Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-371	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN LEVEL III	2 COMPTON DRIVE ASHEVILLE, NC 28806

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V 000	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on 10/5/18. The complaint was substantiated (Intake #NC00141963). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 1:13 pm, Nov 14, 2018	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature], MSW	Director of Performance + Quality Improvement	11/13/18

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies and services in the treatment/behavior support plan affecting 2 of 3 current clients (Clients #1 and #2). The findings are: Review on 9/26/18 of Client #1's record revealed: -Admission date: 8/13/18 -Diagnoses: BiPolar Disorder, Hypomanic, in partial remission, severe, Oppositional Defiant Disorder. -An Application for Services dated 6/5/18 noted Client #1 was currently in a Level IV cottage on campus and ready to transition to a Level III when a bed became available. -Current behaviors included a history of running. -An Intake Summary dated 9/13/18 noted the client was a run risk and had a history of eloping from her parents home eight times last year with a one week average duration of being gone. Review on 9/26/18 of an Incident Report dated 9/1/18 at 11:30 a.m. revealed: -Client #1 was observed walking out of the front door of the cottage. -Close proximity was maintained as Client #1 continued to walk off campus. -Client #1 stated she wanted a cigarette. -After her return, Client #1 stated 'she struggled with thoughts of running throughout the day.' Review on 9/26/18 of an Incident Report dated 9/16/18 at 9:30 p.m. revealed: -Client #1 was in a positive space and trying on outfits she should wear to school the next day.	V 112	**10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN** Eliada currently maintains an Individual Crisis Management Plan in addition to the Comprehensive Crisis Plan that is included in the Person-Centered Plan. This document is used to provide specific guidance to Residential Treatment Staff. To improve consistency in client-specific service planning and frequency of reviews, we have made the following document and process revisions: 1. The Individual Crisis Management Plan (ICMP) has been incorporated into the Monthly Client Clinical Case Review. 2. ICMP components include: a. Safety Concerns/Warnings b. Current Issues/Potential Triggers c. High Risk Behaviors d. Intervention Strategies by phase i. Pre-Crisis ii. Triggering iii. Escalation iv. Outburst v. Recovery 3. The assigned Clinical Supervisor will lead the review of this plan with the entire Green Cottage staff and update the ICMP to reflect current behaviors, incidents, responses to strategies and revised interventions. 4. The Clinical Case Review document will now be a "living" document with each monthly review documented as an update to the original plan, creating a timeline of the client's treatment, progress and needs. This document is maintained in the Client's Medical	10/29/18 10/30/18 11/7/18

			Record. 5. Every client is reviewed weekly during the Treatment Team Meeting. The milieu review portion of this meeting is documented on the Treatment Team Meeting Minutes. All incidents are reviewed as part of this process and immediate strategies and staff guidance for intervention and safety are detailed. 6. Person-Centered Plans for students in Eliada's Level III Residential Treatment Program are reviewed with the Child and Family Team at least monthly. Each student's progress and needs are identified and documented. Goals, services and interventions are updated to support the student's treatment. • PCP standards and completion timeframes have been reviewed with the Level III Clinical Supervisor to ensure compliance with this expectation. • PCP goals and interventions guidelines are being revised by Eliada's Clinical Director and PQI Director. Training on student-specific intervention planning will be provided to all Clinicians and Cottage Supervisors.	11/7/18 10/25/18 11/27/18

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V 112	Continued From page 2 -Client #1 then "suddenly...bolted out of the front door of the cottage." -There was no known trigger to her running. -Staff ran after the client asking her to come back. -Eye sight of the client was lost and the local police department was called. -Client #1 remained off campus for the remainder of the shift. Review on 9/26/18 of Client #1's Person Centered Profile revealed: -The most recent update or revision date was 7/30/18. -Goals included to demonstrate an improvement in BiPolar symptoms, in Oppositional-Defiant or disruptive behaviors -There were no goals or support/intervention strategies to address Client #1's history of running and/or her running behavior since being admitted to the level III/staff secure facility. Interview on 9/28/18 with the Residential Director revealed: -Client #1 first ran on 9/1/18 due to wanting a cigarette. -Extra measures for client's who left the cottage without permission were done on a case-by-case basis. -In Client #1's case they talked with her about what could have happened to her while she was gone and discussed alternative solutions. -Client #1 ran again on 9/16/18 and they later found out she had been making plans with a boy at school to do this. -Client #1 had not returned to the facility since. Review on 9/29/18 of Client #2's record revealed: -Admission date 8/13/18. -Diagnoses of Disruptive Mood Dysregulation	V 112		

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V 112	Continued From page 3 Disorder, Stimulant Use Disorder, severe, and Alcohol Use Disorder, moderate. -Comprehensive Clinical Assessment dated 7/6/18 included a history of verbal aggression, depression, substance use and self-injurious behaviors. -There was no history of run risk noted. Review on 9/29/18 of the updated/revised Person-Centered Plan dated 8/1/18 revealed: -"Long Range Outcome: To complete recovery and treatment; finish school, obtain job, obtain license. Return home to family." -"Where am I now in the process of achieving this outcome?" -"9/17/18: Per [Client #2's] CFT [Child and Family Team]...[Client #2] continues to show signs of depression and anxiety as he has contemplated running..." Review on 9/29/18 of an Incident Report dated 9/1/18 at 11:30 a.m. revealed: -Client #2 was observed to follow his peer out the front door of the cottage. -Eye sight on the client was lost as he walked around the back of the cottage. -Client came back into the cottage in a negative space. -"Debriefing Summary: ...[Client #2] was struggling throughout the day with thoughts of running..." Review on 9/29/18 of an Incident Report dated 9/24/18 at 5:00 p.m. revealed: -Staff provided random checks on Client #2 while he was in his room. -"Staff noted [Client #2] was not in his room and his window was open..." -Nearby neighborhoods and roads were searched and the client could not be found.	V 112		

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V 112	Continued From page 4 -The local police and guardian were called. -Approximately 10:00 p.m. Client #2 was found and brought back to campus. -Staff and nursing noted Client #2 appeared intoxicated, he began vomiting, and an ambulance was called due to possible overdose. Review on 9/29/18 of Client #2's Person-Centered Plan revealed: -The date the goals were last reviewed was 9/17/18. -Goals included to demonstrate improvement in Depressive Disorder, Anxiety Disorder, Cannabis Use Disorder, symptoms of Sedative, Hypnotic, or Anxiolytic Use Disorder, Stimulant Use Disorder, and Alcohol Use Disorder. -There were no goals or support/intervention strategies to address Client #2's running behavior since being admitted to the level III/staff secure facility. Interview on 9/29/18 with Client #1 and #2's Therapist revealed: -When a child had a history or had actually ran from the cottage, strategies and motivators should be developed in efforts to help the child stay.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.	V 114	**10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES** Eliada's Residential Treatment Fire and Disaster Drill Procedures and Drill Log have been revised. (attached for review) Revised procedures were reviewed with Cottage Supervisors on 9/17/18 and Direct Care staff were trained on the new procedures and compliance standards during the Team Supervision Meeting on 9/18/18.	9/17/18 9/17/18 9/18/18

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V 114	Continued From page 5 (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are: Review on 9/29/18 of the fire and disaster drills for October 2017 through June 2018 revealed: January 2018 - March 2018 -No documentation of disaster drills for the 3rd shift. April 2018 - June 2018 -No documentation of fire drills for the 3rd shift. -No documentation of disaster drills for the 1st and 3rd shifts. Interview on 9/29/18 with the Director of Performance and Quality Improvement revealed: -she was aware the facility was behind on conducting some of the drills.	V 114	**10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES** Eliada's Maintenance Supervisor will develop an annual schedule for Disaster Drills to ensure that all types are scheduled with appropriate shift variation. The cottage drill log will be compared to this annual schedule by the Residential Administrative Assistant to ensure compliance and accuracy. As reflected on the Revised Fire and Disaster Drill Procedure, the Residential Administrative Assistant will monitor drill completion and documentation monthly: I. Drills must be completed by the 15th of each month. Cottage supervisors are required to scan each cottage's drill log and email to the Residential Administrative Assistant by the 25th each month. II. The Residential Administrative Assistant will notify the respective Cottage Supervisor, Residential Director and PQI team of any incomplete drills on the 26th each month, or the first business day following the 25th. III. The Residential Administrative Assistant will send an email confirmation that all monthly drills have been completed by the 1st of the month (for the month prior) to the Residential Director and PQI Eliada's PQI Director has verified the completion and documentation of fire and disaster drills for the month of October.	10/1/18 9/18/18 11/8/18
V 138	27G .0404 (A-E) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of	V 138		

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V 138	Continued From page 6 the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 9/25/18 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/18 revealed: -Capacity 4. Interview on 9/26/18 with Client #2 revealed: -The facility combined all level III cottages at times, and that "...it was really bad this summer." -There were "like 8 kids and 4 staff - then they got back to their own cottage like at 10:00 [p.m.]." -"Drives me nuts. I don't want to be around all those kids." Interview on 9/26/18 with Client #3 revealed: -Cottages were combined sometimes with other cottages "...because they don't have enough staff."	V 138	**10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD** Eliada is committed to serving students in their admitted cottage with the appropriate staff:student ratio. Eliada has not admitted more than 4 children to the Green Level III Residential Treatment program at any given time. Eliada currently operates 3 Level III Residential Treatment programs on Eliada's campus The Residential leadership team has met to strategize how to support staffing that meets this requirement across all programs and support inter-program activities. An internal review of the statements included in the survey findings indicated: 1. Client #2 statement describes appropriate staff:student ratio of 2:4. Students from multiple cottages, providing the same level of care joined together for activities. Adequate staff was in place.	10/9/18

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V 138	Continued From page 7 -There were 7 total students at their cottage for a whole 1:30 p.m. to 10:30 p.m. shift. Interview on 9/28/18 with Staff #4 revealed: -Level III cottages were combined at times due to a shortage of staff. -They were combined for an entire shift making a total of 7 students in the facility. Interview on 9/28/18 with the Residential Director revealed: -He was aware the staff had been combining student cottages. -This had been going on for approximately 6-8 weeks due to a shortage of staff on second shift . -None of the cottage were combined during sleep hours. Interview on 10/5/18 with the Chief Operations Officer revealed: -She was aware of the cottages being combined and approved this each time it occurred. -They were only combining in "open areas" until about a month ago, they were told it was acceptable to combine inside the cottages in order to maintain ratio. -This usually did not occur for an entire shift and was never overnight.	V 138		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of	V 300	**10A NCAC 27G .1708 TRANSFER OR DISCHARGE** Eliada's Residential Treatment Program established a new professional role to support students as they begin their treatment at Eliada and to coordinate discharge planning and step-down services. A tenured case manager assumed the Admission and Discharge	9/2/18

			Coordinator role on September 2, 2018. Key responsibilities of this position are to: 1. attend the last two child and family team meetings, 2. review the clinical service recommendations, 3. communicate with the legal guardian to determine service selection and preferred providers 4. obtain consents to release confidential information and complete referrals for service with the selected provider 5. ensure that the start date of the new services coincides with Eliada's discharge and transition date. The assigned clinician will communicate with the guardian on a weekly basis to discuss progress in treatment, service recommendations, and family support needs. This expectation for communication was clarified with the addition of the Admission and Discharge Coordinator position. Please note that per Eliada's CEO, outpatient services were offered to FC #4's guardian, prior to the date of discharge, to provide support and intervention until the services with the new provider were initiated.	9/2/18

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V 300	Continued From page 8 emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure involved persons, including the legal guardian and other representatives involved in the care and treatment of Former Client (FC) #4 were prepared to implement the service planning decisions upon discharge of the adolescent from the facility. The findings are:	V 300		

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V 300	Continued From page 9 Review on 9/25/18 and 10/1/18 of FC#4's record revealed: -14 year old female admitted 1/30/18 and discharged 7/16/18. -Diagnoses included Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, and Major Depressive Disorder, recurrent, severe with Psychosis. Review on 9/25/18 of FC #4's Multidisciplinary Staffing dated 6/14/18 revealed: -"Transition Plan: [FC #4's guardian] did not attend the last CFT [Child Family Team] so there is not an updated transition plan as of 5/10/18. Case Manager and Therapist are recommending [FC #4] transition home with in home services." -"Discharge: July 27, 2018." Review on 9/25/18 of FC #4's Comprehensive Clinical Assessment Addendum dated 7/5/18 revealed: -"...The home environment still presents significant challenges for her recovery...[guardian] is hesitant to accept her into the home..." -"...therapist is recommending an in-home service to help [FC #4] establish and maintain stability in the home environment..." Review on 9/25/18 of FC #4's final Multidisciplinary Staffing dated 7/12/18 revealed: -"...[guardian] has since communicated with therapist via email and in-session that she wants to seek a foster care placement for the child and does not believe she can support [FC #4]." -"This is in contradiction to previous...services discussed...[guardian] has not been consistently communicating with members of the treatment team..." -"Transition Plan: [FC #4's guardian] did not	V 300		

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V 300	Continued From page 10 attend the last CFT [Child Family Team] so there is not an updated transition plan as of 5/10/18. Case Manager and Therapist are recommending [FC #4] transition home with in home services." -"Discharge: July 16 or 17, 2018." Review on 9/25/18 of FC #4's Discharge Summary (undated) and written by the Residential Case Manager revealed: -"..Aftercare plans and responsibilities: [FC #4's guardian] will make an appointment for an assessment by [local family services agency] for 7/25/18." Interview on 9/25/18 and 10/1/18 with the Qualified Professional/Residential Case Manager revealed: -FC #4's guardian refused to talk to them or come to CFT meetings the entire month of June. -The guardian finally came in July and FC #4 was discharged 7/16/18, a week early, due to shutting down the cottage for renovations. -She confirmed intensive in-home services were scheduled and found out they were expected to see FC #4 a week after her discharge, 7/25/18. -She asked for an appointment as soon as possible; she assumed they could not get to the home any sooner. Interview on 10/1/08 with FC #4's therapist revealed: -It was not his recommendation to have FC #4 be discharged prior to having something in place within a couple of days of discharge. -This was a risky case for that given FC#4's guardian and her inconsistencies and questionable support at home. -FC #4 was ready to go home, it was more of trying to get the guardian ready and the delay of in-home services; she needed more time for that.	V 300		

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