

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/10/2019
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on May 10, 2019. The complaint was substantiated (intake # NC00149384). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an individual personnel record for 1 of 1 current staff (Staff #1) and failed to develop individual personnel files for 3 of 4 volunteer staff (Volunteers #2, #3 and #4). The findings are:</p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed: -There were no personnel records made available for review on Staff #1 and Volunteers #2, #3 and #4.</p> <p>Review on 4/16/19 of a text message from the Licensee/Qualified Professional (QP) revealed: -Staff #1 worked at his facility as needed (PRN).</p> <p>Interview on 3/27/19 with Staff #1 revealed:</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>-She returned to work for the Licensee/QP around 3/13/19 to help the Licensee/QP provide care to Client #1; -She worked one day the week of 3/18/19 with Client #1 and was on the schedule to work 2 days a week on 3rd shift.</p> <p>Interviews on 3/22/19 with Volunteers #2 and #3 revealed: -They were asked by the Licensee/QP and agreed to "look after" Client #1 while he (the Licensee/QP) went to a meeting that was held out of the county; -They were not facility staff.</p> <p>Interviews on 3/19/19, 3/25/19 and 4/16/19 with the Licensee/QP revealed: -3/19/19, Staff #1 was re-hired at the time of Client #1's admission and worked on a rotating schedule of 2nd and 3rd shifts; -3/25/19, Staff #1's personnel record was in his vehicle from having removed the personnel and client records from his former facility that closed in 12/2018; -Staff #1's personnel record was not made available during the survey; -Volunteers #2 and #3 were at the facility on 3/22/19 to look after Client #1 because neither Staff #1 or Staff #2 could come into work between 2:30-6:00 pm and he was not able to be there due to a "serious emergency" that had him out of the county; -4/16/19, Staffs # 4 and #5 were his parents and they started work for him around 3/20/19; -Volunteer #4 was his brother and had been helping "every now and then" with Client #1; -He was planning for his brother (Volunteer #4) to become a staff member after he had all the required training.</p>	V 107		

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V 107	Continued From page 3 This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 6 current staff (Staff #6) and 3 of 4 volunteer staff (Volunteers #1, #2 and #3) were trained to meet the mental health needs of a client (Client #1) and failed to ensure a staff was in the facility when a client was present and trained in basic First Aid and Cardiopulmonary Resuscitation (CPR) for 1 of 6 current staff (Staff #3) and 3 of 4 volunteer staff (Volunteers #1, #2 and #3). The findings are:</p> <p>Review on 3/25/19 of Client #1's record revealed: -He was 12 years old and admitted on 3/13/19; -His diagnoses were Post-Traumatic Stress Disorder (PTSD) and Attention-Deficit Hyperactivity Disorder (ADHD); -He had a history of behaviors that included an attempt to jump out of a moving motor vehicle, elopement, inability to self-regulate his moods, verbal aggression toward others, and difficulty accepting consequences of his behaviors.</p> <p>Review on 4/15/19 of Staff #3's personnel record revealed: -She had a First Aid and CPR training certificate dated 2/23/19, which was signed by an American Heart Association (AHA) trainer with her (Staff #3)'s printed and signed name in blue ink on this certificate; -This First Aid and CPR training certificate appeared invalid due to the way this document was completed and it did not accurately reflect training.</p> <p>Review on 4/15/19 of Staff #6's personnel record revealed:</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>-He worked as a direct care staff on an as needed (PRN) basis;</p> <p>-There was no documentation he had been trained on Client #1's mental health diagnoses and needs.</p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed:</p> <p>-There was no information that indicated Volunteers #1-#3 had training on Client #1's mental health needs;</p> <p>-There was no documentation each of these volunteers were current in their basic First Aid and CPR training.</p> <p>Interview on 4/15/19 with Staff #3 revealed:</p> <p>-She had First Aid and CPR training by a woman who came to the facility the first week she worked which would have been the week of 4/8/19.</p> <p>Interview on 3/22/19 with Staff #6 revealed:</p> <p>-He had met Client #1 before 3/22/19 but the Licensee/Qualified Professional (QP) had not reviewed Client #1's mental health needs with him and he had not yet reviewed Client #1's record;</p> <p>-He worked on as needed (PRN) basis for the Licensee/QP.</p> <p>Interview on 4/15/19 with Volunteer #1 revealed:</p> <p>-He removed himself from a meeting between Staff #3 and the Licensee/Qualified Professional (QP) because he did not think the information about Client #1 applied to him as a volunteer;</p> <p>-He was current in his First Aid and CPR training but did not know when he received the training or who provided the training;</p> <p>-He had no documentation to provide of current First Aid and CPR training.</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>Interview on 3/22/19 with Volunteer #2 revealed: -She did not know Client #1's mental health diagnoses; -It had been more than 2 years ago that she had First Aid and CPR training; -She planned to have all the required training to provide care to Client #1 but had not yet started any training.</p> <p>Interview on 3/22/19 with Volunteer #3 revealed: -He had no formal training to care for children or adolescents with mental health problems but he considered himself qualified because he had raised 5 children; -He was not certified in First Aid and CPR training.</p> <p>Interview on 4/16/19 with the AHA First Aid and CPR trainer for the facility revealed: -Her last staff training at the facility in First Aid and CPR was on 2/23/19; -She named the staff she trained on 2/23/19; -Staff #3 and Volunteers #1, #2 and #3 were not on her First Aid and CPR training roster; -She had emailed the Licensee/QP a signed and dated First Aid and CPR training certificate for 2/23/19 for the Licensee/QP to add the names of the staff she trained on 2/23/19.</p> <p>Review on 3/28/19 of an email dated 3/28/19 at 9:52 pm from the Licensee/QP revealed: -He stated, "We will have all staff fully trained immediately upon starting;" -He stated Staffs #4 and #5's trainings were "about 80% complete."</p> <p>Interview on 4/16/19 with the Licensee/Qualified Professional (QP) revealed: -He acknowledged he used a blank First Aid and CPR training certificate that was signed by the</p>	V 108		

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V 108	<p>Continued From page 7</p> <p>AHA trainer and dated 2/23/19 for Staff #3 to put her name on; -He initially stated their training occurred from the AHA instructor around 3/22/19; -He later stated Staff #3 and Volunteer #1 had their First Aid and CPR certification prior to starting work but he had not placed their certificates in their personnel records; -Staff #3's and Volunteer #1's First Aid and CPR training certifications prior to their start work date was not made available during the survey.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. 	V 109		

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V 109	<p>Continued From page 8</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the Licensee/ Qualified Professional (QP) failed to demonstrate competency in the knowledge, skills and abilities required by the population served affecting a 1 of 1 former client (FC #2) and a 1 of 1 current client (Client #1). The findings are:</p> <p>Finding #1 Review on 3/25/19 of Former Client (FC #2)'s record revealed: -FC #1 was 16 years old with an admission date of 12/24/18 and was diagnosed with Other Specified Trauma and Stressor Related Disorder; -He was discharged on 3/7/19; -His behaviors included anxiety, hyperactivity, impulsivity, marijuana use, physical assault and theft with legal charges and juvenile probation, defiance and difficulty relating to others.</p> <p>Review on 3/25/19 of a printed copy of a NC</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Division of Motor Vehicles report dated 1/27/19 revealed: -At 2:45 am, Former Staff (FS #7) was a driver of a motor vehicle that wrecked while he traveled on a major interstate and struck a cable median barrier located along the side of the interstate; -The vehicle was damaged, not drivable, and was towed by a local towing service; -FS #7 was charged with "unsafe movement" by a State Highway Patrol Officer.</p> <p>Interview on 3/22/19 with FS #7 revealed: -FC #2 was with him in his car when he wrecked his car late one night on the way back to the facility; -The wreck happened the end of 1/2019 in a nearby county where a police report was made due to the vehicle damage and his car had to be towed; -FC #2 called his mother and she picked them up and took them back to the group home; -He did not remember if he told the Licensee/QP about the wreck; -He stated he had not smoked marijuana in 2 years and did not know how it got into his system despite the 3/7/19 marijuana-positive drug test result; -He had to make FC #2 to go school because FC #2 did not like school; -He did not know if FC #2 remained at school after he got to school; -Monitoring school attendance was the responsibility of the Licensee/QP and FC #2's PO.</p> <p>Interviews on 3/19/19 and 3/25/19 with the Licensee/QP revealed: -3/19/19, he was made aware on 3/6/19 by a Child Protective Services (CPS) social worker with a local department of social services (DSS)</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>that FC #2 was left alone at the facility without a staff and a DSS allegation that FS #7 took FC #2 on "drug runs" (seeking illegal drug substances) out of the county;</p> <ul style="list-style-type: none"> -The CPS social worker's visit to the facility on 3/6/19 found FC #2 alone; -FS #7 did not appear as someone who used illegal drugs; -FS #7 told him he had wrecked his car and denied he had FC #2 with him when the wreck occurred; -He did not recall how long ago FS #7 wrecked his car; -He did not look into FS #7's motor vehicle accident further because FS #7 said FC #2 was not in the car; -He had no reason to doubt FS #7's statements; -FS #7 was drug-tested on 3/7/19 at DSS' request; -DSS notified him a couple of days later that FS #7 tested positive for marijuana; -FC #2 was drug tested 2 to 3 weeks prior to 3/6/19 by his probation officer (PO) and his test result was positive for marijuana; -He stated "[FC #2] could have gotten the marijuana at school;" <p>-3/25/19, he made "pop-in" (unannounced) visits to the facility at least twice a week in the evening hours and before the weekends to check on FC #2 and FS #7;</p> <ul style="list-style-type: none"> -FC #2 had missed 11 school days and he told FS #7 to make sure FC #2 was going to school every day; -He had not called the school about FC #2's school attendance and did not know if FS #7 made calls to the school. <p>Finding #2 Review on 3/25/19 of Client #1's record revealed:</p>	V 109		

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V 109	<p>Continued From page 11</p> <ul style="list-style-type: none"> -He was 12 years old and was admitted on 3/13/19; -His diagnoses were Post-Traumatic Stress Disorder (PTSD) and Attention-Deficit Hyperactivity Disorder (ADHD); -His behaviors included an attempt to jump out of a moving motor vehicle, elopement, inability to self-regulate his moods, verbal aggression toward others, and difficulty accepting consequences of his behaviors. <p>Observations on 3/22/19 at 4:05 pm of the facility revealed:</p> <ul style="list-style-type: none"> -At 4:05 pm, Client #1 was playing basketball in the driveway at the facility with Volunteer #3 present with him and no staff present at the facility; -At 4:20 pm, Volunteer #2 walked into the facility wearing a local department store name tag; -At approximately 5:30 pm, Staff #6 arrived at the facility. <p>Interviews on 3/22/19 with Volunteers #2 and #3 revealed:</p> <ul style="list-style-type: none"> -They were asked by the Licensee/QP and agreed to "look after" Client #1 while he (the Licensee/QP) went to an emergency meeting that was held out of the county; -They were not facility staff but volunteered to be with Client #1 at the facility until the Licensee/QP returned; -Volunteer #2 expected the Licensee/QP to return to the facility by 6:00 pm; -Volunteer #3 expected the Licensee/QP to have returned around 4:30 pm; -They did not know Client #1's mental health diagnosis, his behaviors, his mental health medications or what signs or symptoms would have indicated medication side effects; -Each of these volunteers acknowledged no 	V 109		

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V 109	<p>Continued From page 12</p> <p>current and certified training in basic First Aid or Cardiopulmonary resuscitation (CPR); -Volunteer #2 stated she planned to have all the required training to provide care to Client #1 but had not yet started any training.</p> <p>Interview on 3/25/19 with the Licensee/QP revealed: -He had an emergency meeting on 3/22/19 and required him to go out of the county; -He would have been at the facility on 3/22/19 if he had not gone to the meeting; -Staffs #1 and #2 were not able to come in and work as staff on that date between 2:30 pm-6:00 pm; -Staff #6 who worked "as needed" (PRN) came to the facility to have a staff present with Client #1 but Staff #6 had not for him in 1-2 years.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>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;</p>	V 112		

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V 112	<p>Continued From page 13</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement treatment strategies that addressed the needs for 1 of 1 former clients (FC #2). The findings are:</p> <p>Review on 3/25/19 of FC #2's record revealed: -FC #2 was 16 years old, admitted on 12/24/18 from a former facility that was operated by the Licensee/Qualified Professional (QP), and diagnosed with Other Specified Trauma and Stressor Related Disorder; -He was discharged on 3/7/19; -A history of behaviors included anxiety, hyperactivity, impulsivity, marijuana use, physical assault and theft with legal charges and juvenile probation, defiance and difficulty relating to others; -His 7/18/18 treatment plan goals included: -Decreased negative symptoms of trauma exposure with psychoeducational review around issues of abuse and consisting of safe persons and places and having a safety plan developed to</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>include de-escalation and coping skills; -Decreased defiance with increased compliance with facility rules, identify triggers to defiant behaviors and use of coping skills for appropriate decision-making and communication; -Decreased anxiety with increased coping skills with a safety plan and a supervision plan provided that included increased client monitoring and ensured adequate supervision of client throughout the day; - Decreased symptoms of theft, hyperactivity, and impulsivity with a behavior plan to identify rewards for appropriate behavior and with appropriate rules, rewards and consequences around school behavior; -No documentation was made available for review of the following: -Treatment goals and strategies that addressed FC #2's substance abuse; -Written progress notes related to his treatment goals and services; -A client-specific supervision plan or behavior plan with strategies that addressed his behaviors; -Written discharge information or a summary of FC #2's discharge from the facility.</p> <p>Review on 3/25/19 of a written and undated safety plan provided by the Licensee/Qualified Professional (QP) revealed: -A document titled, "House #1 Crisis Plan," with written staff instructions to supervise clients who lived at the Licensee/QP's former facility; -There was no client-specific safety plan information in the document that pertained to FC #2.</p> <p>Attempted interviews were made on 3/22/19 at 2:52 pm, 2:59 pm and 5:20 pm with FC #2 and his legal guardian by telephone calls to his legal guardian's cell and home telephone numbers and</p>	V 112		

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V 112	<p>Continued From page 15</p> <p>2 voice mail messages were left that requested a return call; -The attempted interviews resulted in no returned telephone calls from 3/22/19 to 4/16/19.</p> <p>Interview on 3/22/19 with FC #2's PO revealed: -FC #2's admission on 12/24/18 from his former placement under the Licensee/QP required him to be transferred to another school; -FC #2's school enrollment was delayed from 12/24/18 to 1/28/19; -FC #2 missed 12-14 days of school between 1/28/19 to mid-2/2019; -FC #2's probation conditions were for him to attend school every day and complete his community service work hours after school; -His community service was linked to the school so he could complete his hours after school; -FC #2 was drug-tested as a part of his probation and he was not permitted to disclose FC #2's drug test results; -He and the DSS Social Worker tried to find out from FC #2 where he had gotten marijuana since he missed 12-14 school days and had not done his community service work; -FC #2 was likely seeking marijuana from FS #7 and their relationship was one of "mutual benefit;" -FS #7 and the Licensee/QP had not reported FC# 2 missed school days to him; -At the CFT meeting, the Licensee/QP said he would follow up with FS #7 to make sure FC #2 went to school; -FC #2's school grades "fell dramatically" while he lived in the facility; -On 3/7/19, FC #2 was discharged from the facility and picked up by his legal guardian; -School staff did not expect FC #2 to pass his current grade and his probation was expected to be extended because FC #2 had missed multiple school days and had not completed his</p>	V 112		

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V 112	<p>Continued From page 16</p> <p>community service hours; -FC #2 continued to struggle academically and with his substance abuse</p> <p>Interview on 3/22/19 with Former Staff (FS #7) revealed: -He was familiar with FC #2 prior to his 12/24/18 admission as FC #2 had been a client of the Licensee/QP's former facility; -FC #2 smoked cigarettes "every now and then" because he and the Licensee/QP caught him smoking indoors soon after his admission and explained to FC #2 about the "No smoking policy;" -FC #2's Probation Officer (PO) had FC #2 drug tested but he did not know the results of his drug tests; -He denied knowledge of FC #2's use of marijuana during his admission; -FC #2 did not want to go to school because he did not like school; -He stated, "When he went to school, I don't know if he stayed there or left;" -He stated he was not notified by the school when FC #2 was absent; -Monitoring school attendance was the responsibility of FC #2's PO and the Licensee/QP.</p> <p>Interviews on 3/19/19 and 3/25/19 with Licensee/QP revealed: -3/19/19, FC #2 was drug tested 2 to 3 weeks prior to 3/6/19 by his probation officer (PO) and his test result was positive for marijuana; -He stated "[FC #2] could have gotten the marijuana at school;" -He did not provide any additional information about his or his staff's efforts to address FC #2's marijuana use as a part of his treatment; -FC #2's supervision plan was a "blanket crisis</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>plan" he used for staff to monitor clients at his former facility that closed in 12/2018; -FS #7 was responsible for completing daily service notes on FC #2 but he was not able to find the notes which were located in an electronic system; -He did not complete "official" discharge paperwork on FC #2 for 3/7/19 because FC #2's PO had the legal guardian to take FC #2 home on that date; -3/25/19, he made "pop-in" (unannounced) visits to the facility at least twice a week in the evening hours and before the weekends to monitor FC #2 and FS #7; -The "only issue" he found with FC #2 during his unannounced visits was FC #2 brought sticks into his bedroom from outdoors; -FC #2 tried to smoke cigarettes in his bedroom after he was first admitted and told FC #2 he was not allowed to have or to smoke cigarettes during his placement; -He believed FS #7 was making certain FC #2 was not smoking at the facility and was going to school; -FC #2 had missed 11 school days and he told FS #7 to make sure FC #2 was going to school every day; -He tried talking with FC #2 about his school absences and FC #2 responded by "shutting down and not wanting to talk about anything;" -He was not notified by the school of FC #2's absences; -He had not called the school about FC #2's school attendance and did not know if FS #7 made calls to the school about FC# 2's attendance.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.</p>	V 112		

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V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure 4 of 4</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>volunteer staff (Volunteers #1, #2, #3 and #4) who provided care for 1 of 1 current clients (Client #1) were trained in medication administration. The findings are:</p> <p>Review on 3/25/19 of Client #1's record and his 3/2019 MAR revealed: -He had physician orders dated 12/27/18 for the following medications: -guanfacine (Intuniv) Hydrochloride (HCL) Extended Release (ER) 3 milligrams (mg), one daily to treat Attention-Deficit Hyperactivity Disorder (ADHD); -Trazadone HCL 100 mg, once daily at bedtime for sleep.</p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed: -There was no documentation that Volunteers #2, #3 and #4 had medication administration training.</p> <p>Review on 4/15/19 of Volunteer #1's personnel record revealed: -A Medication Tech training certificate with Volunteer #1's name, dated 4/1/19 and signed by a Registered Nurse (RN); -A written facility memo on client medication administration which was signed by Volunteer #1 and dated 4/5/19; -The memo was from the Licensee/Qualified Professional (QP) and contained written expectation on staff medication administration.</p> <p>Observation made on 3/25/19 at 4:26 pm of Client #1's physician-ordered medications revealed his guanfacine and Trazadone was available at the facility for administration.</p> <p>Interview on 4/15/19 with Volunteer #1 revealed: -He had no medication training because he was</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>not given responsibility to administer Client #1's medications;</p> <p>-He signed a lot of papers with the Licensee/Qualified Professional (QP) before and after he and Staff #3 started work on 4/5/19;</p> <p>-Staff #3 was responsible for administering client medications;</p> <p>-He had not planned to administer client medications;</p> <p>-He had not considered possible side effects associated with Client #1's medications that he needed to look for.</p> <p>Interview on 4/16/19 with the Registered Nurse revealed:</p> <p>-The last training date she had with facility staff was on 2/23/19 in First Aid and Cardiopulmonary Resuscitation (CPR);</p> <p>-She thought the Licensee/QP was using the online training now to train his staff in medication administration;</p> <p>-She had been traveling out of state in 3/2019 and 4/2019 and not doing a lot of training.</p> <p>Interview on 3/22/19 with Volunteer #2 revealed:</p> <p>-Client #1's medications were locked up at the facility and the Licensee/QP had the key to access his medications;</p> <p>-She knew he took a medication in the morning and she thought his medication at night was to help him sleep;</p> <p>-She planned to have all the required training to provide care to Client #1 but had not yet started any training.</p> <p>Interview on 3/22/19 with Volunteer #3 revealed he had no knowledge of Client #1's medications.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule</p>	V 118		

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V 118	Continued From page 21 violation.	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure before employment of personnel, the Health Care Personnel Registry (HCPR) was accessed and each incident of access was filed in the appropriate business file for 3 of 6 current staff (Staffs #1, #3 and #4) and 4 of 4 volunteer staff (Volunteers #1, #2, #3 and #4). The findings are:</p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed: -No HCPR accessed for Staffs #1, #3 and #4 and Volunteers #2, #3 and #4 were made available for review.</p> <p>Review on 4/15/19 of Volunteer #1's personnel record revealed: -Start date: 4/5/19; -HCPR was accessed on 4/11/19.</p>	V 131		

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V 131	<p>Continued From page 22</p> <p>Interviews on 3/25/19 and 4/16/19 with the Licensee/Qualified Professional (QP) revealed: -3/25/19, Staff #1's personnel record was in his vehicle as he removed the personnel and client records from his former facility that closed in 12/2018; -Volunteers #2 and #3 were at the facility on 3/22/19 to look after Client #1 because Staffs #1 and #2 could not come into work and he was not at the facility to provide for Client #1's care that one day from 2:30-6:00 pm due to a "serious emergency" that took him out of the county; -4/16/19, Staff #4's hire date was around 3/20/19 and his HCPR accessed incident must have been misfiled.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for</p>	V 133		

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V 133	Continued From page 23 less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank	V 133		

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V 133	<p>Continued From page 24</p> <p>may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after</p>	V 133		

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V 133	<p>Continued From page 25</p> <p>consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A,</p>	V 133		

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V 133	<p>Continued From page 26</p> <p>Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five</p>	V 133		

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V 133	<p>Continued From page 27</p> <p>business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure requested criminal background checks for 2 of 6 direct care staff (Staffs #1 and #3) and 4 of 4 volunteer staff (Volunteers #1, #2, #3 and #4). The findings are:</p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed: -Staffs #1 and #3 had no documentation of a requested criminal background check; -Volunteers #1 through #4 had no documentation of a requested criminal background check.</p> <p>Interviews on 3/25/19 and 4/16/19 with the Licensee/Qualified Professional (QP) revealed: -3/25/19, Staff #1's personnel record with the criminal back ground check was in his vehicle but he did not made the information available for DHSR review; -4/16/19, Staff #3's and Volunteer #1's criminal background documents were in his truck on 4/4/19 which was the date his truck was stolen; -He had not requested criminal background checks on Volunteers #2 and #3 because they cared for Client #1 that one day, on 3/22/19; -He would look for Volunteer #4's criminal background information; -The requested criminal background information for Volunteer #4 was never received during the survey.</p>	V 133		

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V 133	Continued From page 28 This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.	V 133		
V 179	27G .1301 Residential Tx - Scope 10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.	V 179		

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V 179	<p>Continued From page 29</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to operate in the scope of providing Level II residential treatment services for 1 of 1 former clients (FC #2) and 1 of 1 current clients (Client #1). The findings are:</p> <p>CROSS-REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on record review and interview, the facility failed to maintain an individual personnel record for 1 of 1 current staff (Staff #1) and failed to develop individual personnel files for 3 of 4 volunteer staff (Volunteers #2, #3 and #4).</p> <p>CROSS-REFERENCE: 10A NCAC 27G .0203 Personnel Requirements (V108) Based on record review and interview, the facility failed to ensure 1 of 6 current staff (Staff #6) and 3 of 4 volunteer staff (Volunteers #1, #2 and #3) were trained to meet the mental health needs of a client (Client #1) and failed to ensure a staff was in the facility when a client was present and trained in basic First Aid and Cardiopulmonary Resuscitation (CPR) for 1 of 6 current staff (Staff #3) and 3 of 4 volunteer staff (Volunteers #1, #2 and #3).</p> <p>CROSS-REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record review, observation and interview, the Licensee/ Qualified Professional (QP) failed to demonstrate competency in the knowledge, skills and abilities required by the population served affecting a 1 of 1 former client (FC #2) and a 1 of 1 current client</p>	V 179		

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V 179	<p>Continued From page 30 (Client #1).</p> <p>CROSS-REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interview, the facility failed to develop and implement treatment strategies that addressed the needs for 1 of 1 former clients (FC #2).</p> <p>CROSS-REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on record review, observation and interview, the facility failed to ensure 4 of 4 volunteer staff (Volunteers #1, #2, #3 and #4) who provided care for 1 of 1 current clients (Client #1) were trained in medication administration.</p> <p>CROSS-REFERENCE: NCGS § 131E-256 Health Care Personnel Registry (V131) Based on record review and interview, the facility failed to ensure before employment of personnel, the Health Care Personnel Registry (HCPR) was accessed and each incident of access was filed in the appropriate business file for 3 of 6 current staff (Staffs #1, #3 and #4) and 4 of 4 volunteer staff (Volunteers #1, #2, #3 and #4).</p> <p>CROSS-REFERENCE: NCGS § 122C-80 Criminal History Record Check (V133) Based on record review and interview, the facility failed to ensure requested criminal background checks for 2 of 6 direct care staff (Staffs #1 and #3) and 4 of 4 volunteer staff (Volunteers #1, #2, #3 and #4).</p> <p>CROSS-REFERENCE: 10A NCAC 27G .1302 Staffing (V180) Based on record review, observation and interview, the facility failed to staff the facility with at least one direct care staff when a client was present.</p>	V 179		

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V 179	<p>Continued From page 31</p> <p>CROSS-REFERENCE: 10A NCAC 27E .01017 Training on Alternatives to Restrictive Interventions (V536) Based on record review and interview, the facility failed to ensure 1 of 1 former staff (FS #7) and 5 of 6 current direct care staff (Staffs #1,#2, #4,#5 and #6) and 4 of 4 current volunteer staff (Volunteers #1, #2, #3 and #4) had initial training in the use of alternatives to restrictive interventions prior to providing services to clients with disabilities.</p> <p>CROSS-REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537) Based on record review and interview, the facility failed to ensure 1 of 1 former staff (FS #7) and 5 of 6 current staff (Staffs #1, #2, #4, #5 and #6) were trained in the use of restrictive interventions that included seclusion, physical restraint and isolation time-out.</p> <p>Review on 3/25/19 of an initial Plan of Protection dated and signed by the Licensee/Qualified Professional (QP) on 3/25/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "[The facility] will immediately ensure that all staff recertifications are up to date to include recertifications or training in NCI (North Carolina Interventions) Plus for our Alternatives to Restriction Intervention. These trainings will be filed in staff books. [The Licensee/QP] will provide direct care to consumer on several mornings to ensure that he is prepared and properly ready to attend school consistently. The [Licensee/QP] will provide client specific training to staff addressing the diagnosis of consumers." Describe your plans to make sure the above</p>	V 179		

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V 179	<p>Continued From page 32</p> <p>happens. "The [Licensee/QP] will ensure this happens by personally contacting trainers to bring or send signed certificates indicating the day and trainings provided. In addition, director (the Licensee/QP) will request a roster of the names with title of training listed. Staff will make contact with school administration to confirm that consumer is present on some of the days that director is not providing direct care. The [Licensee/QP] will provide client specific training handouts and a signed roster of staff trained.</p> <p>Review on a 2nd Plan of Protection dated and signed by the Licensee/QP on 3/25/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "All Untrained Staff will be removed from the schedule effective 3/26/19. [The facility] will immediately ensure that all staff recertifications are up to date to include recertifications or training in NCI Plus for our Alternatives to Restriction Intervention. These trainings will be filed in staff books. [The QP/Licensee] will provide direct care to consumer on several mornings to ensure that he is prepared and properly ready to attend school consistently. [The QP/Licensee] will provide client specific training to staff addressing the diagnosis of consumers." Describe your plans to make sure the above happens. "[The Licensee/QP] will verbally inform all untrained staff that they are no longer needed. [The Licensee/QP] will ensure this happens by personally contacting trainers to bring or send signed certificates indicating the day and trainings provided. In addition, director will request a roster</p>	V 179		

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V 179	<p>Continued From page 33</p> <p>of the names with title of training listed. Staff will make contact with school administration to confirm that consumer is present on some of the days that director is not providing direct care. [The Licensee/QP] will provide client specific training handouts and a signed roster of staff trained."</p> <p>Review on a 3rd Plan of Protection dated and signed by the Licensee/QP on 3/27/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -According to rules, 10A NCAC 27G.1301 / V179 [The Facility] will: Ensure that the director's (Licensee/QP)'s and staff's file is maintained indicating minimum level of education, competency, work experience, skills, training, and other qualifications by contracting with certified trainer(s) and placing proof of certificate(dated) and or relevant study guides, test or curriculums in their file. -According to rules, 10AC 27G.1302 Staff and 10A NCAC 27G. 1303 Operations, and 10A NCAC 27G .0205 V112 Assessment and Treatment/Habilitation or Service Plan, [The Facility] will: Provide at least one staff present at all times that is trained in CPR, First Aid, Med Administration, Seizure management, and NCI Plus. In addition, [The Facility] will ensure that staff/volunteers and or anyone working with [The Facility] consumers demonstrate competency by successfully completing training in communication skills and other strategies for creating an environment which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. -According to rule 10A NCAC 27G .0205 assessment and Treatment/Habilitation or</p>	V 179		

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V 179	<p>Continued From page 34</p> <p>Service Plan (V112) and 10A NCAC 27G. 1303 [The Facility] Will: Will develop and implement supervision of increased monitoring throughout the day to ensure adequate supervision was in place; and will develop appropriate rewards and consequences around school behavior." Describe your plans to make sure the above happens.</p> <p>The [Licensee/QP] will update his own file by attending necessary trainings and placing them (proof of certificate) in an organized notebook. This notebook will contain minimum level of education, competency, work experience, skills, training, and other qualifications. The hired staff and or volunteers will have organized notebooks that contain minimum level of education, competency, work experience, skills, training, and other qualifications. Standards will be updated yearly to meet the minimum requirement as evidenced by certificates which will indicate the dates of completion.</p> <p>In addition, [The Facility] will provide a curriculum of competencies that address the functioning needs and levels of [The Facility] consumers. The director (Licensee/QP) will perform these trainings via lecture and roster to be signed by staff receiving competency trainings. The roster will title the areas to be lectured such as effective communication to "At Risk" children, strategies for a safe and effective environment of, "At Risk" children, a closer look at consumer diagnosis's, and understanding PCP's.</p> <p>Lastly, [The Facility] will implement a daily Behavioral Modification Reward Plan that addresses consequences and rewards for behavior in the home and educational settings as well as physically enter the facility at various times in the morning and evening to ensure minimum standards are met.</p> <p>If a consumer presents struggles with attending</p>	V 179		

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V 179	<p>Continued From page 35</p> <p>school or drug use, staff will document patterns and seek the appropriate guidance from therapist, schools, and or child and family team members."</p> <p>Review on a 4th Plan of Protection dated and signed by the Licensee/QP on 3/27/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -According to rules, 10A NCAC 27G.1301 / V179</p> <p>[The Facility] will: Ensure that the director's (Licensee/QP)'s and staff's file is maintained indicating minimum level of education, competency, work experience, skills, training, and other qualifications by contracting with certified trainer(s) and placing proof of certificate(dated) and or relevant study guides, test or curriculums in their file.</p> <p>-According to rules, 10AC 27G.1302 Staff and 10A NCAC 27G. 1303 Operations, and 10A NCAC 27G .0205 V112 Assessment and Treatment/Habilitation or Service Plan, [The Facility] will: Provide at least one staff present at all times that is trained in CPR, First Aid, Med Administration, Seizure management, and NCI Plus. In addition, Changing Lives will ensure that staff/volunteers and or anyone working with [The Facility] consumers demonstrate competency by successfully completing training in communication skills and other strategies for creating an environment which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>-According to rule 10A NCAC 27G .0205 assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G. 1303 [The Facility] Will: Develop and implement</p>	V 179		

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V 179	<p>Continued From page 36</p> <p>supervision of increased monitoring throughout the day to ensure adequate supervision was in place; and will develop appropriate rewards and consequences around school behavior." Describe your plans to make sure the above happens.</p> <p>The [Licensee/QP] will update his own file by attending necessary trainings and placing them (proof of certificate) in an organized notebook. This notebook will contain minimum level of education, competency, work experience, skills, training, and other qualifications. The hired staff and or volunteers will have organized notebooks that contain minimum level of education, competency, work experience, skills, training, and other qualifications. Standards will be updated yearly to meet the minimum requirement as evidenced by certificates which will indicate the dates of completion.</p> <p>In addition, [The Facility] will provide a curriculum of competencies that address the functioning needs and levels of [The Facility]'s consumers. The [Licensee/QP] will perform these trainings via lecture and roster to be signed by staff receiving competency trainings. The roster will title the areas to be lectured such as effective communication to "At Risk" children, strategies for a safe and effective environment of, "At Risk" children, a closer look at consumer diagnosis's, and understanding PCP's.</p> <p>-Lastly, [The Facility] will implement a daily Behavioral Modification Reward Plan that addresses consequences and rewards for behavior in the home and educational settings as well as physically enter the facility at various times in the morning and evening to ensure minimum standards are met.</p> <p>If a consumer presents struggles with attending school or drug use, staff will document patterns and seek the appropriate guidance from</p>	V 179		

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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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V 179	<p>Continued From page 37</p> <p>therapist, schools, and or child and family team members."</p> <p>Client #1 and Former Client #2 had diagnoses of Other Specified Trauma and Stressor Related Disorder, Post-Traumatic Stress Disorder (PTSD) and Attention-Deficit Hyperactivity Disorder (ADHD). Both clients had histories of defiance and aggression toward others. FC #2 had additional behaviors of illicit substance abuse and non-compliance in his probation with his school attendance. The treatment plans outlined specific strategies for staff monitoring and identifying triggers for both clients to decrease defiance and promote coping skills. The treatment plan referenced a safety plan; however, the facility did not develop a plan to address previous abuse or an outline of safe people and places for FC#2. The Licensee/QP used a blanket crisis plan from a previous placement on how to monitor clients. The Licensee/Qualified Professional failed to develop or implement strategies to address the drug use and school attendance for FC#2 initially and update after positive drug screens and 12 to 14 days of school and community service work missed between 1/28/19 to 3/6/19. There was no coordination with the school or probation officer to determine interventions for ensuring school attendance or to determine the possible sources of FC#2's drug source. As a result, FC #2 struggled academically and was not expected to pass his current school grade. His probation was expected to be extended due to non-compliance with his probationary community service hours that coincided with his missed school days.</p> <p>The Licensee/ QP also failed to ensure the direct care staff and volunteers were trained in the required CPR/First Aid, medication training and client specific Mental Health and Substance</p>	V 179		

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V 179	<p>Continued From page 38</p> <p>Abuse needs, and strategies outlined in the treatment plans. The staff (Former staff, 5 of 6 current and 4 of 4 volunteers) were also not trained in de-escalation techniques or restrictive interventions. One record reviewed supported CPR training for Staff #3, however the Licensee/Qualified Professional acknowledged during the survey that he took a blank First Aid and CPR certificate and filled in the information. The facility records were also missing criminal and HCPR checks for all 4 volunteers and 3 HCPR and 2 Criminal check for current staff.</p> <p>Despite having identified staff for the facility, both FC #2 and Client #1, were found at the facility on multiple occasions without a direct care staff or volunteer staff trained to meet their individual needs, behaviors or trained to address a medical emergency event. The volunteers reported they were looking after the clients while the Licensee/QP was away and were not staff of the facility.</p> <p>The scope of the program requires that services be designed to address the needs and skills of the clients. The Licensee/QP failure to updated treatment plans to address ongoing behaviors, to not provide trained staff to address the needs of the clients constitutes a Type A1 rule violation for serious neglect. An Administrative penalty of \$2,000.00 is imposed.</p>	V 179		
V 180	<p>27G .1302 Residential Tx - Staff</p> <p>10A NCAC 27G .1302 STAFF</p> <p>(a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social</p>	V 180		

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V 180	<p>Continued From page 39</p> <p>work, nursing, psychology or a related field.</p> <p>(b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building.</p> <p>(c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes.</p> <p>(d) Psychiatric consultation shall be available as needed for each client.</p> <p>(e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to staff the facility with at least one direct care staff when a client was present. The findings are:</p> <p>Finding #1: -Review on 3/25/19 of Former Client (FC #2)'s record revealed he was 16 years old, admitted 12/24/18 and diagnosed Other Specified Trauma and Stressor Related Disorder; -He was discharged on 3/7/19.</p> <p>Attempted interviews were made on 3/22/19 at 2:52 pm, 2:59 pm and 5:20 pm with FC #2 and his legal guardian by telephone calls to his legal guardian's cell and home telephone numbers and 2 voice mail messages were left that requested a return call; -The attempted interviews resulted in no returned telephone calls from 3/22/19 to 4/16/19.</p>	V 180		

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V 180	<p>Continued From page 40</p> <p>Interview on 3/22/19 with a Child Protective Services (CPS) social worker with a local county department of social services (DSS) revealed: -Her visit to the facility on 3/6/19 between 4:00-4:30 pm found Former Client (FC #2) alone without at least one direct care staff present; -Her interview with FC #2 indicated he had been left alone at the facility before 3/6/19 but he did not specify how often or how many times he was left alone without a direct care staff present with him.</p> <p>Finding #2: -Review on 3/19/19 of Client #1's record revealed he was 12 years old and admitted to the facility on 3/13/19 and diagnosed Post-Traumatic Stress Disorder (PTSD) and Attention-Deficit Hyperactivity Disorder (ADHD).</p> <p>Observations on 3/22/19 at 4:05 pm of the facility revealed: -At 4:05 pm, Client #1 was playing basketball in the driveway with Volunteer #3 present outside with him; -At 4:20 pm, Volunteer #2 walked into the facility wearing a local department store name tag; -At approximately 5:30 pm, Staff #6 arrived at the facility.</p> <p>Interview on 3/22/19 with Client #1 revealed: -The day program van dropped him off at the home at 3:30 pm; -He stated he did not want to talk to the "State."</p> <p>Interview on 3/22/19 with Volunteer #3 revealed: -He was not a direct care staff; -He was the father of the Licensee/QP's fiancée; -The Licensee/Qualified Professional (QP) asked him to be at the home when Client #1 came</p>	V 180		

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V 180	<p>Continued From page 41</p> <p>home on the van from his day treatment program and to remain with Client #1 until he (Licensee/QP) could return from a meeting;</p> <p>-He had been at the home since 2:30 pm, Client #1 returned to the home on the van at about 3:30 pm, and he understood he needed to "watch" Client #1 for "an hour or so,"</p> <p>-He stated he thought the Licensee/QP would have returned by 4:30 pm.</p> <p>Interview on 3/22/19 with Volunteer #2 revealed:</p> <p>-She was the Licensee/QP's fiancée;</p> <p>-She was not a direct care staff;</p> <p>-The Licensee/QP had an emergency meeting in another county and was expected back to the facility around 5:30-6:00 pm on 3/22/19;</p> <p>-She called the Licensee/QP and a PRN (as needed) staff would be at the facility in 15-20 minutes to care for Client #1.</p> <p>Interview on 3/22/19 with Staff #6 revealed:</p> <p>-He was a PRN direct care staff for the Licensee/QP;</p> <p>-It had been 1-2 years since he last worked for the Licensee/QP.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.</p>	V 180		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC</p>	V 512		

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V 512	<p>Continued From page 42</p> <p>27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 former staff (FS #7) subjected 1 of 1 former clients (FC #2) to incidents of serious neglect. The findings are:</p> <p>Review on 3/25/19 of Former Client (FC #2)'s record revealed: -He was 16 years, admitted on 12/24/18 from a former facility that was operated by the Licensee/Qualified Professional (QP), and diagnosed Other Specified Trauma and Stressor Related Disorder.</p> <p>Review on 3/25/19 of a printed copy of a NC Division of Motor Vehicles report dated 1/27/19 revealed: -At 2:45 am, Former Staff (FS #7) was a driver of a motor vehicle that was traveling westbound on a major interstate outside the facility's county location and struck a cable median barrier</p>	V 512		

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V 512	<p>Continued From page 43</p> <p>located along the side of the interstate; -The vehicle was damaged, not drivable, and was towed by a local towing service; -As a result of the motor vehicle accident, FS #7 was charged with "unsafe movement" by a State Highway Patrol Officer.</p> <p>Attempted interviews were made on 3/22/19 at 2:52 pm, 2:59 pm and 5:20 pm with FC #2 and his legal guardian by telephone calls to his legal guardian's cell and home telephone numbers and 2 voice mail messages were left that requested a return call; -The attempted interviews resulted in no returned telephone calls from 3/22/19 to 4/16/19.</p> <p>Interview on 3/19/19 with the Licensee/QP revealed: -A child protective services (CPS) report with a local department of social services (DSS) had allegations that FS #7, who was a live-in staff, had taken FC #2 on "drug runs" into another county and was involved in a motor vehicle accident; -There was an additional allegation that FC #2 was left alone at the facility without a staff present; -3/6/19, a DSS Social Worker visited the facility and found FC #2 alone; -It was the 1st time he (the Licensee/QP) knew FC #2 was left at the facility without staff; -He did not know how long FS #7 had been away from the facility on 3/6/19 because FS #7 told him he had gone to a store "down the road" and was gone "for a second;" -FC #2 had not gone to school on 3/6/19 and FS #7 told him and DSS that FC #2 went to school that morning but must have skipped his classes; -He had no knowledge that FS #7 went on drug runs or had prior knowledge that FS #7 used</p>	V 512		

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V 512	<p>Continued From page 44</p> <p>marijuana;</p> <p>-FS #7 told him he had wrecked his car but denied he had FC #2 with him when the wreck occurred;</p> <p>-He asked FC #2 what had been going on at the home and if he had been left alone before 3/6/19;</p> <p>-FC #2 told him nothing had been going on and refused to talk with him further;</p> <p>-FS #7 resisted DSS's request to be drug-tested;</p> <p>-He told FS #7 to leave work and not to return to work until he knew the results of his drug test;</p> <p>-FS #7 was drug-tested on 3/7/19 and his test result came back positive for marijuana;</p> <p>-FS #7's employment was terminated due to the result of the drug test;</p> <p>-FC #2 was drug tested 2 to 3 weeks prior to 3/6/19 by his probation officer (PO) and his test result was positive for marijuana;</p> <p>-The Licensee/QP stated, "[FC #2] could have gotten the marijuana at school."</p> <p>Interview on 3/25/19 with the Licensee/QP revealed:</p> <p>-He indicated FC #2's mother made the CPS report and he had asked her why she called DSS instead of talking to him about her concerns for her son;</p> <p>-FC #2's mother said her son did not want to get FS #7 to get into trouble;</p> <p>-FC #2 and his mother communicated through social media and she was allowed by the legal guardian to visit FC #2 at the facility as long as the visits were supervised by staff;</p> <p>-FS #7 provided the supervision of FC #2 and his mother during their visits;</p> <p>-The Licensee/QP made "pop-in" (unannounced) visits at the facility at least twice a week during the evening hours and before the weekends to check on FC #2 and FS #7;</p> <p>-FC #2 had missed 11 school days and he told</p>	V 512		

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V 512	<p>Continued From page 45</p> <p>FS #7 to make sure FC #2 was going to school every day;</p> <ul style="list-style-type: none"> -He tried talking with FC #2 about his school absences and FC #2 responded by "shutting down and not wanting to talk about anything;" -He was not notified by the school of FC #2's absences; -He had not called the school about FC #2's school attendance. <p>Interview on 3/22/19 with a CPS/DSS Social Worker revealed:</p> <ul style="list-style-type: none"> -Her visit to the facility was made on 3/6/19 between 4:00 pm-4:30 pm; -She found FC #2 at the facility with no staff present; -She called the Licensee/QP and understood he was at a meeting and it would take him 30-45 minutes to get to the facility; -She called FS #7 who said he was at his brother's home and it would take him 30-45 minutes to get back to the facility; -The Licensee/QP arrived at the home 30 minutes later and FS #7 arrived at the home an hour and a half later; -The Licensee/QP told her he was not aware FC #2 had been left by himself at the facility; -FS #7 denied the drug run allegation and said he had not smoked marijuana in 2 years; -She requested FS #7 be drug-tested the following morning at a local facility; -The Licensee/QP told FS #7 he had to leave work that evening and his return to work depended on the result of his drug test; -The Licensee/QP agreed to stay overnight at the home with FC #2 and she (the DSS Social Worker) stayed until 8:00 pm to ensure FS #7 left the facility; -A safety plan was made with the Licensee/QP that FC #2 would not be left alone at the facility 	V 512		

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V 512	<p>Continued From page 46</p> <p>and had to be in the care of a caretaker who was sober and had not used illegal substances;</p> <p>-When she called FS #7 two days later about his drug test result having been positive for marijuana, his response was "okay;"</p> <p>-Her interview with FC #2 indicated he had been left alone at the facility before 3/6/19 but he did not want to specify how often or how many times he was left alone because he did not want to get FS #7 in trouble;</p> <p>-FC #2 told her he had not eaten on 3/6/19 because there was no food in the home that he could prepare himself;</p> <p>-He stated there was a lot of food in the home the day before, on 3/5/19, because a Child and Family Team (CFT) meeting was held and Licensee/QP had done the grocery shopping;</p> <p>-Her 3/6/19 observations of the food in the facility were canned, dry and frozen food items that she stated a youth at FC #2's age would likely not be able to plan for a meal and prepare himself;</p> <p>-She did not find drinks such as milk or juice in the facility;</p> <p>-FC #2 had been drug tested by his PO about a week before 3/6/19 and she and the PO tried to figure out how FC #2 tested positive for marijuana because he had missed a lot of school in 2/2019;</p> <p>-FC #2's PO had the number of school days FC #2 had missed.</p> <p>Interview on 3/22/19 with FS #7 revealed:</p> <p>-He worked as a live-in staff at the facility for 4 to 5 months;</p> <p>-He was aware of the allegations made to DSS;</p> <p>-He left FC #2 at the group home one time, which was on 3/6/19, and "only a few minutes" while he went to the store;</p> <p>-He tested positive for marijuana from a 3/7/19 drug test;</p> <p>-The last time he smoked marijuana was 2 years</p>	V 512		

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V 512	<p>Continued From page 47</p> <p>ago;</p> <ul style="list-style-type: none"> -He stated, "I don't know why it was still in my system;" -The Licensee/QP told him to "take a break" from his job on 3/6/19, take the drug test and his return to work depended on the drug test results; -He was terminated from his job 2 days later which was the day his drug test result came back; -He was aware FC #2 had been drug tested by his Probation Officer (PO) a couple of weeks before 3/6/19 but he did not know the results; -He denied knowledge that FC #2 used marijuana; -He stated that FC #2 did not want to go to school because FC #2 did not like school but he (FS #7) had to make him go; -He stated, "When he went to school, I don't know if he stayed there or left;" -He denied he took FC #2 with him on drug runs and continued to deny he used drugs; -FC #2 was with him in his car when he wrecked late one night on the way back to the facility from having helped a family member move; -He swerved around an object that was in the middle of the road and his car hit a steel cable guard along the side of the interstate; -The wreck happened the end of 1/2019 in a nearby county where a police report was made due to the damage to his vehicle which had to be towed; -They were not injured from the wreck; -FC #2 called his mother and she picked them up and took them back to the group home; -He did not remember if he told the Licensee/QP about the wreck or not; -There was always food in the facility and he did the grocery shopping 1 to 2 times a month with money provided to him by the Licensee/QP; -He prepared the meals at the facility and none of the clients cooked meals while he worked there. 	V 512		

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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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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 512	<p>Continued From page 48</p> <p>Interview on 3/22/19 with FC #2's PO revealed:</p> <ul style="list-style-type: none"> -FC #2's admission on 12/24/18 from his former placement under the Licensee/QP required him to be transferred to another school; -FC #2's school enrollment was delayed from 12/24/18 to 1/28/19; -FC #2 missed 12-14 days of school between 1/28/19 to mid-2/2019; -FC #2's probation conditions were for him to attend school every day and complete his community service work hours after school; -His community service was linked to the school so he could complete his hours after school; -FC #2 was drug-tested as a part of his probation and he was not permitted to disclose FC #2's drug test results; -He and the DSS Social Worker tried to find out from FC #2 where he had gotten marijuana since he missed 12-14 school days and had not done his community service work; -FC #2 was likely seeking marijuana from FS #7 and their relationship was one of "mutual benefit;" -FS #7 and the Licensee/QP had not reported FC# 2 missed school days to him; -At the CFT meeting, the Licensee/QP said he would follow up with FS #7 to make sure FC #2 went to school; -FC #2's school grades "fell dramatically" while he lived in the facility; -On 3/7/19, FC #2 was discharged from the facility and picked up by his legal guardian; -School staff did not expect FC #2 to pass his current grade and his probation was expected to be extended because FC #2 had missed multiple school days and had not completed his community service hours; -FC #2 continued to struggle academically and with his substance abuse. 	V 512		

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V 512	<p>Continued From page 49</p> <p>Interview on 3/22/19 with FC #2's mother revealed:</p> <ul style="list-style-type: none"> -She lost custody of FC #2 about 10 years ago and her contact with him was limited to social media and 4-5 staff-supervised visits with him at the facility; -She saw FS#7 "smoking weed outside the home" during one visit with FC #2 at the facility; -She did not initially say anything to the Licensee/QP about FS #7's drug use because she did not want to jeopardize her visits with FC #2 which were supervised by FS #7; -On 1/27/19 between 2:00-3:00 am, FC #2 called her and asked her to come and pick up him and FS #7 in another county because FS #7 wrecked his car and could not drive it; <ul style="list-style-type: none"> -At 3:07 am, FS #7 texted her their pickup location; -She picked FC #2 and FS #7 up and was surprised her son and FS #7 had not been arrested when the police report was made because they both smelled of marijuana; -FC #2 and FS #7 gave her no explanation where they had been that night; -She stated "I gave [FS #7] a piece of my mind for putting my son's life in danger" and told him he had no business having her son out that late at night; -She knew FC #2 was left alone in the home more than once because FC #2 sent messages to her, his sister and his brother through social media when he was alone at the group home and wanted them to come and get him; -FC #2's message to her was on 3/1/19 at 3:12 pm and wanted someone to come and get him from the facility; -FC #2 sent messages to his brother on 3/5/19 at 6:27 pm and on 3/6/19 at an unknown time that he was alone at the facility; -She texted a message to the Licensee/QP on 	V 512		

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V 512	<p>Continued From page 50</p> <p>3/1/19 to call her and he responded he did not have time to talk with her because it was the weekend;</p> <p>-She received no response from the Licensee/QP until after the DSS report;</p> <p>-The Licensee/QP asked why she did not talk with him about her concerns for her son instead of reporting the concerns to DSS;</p> <p>-She told the Licensee/QP that she received no response from him after the weekend and her son continued to message that he was left alone at the facility;</p> <p>-She told the Licensee/QP about FS #7's car wreck and having transported her son and FS #7 to the facility;</p> <p>-She had not seen FC #2 since he was discharged from the facility on 3/7/19.</p> <p>Review on 5/10/19 of a Plan of Protection dated and signed by the Licensee/QP on 5/10/19 revealed: What will you immediately do to protect clients from further risk or additional harm? "1) [The Licensee] will immediately as of 5/10/2019, suspend staff suspected, or alleged harm, abuse, neglect or exploitation of [the facility]'s consumers. They will remain suspended until an internal investigation is fully completed. If harm, abuse, neglect or exploitation is sustained the suspected staff will be terminated. 2) [The Licensee] will immediately develop a policy for all new staff to be subject to a random drug screening in which all new staff will sign upon being hired. 3) [The Licensee] will implement a policy for staff to contact the owner/designee during times that they have to leave the group home for unplanned events so that their whereabouts, and why they are leaving may be approved and documented by 5/15/2019. 4) Beginning 5/10/2019 staff will call schools at a minimum of once per week to ensure that</p>	V 512		

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V 512	<p>Continued From page 51</p> <p>consumers are present."</p> <p>Describe your plans to make sure the above happens. "1) [Licensee/QP] will have a staff/owner face to face meeting to discuss the details of the suspension, and or possible termination after the internal investigation is complete. 2) [The Licensee] will document procedure and have staff to sign form to go in staff file. 3) There will be a verbal or text contact with the owner or designee by staff on duty; in such cases that they have to leave the group home setting unexpectedly, and documentation when necessary. 4) Staff will make necessary phone contact with schools for all of [The Licensee]'s consumers that attend school."</p> <p>Former Client (FC#2), age 16, had diagnoses of Other Specified Trauma and Stressor Related Disorder and a history of anxiety, impulsivity, defiance, difficulty relating to others, and marijuana use. FC#2's treatment plan specifically noted the need for supervision and safe people and places. On at least 2 occasions FC#2 was in placed in unsafe situations by FS#7. On 1/27/19 at about 2:45 am FC #2 was a passenger in a motor vehicle driven by Former Staff (FS #7). FS #7 wrecked his vehicle outside the facility's county by striking a median barrier located on the side of the interstate. The vehicle was damaged, not drivable and had to be towed. FS#7 did not notify the Licensee/QP at the time of the accident, but rather FC#2 contacted his mother who returned them to the facility. FS #7 was charged by the State Highway Patrol with an unsafe movement road violation due to the motor vehicle accident (MVA). FS#7 later told the Licensee/Qualified Professional (QP) about the MVA but denied FC #2 was in the vehicle with him at the time of the accident.</p>	V 512		

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V 512	Continued From page 52 The second occasion was on 3/6/19 between 4:00-4:30 pm in which FC #2 was found alone at the facility by a social worker with a local department of social services (DSS). There was no staff member present to address his behaviors and meet his daily needs. On 3/6/19, FC #2 missed school and his community service work which were required conditions of his probation. Upon FS#7's arrival the DSS worker noted that FS#7 appeared to be under the influence of drugs and requested a drug test. Results from the tests were positive. FC#2 reported he had been alone before but could not specify when or how long. This deficiency constitutes a Type A1 violation for serious neglect. An Administrative penalty of \$2,000.00 is imposed.	V 512		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.	V 536		

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V 536	<p>Continued From page 53</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). 	V 536		

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V 536	<p>Continued From page 54</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing,</p>	V 536		

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V 536	<p>Continued From page 55</p> <p>reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 former staff (FS #7) and 5 of 6 current direct care staff (Staffs #1,#2, #4,#5</p>	V 536		

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V 536	<p>Continued From page 56</p> <p>and #6) and 4 of 4 current volunteer staff (Volunteers #1, #2, #3 and #4) had initial training in the use of alternatives to restrictive interventions prior to providing services to clients with disabilities. The findings are:</p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed:</p> <ul style="list-style-type: none"> -FS #7 had a North Carolina Interventions (NCI) certificate that expired 9/13/18 and no documentation that indicated updated annual training in alternatives to restrictive interventions from 9/14/18 to 3/6/19; -Staff #1 had no documentation that indicated she had annual training in alternatives to restrictive interventions; -Staff #2 had a blank copy of a NCI certificate that contained handwritten statements of "No longer using NCI" and "Restraints are no longer allowed" and no documentation of training in alternatives to restrictive interventions -Staff #6 had a North Carolina Interventions (NCI) certificate that expired 2/18/18 and no documentation that indicated he had current annual training in alternatives to restrictive interventions; -Volunteer #1 had a NCI training certificate with his name printed on the certificate and was signed by a former NCI instructor and dated 4/5/19; -Volunteers #2, #3 and #4 had no documentation that indicated these 3 volunteers had initial training in alternatives to restrictive interventions. <p>Review on 4/15/19 of Staffs #4 and #5's personnel records revealed:</p> <ul style="list-style-type: none"> -They each had a NCI Plus certificate for initial training in alternatives to restrictive interventions dated 4/1/19, which they completed after they started work with Client #1 around 3/20/19. 	V 536		

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V 536	<p>Continued From page 57</p> <p>Interview on 4/16/19 with the NCI Plus instructor revealed: -The Part A of NCI Plus training was in the use of alternatives to restrictive interventions curriculum; -4/1/19, she trained Staffs #4,#5 and the Licensee/Qualified Professional (QP) in NCI Plus-Part A; -4/4/19, she trained Staff #3 in NCI Plus-Part A and Volunteer #1 participated in the training but he did not take the test for his certification; -4/16/19, she repeated the NCI Plus-Part A training to Volunteer #1 for him to be tested and certified; -She had not provided initial NCI Plus-Part A training to FS #7, Staffs #1, #2, #6 or Volunteers #2, #3 and #4.</p> <p>Interview on 4/16/19 interview with the Licensee/QP revealed: -His staff were to be trained solely in Part A of NCI Plus because he no longer wanted physical restraints used by staff on clients he served; -He did not remember if FS #7 had an updated training in NCI before the curriculum expired in 12/2018; -He stated Staff #1 was current training in alternatives to restrictive interventions but he did not provide any documentation of this training during the DHSR survey; -Staff #2's last day was 3/24/19 so she did not have the NCI Plus-Part A training; -Staffs # 4 and #5 started work around 3/20/19 to provide care to Client #1 and had their alternatives to restrictive intervention training by the NCI Plus instructor on 4/1/19; -Staff #3 and Volunteer #1 had received their Part A training in NCI Plus around 4/4/19.</p> <p>This deficiency is cross-referenced into 10A</p>	V 536		

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V 536	Continued From page 58 NCAC 27G .1301 (V 179) for a Type A1 rule violation.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 537		

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V 537	<p>Continued From page 59</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/10/2019
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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V 537	<p>Continued From page 60</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/10/2019
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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V 537	<p>Continued From page 61</p> <p>coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 former staff (FS #7) and 5 of 6 current staff (Staffs #1, #2, #4, #5 and #6) were trained in the use of restrictive interventions that included seclusion, physical restraint and isolation time-out. The findings are:</p> <p> </p> <p>Reviews on 3/25/19 and 4/15/19 of the facility's personnel records revealed:</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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V 537	<p>Continued From page 62</p> <p>-FS #7's training certificate in North Carolina Interventions (NCI) expired 12/31/18 and there was no documentation that indicated he had training in a current curriculum on the use of restrictive interventions from 1/1/19 to 3/6/19;</p> <p>-Staffs #1 and #2 and had no training documentation that indicated each were current in their certification in the use of restrictive interventions from the date each were hired to work with Client #1;</p> <p>-Staffs #4, and #5 had no training documentation that indicated they had their certification in the use of restrictive interventions from the date each were hired to work with Client #1, which was around 3/20/19 until they were trained on 4/1/19 by a NCI Plus trainer;</p> <p>-Staff #6's training certificate in NCI expired 2/28/18 and there was no documentation that indicated he had training in a current curriculum on the use of restrictive interventions.</p> <p>Interview on 3/27/19 with Staff #1 revealed:</p> <p>-She did not recall if she had completed an annual training or was current in her restrictive interventions training;</p> <p>-Her trainings were in her personnel file.</p> <p>Interviews on 3/25/19 and 4/16/19 with the Licensee/QP revealed:</p> <p>-3/25/19, he stated Staff #1's personnel record was in his vehicle from having removed the personnel and client records from his former facility that closed in 12/2018;</p> <p>-His plan was to have staff trained in TCI (Therapeutic Crisis Intervention) and he still needed to set that training up;</p> <p>-He did not know if Staff #6 who worked as a correctional officer had current training and certification in the use of one of the approved restrictive intervention curriculums;</p>	V 537		

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V 537	<p>Continued From page 63</p> <p>-His staff were no longer to be trained in the use of physical restraints with clients; -Staff were to call 911 local emergency services if a client's behavior escalated to a point of a physical restraint; -4/16/19, he stated that he decided to have his staff trained by NCI Plus and staff not trained in the use of restrictive interventions.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1301 (V179) for a Type A1 rule violation.</p>	V 537		