

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MH001-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____	(X3) DATE SURVEY COMPLETED 09/07/2018
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET BURLINGTON, NC 27215	RECEIVED <small>By DHSR - Mental Health Lic. & Cert. Section at 10:02 am, Oct 03, 2018</small>
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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 000	INITIAL COMMENTS A complaint survey was completed on September 7, 2018. The complaint was unsubstantiated (Intake #NC00142337). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents Level III.	V 000	The facility was unaware that they needed to notify/report to NC IRIS or NC Healthcare Registry when they learned of allegations abuse against a healthcare personnel on 8/17/2018, which is when the facility was informed of compliant through Guildford County DSS initiation of investigation. Johanna Edwards, RN (Nurse Consultant) for NC Department of Health and Human Services informed facility that they were responsible for completing an NC IRIS and notifying the NC Healthcare Personnel Registry of the allegations/compliant within 72 hours of learning of situation. Facility at this time complied with completing the online NC IRIS and notifying the NC Healthcare Personnel Registry. Facility also during in-house staff meeting informed all staff members of these procedures when learning of allegation/complaint against healthcare personnel.	
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHLOO1-149	(X2) MULTIPLE CONSTRUCTION A. BUI _____ LDING: _____	(X3) DATE SURVEY COMPLETED 09/07/2018
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V 132	<p>Continued From page 1</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that all allegations of harm or abuse against healthcare personnel was reported to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 9/6/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/15/18. -- Age 11 years old. -- Diagnoses include Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder - Moderate to Severe, Post Traumatic Stress Disorder, Unspecified Depressive Disorder and Unspecified Bipolar Disorder. -- Psychological Testing on 3/9/17 produced a Full Scale IQ of 87.</p> <p>Interview on 9/6/18 with the facility Director revealed that a Child Protective Services worker had come to the facility to investigate an allegation that Client #1 made that a named staff</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>had hurt dim during a therapeutic intervention that had happened (date unknown).</p> <p>Review on 9/6/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no incident report had been completed regarding the above event.</p> <p>Interview on 9/7/18 with the facility Director revealed that she was unaware that any allegation of harm/abuse/neglect or exploitation made by a client receiving services should be reported to the HCPR, and that no one had done this for this event.</p>	V 132		

NORTH CAROLINA
SAFETY ASSESSMENT

320214544

Case Name: [Redacted]

Case #: [Redacted] Date: 08/17/18

County Name: Guilford for Alamance

Date Report Received: 08/17/18

Social Worker Name: [Redacted]

Children: [Redacted]

Caretakers: [Redacted] Home Manager Night Staff [Redacted] - Director

Part A. FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions resulting in child's inability to protect self. Mark all that apply to any child.

- Child is age 0-5.
- Child has diagnosed or suspected medical or mental condition, including medically fragile.
- Child has limited or no readily accessible support network.
- Child has diminished mental capacity.
- Child has diminished physical capacity.
- None apply.

The vulnerability of each child needs to be considered throughout the assessment. Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete this assessment based on the most vulnerable child.

Part B. CURRENT INDICATORS OF SAFETY

The following list is comprised of safety indicators, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each of the safety indicators. Mark "yes" for any and all safety indicators present in the family's current situation and mark "no" for any and all of the safety indicators absent from the family's current situation based on the information at the time. Mark all that apply.

1. Yes No Caretaker caused and/or allowed serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment as indicated by:

- Serious injury or abuse to the child other than accidental.
- Caretaker fears he/she will maltreat the child.
- Threat to cause harm or retaliate against the child.
- Substantial or unreasonable use of physical force.
- Drug-exposed infant/child
- Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- Caretaker intended to hurt child and does not show remorse.
- Death of a child.

Comments: _____

2. Yes No Child sexual abuse is suspected to have been committed by:

- Parent;
- Other caretaker; OR
- Unknown person AND the parent or other caretaker cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.

Comments: _____

Initials [Signature] [Signature]
Initials [Signature]

NORTH CAROLINA
SAFETY ASSESSMENT

3. Yes No Caretaker is aware of the potential harm AND unwilling, OR unable to protect the child from serious harm or threatened harm by others. (This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under Indicator 10.)

- Caretaker fails to protect child from serious harm or threatened harm by other family members, other household members, or other having regular access to the child.
- An individual(s) with recent, chronic, or severe violent behavior resides in the home or caretaker allows access to the child.

Comments: _____

4. Yes No Caretaker's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- Medical exam shows injury is the result of abuse; caretaker offers no explanation, denies, or attributes to an accident.
- Caretaker's explanation for the observed injury is inconsistent with the type of injury.
- Caretaker's description of the cause of the injury minimizes the extent of harm to the child.
- Caretaker's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions.

Comments: _____

5. Yes No Caretaker fails to provide supervision to protect child from potentially serious harm.

- Caretaker present but child wanders outdoors alone, plays with dangerous objects, or on window ledges, etc.
- Caretaker leaves child alone (period of time varies with age and developmental status).
- Caretaker makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
- Caretaker's whereabouts are unknown.

Comments: Allegation in report that staff person [redacted] child against wall & lifted him by his shirt; also child reported bruise on shin (not present this date) for which child had no explanation

6. Yes No Caretaker does not meet the child's immediate needs for food or clothing.

- No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- Child appears malnourished.
- Child is without minimally warm clothing in cold months.

Comments: _____

NORTH CAROLINA
SAFETY ASSESSMENT

7. Yes No Caretaker does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).
- Caretaker does not seek treatment for child's immediate medical condition(s) or does not follow prescribed treatments.
 - Child has exceptional needs that parents cannot/will not meet.
 - Child is suicidal and parents will not take protective action.
 - Child is homicidal and parents will not take protective action.
 - Child shows effects of maltreatment (i.e. emotional symptoms, lack of behavior control, or physical symptoms).

Comments: _____

8. Yes No Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- Leaking gas from a stove or heating unit.
 - Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
 - Lack of water, heat, plumbing, or electricity and provisions are inappropriate (i.e. using stove as heat source).
 - Open/broken/ missing windows.
 - Exposed electrical wires.
 - Excessive garbage or rotted or spoiled food that threatens health.
 - Serious illness/significant injury due to current living conditions (i.e. lead poisoning, rat bites, etc.)
 - Evidence of human or animal waste throughout the living quarters.
 - Guns and other weapons are not stored in a locked or inaccessible area.
 - Dangerous drugs are being manufactured on premises with child present.

Comments: _____

9. Yes No Caretaker's current substance abuse seriously impacts his/her ability to supervise, protect, or care for the child.
- The caretaker is currently high on drugs or alcohol.
 - There is a current, ongoing pattern of substance abuse that leads directly to neglect and/or abuse of the child.

Comments: _____

10. Yes No Domestic violence exists in the household and poses an imminent danger of serious physical harm and/or emotional harm to the child.
- Child was in immediate danger of serious physical harm by being in close proximity to an incident(s) of assaultive behavior/domestic violence between adults in the household. This includes the child(ren) being in visual or hearing proximity of domestic violence events in the home.

Comments: _____

Initials W. Gary
JP
Initials JP

NORTH CAROLINA
SAFETY ASSESSMENT

11. Yes No Caretaker persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.

- Caretaker repeatedly describes the child in a demeaning or degrading manner (i.e. as evil, possessed, stupid, ugly, etc.)
- Caretaker repeatedly curses and/or puts child down.
- Caretaker repeatedly scapegoats a particular child in the family.
- Caretaker blames child for a particular incident, or distorts child's behavior as a reason to abuse.
- Caretaker repeatedly expects unrealistic behavior(s) for the child's age/developmental stage.
- Caretaker views child as responsible for the caretaker's or family's problems.

Comments: _____

12. Yes No Caretaker's physical ability, emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

- Caretaker has a physical condition that seriously impairs his/her ability to parent the child.
- Emotional instability, acting out, or distorted perception is seriously impeding ability to parent.
- Depression or feelings of hopelessness/helplessness immobilize the caretaker, who then fails to maintain child/home.
- Caretaker is overwhelmed by child's dysfunctional emotional, physical, or mental characteristics.
- Caretaker's cognitive delays result in lack of knowledge about basic parenting skills.

Comments: _____

13. Yes No Family currently refuses access to or hides the child and/or seeks to hinder an assessment.

- Family currently refuses access to the child and cannot or will not provide the child's location.
- Family removed the child from a hospital against medical advice.
- Family has previously fled in response to a CPS assessment.
- Family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid CPS assessment.
- Family is otherwise attempting to block or avoid CPS assessment.

Comments: _____

Initials WJ
Initials JR

**NORTH CAROLINA
SAFETY ASSESSMENT**

14. Yes No Current circumstances, combined with information that the caretaker has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker's response to the previous incident.

- Prior death of a child.
- Prior serious harm to any child.
- Termination of parental rights.
- Prior removal of any child.
- Prior CPS substantiation or services needed finding.
- Prior threat of serious harm to child.
- Caretaker failed to benefit from previous professional help.

Comments: _____

15. Yes No Child is fearful of caretaker, other family members, or people living in or having access to the home.

- Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
- Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
- Child fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child.

Comments: _____

16. Yes No Other (specify): _____

Initials JP
 Initials _____

THE ALLEGATIONS ALONE DO NOT CONSTITUTE THE NEED FOR A SAFETY INTERVENTION/SAFETY AGREEMENT.

If any Indicators of Immediate Safety are marked "Yes", skip the bottom of this page and continue on the next page.
 If all Indicators of Immediate Safety 1 through 16 are "No",
 check this box Safe and complete the part below (the remaining pages do not need to be completed).

SIGNATURES			
Child's Parent or Legal Guardian:	Date Signed:	Child's Parent or Legal Guardian:	Date Signed:
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:

Who Can I Contact?		
CPS Social Worker's Name:	Phone Number:	Email Address:
CPS Supervisor's Name:	Phone Number:	Email Address: <u>W40</u>

← 5970

PART C: SAFETY INTERVENTIONS

Directions: For each factor identified in Section B, consider the resources available in the family and the community that might help to keep the child(ren) safe. Check each response necessary to protect the child(ren) and explain below.

Family Safety Interventions (Safe with a plan)

- 1. Monitoring and/or use of direct services by county child welfare agency.
 - 2. Use family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.
 - 3. Use community agencies or services.
 - 4. The alleged perpetrator will leave or has left the home--either voluntarily or in response to legal action.
 - 5. A protective caretaker will move or has moved to a safe environment with the child(ren) and there are no restrictions on protective caretaker's access to the child(ren)
 - 6. Identification of a Temporary Safety Provider by the parent with the social worker monitoring
 - A Temporary Safety Provider will move into the family home.
 - The child(ren) will reside in the home of a Temporary Safety Provider.
- Explain why responses 1-5 were insufficient.

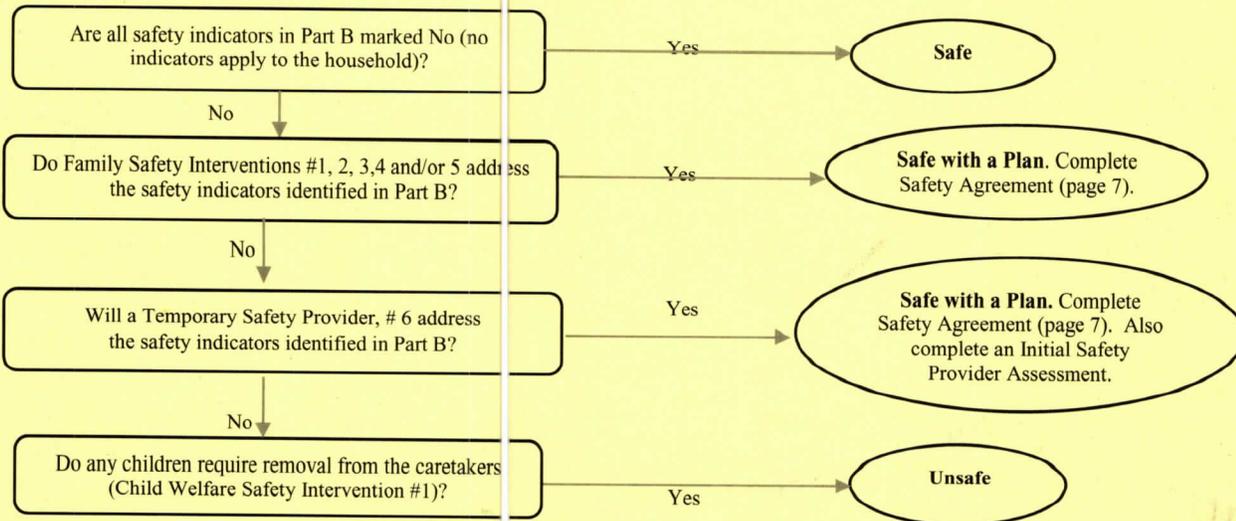
Child Welfare Safety Intervention (Unsafe)

- 1. Removal of any child in the household; interventions 1-6 do not adequately ensure the child(ren)'s safety. Explain why a Family Safety Intervention (1-6) could not be used to protect the child.

PART D: SAFETY DECISION

Directions: Identify the safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety indicators, child vulnerability, and any other information known about this case.

- A. Safe:** There are no children likely to be in immediate danger of serious harm. (Indicators of Immediate Safety all marked No, Marked Safe on Page 5).
- B. Safe with a plan:** One or more safety indicators are present; Safety Agreement required.
 - Family Safety Interventions 1, 2, and/or 3 will address safety indicators
 - The alleged perpetrator left the home.
 - A protective caretaker moved to a safe environment with the child(ren).
 - Use of a Temporary Safety Provider.
- C. Unsafe:** One or more children were removed in response to legal action.



TEMPORARY PARENTAL SAFETY AGREEMENT

PART E: SAFETY AGREEMENT

Purpose: A safety agreement is used only when there is a specific threat to a child in the immediate or foreseeable future. The plan must be created with the family and must be written in practical, action-oriented language.

Instructions: The social worker and the family complete this document. Describe what tasks will be done to assure safety, by whom, how often, and duration. The tasks identified should include actions that need to be taken to keep child(ren) safe now, address risks to safety, and/or are necessary for the child(ren) to be able to return to the home (if the child(ren) leaves the home). Indicate how the social worker will be monitoring the plan. The social worker then reviews it with each parent, guardian, custodian and caretaker who will sign the agreement. The social worker ensures that the parent or caretaker has read and/or understands the document and has initialed each applicable field. The social worker will work with the family to arrange for a review of the plan. The social worker then provides a copy to each person who signs the form.

Family Name: [REDACTED]	What actions need to be taken right now to keep the child safe?	Who is responsible for ensuring that these actions are taken?	Date: 08/17/18	Responsible Party's initials
Child reported that he was pushed against a wall + lifted by his shirt by a group home staff person	Child will have appropriate supervision at all times to ensure his safety	Group Home Staff	09/17/18	[Signature]
Child reported bruise on shin (not observed this date) that he said was made by the same staff person	Group home staff will be here to training (NCF) and policy in the event that physical restraint of	Group Home Staff	09/17/18	[Signature]
	the child is necessary to ensure his safety			

TEMPORARY PARENTAL SAFETY AGREEMENT

PART F: STATEMENTS OF UNDERSTANDING AND AGREEMENT

PARENT OR CARETAKER	INITIALS
1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety agreement. I agree to work with the providers and services as described above.	JP
2. My participation in this agreement is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect.	JP
3. I understand that I have the right to revoke and/or have the Temporary Parental Safety Agreement reviewed at any time . (See bottom of page.) I also understand that if a Safety Agreement cannot be agreed upon or if the actions in the Safety Agreement are not followed, the county child welfare agency may have the authority to request that the court make a determination on how the child(ren)'s safety will be assured.	JP
4. I (the parent or caretaker) confirm that this agreement does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety agreement on a temporary basis.	JP
5. I (the parent or caretaker) understand that CPS may refer for further services, may restrict access to my child(ren), or may ask the court to order that I complete services or place the child in foster care.	JP
6. If a Temporary Safety Provider is utilized, I understand that CPS will share any information with the Temporary Safety Provider for the safety and welfare of my child while the child lives in that home or the Temporary Safety Provider resides in the family home.	JP
7. This safety agreement will cease to be in effect when I am notified by my social worker or CPS is no longer providing services to my family during the assessment phase. If needed, this agreement will be reviewed by this date: <u>09/19/18</u>	JP

TEMPORARY SAFETY PROVIDER	
1. If the parent is unable to provide a safe environment for the child and the court names the county child welfare agency as the child's legal custodian, I will be given consideration as a placement for the child if I agree and continued placement is determined to be safe.	
2. If I (the person providing care as Temporary Safety Provider) am unable to carry out this plan successfully, or if the child in my care is considered to be in an unsafe situation, the child will be moved to a different placement and further CPS involvement may be necessary, including court intervention.	

SIGNATURES			
Child's Parent or Legal Guardian:	Date Signed:	Child's Parent or Legal Guardian:	Date Signed:
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
[REDACTED]	Date Signed:	CPS Supervisor:	Date Signed:
Temporary Safety Provider:	Date Signed:	Temporary Safety Provider:	Date Signed:

Who Can I Contact? (Who can I contact if circumstances change, if I have questions about CPS involvement, or if I have questions about this safety agreement? Who do I contact to revoke any or all parts of this agreement?)			
CPS Social Worker's Name:	Phone Number:	Email Address:	
Wes Early	336-611-2518	wearly@northamptoncountynegov	
CPS Supervisor's Name:	Phone Number:	Email Address:	
Dana White	336-641-3882	dwhite@northamptoncountynegov	

REVOCAATION: I revoke my consent to the Temporary Parental Safety Agreement.

Signed: _____ Date: _____



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director

September 18, 2018

Mr. Lewis Pinnix, Director
Just In Time Youth Services
1710 Sykes Street
Burlington, NC 27244

Dear Mr. Pinnix:

Thank you for the report to the Health Care Personnel Registry Section regarding the following incident: [REDACTED] allegedly abused a resident (D.L.) on or about August 17, 2018.

The Department is responsible for screening allegations to determine if the reported allegation requires an investigation by the State for listing on the Health Care Personnel Registry. In screening the reported allegations, the Department strives to ensure the safety of residents and to assure that the rights of the accused are protected. After carefully reviewing the reported allegation, the Department has determined that an investigation will not be conducted in this case.

I would appreciate you contacting me if you disagree with our assessment of the case or have reason to believe a full investigation should be initiated. If you have any questions or we may be of assistance, please contact us. Please reference the control NA number shown below with any future correspondence.

Sincerely,

A handwritten signature in blue ink that reads "Joi B. Deberry RN".

Joi B. Deberry
HCPI Investigator
Health Care Personnel Investigations
PO Box 13761
Durham, NC 27709
Phone: 919-714-2009 Fax: 919-405-3827

NA-09-0181-18

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

COMPLAINT INTAKE AND HEALTH CARE PERSONNEL INVESTIGATIONS

LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603

MAILING ADDRESS: 2719 Mail Service Center, Raleigh, NC 27699-2719

www.ncdhhs.gov/dhsr/ • TEL: 919-855-3968 • FAX: 919-733-3207

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