PRINTED: 07/26/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		\ '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		07/25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	FE, ZIP CODE	
THE NOR	LAND HOUSE		RLAND ROAD		
		OTTE, NC 28212			
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
V 293	completed on 7/25/19 up survey, only 10A N and all cross reference reviewed for compliant brought back into com .0303(c) V736. Deficient This facility is licensed category: 10A NCAC Treatment Staff Secur Children.	nce. The following were apliance: 10A NCAC 27G	V 293		
	10A NCAC 27G .1701 (a) A residential treat for children or adolesc free-standing resident intensive, active thera interventions within a It shall not be the primindividual who is not a (b) Staff secure mean awake during client sl shall be continuous as this Section. (c) The population se adolescents who have mental illness, emotion substance-related disco-occurring disorders disabilities. These ch not meet criteria for in services.	scope ment staff secure facility tents is one that is a fial facility that provides peutic treatment and system of care approach fiary residence of an fial client of the facility. In staff are required to be seep hours and supervision fiares set forth in Rule .1704 of fiarved shall be children or fiar a primary diagnosis of final disturbance or forders; and may also have fincluding developmental fiddren or adolescents shall final patient psychiatric fidelescents served shall			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR COMPLETE	
		MHL0601078	B. WING		07/25/2	2019
THE NORLAND HOUSE 1019 NORL			ADDRESS, CITY, STATE PRLAND ROAD DTTE, NC 28212	E, ZIP CODE		
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V 293	V 293 Continued From page 1 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 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.		V 293			
	This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure services were designed to include individualized supervision to minimize the occurrence of behaviors related to functional deficits affecting 1 of 3 clients (#3). The findings are:					

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		MHL0601078	B. WING		07/2	5/2019
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				DEFICIENCY)		
V 293	Continued From page	2	V 293			
. 200	Continued From page	. 2	1200			
		client #3's record revealed:				
	-admission date of 12					
	•	tional Defiant Disorder and				
	Unspecified Trauma a	and Stressor Related				
	Disorder;					
	-16 years old;	ial Carriago				
	-in the custody of Soc	ive Assessment dated				
		client #3 sexually molested				
		the past and was charged				
	with statutory rape;	The past and was charged				
	-attends therapy once	a week to address				
	sexualized behaviors					
	-on probation;					
	•	6/4/19 documented goals				
	•	learn how to appropriately				
	express thoughts and	feelings, comply with rules				
	and regulations, decre	ease defiance, decrease				
	verbal aggression, fol	low directions, improve				
		e, develop strategies to				
	The state of the s	sexual abuse, reduce risky				
		nning away, learn to use				
		ooundaries with others,				
		e community with one staff;				
		gies included "provide				
	direct/supervised com	, ,				
	activities" and "provid					
	psychoeducational ad					
		ntenance of daily living,				
	anger management, s	stress management skills,				
	etc;"	oucoo manayement skills,				
		2/18 documented client #3				
	must remain arms len					

boundaries with personal objects, no borrowing, no touching, do not interact with anyone under 6 years old, avoid sexual comments and gestures, slide hug only for familiar persons, handshakes,

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	FE, ZIP CODE		
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				· · · · · · · · · · · · · · · · · · ·		
V 293	Continued From page	e 3	V 293			
	high five greetings ke	eep zipper up at all times,				
		ate parts in public, keep				
	-	, no sexual acts, do not play				
	with children under a	•				
	supervision;	3				
	-sexual harm evaluat	ion dated 5/31/19				
	recommended client	#3 remain in the Level III				
	facility, have no conta	act with his victim until				
	visitation recommend	ations can be made				
	collaboratively by the teams working with both he					
	and his victim, have a safety plan in place that					
	addresses guidelines for supervision in the					
	-	t and consistent monitoring				
	should be maintained					
	accordance with grou	ip home regulations."				
		with staff #1 revealed:				
		asketball camp this week				
	through 7/18/19;					
	-started Monday 7/15					
	-had an updated eval					
		molestation of his sister;				
		s discussed with all parties				
	at the Child and Fam	ualized behaviors at the				
	facility;	ualized beliaviors at the				
	-client #3 has shown	improvement in his				
	behaviors at the facili					
	Johannois at the raom	٠٠.				
	Interview on 7/23/19	with the Qualified				
	Professional revealed					
	-client #3 attending b					
	-camp run by local po					
	professional basketba					
	-very structured;	,				
	-	ying basketball, speakers,				
	workshops, with topic					

substance abuse, educational activities;

-attends from 8:30am-3:30pm;

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′	CONSTRUCTION	(X3) DATE SI	
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V 293	Continued From page	Δ Δ	V 293	DEI IOIENOT)		
00	. •		- 200			
	-attending with client					
		ent #3 was on 7/17/19 when and Family Team meeting				
	or another client and	,				
		visited client #3 at camp on				
	7/16/19;	•				
	•	greed and approved for				
	client #3 to attend the	• •				
	•	of client #3's history with				
	his sister and past se					
	#3.	ood supervision for client				
	πο.					
	Interview on 7/23/19 v	with client #3's social worker				
		sexual behaviors reported				
	regarding client #3;					
	-updated evaluation r					
		auma and sexual behaviors;				
		ded a basketball camp,				
	approved at treatmen	requires client #3 to be				
		onsible adult at all times;				
	-wanted client #3 to g					
	activities;					
	-aware staff was going with client #3 to the camp.					
		with client #3's probation				
	officer revealed;					
	-client #3 attended a	•				
		atment team and approved;				
	-legal guardian was a	oy group home staff and				
	camp staff;	by group nome stan and				
	· · · · · · · · · · · · · · · · · · ·	/19 and had no concerns				

regarding client #3's supervision at the camp.

Further review on 7/17/19 of client #3's treatment plan revealed no documentation of approved

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	MHL0601078	B. WING	07/25/2019			

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1019 NORLAND ROAD

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	
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Continued From page 5	V 293		
basketball camp and supervision requirements. Interview on 7/25/19 with the Program Director revealed: -should have been documented in the treatment plan; -there was two other staff at basketball camp, other two staff from sister facilities; -when the QP had to leave for his meetings, the other two staff were aware and watched client #3; -client #3 was supervised while he was at the camp; -will ensure all special activities such as camps, jobs, extracurricular activities will be placed in			
treatment plans. 27G .0303(d) Pest Control	V 738		
10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.			
This Rule is not met as evidenced by: Based on interviews, observation and record review, the facility was not kept free from insects. The findings are: Interview on 7/17/19 with client #1 revealed: -saw a small roach last night on the wall in his bedroom; -not seen any big ones; -heard pest control has been out there; -not seen any roaches in his food;			
	chasketball camp and supervision requirements. Interview on 7/25/19 with the Program Director revealed: -should have been documented in the treatment plan; -there was two other staff at basketball camp, other two staff from sister facilities; -when the QP had to leave for his meetings, the other two staff were aware and watched client #3; -client #3 was supervised while he was at the camp; -will ensure all special activities such as camps, jobs, extracurricular activities will be placed in treatment plans. 27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interviews, observation and record review, the facility was not kept free from insects. The findings are: Interview on 7/17/19 with client #1 revealed: -saw a small roach last night on the wall in his bedroom; -not seen any big ones; -heard pest control has been out there; -not seen any roaches in his food; -saw a roach crawling above the sink in the	basketball camp and supervision requirements. Interview on 7/25/19 with the Program Director revealed: -should have been documented in the treatment plan; -there was two other staff at basketball camp, other two staff from sister facilities; -when the QP had to leave for his meetings, the other two staff were aware and watched client #3; -client #3 was supervised while he was at the camp; -will ensure all special activities such as camps, jobs, extracurricular activities will be placed in treatment plans. 27G .0303(d) Pest Control V 738 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interviews, observation and record review, the facility was not kept free from insects. The findings are: Interview on 7/17/19 with client #1 revealed: -saw a small roach last night on the wall in his bedroom; -not seen any big ones; -heard pest control has been out there; -not seen any roaches in his food;	basketball camp and supervision requirements. Interview on 7/25/19 with the Program Director revealed: -should have been documented in the treatment plan; -there was two other staff at basketball camp, other two staff from sister facilities; -when the QP had to leave for his meetings, the other two staff were aware and watched client #3; -client #3 was supervised while he was at the camp; -will ensure all special activities such as camps, iobs, extracurricular activities will be placed in treatment plans. 27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interviews, observation and record review, the facility was not kept free from insects. The findings are: Interview on 7/17/19 with client #1 revealed: -saw a small roach last night on the wall in his bedroom; -not seen any big ones; -heard pest control has been out there; -not seen any roaches in his food; -saw a roach crawling above the sink in the

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V 738	kitchen; -does not have any a Interview on 7/17/19 -seen small roaches i window sill against th -saw a small roach th -not seen any roache -does not have any a -have a Epipen for fin allergic to the venom. Interview on 7/17/19	llergies or asthma. with client #2 revealed: in the crack under the ie wall; iis morning in his room; is in his food; llergies or asthma; e ants and wasps stings, . with staff #1 revealed:	V 738			
		es recently;				

Review on 7/17/19 of an invoice dated 6/21/19 from a local pest control revealed:

-came out on site to facility;

-did a treatment for roaches;

-chemical treatment.

Observation on 7/18/19 at 8:37am revealed no evidence of roaches in the facility.

Interview on 7/17/19 with the pest control owner revealed:

-went on site and treated for roaches;

-provided treatment on 6/20/19;

-service the facility on a quarterly basis;

-did a "crack and crevice" treatment around the cabinets, along the baseboards, under the sinks, door frames and pipes on 6/21/19;

-facility did not have an infestation, saw a small problem;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE		
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V 738	Continued From page	÷ 7	V 738			
	-the chemical used wiresidual will continue -not been back to treat-told facility to contact roaches and he will congot a call last week small roaches; -had put on his sched week and do a re-treat-will do as many treat. Further interview on 7 revealed: -went back out for and to call from the facility -did a crack and crevit-treated where roached-also treated all based. Interview on 7/25/19 virevealed: -had pest control treat-treated again this weelif see more roaches, more intensive treatmentrying to get rid of roached.	Ill kill live roaches and the to kill; at since 6/21/19; thim if they see any more ome back; aying they are seeing some ule to go out the end of this atment; ments as needed. If 24/19 with the pest control other treatment in response ce treatment on 7/18/19; as have been seen; boards. With the Program Director the facility last month; ek; will have pest control do ent; aches.				

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