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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 5/23/19. Two complaints were substantiated (Intakes #NC150542, #NC151185). One of the complaints was unsubstantiated (Intake #NC151388). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 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.	V 108		

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V 108	Continued From page 1 (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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients as indicated in their treatment plans for 1 of 2 staff (#2) and 1 of 1 Associate Professional (AP). The findings are: Review on 5/21/19 of client #1's record revealed: -admission date of 12/31/18 with diagnoses of Oppositional Defiant Disorder and Unspecified Trauma and Stress-Related Disorder; -Comprehensive Clinical Assessment) dated 11/2/18 documented client #1 had issues with cannabis use, had been caught with drug paraphernalia and had acted inappropriate sexually with his younger female sibling. Review on 5/21/19 of client #2's record revealed: -admission date of 4/12/19 with diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Conduct disorder and Cannabis Use disorder, Mild; -CCA dated 4/4/19 documented client #2 had issues with cannabis use. Review on 5/21/19 of client #3's record revealed: -admission date of 1/9/19 with diagnoses of Major Depressive Disorder and Conduct Disorder; -had positive drug screens in 1/2019 for cannabis.	V 108		

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V 108	Continued From page 2 Review on 5/21/19 of client #4's record revealed: -admission date of 4/18/19 with diagnoses of Unspecified Bipolar Disorder, History of Neglect and Sexual Abuse Victim; -CCA dated 3/26/19 documented client #4 had issues with daily use of cannabis, use of alcohol. Review on 5/22/19 of personnel records revealed the following: -the AP was hired on 10/20/18 and there was no documentation of completed training specifically in sexual behaviors and substance abuse; -staff #2 was hired on 6/21/18 with the job title of Behavioral Specialist and there was no documentation of completed trainings specifically in sexual behaviors and substance abuse. Review on 5/22/19 of list of scheduled staff trainings and sign in sheets provided by the Quality Assurance Director revealed the following: -substance abuse training was offered twice on 4/24/19; -the AP and staff #2 did not attend per the sign in sheets; -sexual behaviors is scheduled for the June 2019 staff meeting. Interview on 5/23/19 with the Clinical Director and the Quality Assurance Director revealed: -specific substance trainings were offered two separate times to give staff a choice of which to attend; -specific sexual behaviors training is being offered in June 2019 for all staff; -some training in areas provided during orientation; -will ensure all staff have completed trainings.	V 108		

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V 112	Continued From page 3	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies to address client needs affecting 1 of 4 clients (#1). The findings are: Review on 5/21/19 of client #1's record revealed:	V 112		

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V 112	Continued From page 4 -admission date of 12/31/18; -diagnoses of Oppositional Defiant Disorder (ODD) and Unspecified Trauma and Stress Related Disorder; -Comprehensive Clinical Assessment (CCA) dated 11/2/18 documented issues and behaviors of cannabis use, found with drug paraphernalia during search at his foster home on 10/23/18, anger outbursts, fights with peers, lies, steals, manipulates,issues with boundaries, inappropriate sexual behaviors with younger female sibling, passive aggressive, sneaky, on medications, family has mental health and substance abuse issues, in custody of Social Services since 12/28/17, no contact with birth family; -treatment plan dated 3/11/19 with the following goals: learn to use appropriate healthy boundaries, learn healthy ways to express feelings, use coping skills, develop and understand ability to comply with rules and regulations, decrease defiance, decrease arguing, decrease arguing, decrease verbal aggression, learn to control inappropriate behaviors, decrease ineffective communication, improve academic performance, comply with classroom expectations, complete all assigned work, develop strategies necessary to cope with trauma related symptoms, resolve issues that impact his life, follow his safety plan; -treatment plan dated 3/11/19 with the following strategies: staff will supervise, prompt, redirect, provide mentoring, link and coordinate support and resources, assist him in identifying triggers, provide psychoeducational activities, provide behavioral interventions, provide a structured, therapeutic environment, provide 24 hour crisis support/interventions, therapy and medication assessment and management.	V 112		

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V 112	Continued From page 5 Review on 5/21/19 of treatment plan monthly updates revealed: -review on 2/15/19, client #1 was not taking his medications as prescribed; -appeared he was trying to sell his medications; -protocol put in place client #1 has to open his mouth and show staff he has swallowed his medications. Interview on 5/21/19 with client #1 revealed: -several months ago he was cheeking his medications; -he had a depression medications he did not feel like he needed it, doctor took him off of it; -staff #1 called a search and found some medications; -get drug tested once a week; -when staff give medications, have to open mouth, lift tongue, show hands to prevent cheeking; -not cheeking his medications anymore. Further review on 5/22/19 of client #1's treatment plan revealed no strategies and goals to address client #1's cheeking medications. Interview on 5/22/19 with staff #1 revealed: -client #1 was caught cheeking his medications; -was able to verify by drug screens as medication he was cheeking shows up on urine screens and can watch the levels of medication in client #1's system; -Qualified Professional(QP) reviews all drug screens and if he discovers a concern, relates information to him; -do searches of rooms; -staff have clients take the medications in front of them, watch clients swallow and then check client's mouth.	V 112		

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V 112	Continued From page 6 Interview on 5/23/19 with the QP revealed: -caught client #1 cheeking his medications; -can tell if client #1 trying to cheek his medications as he tried to take them without water; -he ensures staff follow proper protocol to give client #1 his medications; -staff make sure he takes medications in front of them, take with water, checks his mouth; -also review drug screens as his levels of his medication will go down if he is not taking his medications regularly; -there is not a specific goal in client #1's treatment plan addressing cheeking medications; -can address at next Child and Family Team meeting.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by:	V 114		

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V 114	Continued From page 7 Based on records review and interviews, the facility failed to ensure fire and disaster drills in a 24-hour facility were held at least quarterly and repeated for each shift. The findings are: Interview on 5/22/19 with staff #1 revealed: -first shift was from 7am-3pm; -second shift was from 3pm-11pm; -third shift was from 11pm-7am. Review on 5/22/19 of the facility's documentation of fire and disaster drills from 10/1/18-5/22/19 revealed: -from 10/1/18 until 12/31/18, no first or third shift fire drills were conducted; -from 10/1/18 until 12/31/18, no first or third shift disaster drills were conducted; -from 1/1/19-3/31/19 no third shift fire drills were conducted. Interview on 5/21/19 with client #1 revealed: -been at the facility for 5 and 1/2 months; -do fire drills once a month; -do not remember ever doing a disaster drill. Interview on 5/21/19 with client #2 revealed they do a fire drill once a month. Interview on 5/23/19 with the Qualified Professional revealed staff supposed to do fire and disaster drills once a month.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written	V 118		

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V 118	Continued From page 8 order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered on the written order, failed to ensure a Medication Administration Record (MAR) was kept current and failed to ensure all medications administered were recorded immediately after administration affecting 3 of 4 clients (#1, #2 and #3). The findings are:	V 118		

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V 118	Continued From page 9 Finding #1: Review on 5/21/19 of client #1's record revealed: -admission date of 12/31/18; -diagnoses of Oppositional Defiant Disorder (ODD) and Unspecified Trauma and Stress Related Disorder; -.physician's order dated 1/2/19 for Vyvanse 20mg one tablet daily and physician's order dated 1/31/18 for ProAir HFA 1-2 puffs 4-8 hours as needed. Observation on 5/22/19 at 10:53am of client #1's medications revealed the following: -Vyvanse 20mg one tablet daily; -ProAir HFA 1-2 puffs 4-8 hours as needed. Review on 5/22/19 of client #1's MARS from 3/1/19-5/22/19 revealed the following: -Vyvanse 20mg one tablet daily listed on the April 2019 MAR twice(duplicate) and initialed by staff as administered by both listings from 4/1-4/30; -ProAir HFA 1-2 puffs 4-8 hours as needed was listed on the March 2019 MAR and April 2019 MAR but was not listed on the May 2019 MAR. Further review on 5/23/19 of client #1's record revealed no discontinue order for ProAir HFA 1-2 puffs 4-8 hours as needed present in the record. Interview on 5/21/19 with client #1 revealed staff gave him his medications daily in the morning. Finding #2: Review on 5/21/19 of client #2's record revealed: -admission date of 4/12/19; -diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD), Conduct Disorder and Cannabis Use Disorder;	V 118		

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V 118	Continued From page 10 -physician's order dated 4/12/19 for cetirizine (generic for Zyrtec) 10mg one tablet daily as needed, physician's order dated 4/9/19 for Vyvanse 30mg one tablet once daily, physician's order dated 5/12/19 for Risperidone 0.5mg one tablet at bed. Observation on 5/22/19 at 10:14am of client #2's medications revealed the following: -Vyvanse 30mg one tablet daily dispensed 5/3/19; -cetirizine 10mg one tablet daily as needed was not on site; -divalproex(generic for Depakote) 500mg one tablet twice daily dispensed 5/3/19; -Trazadone 50mg one tablet at bed dispensed 5/3/19; -Risperidone 0.5mg one tablet at bed dispensed 5/8/19. Review on 5/22/19 of client #2's MARs from 3/1/19-5/22/19 revealed the following: -dosing dates from 4/13-4/30 left blank with no explanation on the form for Vyvanse 30mg one tablet daily; -cetirizine 10mg one tablet daily as needed was not listed on the May 2019 MAR; -divalproex(generic for Depakote) 500mg one tablet twice daily initialed by staff as administered from 5/1-5/22; -Trazadone 50mg one tablet at bed initialed by staff as administered from 5/1-5/21; -Risperidone 0.5mg listed on May 2019 MAR with no dosing instructions. Further review on 5/23/19 of client #2's record revealed: -no discontinue order for cetirizine 10mg one tablet daily; -no physician order for divalproex(generic for Depakote) 500mg one tablet twice daily ;	V 118		

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V 118	Continued From page 11 -no physician order for Trazadone 50mg one tablet at bed initialed. Interview on 5/21/19 with client #2 revealed he got his medications twice a day from staff. Finding #3: Review on 5/21/19 of client #3's record revealed: -admission date of 1/9/19; -diagnoses of Major Depressive Disorder and Conduct Disorder; -physician's order dated 2/20/19 for Minocycline 100mg one tablet twice daily; -physician's order dated 2/20/19 for Trazadone 50mg one tablet at bed; -physician's discontinue order dated 4/30/19 for lamotrigine(generic for Lamictal) 25mg one tablet at bed for 3 days then two tablets at bed. Observation on 5/22/19 at 10:26am of client #3's medications revealed: -Minocycline 100mg one tablet twice daily dispensed 5/1/19; -Trazadone 50mg one tablet at bed dispensed 5/1/19; -Epipen 0.3mg use as directed dispensed 5/3/19. Review on 5/22/19 of client #3's MARs from 3/1/19-5/22/19 revealed the following: -Minocycline 100mg one tablet twice daily listed on the March 2019 MAR twice(duplicate) and initialed by staff as administered by both listings; -Trazadone 50mg two tablets at bed not listed on the March 2019 MAR, marked through and handwritten "discontinued" across the April 2019 MAR and handwritten on the May 2019 MAR with staff initialed as administered 5/1-5/21; -Trazadone 50mg one tablet at bed listed on the April 2019 MAR, staff initialed as administered 4/1-4/30 and not listed on the May 2019 MAR;	V 118		

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V 118	Continued From page 12	V 118		

-lamotrigine 25mg one tablet at bed for 3 days then two tablets at bed not listed on the MAY 2019 MAR, handwritten on the April 2019 MAR "d/c end of month."

Further review on 5/23/19 of client #3's record revealed:
-no initial physician's order for Trazadone 50mg two tablets at bed, no discontinue order for Trazadone 50mg two tablets at bed;
-no discontinue order for Trazadone 50mg one tablet at bed;
-no initial physician's order for lamotrigine 25mg one at bed for 3 days then two at bed;
-no initial physician's order for the Epipen.

Interview on 5/21/19 with client #3 revealed he received his medications from staff every day in the am and the pm.

Interview on 5/21/19 with staff #1 revealed:
-get orders from physicians;
-get printous from visits with listed medications;
-have information from admissions.

Interview on 5/23/19 with the Qualified Professional revealed:
-try to get medication orders for clients;
-have problems getting signed orders from physicians;
-also problems with getting orders at admission.

Interview on 5/23/19 with the Quality Assurance Director and the Clinical Director revealed:
-will check with the Nurse and the staff;
-the medications issues will be addressed;
-try to obtan physician orders at admission;
-any changes try to get orders from doctors but havng problems with doctor signing anything;
-trying to figure out best way to get what is

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V 118	Continued From page 13 needed to fulfill rule.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 14	V 132		

This Rule is not met as evidenced by:
Based on records review and interviews, the facility failed to ensure all allegations against staff were investigated and failed to make every effort to protect residents from harm while the investigation was in progress. The findings are:

Review on 5/21/19 of client #3's record revealed:
-admission date of 1/9/19;
-diagnoses of Major Depressive Disorder and Conduct Disorder;
-Comprehensive Clinical Assessment (CCA) dated 11/14/18 documented issues and behaviors of low self esteem, poor attention, easily annoyed, detachment from others, skips school, anger, irritability, poor peer interactions.

Interview on 5/21/19 with client #3 revealed:
-he had an issue with staff #1;
-staff #1 made a threat to him and popped him in the back of his head with his palm;
-told his social worker and his therapist;
-other clients saw it.

Interviews on 5/21/19 with clients #1, #2 and #3 revealed:
-denied ever saw a staff hit client #3;
-denied ever seen any staff mistreat a peer or make threats to a peer.

Interview on 5/23/19 with client #3's social worker

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V 132	Continued From page 15	V 132		

revealed:
-client #3 related some information to her about staff #1 threatening him and hitting him in the head in April 2019;
-she called the Qualified Professional (QP) and related information;
-QP told her client #3 and staff #1 had an verbal incident that morning but nothing else, no restraint, no physical incident;
-client #3 told her no witnesses to what happened;
-aware Child Protective Services had a report called in and screened it out;
-she received a letter on 4/30/19 about screened out report as well as the facility received a letter also.

Interview on 5/22/19 with client #3's therapist revealed:
-client #3 related to her in a session about what staff #3 did to him;
-talked about it, did not seem to rise to the level of abuse or neglect, would have reported it;
-talked to client #3 about doing a grievance form, he said ok;
-got a form from the Quality Assurance(QA) Director, asked client #3 to fill out during their session, he did not want to do it;
-he said he would do it later, had to think about it, he took the form home, she checked with him at the next appointment the next week, he "forgot" to bring the form back;
-had a Child and Family Team Meeting after the allegations were disclosed, no one mentioned anything about it in the meeting;
-understands the QP talked to client #1's social worker about it.

Interview on 5/23/19 with the QP revealed:
-has not had any internal investigations at the

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V 132	Continued From page 16 facility in the last 6 months; -no allegations against any staff. Interview on 5/23/19 with staff #1 revealed: -denied he ever made threats to client #3; -never put his hands on client #3, client #3 does not like to be touched; -client #3 has never even been restrained; -denied ever hit client #3 in the back of the head; -never heard there were any allegations about this; -never heard of any investigation. Interviews on 5/22/19 and 5/23/19 with the QA Director revealed: -do not have any internal investigations for the facility; -no internal investigation was done for allegations against staff #1 by client #3; -did receive a letter from local Child Protective Services saying allegations were screened out; -did not trigger her to do an investigation; -no incident report was done.	V 132		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present	V 296		

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V 296	Continued From page 17 for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure two direct care staff were present for one, two, three or four children or	V 296		

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V 296	Continued From page 18 adolescents. The findings are: Review on 5/21/19 of client #2's record revealed: -admission date of 4/12/19; -diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD), Conduct Disorder and Cannabis Use Disorder; -no documentation of approved one on one staff/client ratio in the treatment plan. Review on 5/21/19 of client #4's record revealed: -admission date of 4/18/19; -diagnoses of Unspecified Bipolar Disorder and History of Neglect and Sexual Abuse Victim; -no documentation of approved one on one staff/client ratio in the treatment plan. Interview on 5/21/19 with client #1 revealed: -sometimes only one staff in the mornings; -two staff here for third shift, one staff leaves to go to their other job; -other staff coming in may be late. Interview on 5/21/19 with client #4 revealed one staff takes him to appointments. Interview on 5/22/19 with staff #1 revealed he transported clients by himself to their appointments as part of his job duties. Interview on 5/23/19 with the Quality Assurance Director revealed: -client #2 and client #4 were recent admissions; -at the first Child and Family Team meeting, discuss appropriateness of putting one on one client/staff ratio in treatment plans for transportation in community; -not put in client #2 and client #4's treatment plans yet.;	V 296		

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V 296	Continued From page 19 -two staff are scheduled for every shift; -should always be two staff on every shift at the facility.	V 296		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all allegations against health care personnel were reported to HCPR(Health Care Personnel Registry) within 24 hours of becoming aware of the allegations. The findings are: Review on 5/21/19 of client #3's record revealed: -admission date of 1/9/19; -diagnoses of Major Depressive Disorder and Conduct Disorder; -Comprehensive Clinical Assessment (CCA) dated 11/14/18 documented issues and behaviors of low self esteem, poor attention, easily annoyed, detachment from others, skips school, anger, irritability, poor peer interactions.	V 318		

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V 318	Continued From page 20 Interview on 5/21/19 with client #3 revealed: -he had an issue with staff #1; -staff #1 made a threat to him and popped him in the back of his head with his palm; -told his social worker and his therapist; -other clients saw it. Interviews on 5/21/19 with clients #1, #2 and #3 revealed: -denied ever saw a staff hit client #3; -denied ever seen any staff mistreat a peer or make threats to a peer. Interview on 5/23/19 with client #3's social worker revealed: -client #3 related some information to her about staff #1 threatening him and hitting him in the head in April 2019; -she called the Qualified Professional (QP) and related information; -QP told her client #3 and staff #1 had an verbal incident that morning but nothing else, no restraint, no physical incident; -client #3 told her no witnesses to what happened; -aware Child Protective Services had a report called in and screened it out; -she received a letter on 4/30/19 about screened out report as well as the facility received a letter also. Interview on 5/22/19 with client #3's therapist revealed: -client #3 related to her in a session about what staff #3 did to him; -talked about it, did not seem to rise to the level of abuse or neglect, would have reported it; -talked to client #3 about doing a grievance form, he said ok;	V 318		

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-got a form from the Quality Assurance(QA) Director, asked client #3 to fill out during their session, he did not want to do it;
-he said he would do it later, had to think about it, he took the form home, she checked with him at the next appointment the next week, he "forgot" to bring the form back;
-had a Child and Family Team Meeting after the allegations were disclosed, no one mentioned anything about it in the meeting;
-understands the QP talked to client #1's social worker about it.

Interview on 5/23/19 with the QP revealed:
-has not had any internal investigations at the facility in the last 6 months;
-no allegations against any staff.

Interview on 5/23/19 with staff #1 revealed:
-denied he ever made threats to client #3;
-never put his hands on client #3, client #3 does not like to be touched;
-client #3 has never even been restrained;
-denied ever hit client #3 in the back of the head;
-never heard there were any allegations about this;
-never heard of any investigation.

Review on 5/22/19 of the facility's incident reports from 1/1/19 until 5/22/19 revealed no incident report completed regarding the allegations against staff #1 by client #3 with no 24 hour reporting to HCPR.

Interview on 5/23/19 with the QA Director revealed:
-no internal investigation was done for allegations against staff #1 by client #3;
-did receive a letter from local Child Protective Services saying allegations were screened out;

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V 318	Continued From page 22 -did not trigger her to do an investigation; -no incident report was done.	V 318		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and

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V 367	Continued From page 24 (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all Level II and Level III incidents were reported within to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 5/21/19 of client #3's record revealed: -admission date of 1/9/19; -diagnoses of Major Depressive Disorder and Conduct Disorder; -Comprehensive Clinical Assessment (CCA) dated 11/14/18 documented issues and behaviors of low self esteem, poor attention, easily annoyed, detachment from others, skips school, anger, irritability, poor peer interactions. Interview on 5/21/19 with client #3 revealed: -he had an issue with staff #1; -staff #1 made a threat to him and popped him in the back of his head with his palm; -told his social worker and his therapist; -other clients saw it. Interviews on 5/21/19 with clients #1, #2 and #3 revealed: -denied ever saw a staff hit client #3; -denied ever seen any staff mistreat a peer or make threats to a peer.	V 367		

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V 367	Continued From page 25 Interview on 5/23/19 with client #3's social worker revealed: -client #3 related some information to her about staff #1 threatening him and hitting him in the head in April 2019; -she called the Qualified Professional (QP) and related information; -QP told her client #3 and staff #1 had an verbal incident that morning but nothing else, no restraint, no physical incident; -client #3 told her no witnesses to what happened; -aware Child Protective Services had a report called in and screened it out; -she received a letter on 4/30/19 about screened out report as well as the facility received a letter also. Interview on 5/22/19 with client #3's therapist revealed: -client #3 related to her in a session about what staff #3 did to him; -talked about it, did not seem to rise to the level of abuse or neglect, would have reported it; -talked to client #3 about doing a grievance form, he said ok; -got a form from the Quality Assurance(QA) Director, asked client #3 to fill out during their session, he did not want to do it; -he said he would do it later, had to think about it, he took the form home, she checked with him at the next appointment the next week, he "forgot" to bring the form back; -had a Child and Family Team Meeting after the allegations were disclosed, no one mentioned anything about it in the meeting; -understands the QP talked to client #1's social worker about it.	V 367		

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V 367	Continued From page 26 Interview on 5/23/19 with the QP revealed: -has not had any internal investigations at the facility in the last 6 months; -no allegations against any staff. Interview on 5/23/19 with staff #1 revealed: -denied he ever made threats to client #3; -never put his hands on client #3, client #3 does not like to be touched; -client #3 has never even been restrained; -denied ever hit client #3 in the back of the head; -never heard there were any allegations about this; -never heard of any investigation. Review on 5/22/19 of the facility's incident reports from 1/1/19 until 5/22/19 revealed no incident report completed regarding the allegations against staff #1 by client #3. Interview on 5/23/19 with the QA Director revealed: -no internal investigation was done for allegations against staff #1 by client #3; -did receive a letter from local Child Protective Services saying allegations were screened out; -did not trigger her to do an investigation; -no incident report was done.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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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 736	Continued From page 27 This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Cross reference: 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS V738 Based on interviews, observations and record reviews, the facility failed to ensure buildings were kept free from insects. Review on 5/21/19 of client #1's record revealed: -admission date of 12/31/18; -diagnoses of Oppositional Defiant Disorder (ODD) and Unspecified Trauma and Stress Related Disorder; -Comprehensive Clinical Assessment (CCA) dated 11/2/18 documented issues and behaviors of drug use, "anger outbursts," fights with peers, steals, "manipulates" and "inappropriate sexual behaviors" with younger female sibling. Review on 5/21/19 of client #2's record revealed: -admission date of 4/12/19; -diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD), Conduct Disorder and Cannabis Use Disorder; -Comprehensive Clinical Assessment (CCA) dated 4/4/19 documented issues and behaviors of poor impulse control, profanity, poor peer relations, smoking cannabis, poor insight, threat to stab self with a knife in 2/2018, in the past, tried to cut his wrist with a clothes hanger one time. Review on 5/21/19 of client #3's record revealed:	V 736		

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	MHL0601078	A. BUILDING: _____ B. WING _____	R 05/23/2019

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V 736	Continued From page 28 -admission date of 1/9/19; -diagnoses of Major Depressive Disorder and Conduct Disorder; -Comprehensive Clinical Assessment (CCA) dated 11/14/18 documented issues and behaviors of low self esteem, poor attention, easily annoyed, "detachment from others", skips school, anger issues, "irritability", poor peer interactions. Review on 5/21/19 of client #4's record revealed: -admission date of 4/18/19; -diagnoses of Unspecified Bipolar Disorder and History of Neglect and Sexual Abuse Victim; -Comprehensive Clinical Assessment (CCA) dated 3/26/19 documented issues and behaviors of larceny, breaking and entering, possession of firearm, steals cars, on probation, had ankle monitor, cut it off, sexually abused while living with family relatives, gang involvement, negative peers, cannabis use, impulsive," chronic bitterness and resentfulness", "little empathy for others", unpredictable. Observation on 5/21/19 at 4:15pm revealed: -broken window in the first bedroom on left of the hallway (client #4's room); -window had two sections(upper and lower) with two individual rectangular panes of glass in each section divided by the wooden frames; -the top glass pane in the upper section of the window was broken; -the broken glass pane was taped with blue tape from the outside; -there were sharp, pointed edges to the broken glass; -all glass pieces were still attached to the wooden frame of the window; -the broken glass with sharp edges was accessible from client #4's bedroom.	V 736		

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V 736	Continued From page 29 Interview on 5/22/19 with client #4 revealed: -was admitted to the facility on 4/18/19; -the window was broken when he was admitted; -blue tape was on it when he was admitted. Interview on 5/21/19 with staff #1 revealed: -the roof was leaking and had to be fixed; -roofers came several times; -a roofer broke the window, not a client; -happened some time in April 2019; -was not present at the facility when it happened; -administration aware of broken window. Interview on 5/23/19 with the Qualified Professional revealed: -roofers broke the window in client #4's bedroom; -roof was leaking, had it replaced, roof still leaking, roofers came out few more times; -when roofers came out again to see why new roof leaking, a roofer broke the window with his ladder; -roofers supposed to fix the window; -roofers put the blue tape on it; -happened sometime in April; -no clients in the facility had any self harm or cutting behaviors. Several requests on 5/21/19, 5/22/19 and 5/23/19 were unsuccessful in obtaining an exact date of when the roofers broke the window in client #4's bedroom. Further observations on 5/21/19 at 4:15pm revealed the following: -broken blinds in all the client bedrooms; -peeling paint on the walls in the hall bathroom; -broken light switch cover in client #4's bedroom. Review on 5/22/19 of a Plan of Protection dated 5/22/19 and completed by the Quality Assurance	V 736		

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V 736	Continued From page 30 Director revealed the following documented: "Today May 22, 2019 [the licensee] will cover the broken window with a piece of wood or board in order to prevent consumer access to the broken window. Today, May 22, 2019, [the licensee] will call the exterminator services to come out to the house immediately in order to address the issues (roaches) at the house." Clients #1, #3 and #4 had a history of fighting, anger outbursts, impulsivity and unpredictability. Client #2 had a history of cutting himself and threatening to stab himself. Client #4 was admitted to the facility on 4/18/19 and his window in his bedroom was broken prior to his admission by a roofer repairing the roof. The broken window had exposed sharp edges and was accessible from the inside of client #4's room. Also, clients #1, #2 and #4 had the diagnosis of allergies and were on prescribed medication for allergies. The facility had roaches in the facility and roaches are common triggers for year round allergies. The failure of the facility to restrict client access to the broken glass in the window and the facility's failure to resolve the roach infestation in the facility was detrimental to the health, safety and welfare of clients #1, #2, #3 and #4. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.	V 738		

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V 738	Continued From page 31	V 738		

This Rule is not met as evidenced by:
Based on interviews, observations and record reviews, the facility failed to ensure buildings were kept free from insects. The findings are:

Interview on 5/21/19 with client #2 revealed:
-seen "roaches everywhere;"
-today, saw a big roach in the hallway.

Interview on 5/21/19 with client #3 revealed:
-roaches "all over the house;"
-this morning, saw a "big one;
-seen them in the bathroom and in the hallway.

Interview on 5/22/19 with client #4 revealed:
-seen two roaches recently;
-other day in livingroom where couch is, saw a "big one."

Observation on 5/21/19 at 4:15pm revealed:
-large insect resembling a roach in the bath tub in the hall bathroom;
-insect was approximately an inch long;
-insect was reddish brown in color;
-insect was alive.

Review on 5/22/19 of an invoice form from a local exterminator revealed a regular routine service was completed on 5/15/19.

Interview on 5/23/19 with the Qualified Professional revealed:
-used to have some roaches at the facility;
-the exterminators come out once a month;
-every now and then staff report seeing some

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V 738	Continued From page 32	V 738		

baby roaches;
-roof was leaking, has since been repaired, roaches like the damp;
-exterminator reported he had to find the right mix to kill roaches as they get immune to the insecticides sometimes;
-the house has been bombed twice in the last year.

Review on 5/22/19 of Pestworld.org revealed:
-American cockroach is largest of the house-infesting roaches;
-also commonly known as the waterbug;
-adult size can range from 1 1/4 inches to 2 1/8 inches;
-"their presence in the home can pose a severe health threat;"
-roaches have been reported to spread 33 kinds of bacteria, six kinds of parasitic worms and seven other kinds of human pathogens;
-"the saliva, urine and fecal droppings from American cockroaches contain allergen proteins known to cause allergic reactions and asthma attacks, they are common triggers for year round allergy and asthma symptoms."

Review on 5/22/19 of client #1's record revealed he was on the medication cetirizine (generic for Zyrtec) 10mg one tablet daily for allergies.

Review on 5/22/19 of client #2's record revealed he was on the medication cetirizine 10mg one tablet daily as needed for allergies.

Review on 5/22/19 of client #4's record revealed he was he was on the medication cetirizine 10mg one tablet daily allergies.

This deficiency is cross referenced into 10A NCAC 27G .0303 LOCATION AND EXTERIOR

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V 738	Continued From page 33 REQUIREMENTS V736 for a Type B rule violation and must be corrected within 45 days.	V 738		