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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 5/9/19. The complaints werer unsubstantiated (Intake #NC00150617 and #NC00151013). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

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V 110	Continued From page 1 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review the facility failed to provide documented supervision by a qualified profession for 1 of 1 former paraprofessional staff (Former Mentor #1) to ensure demonstration of knowledge, skills and abilities for the population served. The findings are: Review on 5/1/19 of the record for Former Client #7 (FC#7) revealed: -Admission on 4/26/18 and discharged on 8/10/18. -Age 16. -Diagnoses of Post-Traumatic Stress Disorder, Anxiety Disorder, and Personal History of Neglect in Childhood. Review on 5/1/19 of the personnel record for Former Mentor #1 (FM#1) revealed: -Hire date of 4/12/18 as a mentor. -Termination date of 9/11/18 due to not providing an emotionally safe environment to staff or clients. -Professional Boundary Training on 4/17/18. -Handling Power Struggles 7/11/18. -No documented supervision after the incident on 6/19/18. Review on 5/1/19 and 5/2/19 of the facility incident reports included: -Incident occurred on 6/19/18 - "Student ... [FC#7]	V 110		

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was becoming escalated prior to heading to breakfast. ... [FC#7] was refusing to get out of bed and made several disrespectful comments to staff. Staff ...[FM#1] made a comment that upset ...[FC#7] further, and ...[FC#7] proceeded to step up and became face to face with ...[FM#1]. In the moment, [FM#1] licked ... [FC#7's] nose in an attempt to lighten the situation."
-"Action Taken:" ... [FM#1] was taken off the students team and assigned to another team, and provided increased supervision by his assigned Team Manager."

Review on 5/1/19 and 5/2/19 of the "Grievance Form" submitted on 6/19/18, submitted by FC#7 revealed:
-"Details of Occurrence ...All of Spring team saw ... [FM#1] sexually assulted me."

Review on 5/1/19 and 5/2/19 of follow up on the Grievance dated 6/19/18 submitted by FC#7 and written by the Executive Director on 6/19/18 revealed:
-"Nose Licking Incident ...Staff reported that in the heat of the moment, he [FM#1] made an impulsive decision to lick the student on the tip of his nose in attempt to deescalate the situation."
-"Staff was taken off the student's team and provided increased supervision and follow-ups from the program director or team managers."
-"Student reported that due to his past abuse and trauma, this felt like a major power play by the staff to make him feel small, and that he also experienced it as sexually aggressive. After talking through the staff's report and sharing that the staff fully admitted to being in the wrong-without the intent to establish power, but just a bad impulsive decision, ...[FC#7] accepted the information ....Student accepted that staff would no longer be working on his team, and

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while he would have liked to see a more serious consequence to the staff (like losing his job), he indicated a willingness to move forward and continue to work with his therapist on trauma-based responses."

Review on 5/1/19 of an email sent to the Former Team Manager (FTM) on 6/25/18 written by the Executive Director revealed:
-"Just wanted to follow up from last week on ... [FM#1] ....We've discussed a lot of things, so want to make sure the plan is accurately laid out:
1. ... [FM#1] will be moved to work only with Winter until further notice.
2. I'd like for ... [FM#1] to receive additional supervision until further notice as well. ...
3. Let's make sure to provide regular supervision/feedback sessions to him (perhaps once a week-even if brief) and make a note of them that we can put in his file."
-No documentation of supervision in the personnel record of FM#1.

FC#7 was not available for interview during the survey as he was discharged in August 2018.

Interview on 5/1/19 with the Therapist for FC#7 revealed:
-He was aware of the incident that occurred between FM#1 and FC#7.
-It was his understanding that FC#7 stepped up into the space of FM#1 during a confrontation.
-FM#1 licked FC#7 on the nose.
-Due to a history of trauma this was a trigger for FC#7 and reported this incident made him feel "powerless."

Interview on 5/1/19 with the Clinical Director revealed:
-He spoke to the primary therapist for FC#7

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regarding the incident on 6/19/18.
- According to the therapist FC#7 was prompted by FM#1 to get out of bed for breakfast, he refused the prompts and became escalated stepped into the space of the staff.
-FC#7 became argumentative and yelling getting the other boys escalated.
-FM#1 licked FC#7 on his nose in an attempt to break up the "negative energy."
-The Clinical Director had not further involvement with staff regarding this incident.

Interview on 5/9/19 with the Program Director revealed:
-She was not in the management role when the incident occurred with FC#7.
-She was informed the Former Team Manager had addressed the incident with FM#1.
-FM#1 could not work with FC#7.
-She later took over the role as the Team Manager when the former Team Manager left the program.
-All staff have boundary training during orientation to the program.
-She did recall a mentor meeting in November of 2018 about physical and emotional boundaries, but was not sure it was documented.
-FM#1 was terminated due to his interactions with staff around emotional regulation.
-As the current Program Director she would expect anyone involved in this type incident should be put on an employment improvement plan and be retrained in boundaries.

Interview on 5/1/19 and 5/9/19 with the Executive Director revealed:
-He was made aware of the incident which involved FM#1 and FC#7 on 6/19/198 which was the same day it occurred.
-He met with FC#7 to address his grievance and

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also spoke with FM#1 which was noted in the Grievance dated 6/19/18.
-He requested FM#1 be removed from the team of FC#7 and be placed on increased supervision by his team manager.
-FM#1 had no further contact with FC#7.
-All staff have training on boundaries during orientation to the program.
-Upon review of the personnel record for FM#1 the supervision by the team manager was not documented in the record.
-The job performance of the team managers were not meeting the required expectations, one of which was documentation.
-The team managers were dismissed last fall and he appointed 2 new team managers.
-The supervision should have been documented in the file of FM#1.
-He recalled having some additional training regarding boundaries last fall but unable to locate any documentation.
-FM#1 was terminated 9/11/18 due to behavior with other staff members and his ability to regulate his emotions.
-The current Program Manager had just completed a new training curriculum for new staff which was implemented on 5/8/19.

Review on 5/9/19 of the Plan of Protection completed by the Executive Director on 5/9/19 revealed:

"Immediate: In order to immediately address this citation, all paraprofessionals at Equinox RTC will be involved in a 4-part training that will cover the following topics:
- Supervision of Students
- Boundaries and Non-negotiables
- Mentor Roles and Responsibilities
- Communication Patterns

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V 110	Continued From page 6 - Mentor Development Handbook These trainings began May 8, 2019 and will take place every Wednesday in the month of May-concluding on May 29, 2019. This training will be delivered by the Program Director, and may also include instruction from Team Managers, Clinical Director and Executive Director. Additionally, the above information is being included in ALL new-hire training, and once again reiterated in the Mentor Development Handbook. This will assure that the information is delivered and reinforced three separate times in a mentor's growth experience: 1. New -Hire Training (instructional) 2. Shadow Shifts Mentor Growth Book (experiential) 3. Mentor Growth Book (experiential) Furthermore, all students are met with in a large group on a bi-weekly basis by a member of the administrative team. In this meeting, students provide feedback regarding their experiences in the program with other students and staff, facilities, and any other concerns that they wish to provide. Since this is shared directly with the administrative team, we are able to make sure that it is addressed immediately and directly. Executive Director ... will assure that the above is completed and followed-through with consistently. These items will be added in for weekly review during leadership meetings as a secondary assurance that the above is completed as outlined."	V 110		

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V 110	Continued From page 7 Former Client #7 had an early childhood history of Post-Traumatic Stress Disorder and became escalated while Former Mentor #1 was prompting him to get out of bed. In an effort to de-escalate the situation Former Mentor #1 licked Former Client #7 on the tip of his nose. Former Mentor #1 did not receive any additional boundary training and had no documented supervision by a Qualified Professional. Former Client #7 reported to his therapist due to his past history this was a trigger and made him feel "powerless" which was detrimental to the health, safety and welfare. This deficiency constitutes a Type B 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.	V 110		
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.	V 114		

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V 114	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct disaster drills quarterly on each shift. The findings are: Review on 4/17/19 of the fire and disaster drills for the quarter of 1/2019-3/2019 revealed: -No documentation of a disaster drill being conducted on 1st or 3rd shift. Interview on 4/17/19 with the clients revealed drills were being conducted. Interview on 5/9/19 with the Executive Director revealed: -The facility conducted drills on three shifts. -The facility had conducted an emergency medical drill for the disaster and not aware this did not fall within the criteria for a disaster drill. This is a re-cited deficiency and must be corrected within 30 days.	V 114		
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	V 536		

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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.
(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).
(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.
(g) Staff shall demonstrate competence in the following core areas:
(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

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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).
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name;
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualifications and Training Requirements:
(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.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(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.
(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.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the

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course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times the course which is being coached.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
(l) Documentation shall be the same preparation as for trainers.

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V 536	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff received training on alternatives to restrictive intervention prior to providing services for 1 of 3 audited staff (Mentor #1). The findings are: Review on 4/18/19 of the personnel record for the Mentor #1 revealed: -Hire date of 2/27/19. -Alternatives to restrictive intervention training was not completed until 3/29/19. Interview on 5/9/19 with the Executive Director revealed: -Mentor #1 received the first portion of the training in February which included verbal de-escalation. -Mentor #1 was unable to attend the 2nd portion of the training when originally scheduled. -The Mentor was in ratio with clients prior to completion of the training. -The facility did utilize physical restraints. -Additional staff worked with Mentor #1 who had the completed training. This is a re-cited deficiency and must be corrected within 30 days.	V 536		