

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARIUM SPRINGS - NELSON HOME

**115 BARIUM SPRINGS DRIVE
STATESVILLE, NC 28677**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 7-25-18. The complaints were substantiated (intake #NC140355, NC140392, NC140823, NC140944, NC140994 & NC141383). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children and Adolescents.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000	<p>DHSR - Mental Health</p> <p>SEP 17 2018</p> <p>Lic. & Cert. Section</p>	
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> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p>	V 110	<p>V110 27G .0204 Training/Supervision Paraprofessionals</p> <p>Upon internal review of allegations against staff, the determination to terminate both staff involved has been made effective 7/25/2018.</p> <p>Residential home staff now include a Unit Supervisor and Consultant. The Unit Supervisor is assigned to Nelson Home and is responsible for directly supervising staff in that home. Their role is to orient and mentor new and existing staff in the program. The Unit Supervisor will assure that staff is aware and implementing policies, protocol and structure in the home to ensure any areas of concern that need to be re-trained are completed. The hours will vary for this role in regards to times of day and days of the week to assure that staff are working consistently throughout the program.</p> <p>The Consultant will be responsible for staff skill development within the Teaching Family Model framework. This development piece will be accomplished through the completion of at least two shift observations for each shift in the home on a monthly basis, confirming that staff are competent and indicate when more training is needed in certain areas.</p> <p>The above description of the Unit Supervisor and Consultant positions of observations, consulting and mentorship will assure that staff has adequate supervision and competency for their roles.</p>	<p>7/25/2018</p> <p>On-Going</p> <p>On-Going</p> <p>On-Going</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tracy L. Moss

Senior Director of Compliance

9/12/2018

STATE FORM

6899

36VS11

If continuation sheet 1 of 32

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 110	<p>Continued From page 1</p> <p>(5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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> <p>This Rule is not met as evidenced by: Based on interview and record review, facility staff failed to demonstrate the knowledge, skills and abilities required by the population served, for two (staff #3 and staff #5) of six staff audited. The findings are:</p> <p>Review on 7-11-18 and 7-23-18 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date was 3-6-17 - Position title was Lead Child Youth Worker - Suspended without pay (no date provided, approximately 6-18-18) - Terminated 7-24-2018 <p>Review on 7-11-18 and 7-23-18 of staff #5's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date was 9-18-17 - Position title was Child Youth Care Worker - Terminated 7-23-18 <p>Finding #1 - Staff #3 Incited Clients</p> <p>Review on 7-24-18 of the "Internal Review Nelson Allegation Against Staff [staff #3]" revealed:</p> <ul style="list-style-type: none"> - "Staff (#3) violated ...client rights ...when she offered clients candy and soda to beat up a 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 110	<p>Continued From page 2</p> <p>peer who had frequent disruptive behaviors." - "The allegation was substantiated."</p> <p>Interview on 7-12-18 with client #4 revealed: - She had been in the facility when staff #3 worked - She had been bribed by staff #3, "to jump on each other (other clients)."</p> <p>Interview on 7-12-18 with client #3 revealed: - She had been in the facility when staff #3 was working - She reported staff #3 stated, "If they'd let us whoop ya'll ..." but she wouldn't. - "I don't feel safe if Ms. [staff #3] comes back."</p> <p>Interview on 7-24-18 with the Senior Director of Compliance (SDC) revealed: - Staff #3 had been accused by client #4 and client #5 of offering them a soda and candy to beat up client #2. - There was no video confirmation of the event because it supposedly occurred outside on the porch. - There were no marks or bruises on client #2, but she was seen on the ground. - "[Client #2] said she thinks [client #4] and [client #5], "made that (staff #3 offering them soda and candy) up because they wanted to jump her anyway." - "[Staff #3] was terminated 7-24-18 because clients were alone on the porch, without staff, and no incident report was completed for [client #2] being assaulted by [client #4] and [client #5]."</p> <p>Finding #2 - Staff #5 Used Threatening Language</p> <p>Review on 7-23-18 of "[staff #5] - Internal Investigation Report Summary" dated 7-8-18 to</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 110	<p>Continued From page 3</p> <p>7-9-18 revealed:</p> <ul style="list-style-type: none"> - Allegation investigated was staff #5 making, "threats to clients ..." - Clients were interviewed - Allegation was substantiated <p>Interview on 7-13-18 with staff #5 revealed:</p> <ul style="list-style-type: none"> - "I have never threatened any of these kids." - "I know one kid made allegations and I'm currently suspended pending an investigation." <p>Interview on 7-12-18 with client #3 revealed:</p> <ul style="list-style-type: none"> - Staff #5, "she be negative to other people." - "She would (staff #5) just be like, 'If they would let us whoop ya'll I would do that,' she just said it out of nowhere." - "One day she got two people to beat up [client #2]." <p>Interview on 7-12-18 with client #4 revealed:</p> <ul style="list-style-type: none"> - "That woman (staff #5) makes me want to strangle her ... she not therapeutic ... you don't scream at us, you don't threaten us ..." <p>Interview on 7-12-18 with client #5 revealed staff #5:</p> <ul style="list-style-type: none"> - Made "veiled threats and direct threats." - "She'll yell at us." - She "did not put hands on (clients), but she threatened to..." - She came up to client #6 and, "threw her badge down and said, 'come on, come at me, I don't care if I lose my job' ... I felt uncomfortable." <p>Interview on 7-11-18 with client #7 revealed:</p> <ul style="list-style-type: none"> - "Ms. [staff #5], I really don't like her." - "She always has an attitude and always yells at us." - Staff #5 told some clients that she would, "tie them up and beat them if they didn't act right." 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 110	Continued From page 4 Interview on 7-24-18 with the Senior Director of Compliance (SDC) revealed: - Staff #5 was terminated 7-23-18 because clients reported she made threats to them. Interview on 7-25-18 with the Residential Director revealed: - Regarding the competency of both terminated staff, more monitoring and training needs to happen - When staff are hired in the future, after they complete their 2 weeks of pre-service training, we're going to add 8 hours every day for a week working with their supervisor - We've now restructured personnel to have a unit supervisor at each facility - The unit supervisor will work on all shifts with new staff - We've also set up a new grievance system to where clients can notify administration directly when they have an issue they want addressed. This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type B rule violation and must be corrected within 45 days	V 110		
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:	V 112	V112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan Treatment plans are created prior to admission through a review of the assessment process. They are updated at least monthly through the Child and Family Treatment process. Unit Supervisors and Consultants interactions with staff as described above will assure that staff is aware of treatment interventions and strategies for the youth. It will also allow for the treatment plans to be updated real time based on observations and transitions with staff.	On-Going On-Going

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 5</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 record review and interview, the facility failed to develop and implement treatment goals and strategies that were individualized to meet client needs affecting four of seven audited clients (client #1, client #2, client #6 and client #7).</p> <p>The findings are:</p> <p>Reviews on 7-5-2018 and 7-11-2018 of the facility's incident reports dated 4-1-2018 to 7-11-2018 revealed:</p> <ul style="list-style-type: none"> - Client #1 was AWOL (absent without leave) from the facility 9 times - Client #2 was AWOL 13 times - Client #6 was AWOL 8 times <p>Review on 7-5-2018 of client #1's record revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 6</p> <ul style="list-style-type: none"> - Admitted 3-7-2018 - Was 13 years-old - Diagnoses: Attention Deficit-Hyperactivity Disorder (ADHD); Intermittent Explosive Disorder; Reactive Attachment Disorder (RAD); Disruptive Mood Dysregulation Disorder (DMDD). - A Comprehensive Clinical Assessment (CCA) from a referring psychiatric residential treatment facility (PRTF) dated 1-22-2018 noted a history of verbal aggression, property damage, theft, defiance, neglect by the biological family, and multiple out of home and foster care placements. - A treatment plan dated 3-26-18 with 4 goals related to: <ul style="list-style-type: none"> 1- Reduce symptoms of aggression 2- Decrease manipulative behaviors 3- Remain safe while in placement, including avoiding AWOL behaviors 4- Follow rules and expectations of the group home - The support-interventions were identical for all 4 goals and noted: "Barium Springs Level II group home: Staff will provide a safe and structured environment for [client #1] by establishing a routine schedule and clearly communicating behavioral expectation. Group home staff will develop and implement a motivational system, monitor goal progress, and communicate with all team members regarding [client #1]'s progress. Group home staff will provide appropriate supervision and behavioral interventions for [client #1]. Group home staff will ensure [client #1] attends therapy, medical appointments, and school. Group home staff will attend and provide input at monthly Child and Family Team meetings. Group home staff will support ongoing efforts between [client #1] and [client #1]'s family to improve their communication, address ongoing conflict, and the coordination of an appropriate step down plan towards discharge ..." 	V 112			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 7</p> <ul style="list-style-type: none"> - The support-interventions did not specifically address how to respond to AWOL behaviors, and were not modified when client #1 continued to elope from the facility. <p>Review on 7-5-2018 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 4-3-2018 - Was 15 years-old - Diagnoses: Post Traumatic Stress Disorder (PTSD); ADHD (Combined Type); Oppositional Defiant Disorder (ODD). - An Assessment dated 3-15-2018 noted: anxiety-trauma, distraction and verbal impulsivity. The assessment further noted, " ...cognitive abilities should be taken into account at all times." - A treatment plan dated 4-17-2018 with 3 goals related to: <ul style="list-style-type: none"> 1- Demonstrate an improvement in PTSD symptoms 2- Engage in trauma-informed treatment 3- Improve symptoms of oppositional-defiant/disruptive behavior - No treatment goals to address her AWOL behaviors. - The support-interventions were identical for all 3 goals and noted: " ... PRTF Residential staff will: <ul style="list-style-type: none"> - Staff will provide feedback on verbal and non-verbal communication - Staff will support engagement in appropriate communication [client #2] when she is able to identify emotions appropriately - Staff will provide reinforcement for appropriate and respectful communication - Staff will provide opportunity for [client #2] to honestly express her thoughts, feelings, and emotions - Staff will assist [client #2] in developing socially appropriate communication skills - Staff will praise [client #2] for 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARIUM SPRINGS - NELSON HOME

**115 BARIUM SPRINGS DRIVE
STATESVILLE, NC 28677**

(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 8</p> <p>communicating her emotions in an honest manner."</p> <p>- The support-interventions did not specifically address how to respond to AWOL behaviors, and were not modified when client #2 continued to elope from the facility.</p> <p>Review on 7-13-2018 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6-5-2018 - Was 12 years-old - Diagnoses: PTSD; Unspecified Depressive Disorder; Conduct Disorder, childhood onset, by history; Enuresis, Nocturnal and Diurnal. - A treatment plan created at a sister facility and dated 5-15-2018 with 5 goals related to: <ul style="list-style-type: none"> 1- Actively participate in all aspects of treatment 2- Identify triggers of anxiety, stress, overwhelming loss, honesty and effectively manage symptomatology 3- Increase use of impulse control 4- Increase ability to engage in healthy relationships 5- Display and increase in compliance with staff directives - The support-interventions were identical for all 5 goals and noted: " ... Level II Nelson staff will: <ul style="list-style-type: none"> - Monitor's emotional status daily - Process with consumer her feelings regarding her thoughts - Review consumer's treatment goals with her daily - Assist consumer with developing and utilizing skills to address healthy thought process ..." - The support-interventions did not specifically address how to respond to AWOL behaviors, and were not modified when client #6 continued to elope from the facility. 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 9</p> <p>Review on 7-11-2018 of client #7's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7-5-2018 - Was 17 years-old - Diagnoses: PTSD; RAD; ADHD; Major Depressive Disorder Generalized and Anxiety Disorder. - A treatment plan dated 7-5-2018 with 3 goals related to: <ul style="list-style-type: none"> 1- Increase compliance/following directions 2- Express frustration and/or anger in a safe way 3- Improve her self esteem - The support-interventions were identical for all 3 goals and noted: " ... Level II services: <ul style="list-style-type: none"> - Provide therapeutic prosocial activities to help increase respect, cooperation, and sharing - Establish clear rules and consequences for [client #7]. She will be asked to repeat the rules/consequences back to demonstrate and understanding of her responsibility to adhere to those rules. - Redirect [client #7] when she demonstrates negative peer interactions. - Assist [client #7] with understanding how her actions affect others. - Provide praise and positive reinforcement for desired behaviors. - Role model socially appropriate behavior and interactions. - Provide weekly medication management with psychiatrist for mood management. - Engage the consumer in prosocial activities in the community." - The support-interventions were generalized and did not specifically address how to respond to client #7's behaviors. <p>Interview on 7-13-2018 with the Case Coordinator</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 10</p> <p>(CC) revealed:</p> <ul style="list-style-type: none"> - The admissions department creates a client's first treatment plan. - The treatment plan and strategies are then reviewed at the first CFT meeting. - The treatment plan and strategies are then updated monthly at each CFT meeting unless someone calls for an emergency CFT. - She was frustrated because she was expected to update the treatment plans, but she was not given information and support from the Behavior Support Specialist or direct care staff. - She wanted input and attendance from direct care staff at the CFT meetings, but schedules did not allow them to attend. - During this interview, the CC was given a client's treatment plan to review and acknowledged the interventions for each goal were identical. She also acknowledged there was no goal related to AWOL behaviors. - "Obviously, an emergency CFT meeting should have been called (to address the AWOL issues) following the (AWOL) events." <p>Interview on 7-10-2018 with staff #3 revealed:</p> <ul style="list-style-type: none"> - Treatment plans were reviewed and updated if needed every month. - After the increase in numbers of AWOLs, the "clinical staffings were changed from every month to every week." - " Some of their behaviors aren't addressed in their plans." <p>Interview on 7-13-2018 with staff #5 revealed:</p> <ul style="list-style-type: none"> - She was, "disappointed" an emergency CFT (Child and Family Treatment) team meeting was not held to address AWOLs. - She believed the strategies and interventions to address client's behaviors were clear, but there was not a lot of follow-through by staff. 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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	Continued From page 11 - Believes AWOLs are not decreasing because staff don't want to follow the clients when they walk away from the facility. - Further interview failed to reveal what strategies staff could implement to prevent clients from walking away from the facility in the first place. Interview on 7-25-2018 with the Residential Director (RD) revealed: - Staffing positions and responsibilities were recently restructured since the increased number of AWOLs beginning in June, 2018. - "goals and strategies in (client's) PCPs (Person Centered Plan) are supposed to be individualized." - There will now be one staff person in one facility to increase accountability and meet expectations related to client services including treatment plans. - Combining the PCP and Behavior Support Plan (which contains strategies and interventions) will be a big help for staff. This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (179) for a Type B rule violation and must be corrected within 45 days	V 112		
V 115	27G .0208 Client Services 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 (3) clients participate in planning or determining activities.	V 115	V115 27G .0208 Client Services The structure and schedule for the home have been revised to assure treatment opportunities and maximized within the program. Clarification on staff supervision expectations has been discussed and supervisory staff are increasing their presence in the home to assure the staff are providing adequate supervision and staying on schedule with the youth. Supervision expectations will be reviewed with each staff member. The Activities Coordinator will assure that all activities for the campus do not overlap between homes. The expectation has been communicated to both leadership and staff that clients from different levels of care not have joint activities.	7/25/2018 On-Going On-Going

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 12</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 and record review, the facility staff failed to assure space and supervision were provided in a way that ensured the safety and welfare of the clients, and failed to provide activities suitable for the treatment and habilitation needs of seven (client #1, client #2, client #3, client #4, client #5, client #6 and client #7) of seven clients audited. The findings are:</p> <p>Review on 7/5/2018 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/7/2018 - Was 13 years-old - Diagnoses: Attention Deficit-Hyperactivity Disorder, Intermittent Explosive Disorder; Reactive Attachment Disorder, Disruptive Mood Dysregulation Disorder, 	V 115	<p>Daily/Weekly/Monthly expectations for each of the following roles have been created-Director of Residential, Clinical Director, Program Manager, Unit Supervisor and Consultant-to include physical presence within the program at various hours of the day to assure that staff is following expectations regarding supervision and programming. These expectations include presence in the homes on a rotating basis across all shifts. In addition, written observations and feedback on Teaching Family Model implementation for staff/shifts on a minimum of a monthly basis. Staff will be expected to report out each week, there activities towards these expectations and responsibilities. COO and Director of Residential will assure that report out and oversight happens weekly.</p> <p>CEO and COO scheduled intensive time for increased presence within all of residential services to include an infusion of supports to assure that structure and the treatment model have been effectively implemented. Sustainability of these systems will be addressed through this infusion. This will be an opportunity for all staff to have direct support, feedback and modeling from executive leadership.</p>	<p>On-Going</p> <p>On-Going</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 13</p> <ul style="list-style-type: none"> - A Comprehensive Clinical Assessment dated 1/22/2018 that noted: <ul style="list-style-type: none"> - a history of verbal aggression - property damage - theft - defiance - A treatment plan dated 3-26-18 with 4 goals related to: <ul style="list-style-type: none"> 1- Reduce symptoms of aggression 2- Decrease manipulative behaviors 3- Remain safe while in placement 4- Follow rules and expectations of the group home <p>Review on 7/5/2018 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 4/3/2018 - Was 15 years-old - Diagnoses: Post Traumatic Stress Disorder, Attention-Deficit/Hyperactivity Disorder - Combined Type, Oppositional Defiant Disorder - An Assessment dated 3/15/2018 noted: <ul style="list-style-type: none"> - anxiety/trauma - distraction and verbal impulsivity - "...cognitive abilities should be taken into account at all times." - A treatment plan dated 4-17-2018 with 3 goals related to: <ul style="list-style-type: none"> 1- Demonstrate an improvement in PTSD symptoms 2- Engage in trauma-informed treatment 3- Improve symptoms of oppositional-defiant/disruptive behavior <p>Review on 7/3/2018 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 4/20/2018 - Was 14 years-old - Diagnoses: Post Traumatic Stress Disorder, Oppositional Defiant Disorder; Impulse Control 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 14</p> <p>Disorder; Delusional Disorder, Schizophrenia -Unspecified</p> <ul style="list-style-type: none"> - An assessment dated 3/20/2018 that noted: - A history of hypervigilance in response to past trauma (physical and sexual) - IQ (intelligence quotient) of 85 - AWOL (absent without leave) behavior - Aggression - Property destruction - Sex trafficking - A treatment plan dated 6/7/2018 that noted 6 goals related to: <ul style="list-style-type: none"> 1- Actively participate in all aspects of treatment, assessments, and maintain compliance with all level II requirements 2- Participation and compliance with group home expectations such as engaging in daily routines, following house rules, participating in therapy 3- Respecting adult authority figures 4- Interacting with peers without verbal altercations 5- Learn how to identify triggers of anxiety, stress, overwhelming feelings of loss, and honestly and effectively manage symptomology 6- Increase communication of thoughts and feelings. <p>Review on 7/12/2018 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/26/2018 - Was 17 years-old - Diagnoses: Major Depressive Disorder, Oppositional Defiant Disorder, Post-Traumatic Stress Disorder - A Behavior Support Plan dated 7/2/2018 that noted: <ul style="list-style-type: none"> - Struggles with following instructions - Problems with anger, sadness, frustration - Struggles with impulse control 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 15</p> <ul style="list-style-type: none"> - Problems with being argumentative - A treatment plan dated 4-5-2018 that noted 4 goals related to: <ol style="list-style-type: none"> 1- Display a decrease in oppositional defiant behaviors 2- Display an increase in emotional regulation and interpersonal effectiveness skills 3- Engage in trauma informed treatment 4- Identifying and expressing feelings and beliefs about triggers <p>Review on 7/12/2018 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/31/2018 - Was 15 years-old - Diagnoses of: Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Attention-Deficit Hyperactivity Disorder, Child Sexual Abuse, Child Physical Abuse - A Comprehensive Clinical Assessment dated 11-8-2017 that noted: <ul style="list-style-type: none"> - A history of multiple traumatic events experienced by client - Sexual and physical abuse - A history of suicidal ideation - Assaulting peers and siblings - A history of self-injurious behaviors - A treatment plan dated 6-22-2018 with 3 goals related to: <ol style="list-style-type: none"> 1- Increase in emotional regulation 2- Engage in trauma informed treatment 3- Display a decrease in opposition defiant behaviors <p>Review on 7-13-2018 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6-5-2018 - Was 12 years-old - Diagnoses: Post Traumatic Stress Disorder, Unspecified Depressive Disorder, Conduct 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 16</p> <p>Disorder, childhood onset, by history, Enuresis - Nocturnal and Diurnal.</p> <ul style="list-style-type: none"> - An Assessment from a sister facility PRTF (Psychiatric Residential Treatment Facility) dated 12-13-2017 that noted: <ul style="list-style-type: none"> - Client experienced neglect from infancy until she was two and a half - As a child, exposed to drugs, alcohol and sexual behaviors - Struggles with impulse control - Has difficulty with limit setting - Attempts to manipulate others to get her way - A treatment plan created at a sister facility and dated 5-15-2018 with 5 goals related to: <ol style="list-style-type: none"> 1- Actively participate in all aspects of treatment 2- Identify triggers of anxiety, stress, overwhelming loss, honesty and effectively manage symptomatology 3- Increase use of impulse control 4- Increase ability to engage in healthy relationships 5- Display and increase in compliance with staff directives <p>Review on 7-11-2018 of client #7's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7-5-2018 - Was 17 years-old - Diagnoses: Post Traumatic Stress Disorder, Reactive Attachment Disorder, Attention-Deficit Hyperactivity Disorder, Major Depressive Disorder, Generalized Anxiety Disorder - A Comprehensive Clinical Assessment dated 1-29-2018 that noted: <ul style="list-style-type: none"> - A history of physical and sexual abuse - Running away - Being promiscuous - Drug cravings 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 17</p> <p>- A treatment plan dated 7-5-2018 with 3 goals related to:</p> <ol style="list-style-type: none"> 1- Increase compliance/following directions 2- Express frustration and/or anger in a safe way 3- Improve her self esteem <p>Reviews on 7/5/2018 and 7/11/2018 of the facility's incident reports revealed from 4/1/2018 to 7/11/2018:</p> <ul style="list-style-type: none"> - Client #1 was AWOL from the facility 9 times - Client #2 was AWOL 13 times - Client #3 was AWOL 2 times - Client #4 was AWOL 1 time - Client #5 was AWOL 1 time - Client #6 was AWOL 8 times - Client #7 was AWOL 1 time - On 6/19/18 three clients from the facility went AWOL with two clients from the PRTF sister facility - There were 9 separate incidents that occurred while client were interacting with clients from the PRTF sister facility located on the same campus, located approximately 50 yards away. <p>Interview on 7/3/2018 with client #1 revealed:</p> <ul style="list-style-type: none"> - They had gone on several outings off campus, to a regional amusement park, restaurants, sometimes with clients from the PRTF sister facility (dates not given) <p>Interview on 7/3/2018 and 7/16/2018 with client #2 revealed:</p> <ul style="list-style-type: none"> - When she went AWOL with clients from the sister facility, she had planned it earlier with the clients from the PRTF sister facility - There was nothing staff could have done, "because we do what we want to do." - Activities were regularly planned by staff with the PRTF sister facility 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 18</p> <ul style="list-style-type: none"> - They would go to the lake, play kick ball and water balloon games with the clients from the sister facility. <p>Interview on 7/12/2018 with client #3 revealed:</p> <ul style="list-style-type: none"> - Joint activities were done with other facilities on campus - "Sometimes we see them (other PRTF sister facility clients) out there (in the shared yard area between the facilities) and we run out and talk to them" - Went AWOL on 6/19/2018 with the sister facility clients - "Earlier that day we were playing together with [the PRTF sister facility] outside in the yard" - "We left about 6:00 or 7:00 ..." - "They looked out the window and saw us" - "...met up with [the sister facility] (clients) after about an hour." - "Staff were in the office, and we just walked out the front door, we took off running for the woods." <p>Interview on 7/10/2018 with staff #3 revealed:</p> <ul style="list-style-type: none"> - There was a time (date not given) when the female clients from the facility were not allowed to mingle with the males from the PRTF. - "Then an email went out saying it was okay as long as there is staff to supervise them." - The two facilities were purposely mixed, in an effort to, "show them appropriate boundaries." - Another activity, a scavenger hunt was also planned with the male clients from the PRTF <p>Interview on 7/13/2018 with the Behavior Specialist revealed:</p> <ul style="list-style-type: none"> - All facilities on the campus were attending a campus-wide, "Wednesday night church service until about 1 and ½ months ago (exact date not given)." - After that, they decided only one facility each 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 115	<p>Continued From page 19</p> <p>week could go to the service and dinner</p> <ul style="list-style-type: none"> - The staff who could give approval for different facilities doing activities together would be the Residential Director or Program Managers. <p>Interview on 7/13/2018 with staff #5 revealed:</p> <ul style="list-style-type: none"> - "We do have campus-wide activities, but all the staff are there and we try to manage their interactions." - "The Recreational Director came up with a summer activity program." - "After the incident (6/19/2018), we still mixed clients ..." on lake day and July 4th fireworks. <p>Interview on 7/23/2018 with the Program Manager revealed:</p> <ul style="list-style-type: none"> - There were, "planned activities between Nelson (the facility) and other houses, yes; church, lake, cookouts and other campus-wide activities." - New strategies were put in place to prevent the clients from going AWOL - But, "getting new protocols in place were always extremely delayed." <p>Interview on 7/25/2018 with the Residential Director revealed:</p> <ul style="list-style-type: none"> - They were changing the policy on combined campus-wide activities for multiple facilities - "My concern was the sheer volume of people," not just the number of clients, but also family members, friends or the public - We changed it, "when we have campus-wide events, the facilities attend in shifts, one followed by another." - There's been a recent re-structuring to increase staff accountability and make expectations for staff more clear - As of approximately one and half months ago (exact date not given), a new position, Residential Activities Coordinator was created. That person 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARIUM SPRINGS - NELSON HOME

**115 BARIUM SPRINGS DRIVE
STATESVILLE, NC 28677**

(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 115	Continued From page 20 will have final review to determine the appropriateness of all activities and how supervision will be needed for those activities. This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (179) for a Type B rule violation and must be corrected within 45 days.	V 115		
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 child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.	V 179	V179 27G .1301 Residential Tx-Scope The Residential Home now include the Unit Supervisor and Consultant Structure as mentioned above, which includes observations, feedback. The consultant will be responsible for assisting the staff with behavior management and crisis in the home. Consultant will be responsible for working with each individual youth to develop an individual crisis plan/behavior support plan on the day of admission. Plan will be reviewed with the youth and consultant will educate staff on the plans. Their consultation will consist of assuring that the staff are implementing the plans and these plans will be reviewed on a monthly basis. On the day of admission, the consultant will meet with the youth to review their PCP, Crisis Plan and create a Behavior Support Plan. This plan will be signed off on by staff, youth and guardian after it's reviewed with each of these individuals. The referral summary form and the BSP will be scanned into the EHR. The Unit Supervisor and Program Manager will assure that copies of the CCA, PCP, Referral Summary Form and BSP are available in the unit in designated binder in staff office for staff reference and that staff are comfortable and understand the information contained in these documents. Shift transition meetings will be an opportunity for staff to discuss behaviors of youth and get clarification on intervention strategies and treatment plans goals and review the documents in the binder.	7/24/2018 On-Going 7/24/2018 On-Going

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARIUM SPRINGS - NELSON HOME

**115 BARIUM SPRINGS DRIVE
STATESVILLE, NC 28677**

(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 179	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to provide a structured living environment designed to address the functional level of the clients, for seven (client #1, client #2, client #3, client #4, client #5, client #6 and client #7) of seven clients audited. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on interview and record review, facility staff failed to demonstrate the knowledge, skills and abilities required by the population served, for two (staff #3 and staff #5) of six staff audited.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on interview and record review, the facility failed to develop and implement treatment goals and strategies that were individualized to meet client needs affecting four of seven audited clients (client #1, client #2, client #6 and client #7).</p> <p>Cross Reference: 10A NCAC 27G .0208 Client Services (V115). Based on interview and record review, the facility staff failed to assure space and supervision were provided in a way that ensured the safety and welfare of the clients, and failed to provide activities suitable for the treatment and habilitation needs of seven (client #1, client #2,</p>	V 179		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARIUM SPRINGS - NELSON HOME

**115 BARIUM SPRINGS DRIVE
STATESVILLE, NC 28677**

(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 179	<p>Continued From page 22</p> <p>client #3, client #4, client #5, client #6 and client #7) of seven clients audited.</p> <p>Review on 7/24/18 of the Plan of Protection dated 7/24/18 and written by the Senior Director of Compliance revealed:</p> <p>"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? ... (V110) Competency and Supervision of Paraprofessional- (10A NCAC 27G .0204)</p> <p>Upon internal review of allegations against staff, the determination to terminate both staff involved has been made effective 7/25/18. Moving forward staff will have adequate supervision and competency for their roles.</p> <p>How agency will assure the above is implemented:</p> <p>The above description of the Unit Supervisor and Consultant positions of observations, consulting and mentorship will assure that staff has adequate supervision and competency for their roles.</p> <p>(V112) Assessment and Treatment- (10A NCAC 27G .0205)</p> <p>Treatment plans are created prior to admission through a review of the assessment process. They are updated at least monthly through the Child and Family Treatment process.</p> <p>How Agency Will Assure the Above is implemented:</p> <p>Unit Supervisors and Consultants interactions with staff as described above will assure that staff is aware of treatment interventions and strategies for the youth. It will also allow for the treatment plans to be updated real time based on observations and transitions with the staff.</p> <p>(V115) Client Services-Space and Supervision of Clients (10A NCAC 27G .0208)</p> <p>Effective, 7/25/2018, the structure and schedule</p>	V 179		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 179	<p>Continued From page 23</p> <p>for the home have been revised to assure treatment opportunities are maximized within the program. Clarification on staff supervision expectations has been clarified and supervisory staff are increasing their presence in the home to assure that staff are providing adequate supervision and staying on schedule with the youth. Supervision expectations will be reviewed with each staff member.</p> <p>How Agency Will Assure the Above is implemented:</p> <p>Activities Coordinator will assure that all activities for the campus do not overlap between homes. The expectation has been communicated to both leadership and staff that clients from different levels of care not have joint activities. Daily/Weekly/Monthly expectations for each of the following roles have been created-Director of Residential, Clinical Director, Program Manager, Unit Supervisor, and Consultant to include physical presence within the program at various hours of the day to assure that staff is following expectations regarding supervision and programming. These expectations include presence in the homes on a rotating basis across all shifts. This will include written observations and feedback on Teaching Family Model implementation for staff/shifts on a minimum of a monthly basis, Staff will be expected to report out each week, there activities towards these expectations and responsibilities. COO and Director of Residential will assure that report out of oversight happens weekly.</p> <p>The CEO and COO have scheduled intensive time for increased presence within all of residential services over the next 45 days. This will include an infusion of supports to assure that structure and the treatment model have been effectively implemented. Sustainability of these systems will be addressed through this infusion.</p>	V 179		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 179	Continued From page 24 This will be an opportunity for all staff to have direct support, feedback and modeling from executive leadership." The facility is a 1300 located on a large campus with other licensed and unlicensed facilities/programs for children and adolescents. Female clients, aged 12 to 17, had multiple psychiatric disorders including: Attention-Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Oppositional-Defiant Disorder, and Major Depressive Disorder. Treatment plans were not individualized to address clients' specific needs (ex: AWOL behaviors, self-esteem, aggression, communication skills, oppositional/defiant/disruptive behaviors), strategies in the treatment plans were vague and unchanged from goal to goal. Staff #3 incited client #4 and #5 to beat up client # 3 by offering candy and soda to client #4 and #5. Staff #5 used threats of physical harm to four clients interviewed. Planned activities with the PRTF sister facility clients compromised facility staff's ability to provide space and supervision in a way that ensured client safety and welfare. Incident reports over a 3 month period of time revealed 35 client AWOLS, 9 of which involved running away with male clients from the PRTF sister facility. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 179		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 744	<p>Continued From page 25</p> <p>EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility was not equipped to ensure the physical safety of clients, staff and visitors. The findings are:</p> <p>Observations of the facility from approximately 9:55am to 10:10am on 7-9-18 revealed:</p> <ul style="list-style-type: none"> - The fire extinguisher in the kitchen was in a glass-front, locked box mounted on the wall; - The kitchen fire extinguisher was not charged, and the zip-tie tag on the pin was not broken, which indicated the extinguisher had not been used; - The inspection date on the kitchen fire extinguisher was May 2018; - The fire extinguisher in the laundry room was in a glass-front, locked box mounted on the wall; - The inspection date on the laundry room fire extinguisher was May 2018; - There was a clothes dryer in the laundry room. - Facility staff could not locate the key to open the fire extinguisher lock boxes in the kitchen or the laundry room. <p>Review on 7-23-18 of an email from the Maintenance Supervisor (MS) to "All Staff" revealed:</p> <ul style="list-style-type: none"> - "We have had a fire in a clothes dryer in one of our homes. No one was hurt and it was contained in the dryer. The lint filter was clogged and caused the fire ... The lint filters should be 	V 744	<p>V744 27G .0304(b) Safety</p> <p>Extra keys have been distributed to all staff in Nelson so that all staff on any given shift have a key to the fire extinguisher box. Review of protocol for accessing fire extinguishers, including staff having key on them at all times.</p> <p>Unit Supervisors have been assigned to each home and they will be responsible for checking fire extinguishers each month to assure they are properly charged.</p> <p>Facilities reached out to our Security System Company (Sage Security) to ensure that the alarms in Nelson are working properly, specifically the alarm near the laundry. That report is attached and indicated that everything is working as it should.</p> <p>The Compliance Department will ensure that program staff are re-trained and educated on how to check a charge on a fire extinguisher. This is currently documented on the monthly Environmental Safety Checklist.</p> <p>Staff responsible for completing that checklist were trained by facilities.</p> <p>Compliance will also instruct staff that the glass can be broken and handle can be pulled to remove extinguisher from box.</p>	<p>7/25/2018</p> <p>7/16/2018</p> <p>7/24/2018</p> <p>7/25/2018</p> <p>8/6/2018</p> <p>7/25/2018</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARIUM SPRINGS - NELSON HOME

**115 BARIUM SPRINGS DRIVE
STATESVILLE, NC 28677**

(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 744	<p>Continued From page 26</p> <p>cleaned after EVERY load. There was also undesolved powder detergent in the lint catcher. Make sure our kids know it only goes in the washing machines."</p> <p>Review on 7-20-18 of a report from the local Fire Department (FD) revealed: - On 7-7-18, the FD was "Dispatched to a structure fire ... FD made entry to find clothes inside of a dryer were on fire. FD extinguished the fire. FD removed the dryer onto the back porch and removed all clothing from the dryer and wet all clothing down ... - NOTE ...Fire alarm inside building did not activate. FD reported the problem to maintenance personnel ..."</p> <p>Review on 7-17-2018 of a video of the laundry room and common areas of the facility revealed: - The video was dated 7-7-18; - The video timer had the hour, minutes and seconds noted beginning at 2:36:16 (2:36pm, at the 16 second mark); - The video did not have an audio feed; - At 02:36:46, client #6 leaned over in front of the dryer in the laundry room, then left the room to walk to the staff office and spoke to staff #1; - At 02:37:18, staff #1 entered the laundry room, and looked at the dryer; - At 02:37:41, staff #1 opened the dryer door; - At 02:37:45, smoke was visible coming from the dryer door; staff #1 immediately closed the door and exited the laundry room; - At 02:37:55, staff #1 ran to the office, then returned to the laundry room; followed by staff #5 and 3 unidentified clients, who lined up at the laundry room door, but did not enter; - At 02:38:07, Staff #1 and #5 were inside the laundry room, the dryer door was opened again with smoke visible coming from the door;</p>	V 744	<p>Facilities will instruct staff to let maintenance know as soon as there is an issue with either the fire extinguisher or a key cannot be located to maintain that all staff have access to the fire extinguishers at all times.</p>	8/1/2018

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 744	Continued From page 27 - At 02:38:08. The dryer door was closed, and staff #5 began pulling the dryer away from the wall as staff #1 stepped out of the way; in the hallway, client #1 walked toward the laundry room door and her peers, followed by staff #2; - At 02:38:14, Staff #2 waved her hand in a "come" gesture and escorted clients toward the exit door; - At 02:38:16, staff #5 unplugged the dryer from the electrical outlet; staff #2 continued to gesture for clients to exit the facility; - At 02:38:20, the first client exited the facility; - At 02:38:23, the 2nd, 3rd & 4th client exited the facility; - At 02:38:28, staff #1 stood outside the laundry room door; staff #5 remained in the laundry room; and staff #2 stood at the exit door looking back towards the laundry room & hallway as the remaining two clients (clients #4 and #5) walked from client #4's bedroom (near the laundry room door) toward the exit; - At 02:38:31, staff #5 climbed on top of the washer that was sitting next to the dryer; - At 02:38:35, staff #2 walked out of the back door followed by the last two clients; - At 02:38:57, staff #1 reached toward the area off camera that the fire extinguisher box was located, but was unable to remove the fire extinguisher from the locked box; - At 02:39:15, staff #1 again reached toward the fire extinguisher lock box with keys visible, but was unable to remove the fire extinguisher from the locked box; - At 02:39:45, the Behavior Specialist arrived at the facility and went to the laundry room; - At 02:40:19, the Behavior Specialist took out a cell phone and made a call; - At 02:49:26, Firefighters in full gear entered the facility.	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 744	<p>Continued From page 28</p> <p>Interview on 7-12-18 with client #5 revealed:</p> <ul style="list-style-type: none"> - There was no alarm when the fire happened in the laundry room - There was a fire extinguisher on a wall in the laundry, but it wasn't used - Staff didn't have the proper keys to get into the box where the fire extinguisher was - The fire department came to the house <p>Interview on 7-11-18 with client #7 revealed:</p> <ul style="list-style-type: none"> - There was a fire on 7-7-18 and the smoke detectors failed to operate - The staff in the office didn't smell any smoke - We didn't know there was a fire until client #6 went down the hall and noticed the smell <p>Interview on 7-23-18 with the MS revealed:</p> <ul style="list-style-type: none"> - He was at the facility on 7-7-18 when the fire occurred - The closest smoke detectors are in the hallway outside the laundry room - He reviewed the system history and reported the system did not indicate any smoke detection codes - "I believe the system is working properly, but that there just wasn't enough smoke to leave the room and reach the detector, which is about 2 to 3 feet from the laundry room doorway." - Immediately after the fire, "I instructed our guys to clean all the dryer ducts on the campus" - The washing powder present in the lint filter was not a catalyst for the fire, but did contribute to blocking air flow through the lint filter - The smoke detector systems are checked annually - The last time the smoke detector system was checked was October, 2017 and the system was working properly. <p>Interview on 7-13-18 with staff #5 revealed:</p>	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 744	<p>Continued From page 29</p> <ul style="list-style-type: none"> - She was working on 7-7-18, the day there was a fire in the laundry room - The fire was contained inside the dryer - She stayed in the laundry room and smothered the fire with the clothes in the dryer, closed the dryer door, pulled the dryer out from the wall and unplugged it - The fire/smoke alarm, "did not go off." - The alarm has gone off in the past due to, "steam from showers, so it should have gone off." - The fire extinguisher was in the laundry room, but, "I couldn't break the glass ... that extinguisher does have a key (to the box in which it is contained) ... I couldn't find the key ... I know some of them, (fire extinguishers contained in a box) if they have a key, the glass is not breakable." - She inhaled enough smoke to go to an urgent care facility and receive a breathing treatment <p>Review on 7/24/18 of the Plan of Protection dated 7/24/18 and written by the Senior Director of Compliance revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "(V744) Facility Design and Equipment (10A NCAC 27G .0304) As of 7/25/18, extra keys have been distributed for all staff in Nelson so that all staff on any given shift have a key to the fire extinguisher box. Review of protocol for accessing fire extinguishers, including staff having key on them at all times. Unit Supervisors have been assigned to each home, effective 7/16/18 and they will be responsible for checking fire extinguishers each month to assure they are properly charged. On 7/24/18, facilities reached out to our Security System Company ([the security company]) to</p>	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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 744	<p>Continued From page 30</p> <p>ensure that the alarms in Nelson are working properly, specifically the alarm near the laundry. That report is attached and indicated that everything is working as it should. How agency will assure the above: The Compliance Department will ensure that program staff are re-trained and educated on how to check a charge on a fire extinguisher. This is currently documented on the monthly Environmental Safety Checklist. Compliance will also instruct staff that the glass can be broken and handle can be pulled to remove extinguisher from box. Facilities will instruct staff to let maintenance know as soon as there is an issue with either the fire extinguisher or a key cannot be located to maintain that all staff have access to the fire extinguishers at all times. Staff will be re-trained by 7/26/2018."</p> <p>On July 7, 2018 a fire started in the dryer, in the laundry room of the facility. The fire was concentrated within the dryer, burned a client's clothing and created enough smoke to cause a staff person to seek medical help for her breathing. The fire extinguisher locked in its case, located in the laundry room was inaccessible because the key to unlock the case could not be located by staff. The smoke detectors in the facility had previously been activated by steamy showers and burnt meals, but failed to alert staff to an actual fire. Parents and guardians entrust the facility to keep their children safe, but the deficient practice and equipment failure, was detrimental to the safety and welfare of the clients in the facility. Therefore this deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER BARIUM SPRINGS - NELSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677		
(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