

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL018-096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/08/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHANGING LIVE NOW #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A Complaint survey was completed on 8/8/18. Complaints substantiated included (Intake # NC 140174, NC 140128, NC 140021, NC 140013, NC 141372, and NC 141274). Complaints unsubstantiated included (Intake # NC 00141027 and NC 00141001) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</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 record review and interview, the facility failed to assure 3 of 3 audited staff (Staff #1, #2 and #3) had training to meet the mental health needs of the clients. The findings are:</p> <p>Review on 7/2/18 of record for Client #1 revealed: -Client #1 was eight years old and was admitted to the facility on 2/13/18. -Client #1 was diagnosed with Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Review on 7/26/18 of the record for Client #2 revealed: -Client #2 was 11 years old and had been admitted on 2/13/18. -He was diagnosed with Oppositional Defiant Disorder (ODD) and ADHD.</p> <p>Review on 8/7/18 of the client record for Client #4</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-Client #4 was 10 years old and had been admitted on 3/24/18.</li> <li>-He was diagnosed with Post Traumatic Stress Disorder and ADHD.</li> </ul> <p>Review on 7/5/18 of the personnel files for paraprofessional Staff #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> <li>-The files for Staff #1, #2 and #3 did not contain documentation of client specific training, no documented training in a point system or in teaching coping skills, social skills or communication skills. There was no documentation of any training in mental health.</li> <li>-When asked to provide documentation, the owner provided an April 2018 document containing that was discussed or planned to have been discussed by the former Qualified Professional and all staff. This document identified two clients by their initials. The signature blanks utilized for staff to verify their attendance at this training were all blank. There was no signature or verification that the Former QP had completed the training.</li> </ul> <p>Interview on 7/3/18 and 8/7/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He had worked at the facility since late May 2018 usually 2nd shift.</li> <li>-He had not received any client specific training about the current residents in this facility or the sister facility. -On 8/7/18 he stated that the primary intervention was re-direction while misbehavior was taking place. Teaching of coping skills, anger management, role playing or a point system were not utilized.</li> </ul>	V 108		

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V 108	<p>Continued From page 3</p> <p>Interview on 7/3/18 with Staff #2 revealed: -She had worked at the facility since June 2, 2018. -She did not recall any training about each client.</p> <p>Interview on 7/5/18 with Staff #3 revealed: -He had worked at the facility for the past month or so. -He received no client specific training.</p> <p>Interview on 7/5/18 with the QP/Licensee revealed: -He provided supervision and training to staff while he worked side by side with staff and clients at the facility. He had not taken any notes or documented these one-to-one sessions. -He was asked to provide supervision notes supporting staff supervision and training. The Qualified Professional/Licensee stated he didn't document it at all for the last 2 months. The former QP had been gone 2 months and she was handling all that for him.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure staff demonstrated the knowledge, skills and abilities required for the population served for 1 of 1</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>sampled Qualified Professional. (Qualified Professional/Licensee). The findings are:</p> <p>Finding 1</p> <p>Observation on 7/2/18 at 10:35 am, the Qualified Professional/Licensee loaded the 5 clients currently at the facility into his vehicle. Sister facility A Client #A5 sat in the front seat while the remaining 4 clients got into the back seat. The vehicle was made with 3 safety belts in the back seat to accommodate 3 people. None of the 4 clients in the backseat appeared to utilize a safety belt while driving away in the vehicle.</p> <p>Interview on 7/2/18 with Client #4 revealed "all of us have to ride with staff to take [Client #1] to day treatment. When [Sister Facility Client #A5] is here, all 4 of us have to sit in the backseat. Nobody has a seatbelt." He further stated one of the safety belts in the QP/Licensee's vehicle back seat was broken.</p> <p>Interview with the Qualified Professional/Licensee on 7/5/18 revealed he knew when surveyors arrived and when he had children get into the vehicle that he was over capacity and that not everyone had a seatbelt.</p> <p>Finding 2</p> <p>Review on 7/2/18 of record for Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 was eight years old and was admitted to the facility on 2/13/18.</li> <li>-Client #1 was diagnosed with Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD).</li> </ul>	V 109		

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V 109	<p>Continued From page 6</p> <p>-There was no update made to the Person Centered Plan (PCP) or crisis plan to address being absent without leave (AWOL) behavior or to include the use of restraints or other restrictive interventions.</p> <p>Interview on 7/5/18 with the Qualified Professional/Licensee revealed:</p> <p>-He had been the Qualified Professional responsible for treatment planning, staff training and the safe operation of the facility for the past two months.</p> <p>-He was aware of the AWOL behavior of Client #1 and had requested a higher level of care.</p> <p>-Client #1 was picked up by law enforcement on 6/3/18 more than a mile and a half from the facility, without shoes and without water on a day with a 90 degree temperature. On 6/7/18 the client eloped and was found by law enforcement search team one and one half hours later at the neighbor's home.</p> <p>-Client #1 was being "harbored" by the neighbors when he ran away to their home. Neighbors let him swim in their pool and on one occasion denied the client was present in their home.</p> <p>-He was doing the best he could to keep Client #1 safe by having 2 staff during afternoon hours. He had not updated the treatment plan or crisis plan for Client #1 with current behaviors.</p> <p>Interview with the Qualified Professional/Licensee on 7/9/18 revealed he did not know that restrictive interventions could be used when supported by an assessment and documented as an approved intervention in a treatment plan.</p>	V 109		

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V 109	Continued From page 7  See V112 Treatment Planning for additional information.  This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		



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V 112	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement treatment strategies to address client behavior affecting 3 of 4 sampled clients (Client #1, #2 and #4). The findings are:</p> <p>Review on 7/2/18 and on 7/9/18 of the record for Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 was eight years old and was admitted to the facility on 2/13/18.</li> <li>-Client #1 was diagnosed with Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD).</li> <li>-The facility QP/Licensee provided a Person Centered Plan (Plan) completed by a prior provider and before admission to the facility. An Update/Revision Action Plan (Plan) was also provided which had been updated by the facility. The Plan containing the following goals and objectives for the Client: <ul style="list-style-type: none"> <li>-Client will reduce symptoms associated with ODD, with objectives of having no restraints and no AWOL (absent without leave) behaviors with 30 day periods.</li> <li>-Client will reduce symptoms associated with ADHD. Interventions listed for each goal stated included, "Level II Residential will provide 24/7/365 supervision, implementation of a behavioral point system, teaching of ongoing coping skills and anger management skills ..." Neither Restraint nor other type of Restrictive Interventions were listed as an intervention in the Treatment Plan. There was no information on a point system seen.</li> </ul> </li> <li>-Two Crisis Plans provided by the facility both</li> </ul>	V 112		

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V 112	<p>Continued From page 9</p> <p>failed to address either the use of restraint or AWOL behaviors. The first Crisis Plan was from a prior provider and named support persons who were staff of the previous facility and no longer involved in the Plan. This Plan failed to include the use of restrictive interventions or AWOL behaviors. The second Crisis Plan was blank.</p> <p>-Service notes provided by the QP/Licensee on 7/2/18 and 7/5/18 were electronic documents required to be completed on each of three shifts. Service notes contained no indication that a behavioral point system, teaching of coping skills or anger management skills were provided.</p> <p>- Due to the failure to accurately document service provision on each shift it could not be determined whether additional restrictive interventions or elopement episodes occurred.</p> <p>-Three shift notes were reviewed for 5/27/18. No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-Only the first shift wrote a note on 5/28/18. Only the second shift wrote a note on 5/28/18 and on 5/30/18. No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-On 5/31/18 shift notes indicate the client ran away and extra staff had to be called. Client #1 had to be restrained during a tantrum. No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-On 6/1/18, 6/2/18 and 6/3/18 only the first shift note was completed. No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-On 6/4/18 only a 2nd shift note was recorded. The note documented that Client #1 had attempted to run and was caught near the</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>road but still on the facility property. He was restrained. A second staff came and assisted. Eventually both staff were required to restrain Client #1 for a total of 35 minutes. There was no incident report of a restrictive intervention or Plan to use restrictive interventions. No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-On 6/5/18 only the 2nd shift note was documented. No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-There were daily notes for one shift only from 6/6/18 through 6/10/18. None of these service notes revealed, "Implementation of behavioral point system, teaching of ongoing coping skills and anger management skills ..." as noted in the Plan.</p> <p>-On 6/11/18 1st shift, there were incidents of attempted AWOL as well as restraining Client #1 to keep him from hurting himself and staff. On 6/11/18 2nd shift, "Staff observed consumer [Client #1] leaving property again for the 6th time today ..." No implementation of behavioral point system, teaching of ongoing coping skills and anger management skills was documented.</p> <p>-The last service note provided by the provider on 7/9/18 was dated 6/15/18.</p> <p>Interviews on 7/2/18, 7/9/18 and 7/26/18 with the Qualified Professional/Licensee (QP/Licensee) revealed:</p> <p>-The QP/Licensee was the owner of the facility and had been in the role of Qualified Professional since the retirement of the previous Qualified Professional in April, 2018.</p> <p>-Client #1 had run away from the facility on several occasions. The QP/Licensee voiced his</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>concern that this was very risky behavior given the highway in front of the house. Law Enforcement had been called on several of these occasions when the client left the property and was out of the line of sight of staff.</p> <p>-The QP/Licensee stated the Client #1 had been tough to serve and that the facility was under pressure to keep the client safe. Running away was risky for the client. He stated his "paperwork is not the best" but he had been working to secure another placement for Client #1.</p> <p>-The QP/Licensee stated Client #1 was usually running after returning home from school or day treatment in the afternoons. He had added an extra staff to assist with managing his behavior during this period. This gave the facility two staff at those times.</p> <p>-The staff had to begin using restrictive interventions (physical restraint) to prevent the client from running and being at risk in the community.</p> <p>-The QP/Licensee confirmed that service notes required on each shift would contain this information and that there were occasions when service notes on all three shifts were not done.</p> <p>-The QP/Licensee acknowledged the use of restraint was not listed as an intervention in the Plan and had not been consistently documented as an emergency use in the IRIS or as a planned intervention.</p> <p>-On 7/26/18, he confirmed the facility had never used a point system to modify client behavior. Treatment interventions that had been used in the past had been interrupted by staff turnover but that had not been maintained. He expressed the desire to resume this as soon as he had enough staff.</p>	V 112		

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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 112	<p>Continued From page 12</p> <p>Review on 7/26/18 of the record for Client #2 revealed</p> <ul style="list-style-type: none"> <li>-Client #2 was 11 years old and had been admitted on 2/13/18.</li> <li>-He was diagnosed with Oppositional Defiant Disorder (ODD) and ADHD.</li> <li>-His treatment Plan provided by the provider failed to make updates to "support/Interventions" after the client was admitted to the facility. The client Plan stated, "Supports and IIH (Intensive In-Home) will actively build level of trust with the client ..." IIH provided by a previous provider was listed as interventions for each goal in the Plan.</li> <li>-The failure to describe what the Level 2 facility would provide gave the appearance that the Plan had not been fully updated or reviewed by the facility. Except for stating who was responsible, the Plan did not contain any Level 2 supports and interventions.</li> </ul> <p>Interview on 7/26/18 with the QP/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-He acknowledged that the Plan being used at the facility for Client #2 contained past providers interventions.</li> <li>-He asked for surveyor suggestions on doing a full Plan re-write or an update. No suggestions were made.</li> </ul> <p>Review on 8/7/18 of the client record for Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-Client #4 was 10 years old and had been admitted on 3/24/18.</li> <li>-He was diagnosed with Post Traumatic Stress Disorder and ADHD.</li> <li>-His treatment Plan had not been completely updated from his previous provider. His treatment goals included, "[name Client #4] will significantly</li> </ul>	V 112		

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V 112	<p>Continued From page 13</p> <p>reduce the intensity and frequency of verbal and physical aggression AEB (as evidenced by) Roleplaying conflict resolutions skills with IIH (Intensive In-Home) staff ..."</p> <p>-Other interventions included, "Skills will be taught such as emotional awareness, relaxation techniques, social problem solving and dealing with peer pressure."</p> <p>-There were no services documented for 6/8/18, 6/12/18, 7/8/18, 7/11/18, 7/14/18, 7/19/18 or 7/24/18.</p> <p>-Notes found for the dates 6/1/18 through 7/30/18 inclusive contained no evidence that Plan interventions had been implemented.</p> <p>-Service notes beginning 6/15/18 through 6/30/18 inclusive indicated that Client #4 was on Therapeutic Leave. Therapeutic Leave was not a planned intervention or activity in the Client's Plan.</p> <p>-On 8/7/18 service notes were observed for previously missing dates of service for Client #4. These had not been available electronically or on paper during the 7/2/18 and 7/5/18 on-site visits. Interventions listed did not contain either role playing or relaxation training, social problems solving or dealing with peer pressure.</p> <p>Interview with Staff #3 on 8/7/18 revealed that he had never received training in a point system and he had never used a point system at the facility.</p> <p>Interview with the QP/Licensee on 8/8/18 revealed he questioned whether the client had been on leave, however he accepted the documentation had stated the leave took place for 16 days.</p>	V 112		

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V 112	Continued From page 14  This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);	V 113		

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V 113	<p>Continued From page 15</p> <p>(B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to document services provided and progress towards treatment goals for 2 of 3 clients (Client #1 and #4). The findings are:</p> <p>Review on 7/5/18 of electronic service notes for Client #1 for the period 5/1/18 through 7/5/18 revealed there were no notes after 6/15/18. Notes provided failed to address the provision of service interventions specified in the client Plan.</p> <p>Review on 8/7/18 of the paper service notes for Client #4 revealed there were no services documented for 6/8/18, 6/12/18, 7/8/18, 7/11/18, 7/14/18, 7/19/18 or 7/24/18. Notes found for the dates 6/1/18 through 7/30/18 inclusive failed to address the provision of service interventions as written in the client Plan.</p> <p>Please see V112 Treatment Planning for additional information.</p> <p>This deficiency is cross referenced into 10A</p>	V 113		



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V 113	Continued From page 16  NCAC 27G .1301 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 113		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) before hiring 1 of 3 sampled staff (# 1). The findings are:</p> <p>Review on 7/5/18 of personnel records revealed: -A hire date for Para professional Staff #1 had not been documented in the personnel record. Training documents indicated she had been employed on June 4, 2018 -There was no HCPR check documented in her record.</p> <p>Interview on 7/5/18 with the Qualified Professional/Licensee, the QP/Licensee was asked if he could provide or locate documentation of the required HCPR check. He made a phone</p>	V 131		

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V 131	Continued From page 17  call but afterwards stated that it had not been done.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private	V 133		

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V 133	<p>Continued From page 18</p> <p>entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of</p>	V 133		

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V 133	<p>Continued From page 19</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</li> </ol> <p>(e) Relevant Offense. - As used in this section,</p>	V 133		

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V 133	Continued From page 20  "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in	V 133		

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V 133	<p>Continued From page 21</p> <p>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request a statewide criminal background check within 5 business days of a conditional offer of employment for 1 of 3 sampled staff (Staff #1). The findings are:</p> <p>Review on 7/5/18 of personnel records revealed: -A hire date for Para professional Staff #1</p>	V 133		

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V 133	Continued From page 22  had not been documented in the personnel documents. Training documents indicated she had been employed on June 4, 2018 -There was no evidence of a background check in her record.  Interview on 7/5/18 with the Qualified Professional/Licensee, the Qualified Professional/Licensee was asked if he could provide or locate documentation of the required background check. He made a phone call but afterwards stated that it had not been done.	V 133		
V 179	27G .1301 Residential Tx - Scope  10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the	V 179		

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V 179	<p>Continued From page 23</p> <p>child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting.</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p> <p>This Rule is not met as evidenced by: Based upon observation, record reviews and staff interviews the facility failed to design services to address the functioning level of children to include training in self-control, communication skills, or social skills for 3 of 4 sampled clients (Client #1, #2 and #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (V108). Based on record review and interview, the facility failed to assure 3 of 3 audited staff (Staff #1, #2 and #3) had training to meet the MH/DD/SA needs of the clients.</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109). Based on observations, interviews and record reviews, the facility failed to ensure 1 of 1 sampled Qualified Professional (QP) staff demonstrated the knowledge, skills and abilities required for the population served (QP/Licensee).</p>	V 179		



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V 179	<p>Continued From page 24</p> <p>Cross Reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on interviews and record reviews, the facility failed to implement goals and treatment strategies to address client behavior affecting 2 of 4 sampled clients (Client #1).</p> <p>Cross Reference: 10A NCAC 27G .0206 CLIENT RECORDS (V113). Based on record review and interviews, the facility failed to document services provided and progress towards treatment goals for 3 of 4 clients (Client #1, #2 and #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .1302 STAFF (V180). Based upon observation, record review and staff interviews, the facility failed to provide staff with clinical consultation at least two times per month and failed to maintain one staff for every four clients served.</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS (V367). Based on record review and staff interviews, the facility failed to document Level I Incidents and failed to report Level II incidents of restraint and absence from the facility to the Local Mental Health Managed Care Organization (LME/MCO) within 72 hours for 1 of 4 sampled clients. (Client # 1).</p> <p>Interview on 7/27/18 with the Qualified</p>	V 179		

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V 179	<p>Continued From page 25</p> <p>Professional/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-The facility had never had a point system in the past as referred to in the Plan for Client #1.</li> <li>-He acknowledged that the Plan being used at the facility for Client #2 contained past providers services and interventions.</li> <li>-Treatment interventions that had been used in the past had been interrupted by staff turnover but that had not been maintained. He expressed the desire to resume this as soon as he had enough staff.</li> <li>-He could not provide documentation of treatment approaches used in the facility.</li> </ul> <p>Interview on 7/9/18 with Deputy from local Sheriff's Department revealed:</p> <ul style="list-style-type: none"> <li>-He had been out to the facility numerous times, receiving calls almost every other day regarding a child running away from this home.</li> <li>-On 6/3/18, Client #1 had been gone for over 30 minutes before staff even knew he was gone. Consumer was found 1 ½ miles from the property with no shoes and no water.</li> <li>-On 6/7/18, a search team was called out. The consumer was found at the neighbor's house 1 ½ hours later.</li> <li>-On 6/11/18, "a neighbor called to inform Law Enforcement that the consumer had been there 20 minutes."</li> <li>-"If this kid had not gotten where he'd run to the neighbors he probably would have been hurt".</li> <li>-He spoke to someone new (staff) every time and they didn't know information about the client.</li> <li>-He asked to see the file on Client #1 but was told there was no file.</li> <li>-"This kid was high risk and needed more supervision."</li> <li>-"The owner always downplayed the</li> </ul>	V 179		

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V 179	<p>Continued From page 26</p> <p>incidents." -There were a lot of discrepancies in what the owner and other agencies reported to him. -"Each DSS [Department of Social Services] pointed to another or blamed the MCO [Managed Care Organization]".</p> <p>Review on 7/9/18 of a Plan of Protection dated 7/9/18, signed by the Qualified Professional/Licensee revealed:</p> <p>"CLN will take the following immediate action to protect consumers from further risk or additional harm:</p> <ol style="list-style-type: none"> <li>1. CLN will implement a second staff that will provide direct and up-close supervision primarily to consumer [initials Client #1]. That staff will be instructed to follow [initials Client #1] around the home as to keep him in eye sight and ear shot. For example: if consumer goes to the restroom the staff will stand at the door and listen to ensure that he is in the restroom and not attempting to jump out of the window. Staff will also do regular patrols of outside room and bathroom windows to ensure they have not been tampered with. If consumer is outside, staff will be within at least ten feet of consumer at all times.</li> <li>2. All major incidents that are considered restrictive in nature will be documented in the IRIS system within 72 hours. As in the case of [initials Client #1] who may need to be restrained more frequently due to AWOL issues: CLN will update his crisis plan and PCP to reflect planned intervention to restrain him in order to keep him safe from harm/AWOL.</li> </ol>	V 179		

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V 179	<p>Continued From page 27</p> <p>3. Contracted Qualified Professional will perform a client specific training on [Client #1] in reference to his AWOL behaviors and update any other client specific trainings of the consumers already in CLN care.</p> <p>Describe your plans to make sure the above happens:</p> <p>Qualified Professional/Licensee [name] will consult with and contract with another QP to oversee clinical meetings and documentation records of clinical meetings. Contracted QP will supervise and sign off on [name] Qualified Professional/Licensee clinical oversight of staff at CLN #3 and insure that all of the above is carried out.</p> <p>If [ initials Client #1] runs (gets outside of staff eyesight/outside of property boundaries) then staff will contact local authorities after which documenting the incident and contacting contracted QP to document and oversee incident reporting, as well as provide clinical input to Qualified Professional/Licensee [name] and staff on duty."</p> <p>This Facility was a Level II unlocked children's residential service located in a rural area adjacent to a heavily traveled two lane highway. The children being served were ages 9 - 11 years old and had been diagnosed with Oppositional Defiant Disorder, Attention Deficient Hyperactivity Disorders, Post-Traumatic Stress Disorders and Intermittent Explosive Disorder. Behaviors displayed by residents under the care of the</p>	V 179		

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V 179	<p>Continued From page 28</p> <p>facility included physical aggression, and elopement.</p> <p>The QP/Licensee failed to continually access and develop treatment strategies to address the individualized client behaviors. The facility was utilizing the client's treatment plans from a previous provider which included a point system to address behaviors, but had not been developed or used in the facility. The QP was not providing supervision and oversight to the facility staff.</p> <p>Due to the plans not being updated the client behaviors and needs changed or worsened. Client #1's elopement behaviors continued and required law enforcement involvement when the client walked along the busy highway. The staff were not trained in the individual mental health needs of the clients and did not have treatment strategies or interventions outlined in the previous treatment plan which included: a point system, teaching or training in self-control, communication skills, coping skills, anger management, relaxation techniques, social problem solving or dealing with peer pressure.</p> <p>The facility staff did not consistently document service delivery or complete incident reports regarding the elopements, therefore it could not be determined how many actual elopement episodes had occurred. However the QP believed elopement had occurred "9-10" times with law enforcement involvement at least twice in incidents where the client was gone for approximately one and one half hours each time. Law Enforcement believed they had been to the home "every other day." One service note stated the client had eloped off the property for the 6th time that day and ran would sometimes go to a</p>	V 179		

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V 179	<p>Continued From page 29</p> <p>neighbor's property and swim in their pool unsupervised by staff.</p> <p>Staff including the Qualified Professional/Licensee had not completed documentation of restrictive interventions or reported to the LME/MCO restrictive interventions as emergency restrictions. Due to the failure to accurately document service provision or complete reports of incidents it could not be determined how many restrictive interventions had occurred.</p> <p>The facility automobile only had room for 4 passengers, but he QP/Licensee was observed transporting 5 clients in the automobile. The clients were not wearing seat belts and one client reported the seat belts did not work.</p> <p>The failure of the facility to design and implement individualized treatment strategies to address the specific needs of clients', failure to adequately train staff in the skills needed to implement treatment strategies to prevent elopement and restraint and failure to revise treatment plans to reflect current client needs and services resulted in the neglect.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 179		
V 180	27G .1302 Residential Tx - Staff	V 180		

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V 180	<p>Continued From page 30</p> <p>10A NCAC 27G .1302 STAFF</p> <p>(a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field.</p> <p>(b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building.</p> <p>(c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes.</p> <p>(d) Psychiatric consultation shall be available as needed for each client.</p> <p>(e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.</p> <p>This Rule is not met as evidenced by: Based upon observation, record review and staff interviews, the facility failed to provide staff with clinical consultation at least two times per month and failed to maintain one staff for every four clients served. The findings are:</p> <p>Finding 1:</p> <p>Observation on 7/2/18 at 10:30 AM revealed that the Qualified Professional/Licensee was the only staff person, the Qualified Professional/Licensee, in the facility with 5 clients.</p> <p>Observation on 7/2/18 at 10:35 am, the Qualified</p>	V 180		

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V 180	<p>Continued From page 31</p> <p>Professionals/Licensee loaded Client #A5 who was at the facility into his vehicle. Sister facility A Client #A5 sat in the front seat while the remaining 4 clients got into the back seat. The vehicle was made with 3 safety belts in the backseat to accommodate 3 people. None of the 4 clients in the backseat appeared to utilize a safety belt while driving away in the vehicle.</p> <p>Interview on 7/2/18 with Client #4 revealed "all of us have to ride with staff to take [Client #1] to day treatment. When [Sister Facility A, Client #A5] is here, all 4 of us have to sit in the backseat. Nobody has a seatbelt." He further stated one of the safety belts in the QP/Licensee's vehicle back seat was broken.</p> <p>Finding 2:</p> <p>Record review on 7/5/18 of personnel records for staff #1, #2 and #3 revealed:                      -There was no documentation that supervision or consultation had taken place.                      -The facility Qualified Professional/Licensee provided an April 2018 document containing information planned to be discussed between the former QP and all staff. Two client's initials were given for review of goals and needs. The signature blanks utilized for staff to verify their attendance at this training were all blank. There was no signature or verification that the Former QP had completed the training.</p> <p>Interview on 7/3/18 with Staff #1 revealed:                      -He had worked at the facility since late May 2018 usually 2nd shift.                      -Client #1 ran away from the facility 7-8 times while he was working.</p>	V 180		



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V 180	<p>Continued From page 32</p> <ul style="list-style-type: none"> <li>-Clients #3 and #4 also ran once individually but he was able to catch up with them.</li> <li>-Had a staff meeting in June where the QP/Licensee discussed having 2 staff work together.</li> <li>-Now have 2 staff working during peak hours from 3 pm until 8 or 9 pm when the clients typically go to bed.</li> <li>-He had not received any clinical supervision from the QP/Licensee.</li> </ul> <p>Interview on 7/3/18 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She had worked at the facility since June 2, 2018.</li> <li>-Client #1 runs away when he doesn't get his way.</li> <li>-Client #1 had found it rewarding to run to neighbors who had puppies and a swimming pool.</li> <li>-The neighbors had not been rude to her but talked bad about everyone else. They told her she was the 1st staff member to be running right behind Client #1.</li> <li>-Stated she just had to pick the battles with Client #1. She further stated she had to watch his every move and had to have 2 staff in order to watch the 4 kids.</li> <li>-She often worked 3-9 pm or 3-11 pm. A 2nd staff would come in at 6 pm.</li> <li>-She did not write notes.</li> <li>-Sister Facility Client #A5 was not normally at the facility but would come over to the house in an emergency in staffing both facilities</li> <li>-She did not recall anything official called clinical supervision.</li> </ul> <p>Interview on 7/5/18 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-He had worked at the facility for the past</li> </ul>	V 180		

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V 180	<p>Continued From page 33</p> <p>month or so.</p> <ul style="list-style-type: none"> <li>-Client #1 ran when he didn't get his way.</li> <li>-He just tried to keep Client #1 as busy as possible.</li> <li>-He worked alone for about 4 hours before another staff would come in. If clients were doing well, he would then leave. If not then he would stay at the facility longer.</li> <li>-When 2 staff were working and Client #1 ran, 1 staff would chase him and the other staff would call the QP/Licensee.</li> <li>-Whoever was on duty wrote the incident reports.</li> <li>-He was not aware of supervision occurring with a QP.</li> </ul> <p>Interview on 7/5/18 with Sister Facility Client #A5 revealed:</p> <ul style="list-style-type: none"> <li>-He was 14 years old and had lived at the sister facility for about 5 months.</li> <li>-He and Client #1 "had a real connection" because they had a lot of the same issues (anger and running away).</li> <li>-Client #1 had only run away 2 times when he was at the facility.</li> <li>-He had stayed overnight at this facility about 13 times in the past four weeks when his housemates went on therapeutic leave and he was the only client in sister facility A.</li> <li>-He would sleep on the floor in Client #1's room when he stayed over at the facility.</li> <li>-There used to be only 1 staff working but now there are 2 to help watch Client #1 in the afternoons.</li> <li>-The 1 overnight staff usually slept on the couch.</li> </ul> <p>Interview on 7/5/18 with the QP/Licensee</p>	V 180		

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V 180	<p>Continued From page 34</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 went to day treatment during the day. For the past 3-4 weeks he tried to have 2 staff working when Client #1 was at the facility. He still need to hire more staff.</li> <li>-Sister Facility Client #A5 would stay at this facility when he was the only client at the other facility or when they were short staffed at sister facility A-maybe 7 nights in the past 2 months. "It was financially difficult to staff a house with just 1 resident there."</li> <li>-The staffing pattern did not change when Sister facility Client #A5 was at the facility with the 4 current residents.</li> <li>-He had not documented supervision with any staff for the past 2 months.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 180		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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		

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V 367	<p>Continued From page 35</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL018-096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/08/2018</b>
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V 367	<p>Continued From page 36</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 record review and staff interviews, the facility failed to document Level I Incidents and failed to report Level II incidents of restraint and absence from the facility to the Local Mental Health Managed Care Organization (LME/MCO) within 72 hours for 1 of 4 sampled clients. (Client # 1). The findings are:</p>	V 367		

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V 367	<p>Continued From page 37</p> <p>Review on 7/5/18 of the facility policy for restrictive interventions revealed the following statement: "Changing Lives Now shall implement ONLY the following Intervention: * Physical Restraint (to be used only in the event of an emergency) **"</p> <p>Review of Personnel records on 7/5/18 for Staff #1, #2 and #3 revealed they had been trained in restrictive interventions, including physical restraint, using North Carolina Interventions (NCI).</p> <p>Interviews with the Qualified Professional/Licensee on 7/3/18, 7/5/18 and 7/9/18 revealed:</p> <p>-All Incident Reports dating from 5/1/18 through 6/30/18 were requested from the Qualified Professional/Licensee. Subsequently the Qualified Professional/Licensee supplied one hand written North Carolina Incident Response Improvement System (IRIS) Report.</p> <p>-On 7/3/18 the QP/Licensee stated, "We haven't kept adequate documentation on him. (Client #1)" He had been encouraging staff to complete incident reports. He reported that for the last two weeks they had not needed to call law enforcement when the client attempted to run away. When asked how many times Client #1 had run away prior to the last two weeks he stated, "9-10 times."</p> <p>-On 7/5/18 the QP/Licensee stated, "Some incident reports we didn't do when we should have. We were so pre-occupied with the client running and everything."</p> <p>-On 7/9/18 the QP/Licensee stated that documentation was not his strength but he loved</p>	V 367		

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V 367	<p>Continued From page 38</p> <p>direct work with children.</p> <p>-He was unaware that restrictive interventions could be used if appropriately planned and fully approved. He was aware of the need to report each restrictive intervention in IRIS as emergency uses.</p> <p>Review of the Incident Report provided by the facility and a review of the IRIS electronic submissions for the facility revealed:</p> <p>-The handwritten IRIS report dated 6/15/18 at 4:18 PM and signed by Paraprofessional Staff #1 documented that Client #1 had an, "unplanned consumer absence of 25 minutes." The cause of the incident was described as, "Consumer upset because he could not go to YMCA or to the neighbors to swim in pool (a location he was not allowed to go). Locked himself in bathroom and climbed out bathroom window."</p> <p>-The "Yes" box was checked when answering the question: Was this act potentially a serious threat to the health or safety of the consumer or others?</p> <p>-The time frame of 25 minutes appears consistent with Level I reporting requirements that do not require IRIS submissions to the LME/MCO.</p> <p>Review on 7/5/18 of the NC IRIS submissions for the Facilities home County revealed that no Incident Reports had been electronically submitted.</p> <p>Attempted review on 7/5/18 and 8/6/18 of the NC IRIS submissions for the facility revealed no Level II incident had been reported to any LME/MCO for the emergency restraint and law enforcement involvement.</p>	V 367		

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V 367	<p>Continued From page 39</p> <p>Review on 7/9/18 of the Service Notes provided by the facility for Client #1 covering May and June 2018 were compared to Incidents Reported in an attempt to establish dates when the client ran away or when a restrictive intervention was utilized. This process revealed:</p> <ul style="list-style-type: none"> <li>-Three shift notes were reviewed for 5/27/18. No Absence without Leave (AWOL) or restraints were documented in these three notes. This was a date when law enforcement and the Qualified Professional reported law enforcement was engaged in finding Client #1.</li> <li>-On 5/31/18 shift notes indicate the client ran away and extra staff had to be called. Client #1 had to be restrained during a tantrum. No IRIS report of restrictive intervention or any report of runaway.</li> <li>-On 6/4/18 only a 2nd shift note was recorded. The note documented that Client #1 had attempted to run and was caught near the road but still on the facility property. He was restrained. A second staff came and assisted. Eventually both staff were required to restrain Client #1 for a total of 35 minutes. There was no IRIS report of a restrictive intervention.</li> <li>-On 6/11/18 1st shift, there were incidents of attempted AWOL as well as restraining Client #1 to keep him from hurting himself and staff. On 6/11/18 2nd shift, "Staff observed consumer [Client #1] leaving property again for the 6th time today ..." No Incident Reports for this date were found.</li> </ul> <p>Due to the failure to accurately document service provision or complete reports of incidents it could not be determined whether additional restrictive interventions or elopement episodes had occurred.</p>	V 367		



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V 367	<p>Continued From page 40</p> <p>Please see V113 for additional information.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		