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| Division of Health Service Regulation AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL066-024 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING | (X3) DATE SURVEY COMPLETED R-C 06/20/2019 |
|---|---|---|---|

NAME OF PROVIDER OR SUPPLIER: **FAMILY ADVANTAGE LLC**
STREET ADDRESS, CITY, STATE, ZIP CODE: **3104 HWY 301 N PLEASANT HILL, NC 27831**

| (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 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed 6/20/19. Intake #NC00152290 was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III for Children and Adolescents.</p> <p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>V132 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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:</p> <p>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.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the</p> | V 000 | <p>Corrected Measures:</p> <p>Family Advantage shall adhere to clinically appropriate ensure the Department will be notified of all allegations of abuse against health care personnel to provide the best quality of care. Family Advantage Clinical Team has updated all crisis plans with correct phone number to parents and guardians. LP and QP review the procedure for notifying the Health Care Personnel Registry (HCPR). Maintain the safety of all clients at the facility. Immediately the Family Advantage, LLC Program Director and the Qualified Professional reviewed all current client incident reports to ensure all incidents are properly investigated and make sure results of all investigations are reported to the Department within five working days of the initial notification to the Department ; per rule 10A NCAC 27G G.S 131E-256(G) HCPR-Notification, Allegations, & Protection. Family Advantage's incident report will be stored at facility office.</p> <p>Preventive Measures:</p> <ol style="list-style-type: none"> 1. Contact NCPR - Notification, Allegations, and Protection. 2. All incident reports will be reviewed by the Director / QA/QI Team. This will ensure that a incident has been reported properly 3. All incidents will be input into the IRIS System and guardians will be contacted immediately and be provided a copy of the report. 4. LP and QP review the procedure for notifying the Health Care Personnel Registry (HCPR). <p>Family Advantage will ensure that all best practices in Human Resources are instituted in the Family Advantage culture through The State of North Carolina DHHS, DFS, DMA, Trillium Health Resources, and through our 2019 CARF accreditation.</p> <p>Trainings: Willie Gilchrist, Executive Director, Tirra Benjamin Program Director/Manager and Therapist Carolyn Alston to facilitate a quality review/training of all types of incident reports to ensure all current employees properly document correctly.</p> | July 01, 201 |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: **CEO** (X8)
DATE: **7/5/19**

Division of Health Service Regulation

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| V132 | <p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Department was notified of all allegations of abuse against health care personnel for one of one Licensee. The findings are:</p> <p>Review on 6/12/19 of former client (FC#1)'s record revealed: - admitted to the facility on 4/15/19 & discharged on 5/28/19</p> <p>- diagnoses of Post-Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder & Disruptive Mood Dysregulation Disorder</p> <p>Review on 6/13/19 of the facility's investigation dated 5/27/19 faxed to the Division of Health Service Regulation revealed: - "On May 27, 2019 therapist spoke with clients and staff questioning Licensee/Qualified Professional (QP) Interactions with clients....about reports made of him being aggressive and abusive to clients such as pulling hair, hitting, etc....Counselor listened as staff assured her Licensee/QP had not been aggressive or abusive</p> | V132 | <p>Who will monitor the situation to ensure it will not occur again</p> <p>Monitoring will occur by the Home Manager, QP, and LP.</p> <p>How often the monitoring will take place.</p> <p>Monitoring will take place at least monthly by QP and LP and as often as needed.</p> | June 20, 2019 |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3104 HWY 301 N PLEASANT HILL, NC 27831 | | |
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| V132 | Continued From page 2 with clients...Licensee/QP had placed [FC#1] on level 1 for inappropriate behaviors of disrespecting self and others and behaviors of aggressive while on a community outing. Clients reported Licensee/QP did not become aggressive or abusive toward any clients...[FC#1] reported he wanted out of the group home to a staff person and stated he was going to act out the next time Licensee/QP worked he was going to act out so he could be discharged...Counselor put in extra time to observe clients and staff interactions..." During interview on 6/13/19 FC#1's Department of Social Service (DSS) guardian reported: - she did not have any concerns about abuse of FC#1 During interview on 6/14/19 client #2's DSS guardian reported: <ul style="list-style-type: none">• - she had no concerns about client #2's care• - she visited the facility in May 2019• - she witnessed FC#1 having behaviors• - the Licensee handled the behaviors appropriately During interview on 6/12/19 the Licensee/QP reported: - he was responsible for notifying the Health Care Personnel Registry (HCPR) - he did not notify HCPR 27G .1706 Residential Tx. Child/Adol - Operations 10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans | V132 | | June 20, 2019 |
| V298 | | V298 | Corrected Measures: *Family Advantage shall adhere to clinically appropriate ensure that all clients receive coordination of services with other agencies. Family Advantage Clinical Team will collaborate with Trillium Health Resources Care Coordinator and the Child and Family Team Meet Team will meet monthly or as needed in cases of crisis to ensure the quality of care during transition and/or discharge. | |

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| V298 | <p>Continued From page 3</p> <p>in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services with other agencies for one of two former clients (FC#1). The findings are:</p> <p>Review on 6/12/19 of former client (FC#1)'s record revealed: - admitted to the facility on 4/15/19 & discharged on 5/28/19 - diagnoses of Post-Traumatic Stress Disorder;</p> | V298 | | July 01, 2019 |

Division of Health Service Regulation

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| V 298 | <p>Continued From page 4</p> <p>Attention Deficit Hyperactivity Disorder & Disruptive Mood Dysregulation Disorder - email sent to Department of Social Services guardian dated 5/28/19 "please give me a call" (from House Manager (HM))</p> <p>During interview on 6/14/19 a representative with the police department reported:</p> <ul style="list-style-type: none"> • - the police responded to the facility on 5/27/19 • - it was in reference to FC#1 being on the train tracks <p>- a police report was not completed due to issue being resolved - FC#1 was hospitalized</p> <p>During interview on 6/13/19 FC#1's DSS guardian reported: - client #1 had homicidal ideation's on different occasions while at the facility</p> <ul style="list-style-type: none"> - they were notified by the hospital and not the facility of the homicidal ideations - the hospital also notified the agency of FC#1's discharge from the facility <p>Attempted telephone calls to the Licensee from 6/17/19 - 6/20/19...</p> <p>During interview on 6/20/19 the HM reported: - the Licensee left on 6/17/19 & went out of the country</p> <ul style="list-style-type: none"> • - she was left in charge • - FC#1 had several homicidal ideation episodes, however the DSS guardian was made aware <p>- the DSS social worker was also made aware of FC#1's discharge - the DSS social worker did not return phone calls in a timely manner</p> <ul style="list-style-type: none"> • - she would send emails to reach her • - after she sent the DSS guardian an email to | V 298 | <p>Preventive Measures:</p> <ol style="list-style-type: none"> 1. Document all phone calls and emails and add to client chart for communications. 2. LP and QP will ensure all parents understand the details of each incident during treatment. 3. Make all parents aware of any changes and updates immediately. <p>Family Advantage will ensure that all best practices in Human Resources are instituted in the Family Advantage culture through The State of North Carolina DHHS, DFS, DMA, Trillium Health Resources, and through our 2019 CARF accreditation.</p> <p>Trainings: Willie Gilchrist, Executive Director, Tirra Benjamin Program Director/Manager and Therapist Carolyn Alston to monitor all communication with CFT</p> <p>Who will monitor the situation to ensure it will not occur again</p> <p>Monitoring will occur by the Home Manager, QP, and LP.</p> <p>How often the monitoring will take place.</p> <p>Monitoring will take place at least monthly by QP and LP and as often as needed.</p> |

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| V 298 | Continued From page 5 call her on 5/28/19...the guardian made contact - she informed the DSS guardian the facility planned to discharge FC#1 due to his threats to return to the train tracks once released from the hospital - she did not have verification the DSS guardians were made aware of FC#1's homicidal ideation's - she planned to document future contacts with all guardians. | V 298 | | |

Fax Cover Page

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| To: Rhonda Smith | From: Willie Gilchrist II |
| Fax Number: (919) 715-8078 | Phone Number: (252) 536-0600 |
| Pages: 7 | Date: 07/15/2019 |

Comments: Family Advantage, LLC