STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-850	A. BUILDING: _____ B. WING _____	11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYDIA'S HOME LLC PHASE I	2704 GRIMSLEY STREET GREENSBORO, NC 27403

(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 An annual, follow-up and compliant survey was completed on 11/20/18. The complaint was unsubstantiated (Intake ID # NC00145379). 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	V 000		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

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V 367	Continued From page 1 (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367		

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V 367	Continued From page 2 (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and records review the facility failed to report a level III incident to the local Local Management Entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 11/20/18 of Client #1's record revealed: - Admission date: 7/25/18 - 15 years old - Diagnoses: Major Depressive Disorder , Post Traumatic Stress Disorder (PTSD) and Attention Deficit Disorder (ADHD) - Admission Assessment dated 7/13/18 and reported the following: Multiple accounts of sexual abuse by [family members], client #1 has reported sexual abuse (3 incidents) within previous school settings and raped by a dog. On going Child Protection involvement with family since 2003. Extensive history of reporting false allegations of	V 367		

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V 367	Continued From page 3 staff abuse by Client #1. Client #1 can and will manipulate the situation to obtain what she (Client #1) wants. Property destruction and aggression towards family members and prior placement staff personnel. - Treatment Plan dates: 8/30/18 revealed the following goals: Client #1 will learn appropriate communication and anger management skills that will enable her to avoid using verbal and /or physical aggression towards others in a attempt to get her needs met...Client #1 will learn to be responsible and accountable for her actions by improving coping skills,..Client #1 will participate in the residential program to improve her interpersonal relationships... Review on 11/19/18 of Staff #1's record revealed: - North Carolina Interventions on Alternatives to Restrictive Interventions (Part A) dated 3/23/18 - North Carolina Interventions in Seclusions, Physical Restraint and Isolation Time Out (Part B) dated 3/23/18 Review on 11/19/18 of Associate Professional's (AP) record revealed: - North Carolina Interventions on Alternatives to Restrictive Interventions (Part A) dated 10/24/18 - North Carolina Interventions in Seclusions, Physical Restraint and Isolation Time Out (Part B) dated 10/24/18 Review on 11/19/18 of the Qualified Professional's(QP) record revealed: - North Carolina Interventions on Alternatives to Restrictive Interventions (Part A) dated 3/28/18 - North Carolina Interventions in Seclusions, Physical Restraint and Isolation Time Out (Part B) dated 3/28/18	V 367		

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V 367	Continued From page 4 Interview on 11/19/18 with Client #1's Child Protective Social Worker (CPS-SW) revealed: - A verbal safety plan was put in place that would not allow Staff #1 to be with Client #1 alone, Re: transporting to school - Client #1 had reported to school personnel (11/1/18) that staff (Staff #1) had pulled and scratched her arm (left arm). - Pictures were taken (by school staff) of Client #1's right and left arms. Three small moon shapes, red in appearance were observed on the inside of Client #1's left lower foreman. - CPS-SW reported she did not see any marks on Client#1's arm when she visited. - CPS-SW reported that she only saw previous healed scars from where Client #1 has taken a pencil and removed the eraser and marked her arms that way. Review on 11/19/18 of the Incident Repotting System (IRIS) failed to show any incidents dated 10/31/18 and with Client #1. Interview on 11/20/18 wit the QP revealed: - That she was aware of the allegation of Client #1 alleging Staff #1 of scratching her. - That Client #1 also changed and recanted that same allegation. - That she was not sure who would put the report into IRIS.	V 367		