

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BONNIE'S HOME FOR YOUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8616 NATIONS FORD ROAD CHARLOTTE, NC 28217</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 8/9/18. The complaint was substantiated (Intake #NC00140533). 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	<p><i>DHSR - Mental Health</i></p> <p><i>SEP 07 2018</i></p> <p><i>Lic. &amp; Cert. Section</i></p>	
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		<p>Staff who breached confidentiality was immediately terminated. All staff underwent Confidentiality/HIPAA training administered by Dolly Williams, LPC, NCC. Therapist addressed the staff regarding the importance of not coaching clients or making them feel fearful to speak with DHSR or any other agency responsible for oversight. Moving forward client rights and client confidentiality will be discussed at staff meetings as well as during staff supervisions.</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Margaret Newman Executive Director* TITLE *9-6-18* (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: -Upset and angry because Staff #7 would frequently discuss personal matters regarding 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 with Clients' Legal Guardians revealed: -The clients have a legal right to confidentiality and the staff should not be discussing any confidential matters in front of those who do not have the right and need to have such information.</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Interview with Clients from Sister Facility A 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 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>	V 105		

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V 105	<p>Continued From page 4</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;                      -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.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 105		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(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</p>	V 108	<p>All staff were trained in working with sex offenders and sexually reactive youth by Hattie Malone. This will be a yearly training moving forward. All staff were also trained in working with clients with trauma by Mary Saunders, MS, LPC, LCAS, CCMC. This will be a yearly training as well.</p>	

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V 108	<p>Continued From page 5</p> <p>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.</p> <p>(i) The governing body shall develop and 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 6 of 6 audited staff (Staff #6, Staff #7, House Manager, Qualified Professional #1, Qualified Professional #2, and Executive Director/Licensee). The findings are:</p> <p>Review on 6/27/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder; -History substance abuse.</p> <p>Review on 6/27/18 of Client #3'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; -History of substance abuse.</p> <p>Review on 6/27/18 and 8/2/18 of Staff #6's record revealed:</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>-Hire date of 2/2/09; -Employed as Direct Care Staff; -No training in substance abuse disorders.</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 substance abuse disorders.</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 substance abuse disorders.</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 substance abuse disorders.</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 substance abuse disorders.</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 substance abuse disorders.</p> <p>Interview on 8/8/18 with the Qualified Professional #1 and the Executive Director/Licensee revealed: -Training on substance abuse disorders has been scheduled for next week with a Licensed Clinical Addiction Specialist; -Training will be provided to all staff.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1</p>	V 108		

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V 108	Continued From page 7 rule violation.	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</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"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <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>	V 109	<p>A ledger for tracking consumer funds was put in place for each client. The ledger includes the amount brought into the facility, the date, the source of funding, the current balance, and both staff and client signatures. Receipts for each transaction are kept on file. Treatment plans were updated to include transportation plans and additional goals reflecting the needs of each client. Staff meeting and 1:1 staff supervision was held emphasizing the importance of communication with administrative staff. All staff will undergo a service definition training. The Qualified Professionals will attend Person Centered Thinking Training on October 17 &amp; 18 with Cardinal Innovations. Licensed Therapist Mary Saunders will provide oversight to ensure incident reports are submitted in a timely manner, treatment plans are appropriate, and staff trainings are completed.</p>	



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V 109	<p>Continued From page 8</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> <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</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Professional #1 revealed:</p> <ul style="list-style-type: none"> <li>-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;</li> <li>-Did not realize transportation plans needed to be in the client's treatment plan strategies;</li> <li>-Did not realize the different areas in which goals and strategies needed to be developed for each client;</li> <li>-Did not realize Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records;</li> <li>-Tried to get substance abuse counseling services for Client #3 but she was not accepted due to billing issues. Did not secure substance abuse counseling services for Client #3;</li> <li>-Could not identify why the police responded to the facility on each call date;</li> <li>-Did not know why incident reports were not completed on all incidents;</li> <li>-Did not have a ledger of money spent or receipts for purchases made using Client #3's bankcard.</li> </ul> <p>Interview on 8/7/18 with the Qualified Professional #2 revealed:</p> <ul style="list-style-type: none"> <li>-Responsible for training, maintaining client and employee records, and coordination of care as needed, review of all incident reports to ensure they are completed properly;</li> <li>-Did not know why Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records;</li> <li>-Coordinated sending all clients home on therapeutic leave. "Don't know" what to do about therapeutic leave in the future;</li> <li>-Could not identify why the police responded to the facility on each call date;</li> <li>-Did not know why incident reports were not</li> </ul>	V 109		

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V 109	<p>Continued From page 10</p> <p>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 .0206 Client Records (V113), 10A NCAC 27G .0207 Emergency Plans and Supplies (V114), 10A NCAC 27G .0208 Client Services (V115), 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .1701 Scope (V293), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 27G .1705 Requirements of the Licensed Professionals (V297), 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), 10A NCAC 27F .0103 Health, Hygiene and Grooming (V540), 10A NCAC 27F .0104 Storage and Protection of Clothing (V541), 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</p>	V 109		

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V 109	Continued From page 11 rule violation.	V 109		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <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>	V 110	<p>The visit with client's foster mother was approved by her DSS guardian in advance. Additionally, the foster mother was considering accepting the client back into her home for therapeutic foster care services. The client was previously removed at the request of the parent. The facility will be open 24 hours a day/7 days a week/365 days a year. Licensed Therapist Mary Saunders will provide oversight to ensure incident reports are submitted in a timely manner, treatment plans are appropriate, and staff trainings are completed. Locks were placed on doors in the home to ensure the safety of clients' belongings. A ledger for tracking consumer funds was put in place for each client. The ledger includes the amount brought in to the facility, the date, the source of funding, the current balance, and both staff and client signatures. Receipts for each transaction are kept on file. Licensed Therapist Mary Saunders will 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. Written permission was given to the ED to take the client to her home by the DSS guardian. All clients will have access to a shower 24 hrs a day/7 days a week/365 days a year.</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>BONNIE'S HOME FOR YOUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8616 NATIONS FORD ROAD CHARLOTTE, NC 28217</b>
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V 110	<p>Continued From page 12</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 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: -During the school year, the clients are offered either apple sauce or a pop-tart for breakfast; -Left the facility with only one staff on 6/27/18;</p>	V 110		

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V 110	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Sent Client #1 to a former foster mother for therapeutic leave even though Client #1 had been removed from the home the previous year due to her behavior;</li> <li>-Did not ensure that the facility remain open 24 hours per day, 7 days per week, 365 days per year;</li> <li>-Did not ensure that all incidents were reported and filed correctly;</li> <li>-Did not ensure that client personal items were protected;</li> <li>-Did not ensure that client personal funds were monitored and documented properly;</li> <li>-When asked about the location of financial ledgers and receipts for client funds, the House Manager responded: "I can't even tell you that."</li> <li>-Did not know about facility clients sleeping in Sister Facility A;</li> <li>-Did not know about clients not having access to shower after work.</li> </ul> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-Terminated Staff #7;</li> <li>-Did not realize that Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records;</li> <li>-Did not secure substance abuse counseling for Client #3 even though she required the service;</li> <li>-Took Client #1 to her home in South Carolina where Client #1 was able to run away and go missing for the overnight hours;</li> <li>-Did not ensure that the facility remain open 24 hours per day, 7 days per week, 365 days per year;</li> <li>-Did not ensure that all incidents were reported and filed correctly;</li> <li>-Did not ensure that client personal items were protected;</li> <li>-Did not ensure that client personal funds were</li> </ul>	V 110		
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V 110	<p>Continued From page 14</p> <p>monitored and documented properly; -Did not know about facility clients sleeping in Sister Facility A; -Did not know about clients not having access to shower after work; -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> <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 .0206 Client Records (V113), 10A NCAC 27G .0207 Emergency Plans and Supplies (V114), 10A NCAC 27G .0208 Client Services (V115), 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .1701 Scope (V293), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 27G .1705 Requirements of the Licensed Professionals (V297), 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), 10A NCAC 27F .0103 Health, Hygiene and Grooming (V540), 10A NCAC 27F .0104 Storage and Protection of Clothing (V541), 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.</p>	V 110		

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V 112 V 112	<p>Continued From page 15</p> <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> <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 3 of 4 current clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 6/28/18 of Client #1's record revealed:</p>	V 112 V 112	<p><b>Treatment plans were updated to include transportation plans and additional goals reflecting the needs of each client. The Qualified Professionals will attend Person Centered Thinking Training on October 17 &amp; 18 with Cardinal Innovations. Licensed Therapist Mary Saunders will provide oversight to ensure treatment plans are appropriate.</b></p>	



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V 112	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-Admission date of 8/2/17;</li> <li>-16 years old;</li> <li>-Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Unspecified Mental Disorder;</li> <li>-History of suicidal/homicidal ideation, desire to hurt her foster sister, cutting, depression, grabbed a kitchen knife in 2016 and threatened self-harm, and sexual abuse by biological mother's boyfriend who "touched her inappropriately;"</li> <li>-Treatment plan dated 5/7/18 did not have treatment strategies to address self-harm or suicidal/homicidal ideation, or independent transportation to and from program activities on benefit funded vans and cabs.</li> </ul> <p>Review on 6/28/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 4/9/18;</li> <li>-15 years old;</li> <li>-Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder;</li> <li>-History of suicidal ideation, overdosing on Lexapro, substance abuse, and fighting;</li> <li>-Treatment plan dated 5/18/18 did not have treatment strategies to address self-harm or suicidal/homicidal ideation, substance abuse needs, or independent transportation to and from program activities on benefit funded vans and cabs.</li> </ul> <p>Review on 6/27/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 1/6/18;</li> <li>-17 years old;</li> <li>-Diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Specific Learning Disorder, Parent-Child Relational Problems;</li> <li>-History of suicidal ideation and self-harm, "took too many pills" at 13 years old after a break-up</li> </ul>	V 112		

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V 112	Continued From page 17  with a boyfriend, AWOL (absent without leave), substance abuse, and assaulting mother resulting in legal charges. -Treatment plan dated 6/25/18 did not have treatment strategies to address substance abuse needs, transportation to and from her part-time job at a local fast food restaurant by the management of the fast food restaurant, or independent transportation to and from program activities on benefit funded vans and cabs.  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.  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.  Interview on 8/8/18 with the Executive Director/Licensee revealed: -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.	V 112		
V 113	27G .0206 Client Records	V 113		

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**CHARLOTTE, NC 28217**

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V 113	<p>Continued From page 18</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable</p>	V 113	<p><b>Treatment plans were updated to include transportation plans and additional goals reflecting the needs of each client. Moving forward clients will not be accepted until all services are in place. The Qualified Professionals will attend Person Centered Thinking Training on October 17 &amp; 18 with Cardinal Innovations. Licensed Therapist Mary Saunders will provide oversight to ensure treatment plans are appropriate.</b></p>	

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V 113	<p>Continued From page 19</p> <p>disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain client records inclusive of documentation of all mental illness, developmental disability or substance abuse diagnoses affecting 2 of 4 current clients (Clients #2 and #3). The findings are:</p> <p>Review on 6/28/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder; -History of substance abuse; -No substance abuse diagnosis.</p> <p>Review on 6/27/18 of Client #3'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; -History of substance abuse; -No substance abuse diagnosis.</p> <p>Interview on 8/3/18 with Client #3's Legal Guardian revealed: -Client #3 was discharged from the facility in mid-July, 2018; -Client #3 never received substance abuse counseling or a substance assessment at the facility so there was no clear substance abuse diagnosis;</p>	V 113		
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V 113

Continued From page 20

-Client #3 was discharged to a transitional living environment where she could receive substance abuse treatment.

Interview on 8/2/18 with Qualified Professional #1 revealed:  
-Did not realize Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records;  
-Tried to get substance abuse counseling services for Client #3 but she was not accepted due to billing issues;  
-"Had a really hard time getting services (for Client #3)."

Interview on 8/7/18 with Qualified Professional #2 revealed:  
-Did not know why Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records;  
-Had problems getting substance abuse counseling for Client #3;  
-"Something to do with her (Client #3's) parent ...cannot remember the facts."

Interview on 8/8/18 with the Executive Director/Licensee revealed:  
-Did not realize that Client #2 and Client #3 did not have a substance abuse diagnosis documented in their records;  
-Struggled to secure substance abuse counseling for Client #3;  
-Will not accept clients to the facility unless the facility has the resources to serve the clients.

This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.

V 113

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V 114 V 114	<p>Continued From page 21</p> <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills be held quarterly and be repeated for each shift. The findings are:</p> <p>Review on 6/27/18 of the facility's Fire and Disaster Drill Log revealed: -Multiple fire and disaster drills were documented for each shift.</p> <p>Interview with Clients revealed: -Participated in a fire drill upon admission but has not done one since. Would report to the fence in the yard if there was a fire. Has not practiced any disaster drills, but if there was a tornado she would "go down to the dirt room" and if there was a power outage she would "light candles and try to stay calm;" -Did not practice fire and disaster drills since</p>	V 114 V 114	<p><b>All disaster drill forms were updated to include a short questionnaire for clients to take. This will ensure clients' comprehension of drill procedures.</b></p>	

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V 114	<p>Continued From page 22</p> <p>admission. If there was a fire, she would go outside. "Don't know what I would do" if there was a disaster; -Did not practice fire and disaster drills since admission. If there was a fire, she would go "out near the fence area." If there was a disaster, she would "go in tub and cover with mattress." -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 6/27/18 with the Executive Director/Licensee revealed: -Does not understand why the fire and disaster drills have been documented but have not been completed.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Revised the fire and disaster drill form to training in different types of disasters and has included a spot for the clients to sign after completion of each fire and disaster drill which should help to alleviate confusion in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 violation.</p>	V 114		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p>	V 115	<p><b>Clients always had access to food and beverages but had to receive permission from group home staff before retrieving. All signs were removed in the home pertaining to food. Clients are offered breakfast daily. Clients are also offered lunch when school is not in session.</b></p>	

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V 115	<p>Continued From page 23</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide nutritious meals affecting 3 of 4 current clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 6/27/18 at approximately 7:40am of the kitchen revealed: -Typed signs hanging throughout the kitchen that revealed the clients were not to access the refrigerator for food or beverage items.</p> <p>Review on 6/28/18 of Client #1's record revealed: -Admission date of 8/2/17; -16 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Unspecified</p>	V 115		
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V 115	<p>Continued From page 24</p> <p>Mental Disorder.</p> <p>Review on 6/28/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder.</p> <p>Review on 6/27/18 of Client #3'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 6/28/18 with Client #3 and Client #3's Legal Guardian revealed: -During the school year, the clients were not offered breakfast and lunch at the facility on school days. The clients were instructed to eat breakfast and lunch at school through the free meal program.</p> <p>Interview on 8/7/18 with the House Manager revealed: -During the school year, the clients are offered either apple sauce or a pop-tart for breakfast; -The clients eat breakfast and lunch at school.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Will make sure that the clients are offered a nutritious breakfast before leaving for school each day.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 115		

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V 118	Continued From page 25	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interview, record review, and</p>	V 118	<p>The nurse will come in to do additional medication management training with all staff.</p>	

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V 118	<p>Continued From page 26</p> <p>observation, the facility failed to ensure MARs were kept current affecting 1 of 4 current clients (Client #2). The findings are:</p> <p>Review on 6/28/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder; -Physician's order dated 4/7/18 for Lamotrigine (used for mood regulation) 100mg 1 tab bid (twice daily) with an updated order dated 6/25/18 for Lamotrigine 100mg 2 tabs bid; -June, MAR revealed Lamotrigine 100mg 1 tab bid.</p> <p>Interview on 6/27/18 with Client #2 revealed: -Takes medications while at the facility; -Was able to identify some of her medications by either name or reason prescribed; -Identified she received Lamictal (brand name for Lamotrigine); -Staff keep the medications; -All medications are kept locked; -She has not missed any medications while at the facility.</p> <p>Interview on 6/27/18 with the House Manager revealed: -Client #2 is receiving the correct dose of Lamotrigine 100mg 2 tabs twice daily.</p> <p>Interview on 6/27/18 with the Executive Director/Licensee revealed: -Client #2 is receiving the correct dose of Lamotrigine 100mg 2 tabs twice daily; -It was an oversight that the June, 2018 MAR was not updated.</p> <p>Interview on 8/8/18 with the Executive</p>	V 118		

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V 118	<p>Continued From page 27</p> <p>Director/Licensee revealed: -Had resolved the issue with Client #2's MAR being kept current; -All MARs are reviewed regularly for accuracy.</p> <p>Observation on 6/27/18 at 10:20am of Client #2's medication revealed: -Bottle of Lamotrigine 100mg with instructions to take 2 tabs twice daily dispensed on 6/25/18.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 118		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to</p>	V 293	<p>Staff who breached confidentiality was immediately terminated. All staff underwent Confidentiality/HIPAA training administered by Dolly Williams, LPC, NCC. Therapist addressed the staff regarding the importance of not coaching clients or making them feel fearful to speak with DHSR or any other agency responsible for oversight. Moving forward client rights and client confidentiality will be discussed at staff meetings as well as during staff supervisions. All staff were trained in working with sex offenders and sexually reactive youth by Hattie Malone. This will be a yearly training moving forward. All staff were also trained in working with clients with trauma by Mary Saunders, MS, LPC, LCAS, CCMC. This will be a yearly training as well. A ledger for tracking consumer funds was put in place for each client. The ledger includes the amount brought into the facility, the date, the source of funding, the current balance, and both staff and client signatures. Receipts for each transaction are kept on file. Treatment plans were updated to include transportation plans and additional goals reflecting the needs of each client. Staff meeting and 1:1 staff supervision was held emphasizing the importance of communication with administrative staff. All staff will undergo a service definition training.</p>	

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V 293	<p>Continued From page 28</p> <p>facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</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 4 of 4 current clients (Clients #1, #2, #3, and #4) and 1 of 1 audited former client (Former Client</p>	V 293	<p>The Qualified Professionals will attend Person Centered Thinking Training on October 17 &amp; 18 with Cardinal Innovations. Licensed Therapist Mary Saunders will provide oversight to ensure incident reports are submitted in a timely manner, treatment plans are appropriate, and staff trainings are completed. The visit with client's foster mother was approved by her DSS guardian in advance. Additionally, the foster mother was considering accepting the client back into her home for therapeutic foster care services. The client was previously removed at the request of the parent. Written permission was given to the ED to take the client to her home by the DSS guardian. The facility will be open 24 hours a day/7 days a week/365 days a year. Licensed Locks were placed on doors in the home to ensure the safety of clients' belongings. Licensed Therapist Mary Saunders will 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. All clients will have access to a shower 24 hrs a day/7 days a week/365 days a year. All disaster drill forms were updated to include a short questionnaire for clients to take. This will ensure clients' comprehension of drill procedures. Clients always had access to food and beverages but had to receive permission from group home staff before retrieving. All signs were removed in the home pertaining to food. Clients are offered breakfast daily. Clients are also offered lunch when school is not in session. The nurse will come in to do additional medication management training with all staff. 2 staff will be present at all times unless otherwise specified in the treatment plan. Moving forward clients on the autism spectrum will not be accepted into A Caring Home. In addition, clients will not be admitted into the program until all services are in place. All clients have a right to sleep in their designated area and have a right to privacy.</p>	
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V 293	<p>Continued From page 29</p> <p>#5). Furthermore, the facility failed to coordinate with others individuals within the child's system of care affecting 1 of 4 current clients (Clients #3). The findings are:</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 6 of 6 audited staff (Staff #6, 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 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)</p>	V 293		

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V 293	<p>Continued From page 30</p> <p>Based on interview and record review, the facility failed to develop and implement treatment strategies affecting 3 of 4 current clients (Clients #1, #2, and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0206 Client Records (V113) Based on interview and record review, the facility failed to maintain client records inclusive of documentation of all mental illness, developmental disability or substance abuse diagnoses affecting 2 of 4 current clients (Clients #2 and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) Based on interview and record review, the facility failed to ensure fire and disaster drills be held quarterly and be repeated for each shift.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0208 Client Services (V115) Based on interview, record review, and observation, the facility failed to provide nutritious meals affecting 3 of 4 current clients (Clients #1, #2, and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interview, record review, and observation, the facility failed to ensure MARs were kept current affecting 1 of 4 current clients (Client #2).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview, record review, and observation, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents affecting 3 of 4 current clients</p>	V 293		

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V 293	<p>Continued From page 31</p> <p>(Clients #1, #2, and #3) and 1 of 1 audited former clients (Former Client #5).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1705 Requirements of Licensed Professionals (V297) Based on interview and record review, the facility failed to ensure services from a licensed Clinical Addiction specialist or a certified Clinical Supervisor for clients with substance-related disorders affecting 1 of 4 current clients (Clients #3)</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 4 of 4 current clients (Clients #1, #2, #3, and #4).</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) 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 1 of 4 current clients (Client #3).</p>	V 293		



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V 293	<p>Continued From page 32</p> <p>CROSS REFERENCE: 10A NCAC 27F .0103 Health, Hygiene and Grooming (V540) Based on interview and record review, the facility failed to ensure the opportunity for a shower or tub bath as often as needed affecting 1 of 4 current clients (Client #3).</p> <p>CROSS REFERENCE: 10A NCAC 2F .0104 Storage and Protection of Clothing (V541) Based on interview and record review, the facility failed to ensure the protection of personal clothing and possessions from theft and destruction affecting 1 of 4 current clients (Client #3) and 1 of 1 audited former clients (Former Client #5).</p> <p>CROSS REFERENCE: 10A NCAC 27F .0105 Client Personnel Funds (V542) 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 1 of 3 current clients (Client #3).</p> <p>Finding #1 Review on 7/30/18 of Mapquest revealed: -The Executive Director/Licensee's home was approximately 20.1 miles (approximately 30 minute drive) from the facility.</p> <p>Interview on 6/27/18 with Client #1 revealed: -The group home closed during Memorial Day weekend and all clients went on home visits except for Client #1 who does not have any family members active in her life; -Client #1 went to South Carolina to spend the weekend at the Executive Director/Licensee's home; -Client #1 was watching pornography on television in the Executive Director/Licensee's</p>	V 293		

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V 293	<p>Continued From page 33</p> <p>home without the Executive Director/Licensee being aware. When the Executive Director/Licensee entered the room, the Executive Director/Licensee took the television remote and shut the program off;</p> <ul style="list-style-type: none"> <li>-Client #1 became upset and snuck out of the Executive Director/Licensee's house to run away;</li> <li>-Client #1 does not know what time she left the Executive Director/Licensee's house, but it was dark outside;</li> <li>-Client #1 hitch-hiked a ride from Indian Land (Lancaster County), South Carolina to Charlotte (Mecklenburg County), North Carolina;</li> <li>-Client #1 received a ride from a man in a small pick-up truck or sport utility vehicle;</li> <li>-Client #1 returned to the facility and nobody was present;</li> <li>-Client #1 was able to gain access into the facility;</li> <li>-Client #1 slept in the house during the nighttime hours on 5/26/18 through early morning hours of 5/27/18. She was alone in the facility;</li> <li>-Client #1 found the House Manager on the morning of 5/27/18;</li> <li>-The police were called to the facility when the House Manager found Client #1 on 5/27/18.</li> </ul> <p>Interview on 6/27/18 with the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 ran away from her home in Indian Land, South Carolina to Charlotte, North Carolina during Memorial Day weekend;</li> <li>-Client #1 was at the Executive Director/Executive Director/Licensee's home for the weekend because the group home was closed and Client #1 did not have anywhere else to go;</li> <li>-The (Lancaster County, South Carolina) police were called when Client #1 went missing from the Executive Director/Licensee's home;</li> <li>-Client #1 was found by the House Manager at</li> </ul>	V 293		
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V 293	<p>Continued From page 34</p> <p>the facility the following day; -Client #1's Social Worker/Legal Guardian was aware of the visit to the Executive Director/ Licensee's home and was also advised of Client #1 running away.</p> <p>Interview on 8/7/18 with the Qualified Professional #2 revealed: -Client #1 ran away from the Executive Director/Licensee's home (during Memorial Day Weekend); -Heard that Client #1 spent the night alone at the group home after running away.</p> <p>Review on 8/9/18 of the Plan of Protection dated 8/8/18 signed by the Qualified Professional #1 revealed: "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. Training on HIPAA (Health Insurance Portability and Accountability Act)/Confidentiality will be completed by an Independent trainer for all staff. All staff will be trained by a Licensed Clinical Addiction Specialist on working with clients who have a substance use diagnosis. All staff will receive training on working with clients who have are sexually aggressive. Until all staff have been trained on working with clients who have an autism diagnosis, no clients diagnosed as autistic will be admitted. Each staff will be required to attend all trainings. A sign in log will be provided and certificates printed and placed in staff files. All clients have been reoriented on procedures for fire and disaster. Each client was given a quiz to measure knowledge of procedures. We will continue to administer fire drills monthly and disaster drills quarterly. Each time a new client is admitted a fire and disaster drill will be given.</p>	V 293		

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V 293	<p>Continued From page 35</p> <p>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.</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. 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 (Licensee).</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 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</p>	V 293		

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V 293	<p>Continued From page 36</p> <p>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 Former Client #5 range in age from 15 to 17 years old and have multiple mental health needs including, but not limited to, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Panic Disorder, Persistent Depressive Disorder, Generalized Anxiety Disorder, Intermittent Explosive Disorder, and substance abuse histories. The clients have histories of assault, property destruction, suicidal and homicidal ideation and actions, substance abuse, elopement, self-harm, and legal charges.</p> <p>There were no treatment plan strategies in place to address the clients' behaviors of elopement, substance abuse, self-harm, and suicidal and homicidal ideation. Client records did not include proper and updated diagnoses.</p> <p>Proper training was not provided to meet the needs of Clients #2 and #3 who had a history of substance abuse and substance abuse counseling services was not provided to Client #3. Client #3 was able to access marijuana and bring it into the facility to give to Client #2.</p> <p>Minimum staffing ratios were not maintained, enabling three clients to climb out the window, run away, and meet male teen-agers in a motel.</p> <p>The facility closed at times and clients were</p>	V 293		

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V 293	<p>Continued From page 37</p> <p>moved to a sister facility to sleep on the couch or in an extra bunk bed, or clients were sent on therapeutic leave to afford the facility staff a rest though Local Management Entities continued to be billed for services. During one facility closure, Client #1 stayed at the Executive Director/Licensee's personal home ran away, hitch-hiking from South Carolina to North Carolina in the late night-time hours, eventually reaching the facility and gaining access to spend night alone before being discovered by staff. 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. 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. Fire and disaster drills were not completed as required resulting in clients lacking self-preservation skills and medication administration records were not kept current. Clients did not have an area for personal privacy, uninterrupted sleep or access to personal hygiene items. Furthermore, personal items were not protected while clients resided at the facility.</p> <p>Qualified professional and paraprofessional staff, including the Executive Director/Licensee, did not recognize the deficient practices occurring at the facility.</p>	V 293		

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V 293	Continued From page 38  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.	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 follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and	V 296	Two staff will be present at all times.	

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V 296	<p>Continued From page 39</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, record review, and observation, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents affecting 3 of 4 current clients (Clients #1, #2, and #3) and 1 of 1 audited former clients (Former Client #5). The findings are:</p> <p>Review on 6/28/18 of Client #1's record revealed: -Admission date of 8/2/17; -16 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Unspecified Mental Disorder; -History of suicidal/homicidal ideation, desire to hurt her foster sister, cutting, depression, grabbed a kitchen knife in 2016 and threatened self-harm, and sexual abuse by biological</p>	V 296		
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V 296	<p>Continued From page 40</p> <p>mother's boyfriend who "touched her inappropriately."</p> <p>Review on 6/28/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder; -History of suicidal ideation, overdosing on Lexapro, substance abuse, and fighting.</p> <p>Review on 6/27/18 of Client #3'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; -History of suicidal ideation and self-harm, "took too many pills" at 13 years old after a break-up with a boyfriend, AWOL (absent without leave), substance abuse, and assaulting mother resulting in legal charges.</p> <p>Review on 8/8/18 of Former Client #5's record revealed: -Admission date of 7/31/18; -Discharge date of 5/4/18; -17 years old at discharge; -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder.</p> <p>Finding #1 Observation on 6/27/18 at approximately 7:40am of the facility revealed: -One staff (Staff #6) present with 2 clients (Clients #1 and #2).</p> <p>Interview on 6/27/18 with Staff #6 revealed: -Called the House Manager who was at Sister</p>	V 296		

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V 296	<p>Continued From page 41</p> <p>Facility A and asked her to come to the facility.</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 Professional #1 were usually present from 11:00am until 5:00pm on weekdays; -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 8/7/18 with the House Manager revealed: -Was at the facility on 6/27/18 but had to step next door to retrieve toilet tissue.</p> <p>Interview on 6/27/18 with the Executive Director/Licensee revealed: -Staff #6 was not really the only staff member at the facility as the House Manager was at Sister Facility A next door and was available by telephone.</p> <p>Finding #2 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 #1, #3 and Former Client #5. The clients went missing on 1/13/18 at 11:30pm. The case was closed by the police on 1/15/18.</p> <p>Interview with Clients revealed: -Clients #1 and #3 and Former Client #5 climbed out of a bedroom window onto the roof and scaled down the side of the house and ran away on an undisclosed date; -Met boys they knew and the boys paid for a</p>	V 296		
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V 296	Continued From page 42  room at a local motel; -There was only one staff present when the clients ran away.  Interview on 8/8/18 with the Executive Director/Licensee revealed: -Will make sure to have proper staffing ratios in the future.  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 296		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P  10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.	V 297	<b>Prior to clients being admitted, all required services must be in place to ensure client has all necessary services in place.</b>	

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V 297	<p>Continued From page 43</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure services from a licensed Clinical Addiction specialist or a certified Clinical Supervisor for clients with substance-related disorders affecting 1 of 4 current clients (Clients #3). The findings are:</p> <p>Review on 6/27/18 of Client #3'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; -History of substance abuse.</p> <p>Interview on 6/28/18 with Client #3 revealed: -Met weekly with the Licensed Professional at the facility but did not receive substance abuse counseling.</p> <p>Interview on 8/3/18 with Client #3's Legal Guardian revealed: -Client #3 never received the substance abuse counseling she required while at the facility; -Client #3 did meet weekly with the Licensed Professional, but the Licensed Professional did not have training or experience working with substance abuse needs; -Client #3 never received the substance abuse counseling she required due to billing and insurance issues.</p> <p>Interview on 8/2/18 with Qualified Professional #1 revealed: -Tried to get substance abuse counseling</p>	V 297		
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V 297	<p>Continued From page 44</p> <p>services for Client #3 but she was not accepted due to billing issues; -"Had a really hard time getting services (for Client #3)."</p> <p>Interview on 8/7/18 with Qualified Professional #2 revealed: -Had problems getting substance abuse counseling for Client #3; -"Something to do with her (Client #3's) parent ...cannot remember the facts."</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Struggled to secure substance abuse counseling for Client #3; -Will not accept clients to the facility unless the facility has the resources to serve the clients.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 297		
V 298	<p>27G .1706 Residential Tx. Child/Adol - Operations</p> <p>10A NCAC 27G .1706 OPERATIONS</p> <p>(a) Each facility shall serve no more than a total of 12 children and adolescents.</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans 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</p>	V 298	<p><b>Facility will be open 24 hrs a day/7 days a week/ 365 days a year. Clients will only sleep in their designated area.</b></p>	

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V 298	<p>Continued From page 45</p> <p>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 4 of 4 current clients (Clients #1, #2, #3, and #4). 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 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</p>	V 298		
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V 298	<p>Continued From page 46</p> <p>clients had been sent on home visits.</p> <p>Review on 6/28/18 of Client #1's record revealed: -Admission date of 8/2/17; -16 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Unspecified Mental Disorder; -History of suicidal/homicidal ideation, desire to hurt her foster sister, cutting, depression, grabbed a kitchen knife in 2016 and threatened self-harm, and sexual abuse by biological mother's boyfriend who "touched her inappropriately;" -Removed from former foster family due to threats of harm toward former foster sibling.</p> <p>Review on 6/28/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder; -History of suicidal ideation, overdosing on Lexapro, substance abuse, and fighting.</p> <p>Review on 6/27/18 of Client #3'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; -History of suicidal ideation and self-harm, "took too many pills" at 13 years old after a break-up with a boyfriend, AWOL (absent without leave), substance abuse, and assaulting mother resulting in legal charges.</p> <p>Review on 8/2/18 of Client #4's record revealed: -Admission date of 7/25/18;</p>	V 298		

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V 298	<p>Continued From page 47</p> <ul style="list-style-type: none"> <li>-14 years old;</li> <li>-Diagnoses of Generalized Anxiety Disorder, Panic Disorder, Persistent Depressive Disorder, and Autism Spectrum Disorder;</li> <li>-History of difficulty following directives, blaming others, argumentative, truancy, crying spells, depressive symptomatology, and anxiety.</li> </ul> <p><b>Finding #1</b> Interview with Clients revealed:</p> <ul style="list-style-type: none"> <li>-The house closed for several days each month;</li> <li>-Clients were sent home with family members;</li> <li>-One client who did not have family members active in her life stayed in the Executive Director/ Licensee's house in South Carolina about 5 times;</li> <li>-The facility has been closing monthly dating back to at least Thanksgiving, 2017;</li> <li>-Clients did not wish to be identified due to fear of "being in trouble" after the Division of Health Service Regulation survey.</li> </ul> <p>Interview with Clients' Legal Guardians/Previous Foster Families revealed:</p> <ul style="list-style-type: none"> <li>-Told by the House Manager the facility would be closed for several days during the first weekend of August, 2018 due to extensive house cleaning and exterminating. It was challenging and a "hardship" to take the client home. The Legal Guardian revealed "When I first pulled into the driveway (of the group home) I should have backed out right away."</li> <li>-Family member had to drive almost 5 hours round trip to pick the client up for the visit;</li> <li>-The House Manager called a former foster mother and asked if a client could visit with the former foster mother even though there had been no contact for over one year and the client had previously been removed from the former foster mother's home due to the client's behaviors;</li> </ul>	V 298		
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V 298	<p>Continued From page 48</p> <ul style="list-style-type: none"> <li>-Was asked to pick up her daughter the week of 7/2/18 and not return until 7/9/18 due to a planned closure of the facility and was also asked to take her daughter home starting 8/2/18 because the Executive Director/Licensee was "giving our staff a break every month."</li> <li>-The facility had planned a closure from 8/1/18 -8/7/18 and the family was notified by the House Manager and Executive Director/Licensee of the planned closure and was told to come to the facility to pick up the client;</li> <li>-One client went home with the Executive Director/Licensee to South Carolina during scheduled closings as there was no family involvement for the client.</li> </ul> <p>Finding #2 Interview on 6/28/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Arrived back at the facility one night after working at her part-time job at a local fast food restaurant. Client #3 was transported to the facility by the Manager of the restaurant. Client #3 found that there was no answer at the facility door. The Manager of the restaurant suggested Client #3 knock at the door of Sister Facility A which was directly next door. Client #3 knocked at the door of Sister Facility A and was greeted by staff and instructed to spend the night at Sister Facility A because there was a staff shortage that evening. Client #3 was instructed to sleep on the couch in the living room;</li> <li>-Had spent other nights sleeping in Sister Facility A in the top bunk of a bunk bed 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;</li> <li>-Could not identify specific dates of when she was instructed to sleep at Sister Facility A.</li> </ul> <p>Interview with Clients from Sister Facility A</p>	V 298		
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V 298	<p>Continued From page 49</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 had slept at Sister Facility A;</li> <li>-Client #3 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;</li> <li>-Clients wished to remain anonymous.</li> </ul> <p>Observation/Interview on 7/11/18 at approximately 10:00am of Sister Facility A with the House Manager:</p> <ul style="list-style-type: none"> <li>-The bedroom in the rear right-hand side of the home had bunk beds;</li> <li>-House Manager revealed the top bunk was used for storage as the room was designated as a single room;</li> <li>-There was no odor of urine present on 7/11/18.</li> </ul> <p>Interview on 8/3/18 and 8/7/18 with representatives from three Local Management Entities (LME) which contract with the facility revealed:</p> <ul style="list-style-type: none"> <li>-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.</li> </ul> <p>Interview on 8/2/18 with the Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> <li>-All clients have been sent home on therapeutic leave.</li> </ul> <p>Interview on 8/7/18 with the Qualified Professional #2 revealed:</p> <ul style="list-style-type: none"> <li>-Coordinated sending all clients home on therapeutic leave;</li> <li>-The staff is available on call;</li> <li>-"Don't know" what to do about therapeutic leave in the future;</li> <li>-All therapeutic leave is planned by the House Manager and the Executive Director/Licensee.</li> </ul>	V 298		

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V 298	<p>Continued From page 50</p> <p>Interview on 8/7/18 with the House Manager revealed: -The clients were sent on therapeutic leave but the house did not close; -"Try to send them (clients) all out at one time;" -Did not know anything about Client #3 sleeping on the couch at Sister Facility A;</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.</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</p>	V 367	<p>All incident reports will be completed within 72 hours. Qualified Professionals will be responsible for ensuring reports are done in a timely manner. Qualified Professional will be overseen by Licensed Therapist, Mary Saunders.</p>	

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V 367	<p>Continued From page 51</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following 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</p>	V 367		

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V 367	<p>Continued From page 52</p> <p>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 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"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <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 6/28/18 of Client #1's record revealed:</p>	V 367		
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V 367	<p>Continued From page 53</p> <p>-Admission date of 8/2/17; -16 years old; -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Unspecified Mental Disorder; -History of suicidal/homicidal ideation, desire to hurt her foster sister, cutting, depression, grabbed a kitchen knife in 2016 and threatened self-harm, and sexual abuse by biological mother's boyfriend who "touched her inappropriately."</p> <p>Review on 6/28/18 of Client #2's record revealed: -Admission date of 4/9/18; -15 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder; -History of suicidal ideation, overdosing on Lexapro, substance abuse, and fighting.</p> <p>Review on 6/27/18 of Client #3'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; -History of suicidal ideation and self-harm, "took too many pills" at 13 years old after a break-up with a boyfriend, AWOL (absent without leave), substance abuse, and assaulting mother resulting in legal charges.</p> <p>Review on 8/8/18 of Former Client #5's record revealed: -Admission date of 7/31/18; -Discharge date of 5/4/18; -17 years old at discharge; -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder.</p>	V 367		

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V 367	<p>Continued From page 54</p> <p>Review on 6/27/18 of the facility's Incident Reports from 4/1/18 through 6/27/18 revealed: -Level I incident reports for Client #3 and Former Client #5 dated 4/15/18 involving an assault where Client #3 sustained scratches and bruises and had some hair pulled from her head. The local police department arrived and arrested Former Client #5.</p> <p>Review on 6/28/18 of the North Carolina Incident Response Improvement System (NC IRIS) for facility incident reports dated from 10/1/17 through 6/28/18 revealed: -No incident reports completed.</p> <p>Review on 8/3/18 of NC IRIS for facility incident reports dated from 6/28/18 through 8/3/18 revealed: -No incident reports completed.</p> <p>Review on 6/28/18 of the Call Report from the local Police Department for calls received from 10/1/17 through 6/28/18 revealed: -Seven calls to the facility. The first call was on 12/14/17 at 8:53 pm for a "disturbance." The second call was on 3/1/18 at 9:01pm for a missing person. The third call was on 3/1/18 at 9:20pm as a 911 hurry up call. The fourth call was on 4/15/18 at 7:32pm for a physical assault. The fifth call was on 5/2/18 at 12:27am for an attempt to locate an individual. The sixth call was on 5/27/18 at 6:54am for a missing person recovery report. The seventh call was on 5/27/18 at 8:29am when the caller requested a police supervisor.</p> <p>Review on 7/20/18 of detailed reports provided by the Police Attorney's Office for the local Police Department revealed:</p>	V 367		

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V 367	<p>Continued From page 55</p> <p>-Report dated 1/14/18 at 12:30am for missing persons and runaways involving Clients #1, #3 and Former Client #5. The clients went missing on 1/13/18 at 11:30pm. The case was closed by the police on 1/15/18;</p> <p>-Report dated 4/15/18 at 7:30pm when Client #3 was assaulted by a former client. "The assault occurred when the suspect (Former Client #5) tackled, overpowered, kicked, punched and pulled the victim's (Client #3) hair." The case was closed by arrest of Former Client #5;</p> <p>-Report dated 12/14/17 at 8:53 pm of an aggravated assault/assault with a deadly weapon when a Former Client #5 threw a hole punch at Staff #7.</p> <p>Review on 7/10/18 of a Summary Report for a police call dated 5/26/18 from a Police Department in South Carolina revealed:</p> <p>-Client #1 was staying at the home of the Executive Director/Licensee in Lancaster County, South Carolina for the weekend. The client was found by the Executive Director/Licensee to be watching pornography on the television in the master bedroom area of the house. When the Executive Director/Licensee took the remote control to activate parental controls on the television, Client #1 ran away from the house. The last time Client #1 had been seen was at 9:37pm. The Executive Director/Licensee requested to not have the investigation treated as a missing person case. Five local police officers and administrators searched for Client #1 in the area and she could not be located. Between 11:02pm and 11:20pm, the officer issued an alert to surrounding jurisdictions.</p> <p>Interview on 8/3/18 with Client #3's Legal Guardian revealed:</p> <p>-Prior to Client #3 being discharged in mid-July,</p>	V 367		



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V 367	<p>Continued From page 56</p> <p>2018, the House Manager informed Client #3's Legal Guardian that Client #3 had brought marijuana into the facility by hiding it in the bottom of her deodorant bottle. The House Manager also informed Client #3's Legal Guardian that Client #3 had passed marijuana to an unidentified client at the facility.</p> <p>Interview on 8/2/18 with Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> <li>-Responsible for review of all incident reports to ensure they are completed properly;</li> <li>-The police call from 12/14/17 was when a Former Client #5 attacked Staff #7;</li> <li>-Did not know why the police were called on 3/1/18 for a missing person and then a call requesting the police to hurry up. Has no knowledge of who was involved in the call;</li> <li>-The police call from 4/15/18 was when a Former Client #5 assaulted Client #3;</li> <li>-Did not know why the police were called on 5/2/18 for a missing person or who was missing on that date at approximately 12:30am;</li> <li>-The police were called on 5/27/18 after Client #1 was found at the facility after having run away from the Executive Director/ Licensee's home in South Carolina;</li> <li>-Would ask staff to clarify details of the police reports;</li> <li>-Did not know why incident reports were not completed on all incidents.</li> </ul> <p>Interview on 8/7/18 with Qualified Professional #2 revealed:</p> <ul style="list-style-type: none"> <li>-Responsible for review of all incident reports to ensure they are completed properly;</li> <li>-Did not know why incident reports were not completed on all incidents.</li> <li>-The lack of incident reports at the facility is because the incident reports "just fell through the</li> </ul>	V 367		
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NAME OF PROVIDER OR SUPPLIER  <b>BONNIE'S HOME FOR YOUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8616 NATIONS FORD ROAD CHARLOTTE, NC 28217</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 367	<p>Continued From page 57</p> <p>cracks."</p> <p>Interview on 8/7/18 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 brought marijuana into the facility and passed it to Client #2;</li> <li>-Clients #2 and #3 both had substance abuse histories;</li> <li>-Seized the marijuana from Client #2;</li> <li>-Unknown if Client #2 or Client #3 had used the marijuana before it was seized;</li> <li>-No incident report was completed on the location of the marijuana;</li> <li>-Did not know why incident reports were not completed on all incidents.</li> </ul> <p>Interview on 8/8/18 with the Qualified Professional #1 and Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-The police were contacted on 3/1/18 twice by the facility staff because Client #1 became angry with a peer and walked out of the facility and attempted to run away. Staff were able to follow Client #1 and prompt her to return to the facility. The second call was as a result of Client #1 growing agitated and the facility staff requested assistance from the local police department but Client #1 calmed down before the police arrived;</li> <li>-Unable to identify why the police were called on 5/2/18;</li> <li>-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.</li> </ul> <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>	V 367		

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V 367	Continued From page 58  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 367		
V 539	27F .0102 Client Rights - Living Environment  10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (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 (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (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, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.  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 1 of 4 current clients (Client #3). The findings are:  Review on 6/27/18 of Client #3's record revealed: -Admission date of 1/6/18; -17 years old; -Diagnoses of Attention Deficit Hyperactivity	V 539	<b>Facility will be open 24 hrs a day/7 days a week/365 days a year and clients will have access to personal items and privacy at all times.</b>	

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V 539	<p>Continued From page 59</p> <p>Disorder, Generalized Anxiety Disorder, Specific Learning Disorder, Parent-Child Relational Problems.</p> <p>Interview on 6/28/18 with Client #3 revealed: -Arrived back at the facility one night after working at her part-time job at a local fast food restaurant. Client #3 was transported to the facility by the Manager of the restaurant. Client #3 found that there was no answer at the facility door. The Manager of the restaurant suggested Client #3 knock at the door of Sister Facility A which was directly next door. Client #3 knocked at the door of Sister Facility A and was greeted by staff and instructed to spend the night at Sister Facility A because there was a staff shortage that evening. Client #3 was instructed to sleep on the couch in the living room; -Had spent other nights sleeping in Sister Facility A in the top bunk of a bunk bed 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 Sister Facility A.</p> <p>Interview with Clients from Sister Facility A revealed: -Client #3 had slept at Sister Facility A; -Client #3 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 #3 sleeping at Sister Facility A.</p> <p>Interview on 8/8/18 with the Executive</p>	V 539		

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V 539	<p>Continued From page 60</p> <p>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: -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> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 539		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving</p>	V 540	<p><b>All clients will have access to a shower or tub bath at all times. The facility will be open 24 hrs a day/7days a week/365 days a year to ensure this opportunity.</b></p>	

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V 540	<p>Continued From page 61</p> <p>utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the opportunity for a shower or tub bath as often as needed affecting 1 of 4 current clients (Client #3). The findings are:</p> <p>Review on 6/27/18 of Client #3'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 6/28/18 with Client #3 revealed: -Arrived back at the facility one night after working at her part-time job at a local fast food restaurant. Client #3 was transported to the facility by the Manager of the restaurant. Client #3 found that there was no answer at the facility door. The Manager of the restaurant suggested Client #3 knock at the door of Sister Facility A which was directly next door. Client #3 knocked at the door of Sister Facility A and was greeted by staff and instructed to spend the night at Sister Facility A because there was a staff shortage that evening. Client #3 was instructed to sleep on the couch in the living room while wearing her work clothes and was not allowed an opportunity to shower after working in a fast food restaurant for several hours.</p>	V 540		

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V 540	<p>Continued From page 62</p> <p>Interview with Clients from Sister Facility A revealed: -Client #3 had slept at Sister Facility A; -Client #3 had either slept on the living room coach 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 #3 sleeping on the couch at Sister Facility A and not being able to shower and have access to her personal hygiene items.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Would make sure all clients have the opportunity to shower and access their personal hygiene items in their own home.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 540		
V 541	<p>27F .0104 Client Rights - Stor. &amp; Protect of Cloth/Poss</p> <p>10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible</p>	V 541	<p><b>When notified regarding damage to clients' property, locks were placed on doors to protect consumers' belongings.</b></p>	

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V 541	<p>Continued From page 63</p> <p>person desires.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the protection of personal clothing and possessions from theft and destruction affecting 1 of 4 current clients (Client #3) and 1 of 1 audited former clients (Former Client #5). The findings are:</p> <p>Review on 6/27/18 of Client #3'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>Review on 8/8/18 of Former Client #5's record revealed: -Admission date of 7/31/18; -Discharge date of 5/4/18; -17 years old at discharge; -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant 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 ...possessions while residing at the residential facility ..."</p> <p>Interview on 6/28/18 with Client #3 and Client #3's Legal Guardian revealed: -Former Client #5 stole or destroyed many items belonging to Client #3, including cutting up deodorant and stealing expensive undergarments</p>	V 541		



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V 541	<p>Continued From page 64</p> <p>from a high-end designer store, flat iron, cosmetics, cosmetic brushes, necklace, and shoelaces; -Facility staff were advised of the items missing or destroyed but the items were never replaced.</p> <p>Interview on 8/3/18 with Client #3's Legal Guardian revealed: -Client #3 never received compensation for the items stolen or destroyed while at the facility.</p> <p>Interview on 8/8/18 with the Executive Director/Licensee revealed: -Client #3 and Former Client #5 would frequently share personal items and clothing; -Client #3 destroyed several items of Former Client #5 and Former Client #5 retaliated and destroyed or stole several items of Client #3; -The facility arranged to have locks placed on closets and only the clients held the key to their respective closets with the staff having a secondary key; -Neither Client #3 nor Former Client #5's items were replaced; -No longer allows clients to share items.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.</p>	V 541		
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	<p>Transactions for client's spending were monitored through online account. All documents were turned over to her mother at discharge detailing transactions and balances. In addition, a ledger for tracking consumer funds was put in place for each client. The ledger includes the amount brought into the facility, the date, the source of funding, the current balance, and both staff and client signatures. Receipts for each transaction are kept on file.</p>	

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V 542	<p>Continued From page 65</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. (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"> <li>(1) assure to the client the right to deposit and withdraw money;</li> <li>(2) regulate the receipt and distribution of funds in a personal fund account;</li> <li>(3) provide for the receipt of deposits made by friends, relatives or others;</li> <li>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</li> <li>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</li> <li>(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;</li> <li>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</li> <li>(8) provide the client with a quarterly accounting of his personal fund account.</li> </ol> <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 1 of 3 current clients (Client #3). The findings are:</p> <p>Review on 6/27/18 of Client #3's record revealed:</p>	V 542		
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V 542	<p>Continued From page 66</p> <p>-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>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 6/28/18 with Client #3 revealed: -Worked part-time in a local fast food restaurant.</p> <p>Interview on 8/3/18 with Client #3's Legal Guardian revealed: -Client #3 worked part-time in a local fast food restaurant; -Client #3's pay was electronically deposited to a PIN (personal identification number) controlled bankcard; -Client #3 had between \$1,000.00 and \$2,000.00 on her bankcard when she was discharged from the facility in mid-July, 2018; -Client #3 had used her bankcard to shop while at the facility, but the bankcard was held for</p>	V 542		
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V 542	<p>Continued From page 67</p> <p>protection and managed by facility staff; -Facility staff had the PIN for Client #3's bankcard; -Client #3's legal guardian had access to Client #3's bank account and believes that all purchases made on Client #3's bankcard were made by Client #3.</p> <p>Interview on 8/2/18 with Qualified Professional #1 revealed: -Client #3 was paid by the local fast food restaurant where she worked by direct deposit onto a bankcard; -The bankcard was held and managed by the facility staff while Client #3 resided at the facility; -Facility staff did not have a ledger of money spent or receipts for purchases made using Client #3's bankcard.</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 8/7/18 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; -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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BONNIE'S HOME FOR YOUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8616 NATIONS FORD ROAD CHARLOTTE, NC 28217</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 542	Continued From page 68  This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 542		