STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 A complaint and follow up survey was completed on 7/3/19. The complaint was substantiated (intake #NC00153096). 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	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 109	Continued From page 1 for the initiation of an individualized supervision 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 record reviews and interviews, one of one Associate Professional (AP) failed to demonstrate knowledge, skills and abilities to meet the needs of a client. The findings are: Review on 7/2/19 of former client #4's (FC #4) record revealed: -Admission date of 1/4/19. -Diagnoses of Anxiety Disorder, Depression, Post Traumatic Stress Disorder and Attention Deficit Disorder. -Discharge date of 6/21/19. -FC #4 was 16 years old. -Comprehensive Clinical Assessment dated 2/5/19 had the following: FC #4 had a history of psychiatric hospitalizations and defiant behaviors. "[FC #4] was previously hospitalized on 12/28/18 before placement in the Level III group home setting. [FC #4's] increase in depressed and anxious mood, and increased behaviors of defiance, disrespectfulness, lack of regard for her Aunt rules and boundaries and SI (self injurious) concerns led her to being a danger to herself and others in her home. [FC #4's] aggression and self injurious behaviors need to be monitored closely. She needs assistance in developing coping skills, strategies and techniques to reduce her anger and self injurious response when she is	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 109	Continued From page 2	V 109		

triggered."

Review of the facility's personnel records on 7/3/19 revealed:
-The Associate Professional had a hire date of 1/2/18.

Review of facility records on 7/2/19 revealed:
-An incident report dated 6/12/19 had the following: "[FC #4] became upset in general. [FC #4] can't explain why. [FC #4] went outside and began throwing rocks and chairs. [FC #4] broke a glass she found outside and cut her neck and stomach. [FC #4] ran away. Staff called 911. Sheriff's found [FC #4] about 10:30 pm on 6/10/19 and took her to [Name of local hospital]. [FC #4] was looked after physically and emotionally. [FC #4] was evaluated but not admitted after being deemed stable and not a threat to herself. [FC #4] was discharged back into the care of Youth Unlimited on 6/11/19....Prior to incident [FC #4] was angry and not following directions. [FC #4] was threatening staff and peers. Staff prompted [FC #4] to go outside. Staff went outside with [FC #4]. [FC #4] began throwing rocks and threatening staff. Staff did not feel comfortable doing a therapeutic hold so she call authorities. [FC #4] then took off. Staff was unable to keep up. Authorities found her on [Name of road]. Not far from the property."

FC #4 was discharged from the program on 6/21/19. Attempts to contact FC #4 were unsuccessful. FC #4 was in the process of being relocated to another facility.

Interview with client #1 on 7/3/19 revealed:
-She did witness the incident with FC #4 cutting herself.
-She thought the Associate Professional locked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 109	Continued From page 3 one of the doors to the home. -Staff did leave FC #4 outside unsupervised for about 5-10 minutes. -She saw FC #4 break a jar outside. -She saw FC #4 cut her neck with a piece of glass. -She was looking out the kitchen window and saw FC #4 cut herself. -She thought that jar belonged to another client who was using it to collect items. -Staff had to call the police and Emergency Medical Services. Interview with client #2 on 7/3/19 revealed: -She did witness a recent incident with FC #4. -The Associate Professional did lock FC #4 outside of the group home. -The Associate Professional felt like FC #4 was a danger to staff and the clients. -Prior to FC #4 being locked out of the home she threatened to kill her. -The Associate Professional escorted FC #4 outside and then locked the door. -FC #4 was outside unsupervised without staff. -The Associate Professional and staff #1 were in the group home. -She could see FC #4 through the window in the kitchen. -She saw FC #4 when she cut her neck with a piece of glass. -FC #4 was out of control while she was outside of the home. -FC #4 was yelling, cussing and banging on the windows and doors. -Staff had to call the police due to FC #4's behaviors. Interview with staff #1 on 7/3/19 revealed: -She was working with the Associate Professional when FC #4 cut herself outside.	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 109	Continued From page 4 -She was responsible for supervising clients' #1 and #2. -The Associate Professional was dealing with FC #4. -The Associate Professional did not lock FC #4 out of the group home. -The Associate Professional took FC #4 outside initially because she was trying to fight another client. -The Associate Professional did leave FC #4 outside unsupervised for about five minutes. -FC #4 broke a mason jar and used the glass to cut herself. -They did witness FC #4 cut her neck and stomach with a piece of glass. -The cuts on FC #4's neck and stomach were superficial. -Staff called Emergency Medical Services for FC #4. Attempts to interview the Associate Professional on 7/3/19 about the incident were unsuccessful. Interview with the Facility Director on 7/3/19 revealed: -Staff contacted him about the incident with FC #4. -Staff #1 was responsible for clients' #1 and #2. -The Associate Professional was working with FC #4. -The Associate Professional called him and there was some type of miscommunication. -The Associate Professional thought he said leave FC #4 outside alone until the police arrived. -He would never tell staff to leave a client outside and/or unsupervised that is in crisis. -The Associate Professional did leave FC #4 outside unsupervised. -FC #4 did cut herself and then ran away before Emergency Medical Services arrived.	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 109	Continued From page 5 -FC #4 did go to the hospital, however they did not keep her because she was no longer in crisis. Interview with the Clinical Director on 7/2/19 and 7/3/19 revealed: -He was aware of the incident with FC #4. -He was informed the Associate Professional left FC #4 outside unsupervised while she was in a crisis. -Staff normally would not leave clients unsupervised during a crisis. -The Associate Professional was fairly young and had never dealt with that type of crisis before. -He felt like the The Associate Professional possibly panicked during that incident. ' This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (Tag V-293) 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.	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 110	Continued From page 6 (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 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews two of three audited staff (staff #1 and staff #2) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are: Review on 7/2/19 of former client #4's (FC #4) record revealed: -Admission date of 1/4/19. -Diagnoses of Anxiety Disorder, Depression, Post Traumatic Stress Disorder and Attention Deficit Disorder. -Discharge date of 6/21/19. -FC #4 was 16 years old. -Comprehensive Clinical Assessment dated 2/5/19 had the following: FC #4 had a history of psychiatric hospitalizations and defiant behaviors. "[FC #4] was previously hospitalized on 12/28/18 before placement in the Level III group home	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 110	Continued From page 7	V 110		

setting. [FC #4's] increase in depressed and anxious mood, and increased behaviors of defiance, disrespectfulness, lack of regard for her Aunt rules and boundaries and SI (self injurious) concerns led her to being a danger to herself and others in her home. [FC #4's] aggression and self injurious behaviors need to be monitored closely. She needs assistance in developing coping skills, strategies and techniques to reduce her anger and self injurious response when she is triggered."

a. Review of the facility's personnel records on 7/3/19 revealed:
-Staff #1 had a hire date of 12/1/03.
-Staff #1 was hired as a Residential Counselor.

b. Review of the facility's personnel records on 7/3/19 revealed:
-Staff #2 had a hire date of 6/3/15.
-Staff #2 was hired as a Residential Counselor.

Review of facility records on 7/2/19 revealed:
-An incident report dated 6/21/19 had the following: "A little after midnight [staff #1] used the restroom. While [staff #1] was in the bathroom [FC #4] took went outside through a door and took the house vehicle. We are not sure how [FC #4] got the key. Either 2nd shift left it (key) out and [FC #4] grabbed it (key) earlier in the day or she went into the drawer and took it while staff was in the he bathroom. [FC #4] got near the end of the Youth Unlimited driveway before she drove the vehicle into the ditch area on the right side of the drive. [FC #4] left the vehicle there and walked to somebody's house on [Name of Road]. They called the Hayworth House and let staff know they were walking [FC #4] back. After being back on property [FC #4] waled up to [Name of another home owned by agency] and began

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 110	Continued From page 8	V 110		

knocking on the window. Staff did not let her in as there are 8 children in that home and we were unsure of [FC #4's] mental status. The police arrived shortly after that and took her into custody. [FC #4] is currently in the [Name of local jail]."

FC #4 was discharged from the program on 6/21/19. Attempts to contact FC #4 were unsuccessful. FC #4 was in the process of being relocated to another facility.

Interview with staff #1 on 7/3/19 revealed:
-She was working during the incident with FC #4.
-She was the awake staff and staff #2 was sleep staff.
-Staff #2 had fallen asleep on the couch that night and she was sitting at the table in den area.
-Around 11:30 PM FC #4 came out of her room and asked if she could fill her water bottle.
-Whenever FC #4 walked into the kitchen she noticed FC #4 was wearing a T-shirt and shorts.
-She thought it was a little strange because FC #4 was not wearing night clothing.
-She really did not want to address the issue with FC #4.
-She was informed by other staff that FC #4 had a bad day prior to their shift.
-FC #4 got her water and went back into her bedroom.
-Once she saw FC #4 go back into her bedroom, she decided to use the bathroom.
-She was having some stomach issues and thought she was in the bathroom about 15 minutes.
-She came out of the bathroom and thought she heard the door.
-She looked out the window and thought she saw the van in the driveway.
-She went back into the den area and sat at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 110	Continued From page 9 table. -A few minutes later she got a phone call from a neighbor. -The neighbor informed her that FC #4 was at his house. -The neighbor told her FC #4 wanted to be picked up. -She looked out the window and realized the group home van was missing. -She woke up staff #2 and told her about the phone call from the neighbor. -FC #4 actually walked back from the neighbor's house. -FC #4 did not return to the group home. -FC #4 walked to another group home on the property. -She called management and the police about that incident. -She thought FC #4 got the van keys from an unlocked kitchen drawer. -They did not check the kitchen drawer prior to shift to ensure the van keys were secured. -FC #4 did not get off of the grounds because she wrecked the van. -FC #4 drove the van into a ditch while driving down the dirt path. -FC #4 was picked up by police officers and arrested for stealing the van. Interview with staff #2 on 7/3/19 revealed: -She was working during the incident with FC #4. -She worked with staff #1 during 3rd shift. -Staff #1 was the awake staff that night and she was sleep staff. -She was in the den area and fell asleep watching television. -She would normally sleep in the designated staff area. -Staff #1 woke her up and told her FC #4 left the home.	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 110	Continued From page 10 -Staff #1 also told her FC #4 took the group home van. -They were supposed to be keeping the van keys in a locked drawer in the kitchen. -They had been keeping the van keys in the kitchen drawer unlocked. Interview with the Facility Director on 7/3/19 revealed: -He thought staff texted him about the incident with FC #4. -On his way to the group home he saw the van in a ditch near the property. -He talked to staff #1 and staff #2 about the incident. -Staff informed him they left the keys to the van in an unlocked kitchen drawer. -Staff were required to ensure the van keys were in a locked kitchen drawer. -FC #4 took the van keys and drove the van away from the group home. -FC #4 did not get far because she wrecked the van while driving down the path. -FC #4 drove the van into the ditch. -FC #4 was arrested by the local police officers after she wrecked the van. Interview with the Clinical Director on 7/2/19 and 7/3/19 revealed: -He was aware of the incident with FC #4 stealing the group home van. -Staff #1 and staff #2 were working together during that incident. -He was told FC #4 possibly took the keys from an unlocked kitchen cabinet. -Staff were supposed to ensure van keys were locked away in the kitchen cabinet. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (Tag V-293) for a Type	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 110	Continued From page 11 A1 rule violation and must be corrected within 23 days.	V 110		
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: (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	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 293	Continued From page 12 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 record reviews and interviews, the facility failed to ensure services were designed to ensure safety in a staff secure residential treatment setting affecting one of one former client (FC #4). The findings are: Cross Reference Tag 109 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals Based on record reviews and interviews, the Associate Professional failed to demonstrate knowledge, skills and abilities to meet the needs of a client. Cross Reference Tag 110 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals Based on record reviews and interviews two of three audited staff (staff #1 and staff #2) failed to demonstrate the knowledge, skills and abilities	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 293	Continued From page 13 required for the population served. Review on 7/3/19 of a Plan of Protection written by the Clinical Director dated 7/3/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "Insure all keys are secured in locked cabinet or on staff person at all times. During shift change incoming/outgoing staff are to verify keys are secure. Insure clients are supervised whether inside or outside." Describe your plans to make sure the above happens. "[Facility Director] will provide accountability to all staff by supervising the above is being followed daily. [Facility Director] also serves as North Caroilina Interventions + trainer and will provide ongoing training with staff on Crisis Management and following protocols." FC #4 had a history of self injurious and defiant behaviors prior to admission. FC #4's assessment indicated her aggression and self injurious behaviors need to be monitored closely. On 6/10/19, the Associate Professional left FC #4 outside unsupervised while she was in crisis. FC #4 used a piece of glass from a broken jar to cut her neck and stomach area. FC #4 walked away from the group home and was picked up by the local police department. FC #4 was taken to the hospital to be evaluated after the incident. On 6/21/19, staff #1 and staff #2 failed to ensure the van keys were locked away in the kitchen drawer. FC #4 stole the group home van during 3rd shift. FC #4 wrecked the van while driving down the path near the property. FC #4 ran the the van into the ditch and walked to a neighbors home. FC #4 was arrested by local police officers for stealing the group home van and has not returned to the facility. This deficiency constitutes a Type A1 rule	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-068	A. BUILDING: _____ B. WING _____	R-C 07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED HAYWORTH HOME	2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

(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 293	Continued From page 14 violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500 per day will be imposed each day the facility is out of compliance beyond the 23rd day.	V 293		