, but she would not disclose where this occurred; -a friend of FS #1's gave FC #1 Plan B.</p> <p>Interview on 7/26/18 and 7/30/18 with Program Manager (PM #1) revealed: -on 6/22/18 Staff #2 reported to her she saw some "Red Flags" concerning FS #1; -Staff #2 reported FS #1 seemed a little "too friendly" with the clients', that he was doing a lot of "check-ins" and "support walks" with the female clients'; -she intentionally scheduled herself to work with FS #1 the following day, 6/23/18; -she noticed FS #1 was doing constant "check-ins" with FC #1, that he was lenient and friendly with the clients', and he was very quick to do "support walks"; -on 6/23/18 she provided FS #1 instantaneous verbal feedback by discussing these concerns; -she realized there were a couple of "serious flags"; -she " ...knew he needed corrective action immediately ...coaching ..." but felt it was not her place as she was not his direct supervisor; -she voiced Staff #2's concerns in the next PM meeting, 6/26/18 ; -the Assistant Residential Director asked her to have Staff #2 write an email about her</p>	V 512		

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V 512	<p>Continued From page 5</p> <p>observations of FS #1; -an email was not received from Staff #2 until 6/29/18, the day FS #1 was terminated; -once the email was received from Staff #2, the plan was for FS #1 to receive coaching and/or corrective action concerning his behavior .</p> <p>Review on 7/27/18 of the PM Meeting Minutes dated 6/26/18 revealed: -"Staff Concerns ...[PM #1] will email [Staff #2]."</p> <p>Review on 7/27/18 of Staff #2's email dated 6/29/18 revealed: -"I have some concerns about staff [FS #1] and student [FC #1]. About a month an half ago I notice a closeness between [FS #1] and [FC #1], and I had a talk with [FS #1] that the closeness I'm seeing was inappropriate and he needed to back away from [FC #1]." -"Then I talked to some male staff and told them what I was seeing and told them because they was male could they have a talk with [FS#1] ..." -" ...Yesterday 06/28/2018 [FC #1] came to me as soon as I got to work and said she wanted to check in with me ...Then she said, Yes, [Staff #2] me and [FS #1] have been in a relationship for about 3 months now and we had sex ..."</p> <p>Interview on 7/20/18 and 7/30/18 with PM #2 revealed: -she was FS #1's direct supervisor; -the first she heard of "concerns" regarding FS #1's work was at the PM meeting on 6/26/18; -nothing specifically was mentioned about those concerns and she felt like more information was needed; -she did not remember PM #1 mentioning any direct observations she made of FS #1's "red flags"; -PM #1 mentioned Staff #2 had concerns and she</p>	V 512		



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V 512	<p>Continued From page 6</p> <p>felt like more information was needed so she asked PM #1 to have Staff #2 send an email detailing her observations; -Staff #2 did not send the email right away.</p> <p>Interview on 7/27/18 with Staff #3 revealed: -she worked with FS #1 shortly after he was hired in April and noticed he was conducting extended "check-ins" and advised him to keep these to five minutes; -she felt like he was new and just did not know the procedures well, or "didn't know any better"; -she could not remember who she reported this to but said it was "Lead Staff."</p> <p>Interview on 7/31/18 with the Lead Night Residential Counselor ( NRC) revealed: -in approximately April or May Staff #2 came to him regarding her concerns of FS #1's boundaries with the female clients; -he spoke to FS #1 reiterating staff/student boundaries; -he advised FS #1 that he needed to be careful and always have a female staff present with him when he was with female clients; -he made a note of this interaction with FS #1 in an email; he could not remember when or to whom the email was sent.</p> <p>Interview on 7/20/18 and 7/27/18 with the Human Resources (HR) Director revealed: -on 6/28/18 at approximately 5:00 p.m. she received a telephone call regarding FS #1 "flirting" with FC #1 and telling FC #1 he wanted her to have his baby; -most of the call was concerning how FS #1 was in a gang and the caller was concerned for FC #1's safety; -she immediately reported this to the Director of Performance and Quality Improvement and the</p>	V 512		

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V 512	<p>Continued From page 7</p> <p>Residential Director.</p> <p>Interview on 7/20/18, 7/30/18 and 8/2/18 with the Director of Performance and Quality Improvement revealed:</p> <ul style="list-style-type: none"> <li>-on 6/28/18 the HR Director informed her of the call she received concerning FS #1;</li> <li>-she and the Residential Director and the Crisis Manager determined FS #1 was scheduled to work in FC #1's cottage that evening;</li> <li>-they decided to remove FS #1 from FC #1's cottage and scheduled him to work at another cottage;</li> <li>-prior to this she was not aware of any concerns regarding FS #1's performance;</li> <li>-on 6/29/18 FC #1 disclosed to Staff #2 she was in a relationship with FS #1;</li> <li>-later that morning after interviewing FS #1 during the investigation, FS #1 was terminated.</li> <li>-there had been no written disciplinary action against FS #1 since his employment;</li> <li>-she learned during her investigation PM #1 verbally coached FS #1 regarding poor boundaries with students;</li> <li>-during orientation/training for new staff handouts were given and training was provided regarding "red flags" and staff/student boundaries;</li> <li>-each new employee signed a staff boundaries form as part of their personnel file.</li> </ul> <p>Interview on 8/2/18 with the Assistant Residential Director revealed:</p> <ul style="list-style-type: none"> <li>-the PM was responsible to observe staff interactions and take feedback from shift partners;</li> <li>-there was no procedure of this set in stone, however generally speaking every staff member received "supervisory visits";</li> <li>-if a PM received a verbal concern regarding a staff member's performance she would expect</li> </ul>	V 512		

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V 512	<p>Continued From page 8</p> <p>that the PM ask the staff to send an email and then the PM should call her, the Residential Director or the Chief Operating Officer and report the concerns;</p> <p>-if the PM observed staff concerns first hand she would expect the PM to call or email her, the Residential Director or the Chief Operating Officer;</p> <p>-if the PM verbally spoke to a staff member concerning boundary issues and then another concern about this same staff member was brought to the PM team, then this would have been a second issue and would have been considered more serious, more of a "red flag";</p> <p>-she was not aware of any "red flags" or boundary issues concerning FS #1 until 6/28/18.</p> <p>Interview on 7/30/18 and 8/2/18 with the Residential Director revealed:</p> <p>-he did not recall concerns brought to the PM meeting on 6/26/18 regarding FS #1;</p> <p>-after reviewing the "Staff Concerns" note from the PM meeting he stated there should have been more discussion regarding FS #1's behavior and corrective action would have been determined;</p> <p>-PM #1 should have reported her direct observations of FS #1 at the PM meeting and this should have been documented.</p> <p>-FS #1 was a NRC and the Lead NRC did rounds for all the cottages and would have observed FS #1's performance;</p> <p>-he did not receive any concerns from the Lead NRC verbally or via email regarding FS #1;</p> <p>-he was not aware the Lead NRC had verbally coached FS #1 concerning boundary issues;</p> <p>-he was not aware of any "red flags" concerning FS #1 until 6/28/18.</p> <p>Review on 8/3/18 of the Plan of Protection dated</p>	V 512		
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V 512	<p>Continued From page 9</p> <p>8/3/18 written by the Director of Performance and Quality Improvement 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?</p> <p>"1. Eliada's Professional Boundaries with Students and Staff "Red Flags" Protocol is being revised to include clear reporting guidelines to immediate supervisors within 24 hours of the observed behavior, documentation of the observation and response by the Program Director completed and documented within 2 business days.</p> <p>2. Eliada's CEO will send an email correspondence to ALL Eliada staff detailing the shared responsibility of all employees to maintain a safe environment for students and families, and the clear expectation that any concerns be communicated promptly to Eliada's PQI Director. Eliada's Child Abuse Reporting Policy will be included with this correspondence.</p> <p>3. The Residential Director will develop and implement a Corrective Action plan for the two leadership staff involved in this situation [Lead NRC and PM #1] by Tuesday, 8/7/18.</p> <p>4. The Residential Director will initiate and document bi-weekly individual supervision sessions with the Residential Program Managers and the Lead NRC beginning the week of August 6, 2018.</p> <p>5. No students will be permitted in the cottage offices. Student phone calls (in Eliada's Residential Programs) will be facilitated in common areas, with the use of cordless phones. If privacy is needed, the phone call will be facilitated in the seclusion room, where there is a video surveillance window in the doors for staff observation.</p>	V 512		

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V 512	<p>Continued From page 10</p> <p>6. The office door in Green Cottage will be removed to ensure line of sight and shift partner accountability until the video surveillance camera is installed."</p> <p>Describe your plans to make sure the above happens.</p> <p>"1. The revised protocol and accompanying form for documentation will be emailed to all Residential staff by Monday, 8/6/18. The Residential Director will review the reporting and documentation procedures with the Residential Case Managers on Tuesday, 8/7/18 and each Program Manager will review with their respective teams during the Team Meetings on Wednesday, 8/8/18. All staff will sign the revised protocol, which will be maintained in the personnel record.</p> <p>2 Eliada's CEO will review the Corrective Action plan prior to implementation and the HR Director will confirm receipt of the plan and documentation file in the personnel records by 8/8/18.</p> <p>3. The Residential Director will send a written email correspondence to all Residential Staff on 8/3/18 detailing standards for student phone calls.</p> <p>4. A walk through of Green Cottage will be completed prior to admission of students on 8/8/18 to ensure the physical safety of the cottage, including open access/line of sight supervision from the cottage office."</p> <p>FC #1 had a history of being assaulted and left for dead by her friends associated in a gang with her; was physically abused by her father and witnessed domestic abuse. She had difficulty trusting others and was experiencing nightmares from her trauma. FS #1 was hired 4/2/18 and by the end of April was in a relationship with FC #1. FC #1 disclosed she and FS #1 had sex and FS #1 said he wanted her to have his baby. PM</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN LEVEL III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 COMPTON DRIVE</b> <b>ASHEVILLE, NC 28806</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 11</p> <p>#1 and the Lead NRC received reports from paraprofessional staff as early as May that FS #1 had extended check-ins with FC #1, remained behind closed doors for up to 2 hours in the cottage office with FC #1, seemed "too friendly" with FC #1 and catered to FC #1's needs more than any other client. PM #1 had direct observations of FS #1 conducting frequent check-ins with FC #1, and was eager to do support walks with the clients. PM #1 realized he needed immediate corrective action and on 6/23/18 verbally coached FS #1 but did not report this to her supervisor. The Lead NRC verbally coached FS #1 at the end of April or early May but did not report concerns to his supervisor. The failure of the facility to take action for approximately two months allowed former staff #1 unsupervised access to and a sexual relationship with client #1. This deficiency constitutes a Type A1 rule violation for exploitation and neglect and must be corrected within 23 days. An administrative penalty of \$1,000.00 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.</p>	V 512		