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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on March 14, 2019. A complaint was unsubstantiated (#NC00149007). A complaint was substantiated (#NC00149453). 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		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to assure that strategies and interventions were developed and implemented to address client behavior (elopement) and treatment needs affecting 2 of 2 audited current clients (#1 and #2) and 1 of 1 former client (#3). The findings are:

Review on 3/13/19 of Client #1's records revealed:
-Admission date of 9/21/18.
-Diagnoses of Adjustment Disorder with Disturbance of Conduct; Attention Deficit Hyperactivity Disorder, combined presentation, moderate.
-Person Centered Plan dated 6/12/18 failed to have written goals or strategies to specifically address elopement behaviors.

Review on 3/13/19 of Client #2's records revealed:
-Admission date of 12/18/18.
-Diagnoses of Conduct Disorder; Cannabis Use Disorder; Parent-Child Relational Problems; Academic or Educational Problems.
-Person Centered Plan dated 2/25/19 failed to have written goals or strategies to specifically address elopement behaviors.

Review on 3/13/19 of Former Client #3's records revealed:
-Admission date of 12/13/18.
-Discharge date of 2/28/19.
-Diagnoses of Conduct Disorder, Adolescent

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V 112	Continued From page 2 Onset Type; Cannabis Use Disorder, Mild; Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type. -Person Centered Plan dated 2/25/19 failed to have written goals or strategies to specifically address elopement behaviors. Review on 3/13/19 of incidents on the NC Incident Response Improvement System (IRIS) for Client #1 revealed: -He went Absent Without Leave (AWOL) from the group home on the following dates: 9/27/18, 9/29/18, 2/25/19, 2/26/19, 2/26/19, 3/2/19, 3/3/19, 3/5/19. -He went AWOL from school on the following dates: 2/18/19, 2/19/19, 2/20/19, 2/25/19, 2/26/19, 3/1/19. -He would return to the group home on the same day after going AWOL except after leaving on 3/5/19. Review on 3/13/19 of incidents on IRIS for Client #2 revealed: -He went AWOL from the group home on the following dates: 1/23/19, 2/15/19, 2/22/19, 3/1/19, 3/2/19, 3/3/19, 3/5/19. -He went AWOL from school on the following dates: 2/18/19, 2/19/19. 2/20/19. -He would return to the group home on the same day after going AWOL except after leaving on 3/5/19. -On 3/7/19, Probation Officer informed home staff that Client #2 was jailed in Charlotte for soliciting a minor. Review on 3/13/19 of incidents on IRIS for Former Client #3 revealed: -He went AWOL from the group home on the following date: 2/22/19. -He went AWOL from school on the following	V 112		

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dates: 2/18/19, 2/19/19, 2/20/19.
-He would return to the group home on the same day after going AWOL except after leaving on 2/22/19.
-Note added on 3/4/19 indicated that he was still AWOL.

Review on 3/13/19 of Incident/Investigation Reports from the Local Police Department revealed:
-Police were dispatched to the group home to complete runaway reports for Client #1 on the following dates: 2/18/19, 2/20/19, 2/25/19, 2/26/19, 2/27/19, 2/28/19, 3/2/19, 3/3/19, 3/4/19, 3/5/19.
-Police were dispatched to the group home to complete runaway reports for Client #2 on the following dates: 1/4/19, 2/18/19, 2/20/19, 2/22/19, 3/1/19, 3/2/19, 3/3/19, 3/4/19, 3/5/19.
-Police were dispatched to the group home to complete runaway reports for Former Client #3 on the following dates: 2/18/19, 2/22/19.
-Police reports indicated that Client #1 would always return to the group home except after leaving on 3/5/19.
-Police reports indicated that Client #2 would always return to the group home except after leaving on 3/5/19.
-Police reports indicated that Former Client #3 returned to the group home on 2/18/19, but did not after 2/22/19.

Review of the agency's policy regarding children going AWOL revealed:
-In case of elopement for consumers that reside at Youth Builders, LLC. Agency will adhere to the following:
-1. Staff will not physically try to keep consumer from eloping. When a consumer attempt's to elope, staff will (a) ask the

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consumer to return in a calm manner (b) encourage the consumer to engage in conversation to find out why they are leaving (c) keep consumer in eye distance and follow consumer to ensure his safety (d) notify the authorities that the consumer has left the house within a 30-minute timeframe.

-2. Staff will inform the administrative and clinical staff by phone or email that the consumer has eloped.

-3. Staff will notify guardian and all stakeholders that the consumer is AWOL within the hour depending on the time of the elopement.

-4. Once the consumer has returned, staff will contact stakeholders detailing time of departure and return. If consumer has not returned within 24 hours, administrative or clinical staff will provide daily updates until consumer returns.

-5. For all new consumers, stakeholders will be asked to provide the preferred method of contact, i.e., text, call, email. In addition, stakeholders will be asked to provide back-up contacts.

-There was no mention about placing strategies to address elopements from happening.

Interview on 3/13/19 with the Local Police Officer revealed:

-He was concerned about the significant number of calls received reporting "Runaways".

-He felt like the facility was not doing much to prevent the elopement, nor about trying to locate the consumers after they eloped.

-In the past six months, there had been 22 Runaways reported by the facility. Many of them included more than one resident from the house at the same time.

-He worried about the safety and supervision of the clients.

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V 112	Continued From page 5 -He felt that agency was not doing much to address the problems, but rather getting rid of the clients and getting new ones. Interview on 3/13/19 with Client #1 revealed: -He was quiet and non cooperative. -Did not wish to talk about his elopement episodes. Interview on 3/13/19 with the Qualified Professional (QP) revealed: -Agency had a no hands on policy on residents. -There had been an increase of elopements from residents since about late last year. -Client #1 had eloped a few days before and had returned the previous night. -He was being picked up by his mother today. -He had a scheduled court date. -He had failed a drug screening and violated his probation. -Client #2 had eloped from the facility. -He was later picked up by police in Charlotte area. -He was jailed and charged with soliciting a minor. -He was not going to return to the home. -Former Client #3 had gone AWOL from school. -Former Client #3 was discharged due to being unable to be found. -QP was responsible for completing treatment plans. -He acknowledged that he had not updated treatment plans for Clients #1, #2 and Former Client #3 to reflect strategies to prevent eloping from happening. Interview on 3/13/19 with the Assistant Director revealed: -There had been several elopements at the house in the past few weeks.	V 112		

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V 112	Continued From page 6 -Sometimes, residents would just tell us that they were going to leave. -Agency had a no hands on policy. -They would talk to residents about consequences of elopement. -Some of the elopements happened from the resident's school. -She felt that elopements from school should have been called from the school and not from the house as it would look like they eloped from the house. -Facility had an alarm system and security cameras. -Last time a consumer ran away from facility, he pulled the chime connector from the window and it did not make a noise when the window was opened. -They were having a treatment plan meeting, the consumer got up to use the bathroom and never came back. They checked up on him after it being weird that he had not come back from the bathroom -Client #1 had just returned home last night after being AWOL since 3/5/19. -Client #1 had a court date today due to violating probation. -Plan was for Client #1 to be discharged today from the home as his guardian had found another placement for him. -Plan for the home was to start clean. -Home was going to be without residents after today. -No local consumers were going to be admitted due to risk of them knowing the area, having friends and risk of elopement. -New staff would be brought in. They were currently in the process of hiring. -Staff would be re-trained on incident reporting. -She acknowledged the agency failed to develop strategies to prevent behavior of elopement for	V 112		

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V 112	Continued From page 7 Client #1, Client #2 and Former Client #3. Review on 3/14/19 of the Plan Of Protection dated 3/14/19 submitted and signed by the Assistant Director revealed: -1. Agency will document elopement and address the consumer's reason for elopement. -Personalize the consumer's elopement prevention using strategies and interventions to protect the safety of the consumers: -Therapy.. -Notification to all stakeholders. -Engage therapist and stakeholders to develop personalize elopement protocols. -Update PCP to document elopements. -Increase supervision of consumers by: -Periodically monitor their rooms and check windows for working sensors. -Develop 1:1 coverage for consumers who have eloped. -Consequences of elopement are as follows: -Restriction up to 2-3 days. -Treatment team meeting with the Child and Family Team (CFT) with consumer to further discuss consequences. -If elopement continues, CFT will determine if discharge is appropriate. -Notify Manage Care Organization (MCO) that elopements are increasing, and safety of consumer and discharge will be immediate. -Assessment. -Individualize client outcomes and project achievement as follows: -Monitor in 30-day intervals. -Strategies individualized by recommendations on assessment. -Staff responsibilities should be to individualize and update in 30-day intervals. -Assessment will be an addendum	V 112		

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when consumers behaviors have increase, this will change strategies and interventions.
-Admission.
-Develop new consent to address company policies as follows:
-Safety.
-Elopement.
-Responsibilities of other stakeholders to engage in continuous treatment.
-2. Youth Builders, LLC will do the following:
-Conduct internal audit of consent and admission forms.
-Conduct trainings of elopement procedures to address how we will prevent elopements.
-Conduct bi-weekly meeting internally to address consumer's progress.
-Intake/review team will consult with other stakeholders prior to admission to better ensure consumer is appropriate for placement to Youth Builders, LLC.

Client #1, #2, and Former Client #3 demonstrated behaviors of elopement between 9/27/18 through 3/5/19. There were ten incidents of elopement from the facility and nine elopement incidents from school during that period on which the police was called. The facility failed to consistently address clients behaviors and would call police to assist in searching for them. The incidents escalated to the point where police got concerned about the significant number of calls received from the home reporting elopements. After each elopement, the clients would return back to the facility and no new goals, strategies and interventions were created to address their behaviors. In addition, besides not addressing the consumer's elopement behavior, the facility would discharge them once they felt they could not serve them properly. The facility did not put any

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V 112	Continued From page 9 interventions or strategies in place to address client #1, #2, and Former Client #3's continued elopements. Former Client #3 eloped from school on 3/4/19 and was still missing. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000 is imposed. If the violation is not corrected within 23 days, an administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day].	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 3/13/19 at 12:00 PM of the living area revealed: -Door separating living area and hallway had a dent/hole on it. Observation on 3/13/19 at 12:05 PM of the first bedroom to the right revealed:	V 736		

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V 736	Continued From page 10 -There was a fist size hole on the wall by the window. -Closet had graffiti written on them with profanity. -Closet doors were broken on the top right side. Observation on 3/13/19 at 12:10 PM of the bedroom on the right side corner revealed: -Both dressers were missing their top drawers. -Closet was missing it's doors. -There was graffiti written in the closet. -Hot water was cut off from the bathroom sink inside bedroom. Observation on 3/13/19 at 12:15 PM of bedroom on the left side corner revealed: -Closet was missing it's doors. -There was a whole on the bottom of the closet. -Dresser drawers were not aligned. Observation on 3/13/19 at 12:18 PM of the hallway bathroom revealed" -Door was dirty/stained. -Inside of door had a fist size hole. Observation on 3/13/19 at 12:25 PM of the outside of home revealed: -Front door was dirty and had mold/mildew on the bottom. Interview on 3/13/19 with the Assisting Director revealed: -Hallway bathroom was currently being remodeled. -She was aware that closets had graffiti written in them. -Agency was planning to bring in new dressers to the home. -Agency was responsible for doing maintenance for the home -Agency was to take advantage that there were	V 736		

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V 736	Continued From page 11 not going to be any residents at the home in order to complete needed renovations and fix items that needed to be fixed. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		