STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 000	INITIAL COMMENTS An annual survey was completed on June 24, 2019. 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 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (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: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision	V 109		

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V 109	Continued From page 1 plan upon hiring each associate professional. (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. This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 audited Qualified Professional (Qualified Professional #6) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are: Review on 6/20/19 of the Qualified Professional #6's record revealed: -Hire date of 3/28/18. Interview on 6/20/19 with the Qualified Professional #6 revealed: -Did not know where the admission assessments were located but would contact the Executive Administrator; -Was not able to explain the inconsistencies with client diagnoses and the treatment goals; -Did not know why there were no identification face sheets in the records; -Clients were only allowed to make telephone calls on their assigned days; -Staff transport in the mornings and afternoons to the Boys and Girls Club Day Camp but do not stay with the clients. Interview on 6/24/19 with the Licensee revealed: -Will ensure admission assessments are part of the client record in the future; -Will ensure treatment plans are updated to	V 109		

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V 109	Continued From page 2 reflect accurate client diagnoses and treatment goals and strategies appropriately reflect client needs; -Will investigate staffing issues of clients attending day camp; -Will ensure staff are aware that clients should have unrestricted access to their legal guardians and any mail that is received at the facility. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
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;	V 110		

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V 110	Continued From page 3 (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 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview, record review, and observation, 1 of 1 audited paraprofessionals (Staff #4) failed to display the knowledge, skills, and abilities required by the population served. The findings are: Review on 6/20/19 of Staff #4's record revealed: -Hire date of 3/6/19; -Employed as a Residential Counselor. Interview/Observation on 6/18/19 between approximately 9:00am-9:30am in the driveway of the facility revealed: -Two cars in the driveway upon arrival at the facility but no answer at the door of the facility after knocking at approximately 9:00am; -Staff #4 on the driveway of the facility at approximately 9:30am; -Staff #4 revealed she did not have access to client records as the records were kept locked and she was not able to access them. She revealed the Executive Administrator would respond to the facility to provide access to the records; -Staff #4 revealed she was leaving the facility as	V 110		

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V 110	Continued From page 4 she "had to go to work." Interview on 6/18/19 with the Executive Administrator revealed: -Staff #4 was a third shift staff member; -Did not know why Staff #4 revealed that she did not have access to the client records. Interview on 6/24/19 with the Licensee revealed: -Understood the citation involving Staff #4 revealing comments that she had no access to the client records; -Will address the issue regarding access to client records. Observation on 6/18/19 at approximately 10:05am in the facility's Living Room revealed: -Associate Professional/House Manager #5 walked into the facility and opened the closet door opposite the front door and removed the client records. The records were not kept locked as reported by Staff #4.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program	V 111		

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V 111	Continued From page 5 shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure admission assessments were completed prior to the delivery of services affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are: Review on 6/20/19 of Client #1's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder; -17 years old; -No admission assessment. Review on 6/20/19 of Client #2's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, High Expressed Emotion Level within Family, Personal History of Psychological Trauma;	V 111		

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V 111	Continued From page 6 -11 years old; -No admission assessment. Review on 6/20/19 of Client #3's record revealed: -Diagnoses listed in the Treatment Plan dated 5/13/19 included "Conduct Disorder, Dysfunctional Dysregulation Disorder;" -Diagnoses listed on a typed note from a local provider included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Circadian Sleep Wake Disorder; -17 years old; -No admission assessment. Interview on 6/20/19 with the Associate Professional/House Manager #5 revealed: -Client #1 was admitted on 2/16/19; -Client #2 was admitted on 1/22/19; -Client #3 was admitted on 6/18/18. Interview on 6/20/19 with the Qualified Professional #6 revealed: -Did not know where the admission assessments were located but would contact the Executive Administrator. Interview on 6/20/19 with the Executive Administrator revealed: -The admission assessments are generally attached to the application for admission but does not have the applications or assessments for Clients #1, #2, and #3; -Will make sure that the Qualified Professional #6 ensures assessments for each of the clients moving forward as well as any new clients admitted to the facility. Interview on 6/24/19 with the Licensee revealed: -Will ensure admission assessments are part of the client record in the future.	V 111		

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V 111	Continued From page 7 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 8 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement goals to reflect the needs of the clients affecting 2 of 3 clients (Clients #2 and #3). The findings are: Review on 6/20/19 of Client #2's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, High Expressed Emotion Level within Family, Personal History of Psychological Trauma; -11 years old; -No admission date in the record; -Treatment Plan dated 5/3/19 included goals to address " ...management and control of his IED (Intermittent Explosive Disorder) symptoms ..." Review on 6/20/19 of Client #3's record revealed: -Diagnoses listed in the Treatment Plan dated 5/13/19 included "Conduct Disorder, Dysfunctional Dysregulation Disorder;" -Diagnoses listed on a typed note from a local provider included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Circadian Sleep Wake Disorder; -17 years old; -No admission date in the record; -Treatment Plan dated 5/13/19 included goals to address " ...management and control of his IED (Intermittent Explosive Disorder) symptoms ...demonstrate appropriate ADHD (Attention Deficit Hyperactivity Disorder) behavior management and control ..." Interview on 6/20/19 with the Associate Professional/House Manager #5 revealed: -Client #2 was admitted on 1/22/19; -Client #3 was admitted on 6/18/18. Interview on 6/20/19 with the Qualified	V 112		

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V 112	Continued From page 9 Professional #6 revealed: -Was not able to explain the inconsistencies with client diagnoses and the treatment goals. Interview on 6/24/19 with the Licensee revealed: -Will ensure treatment plans are updated to reflect accurate client diagnoses and treatment goals and strategies appropriate reflect client needs. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred	V 113		

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V 113	Continued From page 10 physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an identification face sheet in the client records affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are: Review on 6/20/19 of Client #1's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder; -17 years old; -No admission date in the record; -No identification face sheet. Review on 6/20/19 of Client #2's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, High	V 113		

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V 113	Continued From page 11 Expressed Emotion Level within Family, Personal History of Psychological Trauma; -11 years old; -No admission date in the record; -No identification face sheet. Review on 6/20/19 of Client #3's record revealed: -Diagnoses listed in the Treatment Plan dated 5/13/19 included "Conduct Disorder, Dysfunctional Dysregulation Disorder;" -Diagnoses listed on a typed note from a local provider included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Circadian Sleep Wake Disorder; -17 years old; -No admission date in the record; -No identification face sheet. Interview on 6/20/19 with the Associate Professional/House Manager #5 revealed: -Client #1 was admitted on 2/16/19; -Client #2 was admitted on 1/22/19; -Client #3 was admitted on 6/18/18. Interview on 6/20/19 with the Qualified Professional #6 revealed: -Did not know why there were no identification face sheets in the records. Interview on 6/24/19 with the Licensee revealed: -Did not know why the identification face sheets were missing from the record but would ensure they were replaced.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 12 (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. (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 interview, record review, and observation, the facility failed to ensure medications were administered to a client on the written order of a person authorized by law to prescribe medications affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are:	V 118		

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V 118	Continued From page 13 Review on 6/20/19 of Client #1's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder; -17 years old; -April, May, and June, 2019 MARs revealed Client #3 was administered the following medications: Abilify 7.5mg ½ tab at 7pm, Atomoxetine HCl (ADHD symptoms) 80mg 1 tab at 7pm, Melatonin (sleep aid) 3mg 1 tab at 7pm, Clindamycin Gel (antibiotic) 1-5% to affected areas at 7am and 7pm, and Cephalexin (antibiotic) 500mg 1 cap every 8 hours for 7 days. The June MAR revealed the Clindamycin Gel and Cephalexin were discontinued in June, 2019. -No signed medication orders were available. Review on 6/20/19 of Client #2's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder (ADHD), High Expressed Emotion Level within Family, Personal History of Psychological Trauma; -11 years old; -April, May, and June, 2019 MARs revealed Client #2 was administered the following medications: Vyvanse (ADHD symptoms) 40mg 1 cap at 7am, Guanfacine Extended Release (ADHD symptoms) 4mg 1 tab at 4pm, Abilify (antipsychotic) 5mg 1 tab at 7am, and Trazodone 50mg 1 tab at 7pm; -No signed medication orders were available. Review on 6/20/19 of Client #3's record revealed: -Diagnoses listed in the Treatment Plan dated 5/13/19 included "Conduct Disorder, Dysfunctional Dysregulation Disorder;" -Diagnoses listed on a typed note from a local provider included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Circadian Sleep Wake Disorder;	V 118		

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V 118	Continued From page 14 -17 years old; -April, May, and June, 2019 MARs revealed Client #1 was administered the following medications: Fluoxetine (anti-depressant) 20mg 1 cap with Fluoxetine 10mg 1 cap at 7am, Amoxicillin (antibiotic) 875 mg 1 tab at 7am and 7pm for 7 days, Trazodone (sedative/sleep aid) 100mg 1 tab at 7pm, Divalproex Extended Release (anticonvulsant and mood stabilizer) 500mg 1 tab at 7am and 7pm, Cetirizine (allergy) 10mg 1 tab 7pm, and Fluticasone Spray (nasal allergy spray) 50mcg 1 spray per nostril for 10 days. The May MAR revealed the Cetirizine was discontinued in May, 2019. The June MAR revealed the Amoxicillin and Fluticasone Spray were discontinued in June, 2019; -No signed medication orders were available. Interview on 6/20/19 with the Associate Professional/House Manager #5 revealed: -Client #1 was admitted on 2/16/19; -Client #2 was admitted on 1/22/19; -Client #3 was admitted on 6/18/18. Interview on 6/20/19 with the Executive Administrator revealed: -Aware that there are no signed medication orders in the client records; -Had difficulty securing signed medication orders for the clients; -The provider refused to sign the orders because of concern that an unknown individual could add a notation to the medication orders; -The provider revealed signed medication orders for each client could be completed for an additional fee of $20.00 per client; -Will need to secure another provider who will complete signed medication orders for each client if the current provider does not provide the signed medication orders.	V 118		

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V 118	Continued From page 15 Interview on 6/24/19 with the Licensee revealed: -Will speak with the current provider to assess if signed medication orders can be completed on a regular basis and kept on file in the client records. Observation on 6/20/19 at approximately 11:15am of Client Medications revealed: -Client #1's medication consisted of Abilify 7.5mg ½ tab at 7pm dispensed on 6/12/19, Atomoxetine HCl 80mg 1 tab at 7pm dispensed on 6/12/19, Melatonin 3mg 1 tab at 7pm dispensed on 5/15/19. There was no Clindamycin Gel 1-5% or Cephalexin 500mg in the facility; -Client #2's medication consisted of Vyvanse 40mg 1 cap at 7am dispensed on 4/2/19, Guanfacine Extended Release 4mg 1 tab each afternoon dispensed on 6/1/19, Abilify 5mg 1 tab at 7am dispensed on 6/5/19, and Trazodone 50mg 1 tab at 7pm dispensed on 6/1/19; -Client #3's medication consisted of Fluoxetine 20mg 1 cap and 10mg 1 cap at 7am dispensed on 5/17/19, Trazodone 100mg 1 tab at 7pm dispensed on 3/19/19, and Divalproex Extended Release 500mg 1 tab at 7am and 7pm dispensed on 5/17/19. There was no Amoxicillin 875mg, Fluticasone Spray 50mcg, or Cetirizine 10mg in the facility. Review on 6/24/19 of the Plan of Protection written and dated 6/24/19 by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Owner [Licensee] will set up meeting with [Provider overseeing Medication Management] to discuss the need to get physician orders completed. If an agreement cannot be met, owner will locate new psychiatric provider that will ensure form gets completed.	V 118		

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V 118	Continued From page 16 Describe your plans to make sure the above happens. Administrator [Executive Administrator] will meet with psychiatric provider 6/25/19 at 9am to discuss the seriousness of the matter. Administrator will obtain new physician's orders for all consumers if agreement is finalize." The facility served adolescent clients between the ages of 11-17 years old. The clients had mental health diagnoses including Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Conduct Disorder, and Disruptive Mood Dysregulation Disorder. Client #1 had a history of defiance against authority figures, resistance to rules, verbal and physical aggression, disruptive behaviors and stealing from a neighbor's home resulting in legal charges and juvenile detention. Client #2 had a history of property destruction, harming himself and others, assaulting a sibling by throwing a wrench at the sibling's face, and defiance toward the parents by locking the parents out of the family home requiring police intervention. Client #3 had a history of dishonesty, stealing, and verbal and physical aggression. Facility staff administered medications including, but not limited to, Abilify, Atomoxetine HCl, Vyvanse, Guanfacine, Fluoxetine, Divalproex, sleep aids, and antibiotics. The medications included anti-depressants, sedatives, mood stabilizers, and antibiotics with significant impact on the clients' mental and physical health. There were no signed medication orders for any of the administered medications. Because of the lack of signed medication orders, it was not possible to determine if the clients received the correct medications and/or dosages. This increased the risk of disruption in behavior and mood	V 118		

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V 118	Continued From page 17 jeopardizing the clients' continued placement, school performance and daily functioning. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to:	V 293		

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V 293	Continued From page 18 (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide individualized active therapeutic interventions to address client needs within a system of care approach affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are: CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on interview and record review, 1 of 1 audited Qualified Professional (Qualified Professional #6)	V 293		

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V 293	Continued From page 19 failed to demonstrate the knowledge, skills, and abilities required by the population served. CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111). Based on interview and record review, the facility failed to ensure admission assessments were completed prior to the delivery of services affecting 3 of 3 clients (Clients #1, #2, and #3). CROSS REFERENCE: 10 A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on interview and record review, the facility failed to develop and implement goals to reflect the needs of the clients affecting 2 of 3 clients (Clients #2 and #3). CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on interview and record review, the facility failed to ensure minimum staffing requirements of two direct care staff for up to four adolescents. CROSS REFERENCE: General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364). Based on interview, record review, and observation, the facility failed to ensure the clients' right to telephone calls and receipt of mail affecting 3 of 3 clients (Clients #1, #2, and #3). Review on 6/24/19 of the Plan of Protection written and dated 6/24/19 by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Owner [Licensee] will send 2 staff to the Boys and Girls Club to supervise consumers at the camp effective 6/25/19. Describe your plans to make sure the above	V 293		

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V 293	Continued From page 20 happens. Executive Administrator will meet with Boys and Girls Club staff to see if they can agree to have staff on site as consumers participate in the program's summer camp. If staff is not permitted to stay on site, consumers will longer be allowed to participate in the summer program." Additional Emailed Items for the Plan of Protection from the Licensee on 6/24/19 revealed: "Owner [Licensee] will provided clinical supervision to the QP (Qualified Professional) and LP (Licensed Professional) on the importance of obtaining and completing admission assessment within 30 days of admission. This supervision meeting will occur by 7/1/19. LP will ensure that all current clients have an admission assessment on file and placed in chart by 7/15/19. Owner will check files on 7/16/19 to ensure CCAs (Comprehensive Clinical Assessments) are completed and in the file. Owner will review all incoming PCP (Person Centered Plan) from referring agency (as the [facility] does not develop the PCPs). Owner will ensure that all plan address correct diagnosis as listed on consumer's comprehensive clinical assessment. QP will conduct an audit on all current consumer's PCP and ensure that all goals are related to diagnosis listed on current CCA. QP will add goals that relate to diagnosis (if needed). QP will have all plans updated by 7/15/19. Owner will review plans once updates are made. Owner will revise current phone call policy to allow consumers to make and receive call daily. Owner will also informed staff that all clients are entitled to get mail on the same day it arrives (no exceptions and can not be used as a	V 293		

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V 293	Continued From page 21	V 293		

consequence). Email will be sent to all staff today."

The facility served adolescent clients between the ages of 11-17 years old. The clients had mental health diagnoses including Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Conduct Disorder, and Disruptive Mood Dysregulation Disorder. Client #1 had a history of defiance against authority figures, resistance to rules, verbal and physical aggression, disruptive behaviors and stealing from a neighbor's home resulting in legal charges and juvenile detention. Client #2 had a history of property destruction, harming himself and others, assaulting a sibling by throwing a wrench at the sibling's face, and defiance toward the parents by locking the parents out of the family home requiring police intervention. Client #3 had a history of stealing, and verbal and physical aggression. The facility did not complete admission assessments to identify client treatment needs and did not develop individualized treatment plans and strategies to address these needs. Additionally, the current treatment plans did not accurately reflect clients' diagnoses. The facility allowed Clients #2 and #3 to participate in day camp without staff supervision. Furthermore, the facility restricted clients' rights of receiving mail and maintaining telephone contact with parents/legal guardians. As a result, the clients did not receive the level of supervision and therapeutic interventions required to ensure treatment and safety needs were met. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of

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V 293	Continued From page 22 $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
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 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	V 296		

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V 296	Continued From page 23 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 interview and record review, the facility failed to ensure minimum staffing requirements of two direct care staff for up to four adolescents. The findings are: Review on 6/20/19 of Client #1's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder; -17 years old; -No admission date in the record; -Clinical history from the Treatment Plan dated 5/31/19 revealed: constant fights between client and authority figures, resistance to rules, family power struggles, physical and verbal aggression, arrested from stealing money from the neighbor's home in 2018. Witnessed domestic violence and substance abuse issues while in the family home. History of juvenile detention due to disruptive behaviors. Review on 6/20/19 of Client #2's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, High	V 296		

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V 296	Continued From page 24 Expressed Emotion Level within Family, Personal History of Psychological Trauma; -11 years old; -No admission date in the record; -Clinical history from the Treatment Plan dated 5/3/19 revealed: history of throwing objects such as throwing a wrench at his sibling's face and a bike sear at his father, locked his parents out of the house requiring assistance from the police, threatened to harm himself and others. " ...Parent reports specific symptoms as defiant, frequent tantrums which result in throwing objects, verbal aggression with profanity, defiance, easily angered, physically aggressive toward authoritative figures, and disrespectful ..." Interview on 6/20/19 with Client #1 revealed: -Had been attending the Boys and Girls Club Day Camp but did not attend today because he was busy packing for discharge; -Did attend the camp on Monday, Tuesday, and Wednesday of this week; -Was driven to camp and picked up from camp by the facility staff, but no staff stay with him at the camp. Interview on 6/20/19 with Client #2 revealed: -Had spent the morning playing basketball and in the game room of the Boys and Girls Club Camp; -Attends the camp Monday through Friday; -Facility staff transport him to and from camp each day, but do not stay with him at the camp. Interview on 6/20/19 with the Associate Professional/House Manager #5 revealed: -Client #1 was admitted on 2/16/19; -Client #2 was admitted on 1/22/19. Interview on 6/20/19 with the Qualified Professional #6 revealed:	V 296		

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V 296	Continued From page 25 -Staff transport in the mornings and afternoons to the Boys and Girls Club Day Camp but do not stay with the clients. Interview on 6/20/19 with the Executive Administrator revealed: -Had asked the Boys and Girls Club staff if they would like the facility staff to remain at the day camp with the facility clients, but the camp staff had declined. Interview on 6/24/19 with the Licensee revealed: -Had been sending clients to the Boys and Girls Club Day Camp for several years and had never had an issue with doing so; -Carefully analyzes who can attend the camp to ensure no behavioral concerns at camp; -Do not send clients with high risk behaviors to camp; -Day camp staff are aware that the clients are from a group home and are trained; -Some facility staff also works at the day camp; -Not all day camp staff are trained in the same manner as the facility staff; -Will investigate staff issues of clients attending day camp. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client	V 364		

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V 364	Continued From page 26 who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;	V 364		

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V 364	Continued From page 27 b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10)Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-268	A. BUILDING: _____ B. WING _____	06/24/2019

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V 364	Continued From page 28 the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;	V 364		

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V 364	Continued From page 29 (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated	V 364		

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V 364	Continued From page 30 by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure the clients' right to telephone calls and receipt of mail affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are: Review on 6/20/19 of Client #1's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder; -17 years old; -No admission date in the record. Review on 6/20/19 of Client #2's record revealed: -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, High Expressed Emotion Level within Family, Personal History of Psychological Trauma; -11 years old; -No admission date in the record. Review on 6/20/19 of Client #3's record revealed: -Diagnoses listed in the Treatment Plan dated 5/13/19 included "Conduct Disorder, Dysfunctional Dysregulation Disorder;"	V 364		

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V 364	Continued From page 31 -Diagnoses listed on a typed note from a local provider included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Circadian Sleep Wake Disorder; -17 years old; -No admission date in the record. Review on 6/20/19 of the facility's Level System revealed: -Level One - Freshman: " ...Clients must remain on site, no therapeutic leave. Clients can receive incoming calls form their legal guardians only on their designated call days ...;" -Level Two - Sophomore: " ...Clients must remain on site, no therapeutic leave. Clients can receive incoming calls from their legal guardians as well as approved individuals on their designated call days ...;" -Level Three - Junior: " ...Clients can go on outings and can have day visits with their families. Clients can receive incoming calls AND make outgoing calls on their designated call days ...;" -Level Four - Senior: " ...Clients ...can have day AND overnight visits with their families. Clients can receive incoming calls AND make outgoing calls on their designated call days ..." Interview on 6/20/19 with the Associate Professional/House Manager #5 revealed: -Client #1 was admitted on 2/16/19; -Client #2 was admitted on 1/22/19; -Client #3 was admitted on 6/18/18. Interview on 6/20/19 with Client #1 revealed: -Can use the telephone on Wednesday and Saturdays but calling outside of the assigned days depends on his behavior; -Allowed to receive mail, but once the mail arrives at the facility her must earn getting the mail from the staff.	V 364		

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V 364	Continued From page 32 Interview on 6/20/19 with Client #2 revealed: -Can use the telephone on Tuesdays and Fridays when "we supposed to;" -Had wanted to talk with his mother on other days but can not do so and feels "pretty sad;" -Packages arrived earlier in the week from his mother but had not received the packages because he must earn the packages from the staff. Does not know what is in the packages; -Allowed to get mail at the facility but had to "earn" mail and but must listen to staff in order to get the mail. Interview on 6/20/19 with the Qualified Professional revealed: -Clients were only allowed to make telephone calls on their assigned days. Interview on 6/24/19 with the Licensee revealed: -Will ensure staff are aware that clients should have unrestricted access to their legal guardians and any mail that is received at the facility. Observation on 6/18/19 at approximately 10:05am of the front porch revealed: -Three packages addressed to Client #2's Mother/Legal Guardian. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 364		
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	V 736		

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V 736	Continued From page 33 maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observation on 6/18/19 at approximately 9:30 am of the exterior of the facility revealed: -Rear right of house in the backyard was a garbage can overflowing with debris. A broken garbage bag was on the ground and had been ripped open with food and debris in the yard with flies and bugs in the debris; -A discarded bifold closet door was on the rear porch; -An old suitcase wet from the previous night rainstorm was on the reach porch; -The right front corner of the house was covered by vine-like growth growing up the corner of the house and along the soffit line and into the gutters. Interview on 6/24/19 with the Licensee revealed: -Understood the citation and would rectify the situation.	V 736		