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	MHL0601172	A. BUILDING: _____ B. WING _____	03/22/2019

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/22/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and 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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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement strategies to address the needs of the clients affecting 3 of 5 audited clients (Clients #1, #3, and #5). The findings are: Review on 3/19/19 of Client #1's record revealed: -Admission date of 2/28/19; -Diagnoses of Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, and Oppositional Defiant Disorder; -8 years old; -Client and siblings had been physically and sexually abused by the maternal great grandfather; -No goals or treatment strategies to address sexualized behaviors. Review on 3/19/19 of Client #3's record revealed: -Admission date of 11/16/18; -Diagnoses of Post-Traumatic Stress Disorder Unspecified with Dissociative Symptoms and Reactive Attachment Disorder; -7 years old; -Treatment plan dated 2/21/19 revealed client and siblings are victims of human sex trafficking including sexual assault and child pornography. Perpetrators are parents and grandparents, and other adults involved in the child pornography and human trafficking ring. Client has a desire to touch his younger brother in a sexual manner and has attempted this at least 12 times per day. Client masturbates an estimated 15-20 times per day and night. Client " ...masturbates (front and back) excessively ...he eats the white stuff (semen) and poop..." Client was able to ejaculate while in the living room with multiple adults	V 112		

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V 112	Continued From page 2 without any noticeable behaviors during a home visit in December, 2018. Client was found with another peer at the facility attempting to touch tongues. Crisis Plan identifies " ...1:1 supervision limits masturbation which limits bad behaviors ..." The treatment plan did not contain goals or treatment strategies to address sexualized behaviors. Review on 3/21/19 of Client #5's record revealed: -Admission date of 8/22/18; -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -7 years old; -History of attempting to harm family members and drown two of the family kittens, threats to harm self and had stabbed himself with a knife, assaulted an infant sibling and broken his mother's nose. -No documentation of engaging with a peer at the facility attempting to touch tongues; -No goals or treatment strategies to address sexualized behaviors or self-harm behaviors. Review on 3/19/19 of the facility's Incident Reports for period 1/1/19 - 3/19/19 revealed: -Incident report dated 3/9/19 at 1:30pm completed regarding Client #1 revealed: " ... [Client #1] and his peer (Client #3) were having inappropriate conversations about having sex with one another ...;" -Incident report dated 3/9/19 at 1:30pm completed regarding Client #3 revealed: " ... [Client #3] and a peer (Client #1) was making comments about having sex with one another. Staff was informed that in the past the peer made sexual comments about a peer and staff on separate occasions ..." -Incident report dated 3/9/19 at 3:20pm	V 112		

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V 112	Continued From page 3 completed regarding Client #1 and an incident of " ...sexualized behaviors ..." revealed: " ...[Client #1] refused to comply with staffs instructions and hit a peer on the buttocks ..." Review on 3/20/19 of Staff #6's record revealed: -Employment date of 10/15/18; -Employed as Residential Care Specialist; -Understanding Sexual Behaviors in Children and Sexually Reactive Youth Training on 10/27/18. Review on 3/20/19 of Staff #7's record revealed: -Employment date of 1/8/18; -Employed as Residential Care Specialist; -Understanding Sexual Behaviors in Children and Sexually Reactive Youth Training on 1/24/18. Review on 3/20/19 of the Program Supervisor/Qualified Professional's record revealed: -Employment Date of 3/5/19; -Not yet completed Understanding Sexual Behaviors in Children and Sexually Reactive Youth Training. Interview on 3/20/19 with Staff #6 revealed: -Client #1 has a history of possible sexual abuse; -In the past few days to week, Client #1 has been displaying some sexualized behaviors; -Client #3 is a victim of sex trafficking and sexual abuse by his parents; -Had not witnessed Client #3 engage in masturbatory behaviors since admission; -Clients #1, #3, and #5 did not have strategies in their treatment plans to address sexualized behaviors; -Client #5 did not have strategies in his treatment plan to address self-harm behaviors; -Meets weekly with the Program Supervisor/Qualified Professional and at least	V 112		

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V 112	Continued From page 4 monthly as a treatment team to discuss the clients and their treatment; -Had always had access to administrative supervisors, but things have gotten much easier in regards to managerial supports now that there is no longer an interim supervisor and the Program Supervisor/Qualified Professional has been hired. Interview on 3/20/19 with Staff #7 revealed: -Client #1 displays hyper-sexualized behaviors; -Client #3 displays hyper-sexualized behaviors, which have increased with the presence of Client #1; -All clients receive "eyes on supervision;" -Staff physically place themselves between Client #1 and Client #3 during group activities; -Was present in the facility during the incident between Client #3 and Client #5 attempting to touch tongues, but was not with either client during the incident; -Client #5 does not have a history of sexualized behaviors to her knowledge; -Clients #1, #3, and #5 did not have strategies in their treatment plans to address sexualized behaviors; -Client #5 did not have strategies in his treatment plan to address self-harm behaviors; -Can always reach the Nursing Department and supervisors at the facility. "The nurses arrive within 2 minutes when needed." Interview on 3/20/19 with the Program Supervisor/Qualified Professional revealed: -Client #3's treatment at the facility is focused on addressing his history of sexualized behaviors; -Client #3's crisis plan identifies 1:1 supervision limits his masturbation which will limit his negative behaviors, but 1:1 supervision is not required. The facility is currently unable to provide 1:1	V 112		

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V 112	Continued From page 5 supervision on a regular basis; -All clients at the facility receive line-of-sight supervision; -Client #1 and Client #3 has an incident of verbalizing a desire for sexualized interactions one time. Since that incident, there have been no updates to either Client #1 or Client #3's treatment plans; -Clients #1, #3, and #5 did not have strategies or protocols in their treatment plans to address sexualized behaviors; -Had recently scheduled a staff meeting for Friday, March 22, 2019 for the Therapist to provide staff with guidance on working with highly sexualized clients; -The Nursing Department is notified immediately of all incidents; -Bedroom checks occur every 15 minutes once the clients have gone to bed, with the two staff members sitting on opposite sides of the day room which feed into the 6 private client bedrooms. Interview on 3/20/19 with the Therapist revealed: -Meets with clients from the facility weekly for therapy; -Meets with facility staff and supervisor at least monthly, most times more frequently, to discuss client behaviors and treatment progress; -Has provided additional training to facility staff and the Program Supervisor/Qualified Professional as a result of the significant sexualized histories of some of the clients. This additional training included: Understanding Child Traumatic Stress, Understanding and Coping with Sexual Behavior Problems, Sexual Development and Behavior in Children, and Complex Trauma for Caregivers; -The Program Supervisor/Qualified Professional scheduled a meeting for Friday, March 22, 2019	V 112		

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V 112	Continued From page 6 for the treatment team to discuss sexualized behaviors of the clients at the facility; -The incident reported in Client #3's treatment plan regarding Client #3 engaging with a peer at the facility attempting to touch tongues involved Client #3 and Client #5. The incident was discussed with the legal guardians and with the clients individually in therapy; -Client #1 and Client #3 had conversations about sexualized behaviors which had been witnessed by the former Program Supervisor/Qualified Professional and it had been reported to the Nursing Department and the Therapist. The Therapist met individually with each client and discussed body safety, healthy and unhealthy interactions with peers, and reported the incident to the respective legal guardians; -Client #3's masturbatory behaviors have decreased dramatically since admission due to the level of supervision provided at the facility. Interview on 3/21/19 with the Lead Registered Nurse revealed: -Client #3 has a history of highly sexualized behaviors and a traumatic history of sexual abuse; -Client #3 has a history of ingesting his own ejaculate and fecal matter; -Client #3 has not displayed an incident of ingesting ejaculate or fecal matter since admission; -Client #3 has not been ill since admission; -There is no official protocol in place to address Client #3's attempt to ingest ejaculate or fecal matter; -Nursing staff is available 24 hours per day, 7 days per week to assess illness and assist staff with ensuring client safety. The Medical Doctor is at the facility on a weekly basis and can be reached in an emergency;	V 112		

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V 112	Continued From page 7 -Client #3 participates in a goal to improve his personal hygiene. Interview on 3/20/19 with the Quality Improvement Specialist revealed: -There have been many administrative changes involving the Program Supervisor/Qualified Professionals in the facility in the past several months which makes it difficult to identify who was responsible for the development and implementation of specific strategies in treatment plans for particular clients; -The Program Supervisor/Qualified Professional had 30 days to complete training in Understanding Sexual Behaviors in Children and Sexually Reactive Youth; -The facility recently hired a new Program Supervisor/Qualified Professional who will bring consistency with supervision and training, as well as provide an opportunity for discussion and implementation of individualized treatment strategies to address the needs of the clients. Interview on 3/21/19 with the Director of Performance and Quality revealed: -All client needs will be addressed via updated treatment plans which are individualized to include treatment strategies to address identified areas of need. Review on 3/21/19 of the Plan of Protection written on 3/21/19 by the Director of Performance and Quality revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. -Inform & Train Staff: Alphin Cottage Staff Meeting will occur on 3/22/2019 and the Residential Therapist will present client specific	V 112		

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V 112	Continued From page 8 training for the direct care staff on sexualized and other concerning behaviors for each client in Alphin to include prevention techniques and protocols on how staff will appropriately respond to incidents. -Client Crisis Plans will be updated by clinical team and available for staff to reference in the staff office by 3/22/19. -By April 12, 2019, for each client, Person Centered Plans goals will be updated to include presenting behaviors (including any SAY (sexually aggressive youth) or self harm behaviors) and more individualized goals and strategies. -Follow up meeting on 3/29/19, Alphin Staff meeting to include clinicians to review again clients specific needs and strategies to address. -Direct Care staff meeting supervision form has been updated to reflect client specific and trauma focused training and was implemented 3/6/19. -Performance & Quality Improvement team will review documentation evidence that staff training occurred and that crisis and treatment plans were available in the staff cottage next 3/27/19." Clients #1, #3, and #5 range in age from 7 to 8 years old. The clients have been diagnosed with a variety of mental health concerns including Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, Oppositional Defiant Disorder, Reactive Attachment Disorder, and Disruptive Mood Dysregulation Disorder. Client #1 has a history of sexual abuse. Client #3 has been victimized through child pornography and sex trafficking. He has a history of masturbating at a frequency of 20 times per day and night, attempting to sexually assault his younger brother, and ingesting his own ejaculate and fecal matter. Client #5 has a history of self-harm and attempting to stab himself with a knife. Treatment plans for Clients #1, #3, and #5 did not include	V 112		

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V 112	Continued From page 9 strategies to address sexualized behavior or self-harm behaviors. Between January 1, 2019 and March 19, 2019, Client #1 hit another client on the buttocks, Client #1 and Client #3 engaged in a conversation about having sex with one another. Client #1 and Client #5 engaged in an attempt to touch tongues. In addition, staff indicated that Client #1 and Client #3 display hyper-sexualized behaviors. No treatment strategies or protocols were revised or updated to address these behaviors. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional 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 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and	V 366		

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V 366	Continued From page 10	V 366		

preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the

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V 366	Continued From page 11 occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 12 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain documentation and track level 1 incidents. The findings are: Review on 3/19/19 of the facility's Incident Reports for period 1/1/19 - 3/19/19 revealed: -No incident report documenting the incident when Client #3 and Client #5 attempted to touch tongues. Review on 3/20/19 with the Quality Improvement Specialist of the facility's Incident Reports dated 10/1/18 - 12/31/18 revealed: -No incident report documenting the incident when Client #3 and Client #5 attempted to touch tongues. Review on 3/19/19 of Client #3's record revealed: -Admission date of 11/16/18; -Diagnoses of Post-Traumatic Stress Disorder Unspecified with Dissociative Symptoms and Reactive Attachment Disorder; -7 years old; -Treatment plan dated 2/21/19 revealed has an extensive trauma history relative to sexual abuse and displays highly sexualized behaviors. Client was found with another peer at the facility attempting to touch tongues. Review on 3/21/19 of Client #5's record revealed: -Admission date of 8/22/18; -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -7 years old;	V 366		

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V 366	Continued From page 13 -No documentation of engaging with a peer at the facility attempting to touch tongues. Interview on 3/20/19 with the Therapist revealed: -Is the therapist for Client #3 and Client #5; -Knows about the incident of Client #3 and Client #5 attempted to touch tongues, but does not know the date of the incident; Interview on 3/20/19 with the Quality Improvement Specialist revealed: - There was no incident report completed documenting when Client #3 and Client #5 attempted to touch tongues. Interview on 3/20/19 with the Quality Improvement Specialist revealed: -Did not know why there was no incident report completed when Client #3 and Client #5 attempted to touch tongue; -The facility recently hired a new Program Supervisor/Qualified Professional who will provide increase supervision and training on incident reporting.	V 366		
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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601172	A. BUILDING: _____ B. WING _____	03/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHIN COTTAGE	6750 SAINT PETERS LANE, SUITE 400 MATTHEWS, NC 28105

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V 367	Continued From page 14 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. (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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 367	Continued From page 15 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; (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 interview and record review, the facility failed to report all Level II incidents to the 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:	V 367		

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V 367	Continued From page 16 Review on 3/19/19 of Client #1's record revealed: -Admission date of 2/28/19; -Diagnoses of Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, and Oppositional Defiant Disorder; -8 years old. Review on 3/19/19 of Client #2's record revealed: -Admission date of 1/15/19; -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Adjustment Disorder with Depressed Mood, Post-Traumatic Stress Disorder, and Nocturnal Enuresis; -7years old. Review on 3/19/19 of Client #4's record revealed: -Admission date of 1/10/19; -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Behavior Disorder; -10 years old. Review on 3/19/19 of the facility's Incident Reports for period 1/1/19 - 3/19/19 revealed: -No Level II incident report for Client #1's physical intervention on 3/8/19; -No Level II incident reports for Client #2's physical intervention on 2/18/19, 2/22/19, 3/3/19, 3/8/19, 3/14/19, 3/15/19, and 3/16/19; -No Level II incident reports for Client #4's physical intervention on 2/1/19, 2/11/19, 2/13/19, 3/2/19, 3/3/19, 3/8/19, and 3/15/19; -Level II incident reports for Client #4's physical intervention were completed beyond the 72 hour window for physical interventions occurring on 1/21/19, 1/22/19, and 3/6/19. Interview on 3/20/19 with the Quality Improvement Specialist revealed: -The facility recently hired a new Program	V 367		

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V 367	Continued From page 17 Supervisor/Qualified Professional who will provide increase supervision and training on incident reporting.	V 367		