

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ RECEIVED B. WING: _____ 1111 29 2019	(X3) DATE SURVEY COMPLETED C 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THE BRUSON GROUP /NEW BEGINNINGS HEALTH C. **4513 FOX ROAD**
RALEIGH, NC 27616

DHSR-MH Licensure Sect

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		(X5) COMPLETE DATE
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V 000 INITIAL COMMENTS

A complaint survey was completed on June 28, 2019. The complaint was unsubstantiated (NC#00152306). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.

V 179 27G .1301 Residential Tx - Scope

10A NCAC 27G .1301 SCOPE

- (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service.
- (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700.
- (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities.
- (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school.
- (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting.
- (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.

Unfortunately when a residential placement has a complaint or an audit they have to rely on the education, expertise and professionalism of the auditor. The residential placement is at the mercy of the auditor and can only hope that the auditor has not come out with a made up mind that the placement is guilty before researching the concern, accusation or allegation. Because the complaint is unknown, the licensee is not able to assist the auditor with helpful information that could easily eliminate incorrect data being entered in a report; thus reducing the need for an appeal. The residential placement has to rely on the intelligence to how the auditor may interpret a rule. One auditor will site the agency for neglect because the client ran out of the door and staff didn't stand in front of them ; the next auditor will site the same agency because they stopped the client from running of the door but per auditor they violated the clients rights by blocking and standing in front of them. This is an example of one situation but different auditor's interpretation's.

Outside collaborations are often used to help with establishing the truth such as schools, Doctors offices, etc. What has been discovered is that outside collaboration's has the ability to document incorrectly ,add information at their leisure and cover their errors, it seems as though their words and documentation are preferred over the ones that actually provide direct care for the client. No consideration is given to their accountability, that they may have a new/untrained staff, make a simple error or outright lie to protect themselves. Schools and Doctors' offices are often not residential placements fans, as they view the clients as group home kids with high risk behaviors that often disrupt their schools and create conflict among the quote unquote other good students. We are often in a constant battle with trying to ensure that our clients receive a fair education and their rights are protected. Our agency is not perfect; but we do take great pride in the services that we provide and the clients that we provide care for. It never feels good to be cited but a good auditors normally make the facility stronger and help them by seeing their errors, make a plan of correction , and move forward, etc. as so the incident won't occur again. No residential placement wants to upset an auditor for fear of retaliation both current and in future audits!

There are times when the citations are unjustifiable and this is one of those times where against all odds, our agency knows that the residential placement was not out of ratio and

6/28/19

Division of Health Service Regulation

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

Sonia Ward, Director 7-16-19

STATE FORM

8899

X6) DATE

on sheet 1 of 10

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NAME OF PROVIDER OR SUPPLIER: **THE BRUSON GROUP /NEW BEGINNINGS HEALTH C.** STREET ADDRESS, CITY, STATE, ZIP CODE: **4513 FOX ROAD RALEIGH, NC 27616**

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V 179	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to coordinate with other individuals and agencies within the client's system of care effecting 1 of 6 clients (#5). The findings are:</p> <p>Review on 6/7/19 thru 6/20/19 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admission date 10/16/18 - diagnoses of Depressive Disorder - Recurrent/Moderate, Post Traumatic Stress Disorder and Oppositional Defiant Disorder - a history of poor impulse control and self-injurious behaviors - a discharge Summary from a local hospital's Burn Unit with: "History of Present Illness: [Client #5] is a 17 y. o. (year old) girl, blonde hair, blue eyes, fair skin. Patient was at a pool party at her group home Monday (5/27/19), was in the sun and in the water the majority of the day, was not wearing sun screen. her burn started blistering yesterday (5/28/19) and worse today with pain. She denies fevers, chills, cough/cold/flu, chest pain, shortness of breath, nausea, emesis...Assessment...Plan: Admit to Pediatric Burn Surgery Service (PDX) for treatment to include pain control, wound care. Burn wounds will be dressed with Silvadene and covered with appropriate dressings. Medications to include Oxycodone, Fentanyl IV (Intravenous), Tylenol...Hospital Course: Patient was admitted to 	V 179	<p>had no knowledge of the clients blisters prior to taking her to seek medical attention. The agency is very sorry that the client got sunburned to the point that it caused a second degree burn; however it was not foreseen ,not intentional, not neglect and medical attention was sought immediately once discovered.</p> <p>The licensee went out of her way and made every valid effort to assist the auditor by making sure that every needed client was available, providing the clients records, setting up staff interviews, arranging visits for the clients interviews, etc.</p> <p>It was the licensee that initially told the auditor about a case, as she had no knowledge prior to coming out on a false allegation. During a casual conversation the licensee stated that she was tired & sleepy because she had been up all night with one of the clients at the hospital. The licensee talked about the fact of how hot it was that day and how shocked she was to learn that one of her clients had obtained sun burn; thus having nothing to hide. The auditor then said that she would wait to see if another report came in so she could do everything at once and close out everything together. The licensee was not aware that each time a client goes into the hospital a report is made to DHR until the auditor told her so.</p> <p>The auditor has misused her power and authority to create false documentation. The licensee did not state these statements and the words have been taken completely out of context.</p> <p>A conversation took place where the licensee talked about cultural differences and client rights. The licensee told the auditor that she was not aware that the client had blisters on Tuesday. The licensee asked the auditor whom she had talked to and she stated that she hadn't documented whom the school said they talked to over the phone. Per reports the school called and stated that the client had sunburn and wanted to be picked up; the group home agreed to do so but due to the time the school said it would be easier for them to place her on the bus than to wait until we arrived, as the school was closing. Upon arrival from school, no blisters were noted. The client was given aloe vera for discomfort and made no additional reports of needing medical attention or having blisters. Several clients were given aloe vera for discomfort. It truthfully looked like typical sunburn. When the school called on Wednesday and spoke directly with the licensee, immediate action was taken, as we sincerely care about our clients. If any level of urgency was stated on Tuesday the same would have been done on Tuesday. The client simply</p>	

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V 179	<p>Continued From page 2</p> <p>the [local hospital] on 5/29/19 with 10% TBSA (Total Body Surface Area) 2nd degree sunburn to the back, arms and chest. Sun exposure occurred on Monday 5/27/19. Upon admission she was given appropriate fluid resuscitation, wound care, and IV/PO (by mouth) pain medication as needed...it was determined that surgery was not indicated. Patient received appropriate wound care and prior to discharge the burn wounds are healing well.</p> <p>Second Degree Burn (Partial Thickness): Damage to the skin includes the outer layer and penetrates to the middle layer (Dermis). The wound is typically moist/wet and red, swelling is usually present; there may be blisters or sloughing (loss) of skin and it is extremely painful.</p> <p>Review on 6/11/19 of paperwork dated 5/30/19 submitted by the Licensee revealed: - "The client participated in a planned activity at the residential placement for Memorial Day (5/27/19). The agency had a fun day at the residential group home to include a cook out, pools, games and water guns, etc. The staff supplied and offered all clients suntan/sun protection. This and one other client refused, stating they wanted to be really tanned. The client on that day was slightly red around her chest area with no reports of pain. On the next day the Director received a call from school stating that the client was sun burned and had pus oozing out of a few spots on her body. The Director called the clients perpetration and immediately and scheduled an appointment for the client to be seen on that day; staff picked the client up from school and transported her to the MD (Medical Doctor). Upon arrival she was referred to the burn center for second degree burns. The staff remained with the client and has</p>	V 179	<p>didn't say anything out of the norm and the agency did not know about blisters until that Wednesday. It is possible that the blisters manifested over the night. The client made no mention to staff that morning.</p> <p>The licensee asked the receptionist Ms. Pam Randolph to come in the room and to be a witness to the conversation during the exit interview.</p> <p>While going over the exit report, the auditor made a comment that <u>the licensee should have known that the client would have been sun burned because she was Irish, fair skinned, blonde haired and blue eyed.</u> The license stated that she felt like that was a racist comment to make and how was that fair to say...as she was not to only Caucasian/white /fair skinned client out in the sun at that time and no one else got sunburned to that point. At this point the auditor became agitated and escalated her voice tone and stated that I wasn't going to agree to anything she said. The licensee did state that how was she supposed to know which client would obtain sunburn to the degree to the 2nd degree sunburn, as she didn't have fair skin, blonde hair and blue hair. The licensee responded because she wanted the auditor to see how her words were out of context and racial. The license did ask questions as to how she came to this conclusion and the auditor became even more agitated and stated that the interview was closed.</p> <p>The license asked the auditor to lower her escalated voice tone again and stated that she understood her. If an agency is going to be accused of doing something wrong, then the agency should also have the right to know what they are being accused of and how the auditor came to the conclusion. The auditor presented as being more concerned about documenting the agencies as being out of compliance rather than accepting and receiving any supporting documentation of the truth. The licensee didn't know that once a decision has been made by an auditor, that no proof could be submitted and that the case is instantly closed, with the only option of an appeal.</p>	
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p The licensee believes that what initially triggered the auditorwas when the licensee complained to the auditor that the residents were complaining that they felt like she was trying to coerce them into saying something that was not true and asking them if they were told to lie. The licensee let the auditor know that she didn't think that it was in the best interest of the clients that had admitted to making the initial false allegation/complaint, as she was continually bringing up animosity among the clients. The

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V 179	<p>Continued From page 3</p> <p>agreed to learn wound care. The client is expected to return home on 6/1/19. It will now be mandatory for all outside activities, unless the clients interject their client rights and insist on not being sprayed. In that event the event may be canceled to avoid this from happening again. All clients will be taught on the dangers of not wearing protection and sun exposure."</p> <p>During an interview on 6/6/19, client #5 reported:</p> <ul style="list-style-type: none"> - she was at the Memorial Day party on 5/27/19 and was having a good time. She was having too much fun on the waterslide and did not think about putting on any sun screen. - she did not hear any staff offering her sunscreen. She said another resident told her staff offered sun screen but she didn't "hear it" - she went to school on Tuesday and complained to Student Services about being in pain. Student Services saw the blisters and called the group home for her to be picked up. As it was already 1:30pm at the time, she got picked up at the regular dismissal time (shortly after 2:00pm) - staff saw the blisters, but did not offer her any treatment; she then corrected herself and said staff offered her Aloe Vera for the burns - she returned to school on Wednesday (5/29/19) and complained again to Student Services. Student Services called the group home and she was picked up and brought to the doctor's office that day <p>During an interview on 6/10/19, a representative from Student Services at client #5's school reported:</p> <ul style="list-style-type: none"> - on Tuesday, 5/28/19 client #5 came into their offices and complained of pain from the sunburn. She saw blisters on her arms and chest. She called the group home at 1:30 and 	V 179	<p>The licensee asked the auditor what she needed and whom she needed to see so she could be of complete assistance and in compliance. The auditor would ask for one client and then say that she didn't need to see them. The licensee was completely truthful with the auditor and let her know that staff in management had been stepped down from their management positions, due duplication of progress notes and after she was told from multiple staff that the auditor was asking questions on whether or not it was a voluntary step down or not. If the auditor has asked the licensee, documentation could have easily been provided to prove such occurred. The report that the auditor took from the anonymous staff was clearly the disgruntle staff that had been taken out of their management position. There are several factors that should have been considered prior to making the decision of Type A and a standard deficiency:</p> <p><u>What is the policy of the residential placement when it comes to staff working alone or call outs</u></p> <p>The policy is that no staff is allowed to leave any staff out of ratio! The staff on shift must remain there until the relief staff arrives or the emergency staff is called in. The reason the ex-managers had a working schedule is because that is exactly what it was ... a working schedule as it is changed almost weekly due to call outs, new hires, client going on therapeutic leave, outings, medical appointments, clients with high risk behaviors, crisis situations or incidents that may occur and need staff need to be switched according to their ability to handle specific situations, etc. A part of the ex-managers job was to assist with finding coverage when staff called out with emergencies and provide written proof of such to the scheduler.</p> <ul style="list-style-type: none"> • -The license was not given an opportunity to present a final completed schedule for the very months that were used to determine that the facility was supposedly out of ratio but rather asked the AP to submit what she had • -no proof from the ex-staff was asked for by the auditor to show that they had notified management that staff didn't show or that they were working alone • -licensee wasn't allowed the 	
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V 179	<p>Continued From page 4</p> <p>they said they could get there by 1:50. Their policy is that after 1:50pm they just keep the student until regular dismissal time because of the difficulty of getting through all the school buses and cars in the pickup lane</p> <ul style="list-style-type: none"> - on Wednesday, 5/29/19 she returned to school and was again complaining of pain from the sunburn. A nurse was not available but a second staff from the office saw blisters on client #5's legs also. This second person reported client #5 "was a lobster" <p>During an interview on 6/10/19, a staff person reported:</p> <ul style="list-style-type: none"> - when client #5 came home Tuesday (5/28/19), she "was burnt and had blisters" - the Licensee, Associate Professional (AP) and the Qualified Professional (QP) were notified but no treatment was sought - there was only one staff working the second shift that day - client #5 was taken to the doctor's office on Wednesday (5/29/19) after the school called them a second time <p>During interviews on 6/6/19, 6/20/19 and 6/28/19, the Licensee reported:</p> <ul style="list-style-type: none"> - clients were all offered and encouraged to wear sun screen but had the right to refuse per clients' rights - "my skin does not burn and I am not familiar with the needs of white people..." - "I do not know anything about sunscreen" and "Do you think it is unreasonable that I don't know about sunscreen?" - the school only called the group home once and it was the day she was taken to the doctor's (Wednesday) - the school was "lying to protect themselves from the state" 	V 179	<p><i>this is not true!</i></p> <p><i>this is <u>not</u> true! The auditor misused her power & authority to create false wording. A witness was also in the room.</i></p>	

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V 179	<p>Continued From page 5</p> <ul style="list-style-type: none"> - her own staff were "lying because they were disgruntled and on probation" - client #5 was taken to the doctor's office as soon as they became aware of the blistering <p>Review on 6/28/19 of a Plan of Protection written and submitted by the Licensee on 6/28/19 revealed: What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? "...The agency has the right to make the clients remain in the house when they're fair skinned, if they select not to wear sunscreen. Coordination of care for sunburn shall be to monitor. Effective 6.28.19 The agency will not allow any outside activities over a time frame of 2 - 4 hours. The agency shall ask each client if they need to seek medical attention for potential sun burn and have them sign a document of such (see attached)." Describe your plans to make the above happen. "[Licensee] called [local pediatric clinic] but line was busy; [Licensee] left message to seek advice of how long the agency should wait until they ask the client if they are sunburned, have blisters, need to seek medical advice. The agency will hold an emergency board meeting and obtain professional advice of a qualified RN (Registered Nurse) or MD (Medical Doctor) to decide when children should or should not be allowed outside in hot weather, how long to check for sunburn and when to seek medical advice. [Licensee] will review policy with team to promoted best practice." Attached Document: "Re: Sun Screen Letter Policy Notification To Whom It May Concern, I understand that per request from the state in order to prevent sunburn or second degree burns, I can refuse sunscreen; however if they do not</p>	V 179	<ul style="list-style-type: none"> -the licensee wasn't given the opportunity to explain why the ex-managers had hand written paper schedules or even verify if they were true <u>the licensee words were COMPLETELY misrepresented and taken out of context;</u> -the licensee wasn't given the opportunity to let the auditor know that if she had asked the client how many staff were on a shift the would never count the upper management because they don't see us as staff the licensee wasn't given an opportunity to provide the auditor with progress notes that would easily reflect two staff working on shift the auditor took no consideration when the licensee immediately called the client and placed her on the speaker phone to show that no cohesion was taking place. <u>The auditor heard the client state that she didn't have blisters on Tuesday and wanted to come home because she was sun burned; she replied that her decision was made and the case was closed</u> <p>Upon learning of the type A penalty the license was shocked and told the auditor that she thought that she would be getting a trophy for providing such good care. The licensee immediately called the <u>client on the spot directly in front of the auditor</u> and asked her if she had blisters on that Tuesday "the client stated... no she didn't get blisters until that Wednesday when she called me. The client stated that she called that Tuesday because she wanted to be picked up because of her sunburn and discomfort. Ms. Pamela Randolph was in the room and also heard the entire conversation. The licensee is checking to see if the audio was able to pick up the conversation for submission of the conversation.</p> <p>The auditor told the licensee that the case was closed and then proceeded to ask for the names of the disgruntle staff. The licensee replied that she didn't feel comfortable giving their names at this point because of fear that she would continue to go to them and document their lies. The auditor stated that it didn't matter because the case was closed at this point. The exit interview ended.</p>	
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V 179	<p>Continued From page 6</p> <p>they will not be allowed to go outside for activities lasting 4 - 6 hours. I understand that they agency will offer sun screen, shaded areas, sunburn risk exposure/education. I understand that by signing below, I agree that if I notice any form of blisters, I will immediately notify the staff on shift. I understand that I can request to seek medical attention and may be asked to go to the MD, even if I refuse to avoid second degree sun burn."</p> <p>_____</p> <p>Client Name _____ Date _____</p> <p>Witness Name _____ Date _____</p> <p>The agency sponsored a Memorial Day cookout on Monday, 5/27/19 which included clients from all three of the homes operated by the Licensee and involved outdoor games and activities. Although sunscreen was said to have been offered a few clients sustained sunburns and one client was hospitalized between 5/29/19 and 6/1/19 with second degree burns over 10% of her body. This client complained in school about the pain of her sunburn on Tuesday, 5/28/19. The school saw blisters on her chest and arms and called the group home to have her picked up but as it was close to the regular dismissal time she returned home as usual. When she returned to the facility, she complained of pain from the sunburn to the staff at the group home but was not seen medically. She was offered Aloe Vera to put on the sunburn. She returned to school on Wednesday, 5/29/19 and again complained of the burns. The school called the group home again and Client #5 was sent home with instructions to her staff that she should be seen by a medical professional. She was then seen at a pediatric clinic and was transferred and admitted to the</p>	V 179	<p><u>V179 27g.1301 Residential Tx -Scope (failure to coordinate care with other individuals and agencies within the client system of care)</u></p> <p><u>Measures put in place to correct the deficient area of practice</u> On 7/1/19 a mandatory emergency board meeting was scheduled to review the findings from DHSR. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board.</p> <p><u>Measures put in place to prevent the problem from occurring again</u> Our agency ensured that this rule was met as approving a weather policy and a client educational sign off sheet to ensure that clients are aware of the state's approval to have the right to limit and revoke outside privilege's if deemed too hot or potentially dangerous to the clients health. Upon finding out that a client was sunburned to the degree that caused a 2nd degree burn, the outings have been reevaluated and beach trips have been canceled. The Board has approved the attached Sun Screen Letter Policy Notification has been implemented as part of the agencies master admission packet. Staff and clients have been educated about the dangers of different weather conditions to promote best practice.</p> <p><u>Who will monitor the situation to ensure it will not occur again</u> The Director (Mrs. Sonia Ward) or an additional designated qualified staff will monitor the implementation to ensure that the deficiency will not occur again.</p> <p><u>How often the monitoring will take place</u> Maintaining compliance continues to be a mandatory part of our program (Mrs. Sonia Ward, Mrs. Bridget Jeffries, and Ms. Brenda Barnes) or a designated qualified staff will carefully monitor the implementation on a daily/weekly or /as needed basis to ensure that the deficiency will not occur again.</p>	

All reviewers please read the additional attached page.

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V 179	Continued From page 7 burn unit of a local hospital for 4 days. This deficiency constitutes a Type A 1 rule 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 \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 179	<p><u>V296 27g.1704 Residential Tx Child/Adol-Min Staffing</u></p> <p><u>Measures put in place to correct the deficient area of practice</u> On 7/1/19 a mandatory emergency board meeting was scheduled to review the findings from DHSR. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board.</p>	
V 180	27G .1302 Residential Tx - Staff 10A NCAC 27G .1302 STAFF (a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field. (b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. (c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes. (d) Psychiatric consultation shall be available as needed for each client. (e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.	V 180	<p><u>Measures put in place to prevent the problem from occurring again</u> Our agency ensured that this rule was met as evidenced by enforcing a zero tolerance policy as it pertains to staffing ratios and education on how to report to upper management when a staff is a no show. The zero tolerance policy regenerates that the agency policy is : no staff is allowed to leave any staff out of ratio! The staff on shift must remain there until the relief staff arrives or the emergency staff is called in. If a staff is determined to be out of ratio and no written documentation is completed and sent to upper management, they will be released immediately. The agency requires a text message, phone call, so both parties will have proof of coverage.</p> <p><u>Who will monitor the situation to ensure it will not occur again</u> The Director (Mrs. Sonia Ward) or an additional designated qualified staff will monitor the implementation to ensure that the deficiency will not occur again.</p> <p><u>How often the monitoring will take place</u> Maintaining compliance continues to be a mandatory part of our program (Mrs. Sonia Ward, Mrs. Bridget Jeffries, and Ms. Brenda Barnes) or a designated qualified staff will carefully monitor the implementation on a daily/weekly or /as needed basis to ensure that the deficiency will not occur again. Random call will be completed and recorded.</p> <p>All reviewers please read the additional attached page.</p>	<p>6-28-19 7-1-19 SNW</p>
	This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to ensure at least one direct care staff member was present with every four			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-678	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2019
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NAME OF PROVIDER OR SUPPLIER THE BRUSON GROUP /NEW BEGINNINGS HEALTH C.	STREET ADDRESS, CITY, STATE, ZIP CODE 4513 FOX ROAD RALEIGH, NC 27616
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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 180	<p>Continued From page 8</p> <p>children or adolescents effecting 6 of 6 clients (#1-#6). The findings are:</p> <p>Review on 6/14/19 of preprinted staff schedules submitted by the Associate Professional for May and June, 2019 revealed:</p> <ul style="list-style-type: none"> - Monday thru Friday there were 2 staff on schedule between 2:30pm and 8:00am the next morning. - there was one staff scheduled between 8:00am and 2:30pm when the clients were in school - Saturday and Sunday the schedule ran from 8:00am - 8:00pm and 8:00pm - 8:00am - 2 staff were on the schedule during times the clients were present in the facility. <p>Review on 6/13/19 of a hand written schedule for June, 2019 submitted by an anonymous staff revealed:</p> <ul style="list-style-type: none"> - single coverage in the 8:00am - 8:00pm slot on June 1st, 2nd and 9th. - other days in June when it currently showed only one staff working included 17th, 23rd, 25th, and 30th. (Part of the schedule was obscured). <p>During interviews on 6/10/19 and 6/13/19, 4 of 5 clients interviewed reported staff on the weekend day shift mostly worked alone. They reported this happened whether their was a full house of 6 clients or less. They also reported another staff person frequently worked alone on the 2nd shift during the week. The fifth client stated she couldn't remember how many people worked on the weekend.</p> <p>During interviews between 6/6/19 and 6/20/19, anonymous staff reported they had worked single shifts both on the weekend and during the week. They reported there were 6 clients present when</p>	V 180		

Division of Health Service Regulation

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V 180	<p>Continued From page 9</p> <p>they were single staffed.</p> <p>During a phone call on 6/12/19 at 10:45pm 2 staff were present at the facility. Neither of these staff were listed on the preprinted or handwritten staff schedule.</p> <p>During an interview on 6/7/19, the Associate Professional reported:</p> <ul style="list-style-type: none"> - she was responsible for doing scheduling at all three of their homes - none of the homes was ever short staffed or operated with only single coverage - if she was not able to find a relief staff person when their was an opening she or the Licensee would work the shift. They always made sure they were in ratio for any of the programs <p>During an interview on 6/28/19, the Licensee reported:</p> <ul style="list-style-type: none"> - they were never single staffed or under staffed and she could prove it by showing the staff schedule and a record of their time cards and paychecks - there were currently disgruntled staff on probation - programs were never operated with only single coverage on the weekend - stated she thought this surveyor seemed to be asking questions which made the staff very nervous and were repeated and directed to get a specific answer 	V 180		



THE BruSonGroup
A Clinically Trained Hand with a Servant's Heart In Healthcare INC.

7417 Knightdale Blvd. Unit 101
Knightdale, NC 27545

June 28, 2019

RE: Sun Screen Letter Policy Notification

To Whom It May Concern,

I understand that per request from the state in order to prevent sunburn or second degree burns, I can refuse sunscreen; however if they do they will not be allowed to go outside for activities lasting 4-6 hours. I understand that the agency will offer sun screen, shaded areas, sunburn risk exposure / education. I understand that by signing below, I agree that if I notice any form of blisters, I will immediately notify the staff on shift. I understand that I can request to seek medical attention and may be asked to go to the MD, even if I refuse to avoid second degree sun burn.

Client Name

Date

Witness Name **Date**



7417 Knightdale Blvd. Unit 101
Knightdale, NC 27545

July 16, 2019

RE: Plan of Correction

To Whom It May Concern,

Unfortunately when a residential placement has a complaint or an audit they have to rely on the education, expertise and professionalism of the auditor. The residential placement is at the mercy of the auditor and can only hope that the auditor has not come out with a made up mind that the placement is guilty before researching the concern, accusation or allegation. Because the complaint is unknown, the licensee is not able to assist the auditor with helpful information that could easily eliminate incorrect data being entered in a report; thus reducing the need for an appeal. The residential placement has to rely on the intelligence to how the auditor may interpret a rule. One auditor will site the agency for neglect because the client ran out of the door and staff didn't stand in front of them ; the next auditor will site the same agency because they stopped the client from running of the door but per auditor they violated the clients rights by blocking and standing in front of them. This is an example of one situation but different auditor's interpretation's.

Outside collaborations are often used to help with establishing the truth such as schools, Doctors offices, etc. What has been discovered is that outside collaboration's has the ability to document incorrectly ,add information at their leisure and cover their errors, it seems as thought their words and documentation are preferred over the ones that actually provide direct care for the client. No consideration is give to their accountability, that they may have a new/untrained staff, make a simple error or out right lie to protect them selves. Schools and Doctors offices are often not residential placements fans, as they view the clients as group home kids with high risk behaviors that often disrupt their schools and create conflict among the quote unquote other good students. We are often in a constant battle with trying to ensure that our clients receive a fair education and their rights are protected. Our agency is not perfect; but we do take great pride in the services that we provide and the clients that we provide care for. It never feels good to be cited but a good auditors normally make the facility stronger and help them by seeing their errors, make a plan of correction , and move forward, etc. as so the incident wont occur again. No residential placement wants to upset an auditor for fear of retaliation both current and in future audits!

There are times when the citations are unjustifiable and this is one of those times where against all odds, our agency knows that the residential placement was not out of ratio and had no knowledge of the clients blisters prior to taking her to seek medical attention. The agency is very sorry that the client got sunburned to the point that it caused a second degree burn; however it was not foreseen ,not intentional, not neglect and medical attention was sought immediately once discovered.

The licensee went out of her way and made every valid effort to assist the auditor by making sure that every needed client was available, providing the clients records, setting up staff interviews, arranging visits for the clients interviews, etc.



It was the licensee that initially told the auditor about a case , as she had no knowledge prior to coming out on a false allegation. During a casual conversation the licensee stated that she was tired & sleepy because she had been up all night with one of the clients at the hospital. The licensee talked about the fact of how hot it was that day and how shocked she was to learn that one of her clients had obtained sun burn; thus having nothing to hide. The auditor then said that she would wait to see if another report came in so she could do everything at once and close out everything together. The licensee was not aware that each time a client goes into the hospital a report is made to DHSR until the auditor told her so.

The auditor has misused her power and authority to create false documentation. The licensee did not state these statements and the words have been taken completely out of context.

A conversation took place where the licensee talked about cultural differences and client rights. The licensee told the auditor that she was not aware that the client had blisters on Tuesday. The licensee asked the auditor whom she had talked to and she stated that she hadn't documented whom the school said they talked to over the phone. Per reports the school called and stated that the client had sunburn and wanted to be picked up; the group home agreed to do so but due to the time the school said it would be easier for them to place her on the bus than to wait until we arrived, as the school was closing. Upon arrival from school, no blisters were noted. The client was given aloe vera for discomfort and made no additional reports of needing medical attention or having blisters. Several clients were given aloe vera for discomfort. It truthfully looked like typical sunburn. When the school called on Wednesday and spoke directly with the licensee, immediate action was taken, as we sincerely care about our clients. If any level of urgency was stated on Tuesday the same would have been done on Tuesday. The client simply didn't say anything out of the norm and the agency did not know about blisters until that Wednesday. It is possible that the blisters manifested over the night. The client made no mention to staff that morning.

The Licensee asked the receptionist Ms. Pam Randolph to come in the room and to be a witness to the conversation during the exit interview.

While going over the exit report, the auditor made a comment that the licensee should have known that the client would have been sun burned because she was Irish ,fair skinned, blonde haired and blue eyed. The licensee stated that she felt like that was a racist comment to make and how was that fair to say...as she was not to only Caucasian/white /fair skinned client out in the sun at that time and no one else got sunburned to that point. At this point the auditor became agitated and escalated her voice tone and stated that I wasn't going to agree to anything she said. The licensee did state that how was she supposed to know which client would obtain sunburn to the degree to the 2nd degree sunburn, as she didn't have fair skin, blonde hair and blue hair. The licensee responded because she wanted the auditor to see how her words were out of context and racial. The licensee did ask questions as to how she came to this conclusion and the auditor became even more agitated and stated that the interview was closed.

The licensee asked the auditor to lower her escalated voice tone again and stated that she understood her. If an agency is going to be accused of doing something wrong, then the agency should also have the right to know what they are being accused of and how the auditor came to the conclusion. The auditor presented as being more concerned about documenting the agencies as being out of compliance rather



than accepting and receiving any supporting documentation of the truth. The licensee didn't know that once a decision has been made by an auditor, that no proof could be submitted and that the case is instantly closed, with the only option of an appeal.

The licensee believes that what initially triggered the auditor ...was when the licensee complained to the auditor that the residents were complaining that they felt like she was trying to coerce them into saying something that was not true and asking them if they were told to lie. The licensee let the auditor know that she didn't think that it was in the best interest of the clients that had admitted to making the initial false allegation/complaint, as she was continually bringing up animosity among the clients. The clients were angry because this is a client that has a pattern of making allegations, then apologizing, etc. The agency had to bring on additional staff and have de-escalation group sessions after every interview done by the auditor to desolate the situation and get the client to move forward without fighting.

The licensee asked the auditor what she needed and whom she needed to see so she could be of complete assistance and in compliance. The auditor would ask for one client and then say that she didn't need to see them. The licensee was completely truthful with the auditor and let her know that staff in management had been stepped down from their management positions, due duplication of progress notes and after she was told from multiple staff that the auditor was asking questions on whether or not it was a voluntary step down or not. If the auditor has asked the licensee, documentation could have easily been provided to prove such occurred. The report that the auditor took from the anonymous staff was clearly the disgruntle staff that had been taken out of their management position. There are several factors that should have been considered prior to making the decision of Type A and a standard deficiency:

What is the policy of the residential placement when it comes to staff working alone or call outs

The policy is that no staff is allowed to leave any staff out of ratio! The staff on shift must remain there until the relief staff arrives or the emergency staff is called in. The reason the ex-managers had a working schedule is because that is exactly what it was ... a working schedule as it is changed almost weekly due to call outs, new hires, client going on therapeutic leave, outings, medical appointments, clients with high risk behaviors, crisis situations or incidents that may occur and need staff need to be switched according to their ability to handle specific situations, etc. A part of the ex-managers job was to assist with finding coverage when staff called out with emergencies and provide written proof of such to the scheduler.

- -The license was not given an opportunity to present a final completed schedule for the very months that were used to determine that the facility was supposedly out of ratio but rather asked the AP to submit what she had
- -no proof from the ex-staff was asked for by the auditor to show that they had notified management that staff didn't show or that they were working alone
- -licensee wasn't allowed the opportunity to show the auditor the therapeutic leave schedules or billing reports to support having one staff on certain shifts and the home being in ratio
- -the licensee wasn't given the opportunity to explain why the ex-managers had hand written paper schedules or even verify if they were true
- **the licensee words were COMPLETELY misrepresented and taken out of context;**



- -the licensee wasn't given the opportunity to let the auditor know that if she had asked the client how many staff were on a shift the would never count the upper management because they don't see us as staff
- the licensee wasn't given an opportunity to provide the auditor with progress notes that would easily reflect two staff working on shift
- the auditor took no consideration when the licensee immediately called the client and placed her on the speaker phone to show that no cohesion was taking place. The auditor **heard** the client state that she didn't have blisters on Tuesday and wanted to come home because she was sun burned; she replied that her decision was made and the case was closed

Upon learning of the type A penalty the license was shocked and told the auditor that she thought that she would be getting a trophy for providing such good care. The licensee immediately called the **client on the spot directly in front of the auditor** and asked her if she had blisters on that Tuesday "the client stated... no she didn't get blisters until that Wednesday when she called me. The client stated that she called that Tuesday because she wanted to be picked up because of her sunburn and discomfort. Ms. Pamela Randolph was in the room and also heard the entire conversation. The licensee is checking to see if the audio was able to pick up the conversation for submission of the conversation.

The auditor told the licensee that the case was closed and then proceeded to ask for the names of the disgruntle staff. The licensee replied that she didn't feel comfortable giving their names at this point because of fear that she would continue to go to them and document their lies. The auditor stated that it didn't matter because the case was closed at this point. The exit interview ended.

Sincerely,

Sonia Ward, Director