

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2019
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on July 29, 2019. The complaints were substantiated (Intake #NC00153607 and NC00153610). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	<p>Continued From page 1</p> <p>recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on interview and record review, the facility failed to ensure the adoptions of standards that assure operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Review on 7/17/19 of the facility's Policy and Procedure Manual dated 1/31/19 revealed: -Restrictive Intervention Policy references requirements for calling for written orders for the use of restrictive intervention, as well as a debriefing and assessment after the intervention. Specific time-frames are outlined regarding the written orders for seclusion, physical restraint or isolation time-out.</p> <p>Interview on 7/24/19 with the Qualified Professional/Licensee #13 and 14 revealed: -Wrote their Policy and Procedure Manual prior to providing services to clients; -Upon review of the Policy and Procedure Manual, Qualified Professional/Licensee #13 and #14 were instructed to add additional information to their Restrictive Intervention Policy so they copied the rules from the North Carolina Division of Health Service Regulation website and did not realize there was information pertaining to written orders for restrictive interventions as well as time frames regarding the use of seclusion, physical restraint or isolation time-out; -Did not realize information had been included which did not reflect the service provided at the facility.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Will revise their Restrictive Intervention Policy to more accurately reflect the services provided at the facility.</p>	V 105		

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V 105	Continued From page 3 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 105		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.	V 106		

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V 106	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement policies and procedures for the use of medications to reflect the needs of the clients. The findings are:</p> <p>Review on 7/17/19 of the facility's Policy and Procedure Manual dated 1/31/19 revealed: -Medication policy references requirements for methadone take-home doses.</p> <p>Interview on 7/24/19 with the Qualified Professional/Licensee #13 and 14 revealed: -Wrote their Policy and Procedure Manual prior to providing services to clients; -Upon review of the Policy and Procedure Manual, Qualified Professional/Licensee #13 and #14 were instructed to add additional information to their Medication Policy so they copied the rules from the North Carolina Division of Health Service Regulation website and did not realize there was information pertaining to methadone administration and take-home doses in what was copied; -Did not realize information had been included which did not reflect the service provided at the facility.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Did not offer methadone treatment services to their clients; -Will revise their medication policy to remove all mention of methadone treatment services.</p>	V 106		

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V 106	Continued From page 5 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 106		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.	V 107		

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V 107	<p>Continued From page 6</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a written job description was available for each staff position affecting 2 of 8 audited staff (Staff #9 and Qualified Professional #12). The findings are:</p> <p>Review on 7/16/19 of Staff #9's record revealed: -Hire date was 6/1/19; -Employed as Residential Assistant; -No job description.</p> <p>Review on 7/16/19 of the Qualified Professional #12's record revealed: -Hire date was 5/8/19; -No job description.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Was an oversight that Staff #9 and the Qualified Professional #12 did not have job descriptions in their record;</p>	V 107		

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V 107	Continued From page 7 -Will ensure all staff have signed job descriptions in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	<p>Continued From page 8</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training to meet the MH/DD/SAS needs of the clients affecting 6 of 8 audited staff members (Staff #7, #8, #9, #10, #11, and Qualified Professional #12). The findings are:</p> <p>Review on 7/16/19 of Staff #7's record revealed: -Hire date was 5/8/19; -Employed as Residential Assistant; -No documentation of training in the facility's Level System.</p> <p>Interview on 7/24/19 with Staff #7 revealed: -There is a paper in the facility explaining the Level System; -Never received formal training on the Level System; -"Rules change now and thenI am not really sure about it (Level System)."</p> <p>Review on 7/16/19 of Staff #8's record revealed: -Hire date was 5/8/19; -Employed as Residential Assistant; -No documentation of training in the facility's Level System.</p> <p>Interview on 7/25/19 with Staff #8 revealed: -Believed she was trained on the Level System by the Qualified Professional/Licensee #13 and #14.</p> <p>Review on 7/16/19 of Staff #9's record revealed: -Hire date was 6/1/19;</p>	V 108		

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V 108	<p>Continued From page 9</p> <p>-Employed as Residential Assistant; -No documentation of training in the facility's Level System.</p> <p>Interview on 7/26/19 with Staff #9 revealed: -Never received formal training on the Level System.</p> <p>Review on 7/16/19 of Staff #10's record revealed: -Hire date was 5/27/19; -Employed as Residential Assistant; -No documentation of training in the facility's Level System.</p> <p>Interview on 7/17/19 with Staff #10 revealed: -Learned the Level System on her own; -Never received formal training on the Level System.</p> <p>Review on 7/24/19 of Staff #11's record revealed: -Hire date was 5/8/19; -Employed as Residential Assistant; -No documentation of training in the facility's Level System.</p> <p>Interview on 7/24/19 with Staff #11 revealed: -Received training on the Level System by the Qualified Professional #12.</p> <p>Review on 7/16/19 of the Qualified Professional #12's record revealed: -Hire date was 5/8/19; -No documentation of training in the facility's Level System.</p> <p>Interview on 7/29/19 with the Qualified Professional #12 revealed: -Had no involvement in the development of the Level System; -Did not receive formal training on the Level</p>	V 108		

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V 108	<p>Continued From page 10</p> <p>System; -Was provided with a written description of the Level System from the Qualified Professional/Licensee #13 and #14.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Some staff have received training on the facility's Level System; -There was no documentation of training on the facility's Level System; -Not all staff fully understand the facility's Level System, especially Staff #7; -Will complete training on the facility's Level System and document the training in the staff record; -Will ensure all staff fully understand the facility's Level System and how to add and subtract points from the system correctly.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>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.</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 3 of 3 Qualified Professionals (Qualified Professional #12, Qualified Professional/Licensee #13, and Qualified Professional/Licensee #14) failed to display the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 7/16/19 of the Qualified Professional #12's record revealed: -Hire date was 5/8/19.</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>Review on 7/24/19 of the Qualified Professional/Licensee #13's record revealed: -Hire date was 5/8/19.</p> <p>Review on 7/24/19 of the Qualified Professional/Licensee #14's record revealed: -Hire date was 5/8/19.</p> <p>Interview on 7/15/19 and 7/29/19 with Qualified Professional #12 revealed: -Was not aware assessments were required prior to the delivery of services; -Not certain about each client's current level on the facility's Level System; -Responsible for the development of all treatment plans and goals; -Did not realize that all current treatment plans did not include strategies to address the functional deficits of the clients; -Reported through the Qualified Professional/Licensee #13 and #14 that the last dose of Melatonin 3mg was administered to Client #2 on 7/14/19 and the facility needed to purchase more Melatonin 3mg; however, the Qualified Professional/Licensee #13 and #14 were not sure if the reports of the Qualified Professional #12 regarding running out of Melatonin 3mg were completely accurate; -Was not aware that client phone calls to parents and/or legal guardians could not be restricted;</p> <p>Interview on 7/15/19, 7/16/19, 7/18/19, 7/24/19, and 7/25/19 with Qualified Professional/Licensee #13 and #14 revealed: -Did not realize information had been included in the Policy and Procedure Manual which did not reflect the service provided at the facility; -Was an oversight that not all staff members had a job description in their record; -Was not aware that all staff had not received</p>	V 109		

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V 109	<p>Continued From page 13</p> <p>training on the facility's Level System but did not increase training and supervision regarding the Level System;</p> <ul style="list-style-type: none"> -Not all staff fully understand the facility's Level System, especially Staff #7; -Was not aware assessments needed to be completed prior to the delivery of services. -Did not realize that all current treatment plans did not include strategies to address the functional deficits of the clients; -The documented drills for 6/15/19 were questionable in that the clients revealed they had not participated in actual drills; -Did not know that Client #2's asthma inhaler did not have a pharmacy label; -Did not know who added the hand-written note on the bottle of Olopatadine HCl 0.1% eye drops for Client #2; -Did not have current orders for all of Client #1's medications; -Did not know why Staff #7 recorded administration of Hydroxyzine Pamoate twice for Client #1 on 7/8/19; -Unsure why Clients #1 and #3 had loose pills in their lock boxes; -Was unable to identify if the Clients #1 and #3 received their medications as ordered but did not believe so based on the presence of loose pills in the lock boxes; -Did not know that incident reports needed to be completed for medication errors; -Did not have any documentation of communication with Former Client #5's Father/Legal Guardian regarding Former Client #5's treatment and arrest status; -Did not know that the facility could not restrict client rights as it relates to a minor child having contact with parents/legal guardians; -Could not identify why local law enforcement had been to the facility on certain dates; 	V 109		

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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 109	<p>Continued From page 14</p> <p>-Did not know that Level II incident reports needed to be completed every time there was a report to law enforcement as a result of clients' behaviors;</p> <p>-Did not immediately recognize and address safety concerns involving the physical plant of the facility.</p> <p>-Will hire a consulting Qualified Professional to assist with corrections at the facility;</p> <p>-Will consult with other providers running similar facilities in their area and seek guidance and assistance regarding rule area.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as 	V 111		

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V 111	<p>Continued From page 15</p> <p>psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to complete an assessment prior to the delivery of services and did not develop strategies to address the client needs and behaviors affecting 4 of 4 current clients (Clients #1, #2, #3 and #4) and 2 of 2 former clients (Former Clients #5 and #6). The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -No admission assessment.</p> <p>Review on 7/15/19 of Client #2's record revealed: -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old;</p>	V 111		

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V 111	<p>Continued From page 16</p> <p>-No admission assessment.</p> <p>Review on 7/15/19 of Client #3's record revealed: -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old; -No admission assessment.</p> <p>Review on 7/24/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -No admission assessment.</p> <p>Review on 7/15/19 of Former Client #5's record revealed: -Admission date was 6/22/19; -Discharge date was 7/1/19; -Diagnoses was Major Depressive Disorder, Oppositional Defiant Disorder; -16 years old; -No admission assessment.</p> <p>Review on 7/24/19 of Former Client #6's record revealed: -Admission date was 5/22/19; -Discharge date was 6/16/19; -Diagnoses was Post-Traumatic Stress Disorder, Cannabis Use Disorder; -15 years old; -No admission assessment.</p> <p>Interview on 7/29/19 with the Qualified Professional #12 revealed: -Was not aware assessments were required prior to the delivery of services;</p>	V 111		

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V 111	<p>Continued From page 17</p> <p>-Had assisted with the development of a new assessment tool; -Will complete assessments on all current clients using the new assessment tool; -Will complete assessments on all future clients prior to the delivery of services.</p> <p>Interview on 7/18/19 with the Qualified Professional/Licensee #13 revealed: -Was not aware assessments needed to be completed prior to the delivery of services.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and 14 revealed: -Had developed a new assessment tool; -Will ensure assessments are completed on all clients in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies;</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>(3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment strategies to address the functional needs of the client affecting 4 of 4 current clients (Clients #1, #2, #3 and #4) and 2 of 2 former clients (Former Clients #5 and #6). The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -History of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus; -Current treatment plan did not include strategies to address running away, suicidal ideation/behaviors, or sexualized behaviors.</p> <p>Review on 7/15/19 of Client #2's record revealed:</p>	V 112		

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V 112	<p>Continued From page 19</p> <ul style="list-style-type: none"> -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old; -Client #2 had a history of physical aggression and threats towards others; -Current treatment plan did not include strategies to address physical aggression and threats towards others. <p>Review on 7/15/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old; -History of suicidal ideation/behaviors, difficulty regulating mood and expressing feelings of discomfort, hyperactivity, running away; -Current treatment plan did not include treatment strategies for running away. <p>Review on 7/24/19 of Client #4's record revealed:</p> <ul style="list-style-type: none"> -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -Client #2 had a history of physical aggression and threats towards others; -Current treatment plan did not include strategies to address physical aggression and threats towards others. <p>Review on 7/15/19 of Former Client #5's record revealed:</p> <ul style="list-style-type: none"> -Admission date was 6/22/19; -Discharge date was 7/1/19; 	V 112		

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V 112	<p>Continued From page 20</p> <p>-Diagnoses was Major Depressive Disorder, Oppositional Defiant Disorder; -16 years old; -History of running away, suicidal ideation/behaviors, physical aggression, property destruction, physical assault, taking provocative pictures of herself and posting them on the internet, prostitution; -Current treatment plan did not include strategies to address running away, suicidal ideation/behaviors, and high risk sexualized behaviors.</p> <p>Review on 7/24/19 of Former Client #6's record revealed: -Admission date was 5/22/19; -Discharge date was 6/16/19; -Diagnoses was Post-Traumatic Stress Disorder, Cannabis Use Disorder; -15 years old; -History of truancy, running away, substance abuse, sexual abuse by the mother's boyfriend at 7 years of age, stealing mother's car and being gone for over one week in March, 2019 and four days later running away and living on the streets and using drugs for over 5 weeks from March, 2019 through April, 2019; -Current treatment plan did not include strategies to address running away and substance abuse.</p> <p>Review on 7/15/19 and 7/16/19 of Overview of Pathways (Licensee) Point and Level System revealed: -All clients participate in the Level System as part of their treatment; -"Each level has an expected standard of behaviors and designated privileges;" -All clients begin the Level System on Orientation Level which lasts a period of 10 days and "allows for the resident to adjust and buy into our</p>	V 112		

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V 112	<p>Continued From page 21</p> <p>program as well as giving parents a time regain focus after making the difficult decision to have a child placed out of home;"</p> <p>-Clients progress form Orientation Level though four additional levels;</p> <p>-"Off Trust is a status that is implemented whenever a resident acts out in a dangerous way and is a safety concern ...violates program policy and rules and are placed on restriction."</p> <p>Interview on 7/24/19 with Staff #7 revealed: -Client #2 is still on Orientation Level (Orientation Level lasts 10 days and Client #2 was at the facility 14 days).</p> <p>Interview on 7/25/19 with Staff #8 revealed: -Points are deducted in the Level System for infractions. Points are taken away from clients based on each category, with a maximum of 5 points deducted for each infraction.</p> <p>Interview on 7/26/19 with Staff #9 revealed: -Points are deducted in the Level System for infractions. Points are taken away from clients based on each category. Staff deduct the number of points that each staff member considers to be appropriate, with a maximum of 6 points deducted for each infraction.</p> <p>Interview on 7/24/19 with Staff #11 revealed: -Client #2 was on Orientation Level on 7/23/19, but advanced to Level I on 7/24/19.</p> <p>Interview on 7/29/19 with the Qualified Professional #12 revealed: -Had no involvement in the development of the Level System; -Not certain about each client's current level on the facility's Level System; -Responsible for the development of all treatment</p>	V 112		

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V 112	<p>Continued From page 22</p> <p>plans and goals; -Did not realize that all current treatment plans did not include strategies to address the functional deficits of the clients.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Not all staff fully understand the facility's Level System, especially Staff #7; -Will complete training on the facility's Level System and document the training in the staff record; -Will ensure all staff fully understand the facility's Level System and how to add and subtract points from the system correctly; -Did not realize that all current treatment plans did not include strategies to address the functional deficits of the clients; -Will ensure all treatment plans are updated to reflect treatment strategies to address the functional deficits of each client.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility</p>	V 114		

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V 114	<p>Continued From page 23</p> <p>shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift. The findings are:</p> <p>Attempted review on 7/15/19 at approximately 11am of the Fire and Disaster Drill Log while at the facility was unsuccessful. Staff #8 and #9 revealed the log was at the corporate office. Attempted review on 7/15/19 at approximately 1pm of the Fire and Disaster Drill log while at the corporate office was unsuccessful. The Qualified Professional/Licensee #13 and #14 revealed the Log was at the facility.</p> <p>Attempted review on 7/16/19 at approximately 11am of the Fire and Disaster Drill Log while at the facility was unsuccessful. The Qualified Professional/Licensee #13 revealed the Qualified Professional #12 took the log to the corporate office for review on 7/15/19 during the evening hours. The Qualified Professional/Licensee #13 went to the corporate office and retrieved the log for survey review by the Division of Health Service Regulation staff.</p> <p>Review on 7/16/19 at approximately 11:45am of the Fire and Disaster Drill Log revealed: -First shift was from 8am-4pm, second shift was from 4pm-12am, and third shift was from</p>	V 114		

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V 114	<p>Continued From page 24</p> <p>12am-8am; -First, second, and third shift drills were conducted during 2nd Quarter (April - June), 2019 with all drills conducted on 6/15/19.</p> <p>Review on 7/15/19 and 7/24/19 of client records revealed: -Client #1's admission date was 5/8/19; -Client #2's admission date was 7/10/19; -Client #3's admission date was 5/23/19; -Client #4's admission date was 5/18/19; -Former Client #5's admission date was 6/22/19; -Former Client #6's admission date was 5/22/19.</p> <p>Interview on 7/16/19 with Client #1 revealed: -Had not participated in any fire and disaster drills since admission to the facility; -Did not know where to meet during a fire drill; -Would get into the bathtub during a tornado but learned this from a former group home placement.</p> <p>Interview on 7/16/19 with Client #2 revealed: -Had not participated in any fire and disaster drills since admission to the facility.</p> <p>Interview on 7/16/19 with Client #3 revealed: -Had not participated in any fire and disaster drills since admission to the facility; -Did not know where to meet in case of a fire; -Would get away from windows and crouch down and cover her head in case of a tornado or hurricane but learned this information in school.</p> <p>Interview on 7/24/19 with Staff #7 revealed: -Did not complete any emergency drills at the facility.</p> <p>Interview on 7/16/19 with Staff #8 revealed: -Did not complete any emergency drills at the</p>	V 114		

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V 114	<p>Continued From page 25</p> <p>facility.</p> <p>Interview on 7/16/19 with Staff #9 revealed: -Did not complete any emergency drills at the facility.</p> <p>Interview on 7/17/19 with Staff #10 revealed: -Did not complete any emergency drills at the facility.</p> <p>Interview on 7/24/19 with Staff #11 revealed: -Completed emergency drills during the end of the week of 7/15/19 (after the start of the Division of Health Service Regulation survey) but did not complete any other emergency drills prior to that.</p> <p>Interview on 7/29/19 with the Qualified Professional #12 revealed: -Had not been overseeing the implementation of emergency drills prior to the start of the Division of Health Service Regulation survey; -Will now oversee the implementation of emergency drills; -Just completed emergency drills last week.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -The documented drills for 6/15/19 were questionable in that the clients revealed they had not participated in actual drills; -Conducted an additional drill during the week of 7/15/19; -Will ensure all drills are conducted as required in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 114		

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V 117	Continued From page 26	V 117		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure</p>	V 117		

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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 117	<p>Continued From page 27</p> <p>packaging labels including clear directions for administration were affixed to each prescription drug dispensed affecting 1 of 4 current clients (Client #2). The findings are:</p> <p>Observation on 7/15/19 at approximately 10:45am of Client #2's medications revealed: -Albuterol Sulfate HFA (asthma inhaler) 90mcg inhaler with no pharmacy label; -Olopatadine HCl (eye drops) 0.1% dispensed 3/13/19 with a pharmacy label indicating administration to be 1 drop in each eye twice daily with an additional hand-written note indicating the medication had been changed to prn (as needed) effective 4/26/19.</p> <p>Review on 7/15/19 of Client #2's record revealed: -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old; -Physician's orders dated 7/10/19 for Olopatadine HCl 0.1% one drop in each eye twice daily as needed and Albuterol Sulfate HFA 90mcg inhaler 1-2 puffs as needed for shortness of breath and wheezing.</p> <p>Interview on 7/16/19 with Client #2 revealed: -Had not used eye drops or asthma inhaler since admission to the facility.</p> <p>Interview on 7/15/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Did not know that Client #2's asthma inhaler did not have a pharmacy label; -Did not know who added the hand-written note on the bottle of Olopatadine HCl 0.1% eye drops for Client #2;</p>	V 117		

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V 117	<p>Continued From page 28</p> <p>-Will ensure all medications are properly labeled with a pharmacy label moving forward and will replace Client #2's eye drops and asthma inhaler immediately;</p> <p>-Will increase their presence in the facility to increase oversight surrounding medication storage and administration.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -All medications had pharmacy labels.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p>	V 118		

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V 118	<p>Continued From page 29</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications affecting 2 of 4 current clients (Clients #1 and #2). Additionally, the facility failed to maintain an accurate MAR of all drugs administered to each client affecting 2 of 4 current clients (Clients #1 and #3). The findings are:</p> <p>Finding #1 Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -No physician's orders for: -Lamotrigine (anticonvulsant and treatment of mood swings) 100mg 1 tab twice daily; -Bupropion XL (antidepressant) 300mg 1 tab daily; -Propranolol (treatment of anger/rage) 10mg</p>	V 118		

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V 118	<p>Continued From page 30</p> <p>1 tab daily as needed;</p> <ul style="list-style-type: none"> -Junel FE (birth control) 1.5mg 1 tab daily; -Hydroxyzine Pamoate (treatment of anxiety/tension) 25mg 1 cap daily; <p>-May, June, and July, 2019 MARs indicate administration of:</p> <ul style="list-style-type: none"> -Lamotrigine 100mg 1 tab twice daily; -Bupropion XL 300mg 1 tab daily; -Propranolol 10mg 1 tab daily as needed; -Junel FE 1.5mg 1 tab daily; -Hydroxyzine Pamoate 25mg 1 cap daily. <p>Interview on 7/16/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Could not identify her medication regime. <p>Observation on 7/15/19 at approximately 11:15am of Client #1's medications revealed:</p> <ul style="list-style-type: none"> -Lamotrigine 100mg dispensed 6/5/19; -Burpropion XL 300mg dispensed 6/7/19; -Propranolol 10mg dispensed 7/1/19; -Junel FE 1.5mg dispensed 7/1/19; -Hydroxyzine Pamoate 25mg dispensed 6/5/19. <p>Finding #2</p> <p>Review on 7/15/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old; -Physician's order dated 7/10/19 for Melatonin (sleep aid) 3mg 1 tab at 7pm; -July, 2019 MAR did not reveal the administration of Melatonin 3mg. <p>Interview on 7/16/19 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Received Melatonin 3mg for the first time since admission prior to going to bed last night. 	V 118		

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V 118	<p>Continued From page 31</p> <p>Observation on 7/15/19 at approximately 10:45am of Client #2's medications revealed: -No Melatonin 3mg in the facility.</p> <p>Finding #3 Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -June and July, 2019 MARs did not list dosage information for: -Abilify (antipsychotic); -Lamotrigine; -Bupropion XL; -Propranolol; -Fluticasone (asthma and allergy relief); -Hydroxyzine Pamoate; -June, 2019 MAR had missing signatures for 4 doses of Lamotrigine; -June, 2019 MAR had missing signatures for 7 doses of Hydroxyzine Pamoate; -July, 2019 MAR had missing signatures for 3 doses of Junel FE; -July, 2019 MAR had missing signatures for 5 doses of Hydroxyzine Pamoate and indicated Hydroxyzine Pamoate was given twice on 7/8/19 by staff #7 as opposed once as indicated on other days; -Physician's order dated 6/6/19 for Fluticasone 50mcg 1 spray/nostril each morning; -Physician's order dated 7/5/19 for Abilify 5mg 1 tab each morning.</p> <p>Interview on 7/24/19 with Staff #7 revealed: -Did not actually administer Client #1's Hydroxyzine Pamoate twice on 7/8/19 but made an error in recording on the July, 2019 MAR because "the boxes are so small."</p>	V 118		

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V 118	<p>Continued From page 32</p> <p>Observation on 7/15/19 at approximately 11:15am of Client #1's medications revealed: -Abilify 5mb dispensed 6/5/19; -Lamotrigine 100mg dispensed 6/5/19; -Bupropion XL 300mg dispensed 6/7/19; -Propranolol 10mg dispensed 7/1/19; -Fluticasone 50 mcg dispensed 6/7/19; -Junel FE 1.5mg dispensed 7/1/19; -Hydroxyzine Pamoate 25mg dispensed 6/5/19.</p> <p>Finding #4 Review on 7/15/19 of Client #3's record revealed: -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old; -Physician's order dated 5/19/19 for: -Vitamin D2 (supplement) 50,000 units 1 tab daily on Friday mornings; -Levothyroxine (thyroid stabilization) 100mcg 1 tab daily; -Lithium Carbonate (antimanic agent) 300mg 2 tabs twice daily; -DDAVP (Desmopressin) (antidiuretic) 0.2mg 1 tab at hour of sleep; -Oxybutynin Chloride (antidiuretic) 10mg 1 tab at hour of sleep; -Ziprasidone HCl (antipsychotic) 1 cap 7am and 2 caps 7pm; -May, June, and July, 2019 MARs revealed Vitamin D2 5,000 units 1 tab daily on Friday mornings; -June and July, 2019 MARs did not list dosage information for: -Levothyroxine; -Lithium Carbonate; -DDAVP; -Oxybutynin Chloride;</p>	V 118		

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V 118	<p>Continued From page 33</p> <ul style="list-style-type: none"> -May, 2019 MAR had missing signatures for: <ul style="list-style-type: none"> -2 doses of Lithium Carbonate; -1 dose of DDAVP; -2 doses of Oxybutynin Chloride; -June, 2019 MAR had missing signatures for: <ul style="list-style-type: none"> -8 doses of Lithium Carbonate; -5 doses for DDAVP; -4 doses of Oxybutynin Chloride; -6 doses of Ziprasidone HCl; -July, 2019 MAR had missing signatures for: <ul style="list-style-type: none"> -4 doses of Lithium Carbonate; -2 doses of DDAVP; -2 doses of Oxybutynin Chloride; -12 doses of Ziprasidone HCl. <p>Observation on 7/15/19 at approximately 11:00am of Client #3's medications revealed:</p> <ul style="list-style-type: none"> -Levothyroxine 100mcg dispensed 6/8/19; -Lithium Carbonate 300mg dispensed 6/24/19; -DDAVP 0.2mg dispensed 6/24/19; -Oxybutin Chloride 10mg dispensed 6/24/19; -Vitamin D 50,000 units dispensed 6/24/19; -Ziprasidone HCl 40mg dispensed 6/24/19. <p>Interview on 7/15/19 and 7/16/19 with the Qualified Professional/Licensee #13 and #14 revealed:</p> <ul style="list-style-type: none"> -Did not have current orders for all of Client #1's medications; -Would work with Client #1's medical provider to secure orders for Client #1's medications; -Would ensure orders were present in the client record for all client medications in the future; -The Qualified Professional #12 reported that the last dose of Melatonin 3mg was administered to Client #2 on 7/14/19 and the facility needed to purchase more Melatonin 3mg; -Not sure if the reports of the Qualified Professional #12 regarding running out of 	V 118		

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V 118	<p>Continued From page 34</p> <p>Melatonin 3mg were completely accurate; -Will ensure Client #2 has Melatonin 3mg this evening and Client #2 will receive the medication as ordered moving forward; -Did not know why Staff #7 recorded administration of Hydroxyzine Pamoate twice for Client #1 on 7/8/19; -Could not identify if clients were receiving medications as ordered for any of the clients at the facility.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Had implemented a new system to ensure all MARs were kept current and all medications were administered on the written order of a physician.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications</p>	V 120		

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V 120	<p>Continued From page 35</p> <p>shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure external medications were stored separately from internal medications affecting 1 of 4 current clients (Client #1) and failed to ensure safe storage of medications affecting 2 of 4 current clients (Clients #1 and #3). The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old.</p> <p>Review on 7/15/19 of Client #3's record revealed: -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old.</p> <p>Finding #1 Observation on 7/15/19 at approximately 11:15am of Client #1's medications revealed:</p>	V 120		

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V 120	<p>Continued From page 36</p> <p>-Tube of Hydrocortisone Cream (topical steroid) stored with internal medications.</p> <p>Review on 7/15/19 of Client #1's record revealed: -May, June, and July, 2019 MARs did not reflect the use of Hydrocortisone Cream; -There was no physician's order for Hydrocortisone Cream.</p> <p>Interview on 7/16/19 with Client #1 revealed: -Did not use any medicated creams.</p> <p>Interview on 7/15/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Unsure why Client #1 had Hydrocortisone Cream in her medication box if it is not listed on her MARs; -Will check all medication orders; -Will separate all internal and external medications, placing external medications in a separate box.</p> <p>Finding #2 Observation on 7/15/19 at approximately 11:15am of Client #1's medications revealed: -Located in the lock box were empty pill bottles, empty blister packs, loose bags from a local pharmacy, and loose pills. There were 2 white round pills in a plastic storage bag with no label, 2 blue rectangular shaped pills broken into several pieces and one white round pill on the bottom of the lock box, and one light green and dark green capsule caught in an open blister pack bubble. The capsule had yellow powder falling from inside the encapsulated covering. Comparing pill markings and physical traits to pill descriptions on literature provided by the dispensing pharmacy, it was likely the pills were: Bupropion XL 300mg, Abilify 5mg, Lamotrigine 100mg, and Hydroxyzine Pamoate 25mg, respectively.</p>	V 120		

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V 120	<p>Continued From page 37</p> <p>Observation on 7/15/19 at approximately 11:00am of Client #3's medications revealed: -Located in the lock box were empty bill bottles, empty blister packs, loose bags from a local pharmacy and a loose pill on the bottom of the lock box. The pill was a dark bluish capsule. Comparing pill markings and physical traits to pill descriptions on literature provided by the dispensing pharmacy, it was likely the pill was Ziprasidone HCl 40mg; -Bottle of Ziprasidone HCl 40mg dispensed on 5/22/19; -Blister pack containing Ziprasidone HCl 40mg dispensed on 6/24/19.</p> <p>Review on 7/15/19 of Client #1's record revealed: -Physician's order dated 7/5/19 for Abilify 5mg 1 tab daily; -No physician's order for Bupropion XL 300mg, Lamotrigine 100m, or Hydroxyzine Pamoate 25mg; -May, June, and July, 2019 MARs reflected administration of Abilify, Bupropion XL, Lamotrigine, and Hydroxyzine Pamoate, although there were some missing signatures for medication administration during June and July, 2019.</p> <p>Review on 7/15/19 of Client #3's record revealed: -Physician's order dated 5/19/19 for Ziprasidone HCl 40 mg 1 tab in the morning and 2 tabs in the evening; -May, June, and July, 2019 MARs reflected administration of Ziprasidone HCl, although there were some missing signatures for medication administration during June and July, 2019.</p> <p>Interview on 7/16/19 with Clients #1 and #3 revealed:</p>	V 120		

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V 120	<p>Continued From page 38</p> <p>-Could not properly identify their medications; -Could not identify if they ever missed receiving medications.</p> <p>Interview on 7/15/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Unsure why Clients #1 and #3 had loose pills in their lock boxes; -Was concerned about the amount of empty used blister packs, empty bottles, and loose plastic bags in the lock boxes; -Had cleaned all locked boxes removing debris and loose pills after the condition of the boxes had been brought to their attention by the Division of Health Service Regulation survey staff; -Was unable to identify if the Clients #1 and #3 received their medications as ordered but did not believe so based on the presence of loose pills in the lock boxes; -Will increase their presence in the facility to increase oversight surrounding medication storage and administration.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Had implemented a new system to ensure all medications were stored properly.</p> <p>Due to the failure to ensure safe storage of medications it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		

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V 123	Continued From page 39	V 123		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to document and report medication errors to the physician or pharmacist affecting 3 of 4 current clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old.</p> <p>Review on 7/15/19 of Client #2's record revealed: -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old.</p> <p>Review on 7/15/19 of Client #3's record revealed: -Admission date was 5/23/19;</p>	V 123		

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V 123	<p>Continued From page 40</p> <p>-Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old.</p> <p>Review on 7/15/19 and 7/16/19 of the facility's Incident Reports revealed: -There were no incident reports or contact to a physician or pharmacist for multiple missed doses of medications for Clients #1, #2, and #3.</p> <p>Interview on 7/16/19 with Client #1 revealed: -Missed medications approximately one month ago when she refused to take her medications.</p> <p>Interview on 7/16/19 with Client #2 revealed: -Received Melatonin 3mg for the first time since admission prior to going to bed last night (having missed 5 doses of medication).</p> <p>Interview on 7/29/19 with the Qualified Professional #12 revealed: -Is now responsible for completing all incident reports involving medication administration errors.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Did not know that incident reports needed to be completed for medication errors; -Will ensure all incident reports are completed in a timely manner.</p> <p>Refer to 10A NCAC 27G .0209 Medication Requirements (V118 and V120) for additional information.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 123		

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V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed and the results documented prior to an offer of employment affecting 2 of 8 audited staff (Staff #7 and #9). The findings are:</p> <p>Review on 7/16/19 of Staff #7's record revealed: -Hire date was 5/8/19; -Employed as Residential Assistant; -HCPR check completed on 7/16/19.</p> <p>Review on 7/16/19 of Staff #9's record revealed: -Hire date was 6/1/19; -Employed as Residential Assistant; -HCPR check completed on 7/15/19.</p> <p>Interview on 7/16/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Had completed all HCPR checks prior to an offer of employment but can not find the necessary documentation so additional HCPR checks were</p>	V 131		

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V 131	Continued From page 42 just completed on Staff #7 and #9; Interview on 7/25/19 with Qualified Professional/Licensee #13 and #14 revealed: -Will ensure all HCPR checks be completed and documented prior to an offer of employment in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record	V 133		

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V 133	Continued From page 43 check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider.	V 133		

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V 133	<p>Continued From page 44</p> <p>All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith,</p>	V 133		

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V 133	<p>Continued From page 45</p> <p>complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public</p>	V 133		

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V 133	<p>Continued From page 46</p> <p>Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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V 133	<p>Continued From page 47</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure criminal background checks were completed within five days of an offer of employment affecting 3 of 8 audited staff (Staff #7, #9, and #10). The findings are:</p> <p>Review on 7/16/19 of Staff #7's record revealed: -Hire date was 5/8/19; -Employed as Residential Assistant; -No documentation of a criminal background check completed.</p> <p>Review on 7/16/19 of Staff #9's record revealed: -Hire date was 6/1/19; -Employed as Residential Assistant; -No documentation of a criminal background check completed.</p> <p>Review on 7/16/19 of Staff #10's record revealed: -Hire date was 5/27/19; -Employed as Residential Assistant; -Criminal background check completed on 7/8/19.</p> <p>Interview on 7/25/19 with Qualified Professional/Licensee #13 and #14 revealed: -Will ensure all criminal background checks be completed and documented within five days of an offer of employment in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 133		
V 293	27G .1701 Residential Tx. Child/Adol - Scope	V 293		

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V 293	<p>Continued From page 48</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p>	V 293		
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V 293	<p>Continued From page 49</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors, assist the adolescent in the acquisition of adaptive functioning in self-control, and support the adolescent in gaining the skills needed to step-down to a less intensive treatment setting affecting 4 of 4 current clients (Clients #1, #2, #3, and #4) and 2 of 2 former clients (Former Clients #5 and #6). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0201 Governing Body Policies (V105) Based on interview and record review, the facility failed to ensure the adoptions of standards that assure operational and programmatic performance meeting applicable standards of practice.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0201 Governing Body Policies (V106) Based on interview and record review, the facility failed to develop and implement policies and procedures for the use of medications to reflect</p>	V 293		

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V 293	<p>Continued From page 50</p> <p>the needs of the clients.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on interview and record review, the facility failed to ensure a written job description was available for each staff position affecting 2 of 8 audited staff (Staff #9 and Qualified Professional #12).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to ensure training to meet the MH/DD/SAS needs of the clients affecting 6 of 8 audited staff members (Staff #7, #8, #9, #10, #11, and Qualified Professional #12).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of qualified Professionals and Associate Professionals (V109) Based on interview and record review, 3 of 3 Qualified Professionals (Qualified Professional #12, Qualified Professional/Licensee #13, and Qualified Professional/Licensee #14) failed to display the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111) Based on interview and record review, the facility failed to complete an assessment prior to the delivery of services and did not develop strategies to address the client needs and behaviors affecting 4 of 4 current clients (Clients #1, #2, #3 and #4) and 2 of 2 former clients (Former Clients #5 and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205</p>	V 293		

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V 293	<p>Continued From page 51</p> <p>Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement treatment strategies to address the functional needs of the client affecting 4 of 4 current clients (Clients #1, #2, #3 and #4) and 2 of 2 former clients (Former Clients #5 and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) Based on interview and record review, the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift.</p> <p>CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V117) Based on interview, record review, and observation, the facility failed to ensure packaging labels including clear directions for administration were affixed to each prescription drug dispensed affecting 1 of 4 current clients (Client #2).</p> <p>CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V118) Based on interview, record review, and observation, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications affecting 2 of 4 current clients (Clients #1 and #2). Additionally, the facility failed to maintain an accurate MAR of all drugs administered to each client affecting 2 of 4 current clients (Clients #1 and #3).</p> <p>CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V120) Based on interview, record review, and observation, the facility failed to ensure external</p>	V 293		

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V 293	<p>Continued From page 52</p> <p>medications were stored separately from internal medications affecting 1 of 4 current clients (Client #1) and failed to ensure safe storage of medications affecting 2 of 4 current clients (Clients #1 and #3).</p> <p>CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V123) Based on interview and record review, the facility failed to document and report medication errors to the physician or pharmacist affecting 3 of 4 current clients (Clients #1, #2, and #3).</p> <p>CROSS REFERENCE: General Statute 131E-256 Health Care Personnel Registry (V131) Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed and the results documented prior to an offer of employment affecting 2 of 8 audited staff (Staff #7 and #9).</p> <p>CROSS REFERENCE: General Statute 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V133) Based on interview and record review, the facility failed to ensure criminal background checks were completed within five days of an offer of employment affecting 3 of 8 audited staff (Staff #7, #9, and #10).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1706 Operations (V298) Based on interview and record review, the facility failed to coordinate with parents and/or legal guardians affecting 1 of 2 former clients (Former Client #5).</p> <p>CROSS REFERENCE: General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364) Based on interview and record review, the facility</p>	V 293		

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V 293	<p>Continued From page 53</p> <p>failed to safeguard the right of each minor child to participate in visits and telephone calls with parents and/or legal guardians affecting 4 of 4 current clients (Clients #1, #2, #3, and #4) and 2 of 2 former clients (Former Clients #5 and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Based on interview and record review, the facility failed to implement their written policies regarding their response to Level I incidents.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Based on interview and record review, the facility failed to report all Level II incidents to the LME (Local Management Entity) within 72 hours of becoming aware of the incident.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Based on interview, record review, and observation, the facility was not maintained in a clean, safe, and attractive manner.</p> <p>Review on 7/29/19 of the Plan of Protection dated 7/29/19 written by the Qualified Professional/Licensee #13 and #14 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. -10A NCAC 27G.0201 Governing bodies tags 105 and 106: Pathways Group Homes (Licensee) Directors (Qualified Professional/Licensee #13 and #14) has updated the policy to remove the debriefing and orders section on 7/25/2019. Pathways Group Homes</p>	V 293		

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V 293	<p>Continued From page 54</p> <p>also removed the take home Methadone section from the policy on 7/25/2019. Pathways Group Homes added the Behavioral policy to the policy and procedure manual as of 7/25/2019.</p> <p>-10A NCAC 27G.0202 Personnel tags 107 and 108: Pathways Group Homes has provided all employees with a job description for their positions as of 7/26/2019. All job descriptions have been signed and will be added to their employee files. Pathways Group Homes Directors have created a training for the behavioral policy. The training will be held on 7/29/2019. Each staff member will be provided with a copy of the training. A competency test will be administered to ensure that they understood all material. Certificates will be created and added to their employee files.</p> <p>-10A NCAC 27G.0203 Competencies of QP: The Pathways Directors took administrative action against the QP (Qualified Professional #12) for the medication errors. The QP will be provided with additional training before she is able to overview the medications again. The QP and Pathways Directors will receive additional medication management training to ensure proper medication management. The Licensed Professional will be responsible for over-viewing the medications until proper training is received by the QP and Directors. Pathways Directors hired a new employee on 7/25/2019, [Newly Hired Qualified Professional] who will act as the QP until proper training is received by [Qualified Professional #12] and Pathways Directors. Credentials and resume will be located in the employee file. Once training is received, [Newly Hired Qualified Professional] will be the AP (Associate Professional) and assist the QP with all daily functions. The QP has received training with the behavioral point system and will be responsible for supervising staff. The License</p>	V 293		

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V 293	<p>Continued From page 55</p> <p>Professional will provide additional supervision to the QP, AP and Pathways Directors to ensure compliance with all policies and procedures.</p> <p>-10ANCAC 27G.0205 Assessment and Treatment Plan: Pathways Directors created an admissions assessment. The assessment was reviewed by the Licensed Professional (LP). The QP was trained on how to utilize the assessment and when to complete the assessment on 7/25/2019. A certificate was created and added to the QP's file. The directors spoke with the LP and QP to review adding additional goals that reflect the history of the consumers behaviors on 7/25/2019. The goals will be added after assessment and at the treatment team meeting with the legal guardian present. The QP signed a statement acknowledging that she understood the process and would implement this going forward on 7/25/2019.</p> <p>-Fire and Disaster Drill: Pathways Group Homes Directors, QP and AP will ensure that all fire and disaster drills are completed quarterly. Directors will be on site at the times of the drills. Consumers will sign off on all drills completed. Pathways Group Homes Directors completed a plan for strangers at the door and overall emergency plan on 7/25/2019. All drills will be documented and kept in the group home.</p> <p>-10A NCAC 27G.0209 Medication tags 117,118,120,123: Pathways Directors ensured that all medications were labeled properly and legible on 7/15/2019. Pathways Group Homes requested a copy of all medication orders on 7/15/2019. Orders will be kept in the consumer file. Pathways Group Homes met with [Medical Provider] in regards to [Client #1]'s orders on 7/16/2019 and was informed that signed orders could be requested at the medication management appointments. Going forward Pathways Group Homes will request a signed</p>	V 293		

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V 293	<p>Continued From page 56</p> <p>medication order at each appointment. Pathways Group Homes purchased a separate box for external medications on 7/16/2019. Pathways Group Homes spoke with the pharmacy in reference to the bubble packs and requested that all medication be stored in the bottles instead. Going forward, all medications will be stored in a bottle and a pill count form will be utilized to track an errors. Pathways Group Homes will have a meeting with all staff on 7/29/2019 to implement the medication policy. All staff will be required to complete an incident report for all medication errors as well contacting [Dispensing Pharmacist] to see what actions should be taken if any. A report will also be completed in IRIS (Incident Response Improvement System) to reflect the incident report completed by staff within 24 hours of the incident. The Licensed Professional will oversee the medication to ensure that Pathways Group Homes is in compliance.</p> <p>-General Statute 131E 256 Healthcare Registry and Backgrounds 122C-80: Pathways Group Homes Directors with the assistance of acting [Newly Hired Qualified Professional] will ensure that all health care registry are completed prior to any job offer. The [Newly Hired Qualified Professional] has a start date plan of 7/29/2019. Background checks will be completed within 5 business days of conditional job offer.</p> <p>-298 Coordination of Care: Pathways Group Homes will ensure that any communication with legal guardians or treatment team is documented and placed in the consumers file. A documentation log has been created and will be stored in the group home and office location as of 7/25/2019.</p> <p>-General Statute 122C-62 tag 364 Client Rights: Pathways Group Homes has updated the behavioral policy as well as the policy and procedure manual to reflect that all client rights</p>	V 293		

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V 293	<p>Continued From page 57</p> <p>should be maintained regardless of level in the home. All consumers will have the right to contact their legal guardians at any point within reason.</p> <p>-10A NCAC 27G.0603 and .0604 Incident Reporting: Pathways Group Homes will ensure that there are incident reports created any time there is an incident in the home. IRIS reports will be completed in accordance to the IRIS manual. Pathways Group Homes will have a meeting with staff on 7/29/2019 to inform them that any time the police is contacted there needs to be an incident report. Additional incident reporting forms were left in the home. Staff has been notified of the location of the forms and has been instructed to utilize the forms on 7/25/2019. Staff will be instructed to complete an incident report within 24 hours of the incident occurring. Any suicidal ideations will be reported in IRIS as well as an incident report in the home. The QP will review all incident reports within 24 hours and will refer to the IRIS manual to ensure the proper level of reporting was completed. Pathways Directors met with the [Qualified Professional #12] to go over the new standard on 7/26/2019 and she signed a statement acknowledging that she understood. Pathways Group Homes will print a copy of the updated Policy and Procedure manual on 7/26/2019 to keep in the home for staff to refer to. This will ensure compliance with all state policy procedures as well as the policy and procedures for Pathways Group Homes.</p> <p>-10A NCAC 27G.0303 Safe and Clean Environment: Pathways Group Homes Directors completed a walk through of the home on 7/16/2019. Directors met with staff on 7/16/2019 and instructed them to remove all hazardous items and ensure cleanliness of the home. Pathways Directors hired a maintenance professional on 7/16/2019 to remove broken furniture and glass from the side of the home.</p>	V 293		

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V 293	<p>Continued From page 58</p> <p>Pathways Directors ordered rubber mats on 7/24/2019 to go around the trash cans. Pathways Directors purchased larger laundry baskets for the consumers dirty clothing on 7/26/2019. Pathways Directors purchased additional storage bins for any consumers that needed them on 7/26/2019. Pathways Group Homes Directors purchased a larger towel rack for the laundry room on 7/26/2019 to ensure enough room for storage of towels and wash cloths. Pathways Group Homes Directors met with staff on 7/25/2019 to ensure that the laundry schedule was being utilized appropriately and all consumers were washing clothes on their designated day. Pathways Directors has instructed the [Qualified Professional #12 and Newly Hired Qualified Professional] to do a walk-through of the home on Monday, Wednesdays and Fridays. Pathways Directors has instructed the AP to do a walk-through Tuesday, Thursday and Sunday. Pathways Directors will complete a random walk through twice a week to ensure the home is free of hazardous items. Pathways Directors has created a check sheet for walk through on 7/26/2019. Walk through forms will be stored in the group home."</p> <p>The clients range in age from 10 - 16 years and were diagnosed with mental health concerns including, but not limited to, Major Depressive Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Anxiety, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Reactive Attachment Disorder, and Cannabis Use Disorder. Client #1 had a history of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus. Client</p>	V 293		

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V 293	<p>Continued From page 59</p> <p>#2 had a history of physical aggression and threats towards others. Client #3 had a history of suicidal ideation/behaviors, difficulty regulating mood and expressing feelings of discomfort, hyperactivity, and running away. Client #4 had a history of physical aggression and threats towards others. Former Client #5 had a history of running away, suicidal ideation/behaviors, physical aggression, property destruction, physical assault, taking provocative pictures of herself and posting them on the internet, and prostitution. Former Client #6 had a history of truancy, running away, substance abuse, sexual abuse by the mother's boyfriend at 7 years of age, stealing mother's car and being gone for over one week in March, 2019 and four days later running away and living on the streets and using drugs for over 5 weeks from March, 2019 through April, 2019.</p> <p>The facility did not complete admission assessments and did not develop and implement individualized treatment plans reflecting the functional deficits of the clients. There were no treatment strategies in place when clients ran away, displayed aggressive and assaultive behavior, expressed suicidal ideation and behaviors, engaged in prostitution and arrived back to the facility with a condom stuck inside her vagina. Staff lacked training and understanding in the facility's Level System which was to be used as an integral part of the facility's treatment approach. There were 18 calls to local law enforcement in a five week period.</p> <p>The facility did not maintain safe storage of medications resulting in broken and loose pills in the bottom of medication storage boxes and pills in open blister packs, did not ensure all medications were administered on the written</p>	V 293		

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V 293	<p>Continued From page 60</p> <p>order of a physician, and did not ensure pharmacy labels were affixed to all medications. Additionally, the medication administration records for Client #1 and #3 were not kept current with a total of 50 separate dates left blank for multiple medication administration periods. Client #2 did not receive Melatonin as ordered which was required to assist with necessary rest. Medication errors were not recorded and staff did not seek guidance from a pharmacist or physician regarding medication errors. It was impossible to determine if clients received their medications as ordered by the physician. The medications included antipsychotics, antidepressants, mood stabilizers, and sleep aids. The medications were prescribed and necessary for mental health stability.</p> <p>The facility did not allow clients to contact their legal guardians during their initial days at the facility. The Qualified Professionals/Licensee #13 and #14 failed to coordinate care with Former Client #5's father resulting in his not being aware Former Client #5 was arrested and spent several days in jail.</p> <p>The Qualified Professional #12, Qualified Professional/Licensee #13, and Qualified Professional/Licensee #14 failed to provide the necessary oversight resulting in clients not receiving the care required. The Qualified Professional/Licensee #13 and #14 did not develop policy and procedures to accurately reflect the services provided at the facility. Furthermore, they did not ensure job descriptions were present for all staff and did not ensure necessary training to implement the facility's Level System. The Level System was an integral part of each client's treatment but was not being implemented consistently due to a lack of training</p>	V 293		

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V 293	<p>Continued From page 61</p> <p>and appropriate supervision. Health Care Personnel Registry and criminal background checks were not completed on all staff.</p> <p>Emergency drills were not completed resulting in clients lacking information on how to respond in case of an emergency. Incident reports were not completed. The facility was not maintained in a safe, clean and attractive manner resulting in Staff #10 and Client #1 slipping on laundry during a restrictive intervention, Client #4 using the leg to a broken chair to attempt to assault Staff #7, gasoline to be available to Former Client #5 when she had lighters in her possession and voiced desire to set the facility on fire.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation in 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.</p>	V 293		
V 298	<p>27G .1706 Residential Tx. Child/Adol - Operations</p> <p>10A NCAC 27G .1706 OPERATIONS</p> <p>(a) Each facility shall serve no more than a total of 12 children and adolescents.</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and</p>	V 298		

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V 298	<p>Continued From page 62</p> <p>the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to coordinate with parents and/or legal guardians affecting 1 of 2 former clients (Former Client #5). The findings are:</p> <p>Review on 7/15/19 of Former Client #5's record revealed: -Admission date was 6/22/19; -Discharge date was 7/1/19; -Diagnoses was Major Depressive Disorder, Oppositional Defiant Disorder; -16 years old; -History of running away, suicidal ideation/behaviors, physical aggression, property destruction, physical assault, taking provocative pictures of herself and posting them on the</p>	V 298		

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V 298	<p>Continued From page 63</p> <p>internet, prostitution;</p> <p>Interview on 7/16/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Former Client #5 was arrested due to assaulting the Qualified Professional/Licensee #13 and #14 on 6/30/19 after multiple encounters with law enforcement.</p> <p>Interview on 7/16/19 with Former Client #5's Father/Legal Guardian revealed: -Former Client #5 was arrested and remained in jail for 3 days without him being aware of the situation because nobody from the facility contacted him.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Did not have any documentation of communication with Former Client #5's Father/Legal Guardian regarding Former Client #5's treatment and arrest status; -Will ensure all communication attempts with parents and/or legal guardians is documented in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 298		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a</p>	V 364		

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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 364	<p>Continued From page 64</p> <p>24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or</p>	V 364		

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V 364	<p>Continued From page 65</p> <p>committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part.</p>	V 364		

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V 364	<p>Continued From page 66</p> <p>The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational</p>	V 364		

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V 364	<p>Continued From page 67</p> <p>training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client,</p>	V 364		

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V 364	<p>Continued From page 68</p> <p>be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to safeguard the right of each minor child to participate in visits and telephone calls with parents and/or legal guardians affecting 4 of 4 current clients (Clients #1, #2, #3, and #4) and 2 of 2 former clients (Former Clients #5 and #6). The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old.</p> <p>Review on 7/15/19 of Client #2's record revealed: -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old.</p> <p>Review on 7/15/19 of Client #3's record revealed: -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity</p>	V 364		

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V 364	<p>Continued From page 69</p> <p>Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old.</p> <p>Review on 7/24/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old.</p> <p>Review on 7/15/19 of Former Client #5's record revealed: -Admission date was 6/22/19; -Discharge date was 7/1/19; -Diagnoses was Major Depressive Disorder, Oppositional Defiant Disorder; -16 years old.</p> <p>Review on 7/24/19 of Former Client #6's record revealed: -Admission date was 5/22/19; -Discharge date was 6/16/19; -Diagnoses was Post-Traumatic Stress Disorder, Cannabis Use Disorder; -15 years old.</p> <p>Review on 7/15/19 and 7/16/19 of Overview of Pathways (Licensee) Point and Level System revealed: -All clients participate in the Level System as part of their treatment; -"Each level has and expected standard of behaviors and designated privileges;" -All clients begin the Level System on Orientation Level; -"Off Trust is a status that is implemented whenever a resident acts out in a dangerous was and is a safety concern ...violates program policy and rules and are placed on restriction."</p>	V 364		

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V 364	<p>Continued From page 70</p> <p>Interview on 7/16/19 with Client #1 revealed: -No visits or telephone contact with her mother was allowed during Orientation Level.</p> <p>Interview on 7/16/19 with Client #2 revealed: -Currently on Orientation Level; -"It is not up to the group home it is up to the judge" who Client #2 can visit with or make phone calls to.</p> <p>Interview on 7/16/19 with Client #3 revealed: -No telephone contact with her mother was allowed during Orientation Level.</p> <p>Interview on 7/16/19 with Former Client #5's Father/Legal Guardian revealed: -Was not allowed to have contact with his daughter during her stay at the facility due to the Level System.</p> <p>Interview on 7/24/19 with Staff #7 revealed: -Clients were not allowed contact with their parents/legal guardians during Orientation Level and Off Trust Level.</p> <p>Interview on 7/16/19 with Staff #8 revealed: -Clients were not allowed phone calls with their parents/legal guardians during Orientation Level.</p> <p>Interview on 7/16/19 with Staff #9 revealed: -Clients were not allowed phone calls with their parents/legal guardians during Orientation Level.</p> <p>Interview on 7/17/19 with Staff #10 revealed: -Not sure if clients were allowed make phone calls to their parents/legal guardians during Orientation Level.</p> <p>Interview on 7/24/19 with Staff #11 revealed:</p>	V 364		

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V 364	<p>Continued From page 71</p> <p>-Clients were not allowed contact with their parents/legal guardians during Orientation Level and Off Trust Level.</p> <p>Interview on 7/29/19 with the Qualified Professional #12 revealed: -Had no involvement in the development of the Level System; -Was not aware that client phone calls to parents and/or legal guardians could not be restricted; -The Level System no longer dictates if clients can have contact or visits with parents/legal guardians.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Did not know that the facility could not restrict client rights as it relates to a minor child having contact with parents/legal guardians; -The Level System has been revised and no longer dictates if clients can have contact or visits with parents/legal guardians; -All staff will be re-trained on the Level System.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 364		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs</p>	V 366		

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V 366	<p>Continued From page 72</p> <p>of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The</p>	V 366		

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V 366	<p>Continued From page 73</p> <p>internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility</p>	V 366		

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V 366	<p>Continued From page 74</p> <p>for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their written policies regarding their response to Level I incidents. The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -History of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus. -Current treatment revealed: "While at the group home, she had broke the bathroom door and bed frame."</p> <p>Review on 7/15/19 and 7/16/19 of the facility's Incident Reports revealed: -There was no incident report documenting Client #1 breaking the bathroom door or the bed frame.</p> <p>Review on 7/17/19 of the facility's Policy and</p>	V 366		

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V 366	Continued From page 75 Procedure Manual dated 1/31/19 revealed: -"Incident Reporting ...After appropriate action is taken to remedy the problem and to ensure the safety, well being and care of those individuals who are directly involved in the incident, then a report shall be completed. The report should be on the standardized incident reporting form. The report shall be completed in detail and shall include all pertinent facts such as time, place, persons involved, witnesses, extend of injury or damages and methods of remedy ..." Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Will ensure all incident reports are completed in a timely manner. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail,	V 367		

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V 367	<p>Continued From page 76</p> <p>in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of</p>	V 367		

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V 367	<p>Continued From page 77</p> <p>client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder,</p>	V 367		

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V 367	<p>Continued From page 78</p> <p>Oppositional Defiant Disorder; -16 years old; -History of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus.</p> <p>Review on 7/15/19 of Client #2's record revealed: -Admission date was 7/10/19; -Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Possible History of Abuse; -11 years old; -Client #2 had a history of physical aggression and threats towards others.</p> <p>Review on 7/15/19 of Client #3's record revealed: -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old; -History of suicidal ideation/behaviors, difficulty regulating mood and expressing feelings of discomfort, hyperactivity, running away.</p> <p>Review on 7/24/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -Client #2 had a history of physical aggression and threats towards others.</p> <p>Review on 7/15/19 of Former Client #5's record revealed: -Admission date was 6/22/19; -Discharge date was 7/1/19;</p>	V 367		

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V 367	<p>Continued From page 79</p> <p>-Diagnoses was Major Depressive Disorder, Oppositional Defiant Disorder; -16 years old; -History of running away, suicidal ideation/behaviors, physical aggression, property destruction, physical assault, taking provocative pictures of herself and posting them on the internet, prostitution.</p> <p>Review on 7/24/19 of Former Client #6's record revealed: -Admission date was 5/22/19; -Discharge date was 6/16/19; -Diagnoses was Post-Traumatic Stress Disorder, Cannabis Use Disorder; -15 years old; -History of truancy, running away, substance abuse, sexual abuse by the mother's boyfriend at 7 years of age, stealing mother's car and being gone for over one week in March, 2019 and four days later running away and living on the streets and using drugs for over 5 weeks from March, 2019 through April, 2019.</p> <p>Review on 7/15/19 of the North Carolina Incident Response Improvement System (NC IRIS) website revealed: -Level III incident report dated 7/8/19 regarding an allegation of abuse made by Client #1 against Staff #10; -Level II incident report dated 7/5/19 regarding assault of Client #4 by Client #3.</p> <p>Review on 7/15/19 and 7/16/19 of the facility's Incident Reports revealed: -Level I incident report dated 6/25/19 involving a report to law enforcement when Client #3 grabbed a kitchen knife and held the knife against her wrist and cut herself and bled prior to throwing the knife across the room;</p>	V 367		

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V 367	<p>Continued From page 80</p> <ul style="list-style-type: none"> -Level I incident report dated 6/27/19 involving a report to law enforcement when Client #3 was fighting with staff and ran away; -Level II incident report dated 6/16/19 involving a report to law enforcement when Former Client #6 ran away; -Level II incident report dated 6/19/19 when Client #4 was agitated and assaultive toward staff; -Level II incident report dated 6/27/19 involving a report to law enforcement when Former Client #5 ran away and was picked up by the police and transported to the hospital; -Level II incident report dated 6/28/19 involving a report to law enforcement when Former Client #5 ran away and returned to the facility with "a condom stuck in her" and was taken to an urgent care facility where she reported that she had been raped; -No Level II incident report completed and submitted through the North Carolina Incident Response Improvement System (NC IRIS) for the physical altercation between Client #1 and Client #3 in a local superstore; -There were no Level II incident reports completed and submitted through NC IRIS for any of the police calls to the facility from 5/8/19 through 7/12/19. <p>Interview on 7/15/19 with a representative from the North Carolina Department of Mental Health revealed:</p> <ul style="list-style-type: none"> -The Level II incident reports dated 6/16/19 involving Former Client #6, 6/19/19 involving Client #4, and 6/27/19 and 6/28/19 involving Former Client #5 were all created in the North Carolina Incident Response Improvement System but were not submitted. <p>Review on 7/16/19 of the Calls for Service Report for period 5/8/19 to 7/16/19 from the local law</p>	V 367		

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V 367	<p>Continued From page 81</p> <p>enforcement department revealed:</p> <ul style="list-style-type: none"> -There were 18 calls: 12 citizen-initiated calls and 6 officer-initiated calls; -6/6/19 at 10:15pm for "check subject;" -6/16/19 at 12:10am for "missing person;" -6/19/19 at 6:54am for "subject with weapon;" -6/25/19 at 8:24pm for "mental health issues;" -6/26/19 at 12:25pm for "mental health issues;" -6/27/19 at 7:37pm for "missing person;" -6/27/19 at 8:24pm for "missing person;" -6/28/19 at 12:35pm for "domestic;" -6/28/19 at 6:30pm for "sex offense;" -6/30/19 at 6:32pm for "check subject;" -6/30/19 at 8:25pm for "missing person;" -6/30/19 at 8:55pm for "special check;" -6/30/19 at 10:10pm for "special check;" -7/4/19 at 2:17am for "special check;" -7/4/19 at 4:14am for "civil disturbance;" -7/9/19 at 12:57am for "special check;" -7/9/19 at 8:04pm for "special check;" -7/12/19 at 10:42 pm for "special check;" <p>Interview on 7/16/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Police responded to an incident in a local superstore when Clients #1 and #3 got into a physical altercation approximately 5 weeks ago; -Staff #7 and another staff member were present but could not break up the physical altercation between Clients #1 and #3. <p>Interview on 7/24/19 with Qualified Professional/Licensee #13 and #14 revealed:</p> <ul style="list-style-type: none"> -Police call on 6/6/19 was unknown; -Police call on 6/16/19 was for Former Client #6 running away; -Police call on 6/19/19 was for Client #3 when she grabbed a knife during cooking and cut her wrist; -Police call on 6/25/19 was for Client #3 when was "seeing demons;" -Police call on 6/26/19 was for Former Client #5 	V 367		

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V 367	<p>Continued From page 82</p> <p>when she reported she wanted to drown herself in the toilet;</p> <p>-Two police calls on 6/27/19 were for Former Client #5 when she ran away and then came back and then ran away again;</p> <p>-First police call on 6/28/19 was for Former Client #5 when she threatened to kill Client #3 and staff;</p> <p>-Second police call on 6/28/19 was for Former Client #5 when she ran away and had sex and returned home with a condom stuck inside herself and later reported she had been raped;</p> <p>-First police call on 6/30/19 was for Former Client #5 when she wanted to set the facility on fire with the lighters she had in her possession;</p> <p>-Second police call on 6/30/19 was when Former Client #5 ran away;</p> <p>-Third police call on 6/30/19 was when Former Client #5 was arrested due to assaulting the Qualified Professional/Licensee #13 and #14;</p> <p>-Fourth police call on 6/30/19 was when the police continually passed and checked the facility due to unknown men coming to the facility looking for Former Client #5 due to her history of prostitution;</p> <p>-Police call on 7/4/19 was when an unknown individual was in the backyard;</p> <p>-Two police calls on 7/9/19 was when staff heard something outside;</p> <p>-Police call on 7/12/19 was unknown;</p> <p>-A local law enforcement officer agreed to increase patrol around the facility after Former Client #5 was arrested as staff were "on edge" related to issues with Former Client #5 and unknown men approaching the facility.</p> <p>Interview on 7/28/19 with the local law enforcement officer who increased patrols around the facility after Former Client #5 was arrested revealed:</p> <p>-Had been to the facility on several occasions;</p>	V 367		

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V 367	<p>Continued From page 83</p> <p>-Most recently was involved in increased patrols in the area after Former Client #5 had run away to a local gas station and agreed to have sexual intercourse with an unknown adult male in exchange for a cold soft drink;</p> <p>-Former Client #5 returned to the facility after having sexual intercourse with the unknown adult male and reported she had been raped and had a condom stuck inside of her requiring a report to law enforcement as well as medical attention;</p> <p>-While at the facility taking the report, staff reported that Former Client #5 had a history of prostitution and men would come to the facility looking for Former Client #5;</p> <p>-Increased patrols around the facility to ensure the safety of the other clients and staff.</p> <p>Interview on 7/16/19 with the Qualified Professional/Licensee #13 and #14 revealed:</p> <p>-Former Client #5 was discharged after her arrest due to imminent safety concerns of the other clients;</p> <p>-Former Client #6 was discharged after running away on 6/16/19 and not returning.</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed:</p> <p>-Did not know that Level II incident reports needed to be completed every time there was a report to law enforcement as a result of clients' behaviors;</p> <p>-Will ensure all incident reports are completed in a timely manner.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		

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V 517	Continued From page 84	V 517		
V 517	<p>27E .0104(c-d) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse.</p> <p>(d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure restrictive interventions were not employed as a means of punishment, retaliation by staff, or a manner that causes harm or abuse affecting 1 of 4 clients (Client #1). The findings are:</p> <p>Review on 7/15/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -History of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus.</p> <p>Review on 7/16/19 of Staff #10's record revealed: -Hire date was 5/27/19;</p>	V 517		

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V 517	<p>Continued From page 85</p> <p>-Employed as Residential Assistant; -Training in Evidence Based Protective Interventions (EBPI) on 7/1/19, with re-training on 7/16/19.</p> <p>Review on 7/15/19 of an Incident Report dated 7/8/19 involving Client #1 and Staff #10 revealed: -The incident occurred on 7/4/19; -The Incident was reported through the North Carolina Incident Response Improvement System and included notification to Health Care Personnel Registry on 7/8/19; -An allegation of abuse was reported to the Qualified Professional/Licensee #13 and #14 on 7/8/19; -" ...[Client #1] refused to go in her room during the morning of July 4th. [Client #1] was upset initially because she was awoken out of her sleep. Staff (Staff #10) attempted to lead [Client #1] back into her room. [Client #1] slapped the staff member (Staff #10) and admitted to doing so. The staff stated that she restrained [Client #1] at that moment. [Staff #10] stated that [Client #1] attempted to bite her while she was trying to restrain her. [Staff #10] then stated that she attempted to remove [Client #1]'s head from biting her. [Qualified Professional/Licensee #13 and #14] were made aware of the incident on 7/4. [Client #1] stated to [Qualified Professional/Licensee #13 and #14] that she did not know what happened and that she was restrained for slapping [Staff #10]. On 7/8/19 [Client #1] stated to another staff that she was slapped by [Staff #10]. The [Qualified Professional/Licensee #13 and #14] contacting [Local Management Entity], [Neighboring County] DSS (Department of Social Services), and [Present County] DSS to make a report. The matter is currently being investigated and [Staff #10] is suspended without pay until the</p>	V 517		

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V 517	<p>Continued From page 86</p> <p>investigation is complete."</p> <p>Review on 7/16/19 of the Internal Investigation dated 7/12/19 regarding the 7/4/19 incident between Client #1 and Staff #10 revealed:</p> <ul style="list-style-type: none"> -Client #1 slapped and bit Staff #10; -Staff #10 pulled Client #1's hair to release the bite; -Recommendations included suspension of Staff #10 and review of training in EBPI. <p>Interview on 7/16/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Recently involved in an incident with Staff #10 but cannot remember the exact date; -Woke up angry and took her medications; -Refused to return to her bedroom; -Slapped and bit Staff #10; -Was slapped back by Staff #10; -Staff #10 pulled Client #1's hair to stop Client #1 from biting; -The Qualified Professional/Licensee #13 and #14 came to the facility; -Was not worried about Staff #10 returning to the house because Client #1 is used to being slapped by her biological father and being restrained by her house parents. <p>Interview on 7/16/19 with Client #2 and #3 revealed:</p> <ul style="list-style-type: none"> -Did not witness the incident between Client #1 and Staff #10. <p>Interview on 7/17/19 with Staff #10 revealed:</p> <ul style="list-style-type: none"> -Client #1 was upset and cursing on 7/4/19; -Staff #10 directed her to her room and Client #1 ignored Staff #10; -Client #1 attempted to assault Staff #11 therefore losing points on the facility's Level System; -Client #1 slapped Staff #10; -Staff #10 restrained Client #1 and slipped on 	V 517		

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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 517	<p>Continued From page 87</p> <p>laundry in the floor of Client #1's bedroom and fell onto the bed;</p> <ul style="list-style-type: none"> -Staff #10 denied slapping Client #1; -Client #1 bit Staff #10; -Staff #10 pulled Client #1's hair to release the bite; -Staff #10 told Client #1 that when she stopped fighting and biting that Staff #10 would release Client #1's hair. <p>Interview on 7/24/19 with Staff #11 revealed:</p> <ul style="list-style-type: none"> -Was the second staff working on the shift when Client #1 had an altercation with Staff #10 on 7/4/19; -Client #1 attacked Staff #10 and Staff #10 restrained Client #1; -Was told that Staff #10 grabbed Client #1's hair but did not witness the interaction; -Staff #11 was busy calming other clients and providing supervision during the incident as Client #3 opened the front door and threatened to run away. Staff #11 was able to calm Client #3 so that Client #3 did not run away; -Staff #11 contacted the Qualified Professional/Licensee #13 and #14 who responded to the facility; -Did not witness the interaction between Staff #10 and Client #1 in Client #1's bedroom. <p>Interview on 7/16/19 with the Qualified Professional/Licensee #13 and #14 revealed:</p> <ul style="list-style-type: none"> -Suspended Staff #10 pending investigation as a result of the incident with Client #1 on 7/4/19; -Was uncomfortable with the way the incident was handled by Staff #10 because pulling hair is not taught in any training completed at the facility and is not part of EBPI; -Secured additional training in EBPI for Staff #10 completed on 7/16/19. 	V 517		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2019
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V 517	<p>Continued From page 88</p> <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed: -Staff #10 had not worked at the facility since the incident on 7/4/19.</p> <p>Review on 7/26/19 of the Plan of Protection dated 7/26/19 written by the Qualified Professional/Licensee #13 and #14 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens.</p> <p>Pathways Group Homes (Licensee) has provided [Staff #10] with additional training in EBPI (Evidenced Based Physical Interventions) restraints following the incident that occurred with [Client #1] on 7/4/2019. [Staff #10] received her retraining on EBPI on 7/16/2019. [Staff #10] has been suspended since the incident occurred.</p> <p>Pathways Directors [Qualified Professional/Licensee #13 and #14] contacted [Present County] DHHS (Department of Health and Human Services) to file a report. The report was not accepted. [Staff #10] was unable to return to work until an internal investigation was completed. Pathways Group Homes worked with DHSR (Division of Health Service Regulation) to determine the next steps regarding [Staff #10].</p> <p>Pathways Directors (Qualified Professional/Licensee #13 and #14) updated the behavioral policy and added it to the policy and procedure manual on 7/26/2019. Employees will all receive training again on the behavioral policy on 7/29/2019, certificates will be issued.</p> <p>Employees will take a competency test to ensure that they understand the materials given. [Staff #10] will return to work after being reoriented to the policies and procedures of Pathways Group Homes. [Staff #10] is on a 90-day probation</p>	V 517		

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V 517	<p>Continued From page 89</p> <p>period that will end in October of 2019. During this period [Staff #10] will be working with two additional staff in order to provide guidance and training. The QP/AP (Qualified Professional #12 and the Associate Professional) will meet with [Staff #10] weekly for supervision. All interactions will be documented. Pathways Directors updated the behavioral policy to reflect that consumers have the right to speak with their legal guardians regardless of what level they are on."</p> <p>Client #1 is 16 years old and is diagnosed with Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, and Oppositional Defiant Disorder. She has a history of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus. Client #1 assaulted Staff #10 by slapping and biting. Staff #10 responded by pulling Client #1's hair. Staff #10 had received training in restrictive interventions and pulling hair to release a bite hold is not an approved technique. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$1,000.00 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.</p>	V 517		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 90</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained in a clean, safe, and attractive manner. The findings are:</p> <p>Observation on 7/15/19 at approximately 9:15am revealed: -Broken chair on the front porch; -Gasoline can with gas in it on the driveway.</p> <p>Observation on 7/16/19 at approximately 10:45am revealed: -Clothing spread throughout the floor and personal items in disarray on the dressers and floor in all three bedrooms; -Clothing and toys on the floor in the laundry room; -Dirty dishes, pots, and pans piled in the kitchen sink; -Doors did not securely latch in the hallway bathroom and Client #2 and #4's bedrooms; -Bedsheet covering the window due to a broken window blind on the floor beneath the window in Client #4's bedroom; -Four broken chairs on the exterior of the facility: three on the driveway near the trash cans and one on the front porch; -Broken shards of glass on the driveway measuring approximately 1" x 1"; -Dirty laundry across the exterior banister leading the to the laundry room door when entering from the driveway; -Gasoline can with gas in it on the driveway.</p>	V 736		

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V 736	<p>Continued From page 91</p> <p>Review on 7/15/19 and 7/24/19 of client records revealed: -Client #1 had a history of suicidal ideation/behaviors; -Client #2 had a history of physical aggression and threat towards others; -Client #3 had a history of suicidal ideation/behaviors; -Client #4 had a history of physical aggression and threats toward others; -Former Client #5 had a history of suicidal ideation/behaviors and aggression toward others.</p> <p>Interview on 7/24/19 with Staff #7 revealed: -Was involved in an incident when Client #4 attempted to assault Staff #7 with the leg from a broken chair from the driveway; -Client #4 had chased Staff #7 around the backyard attempting to strike Staff #7 with the leg from the broken chair; -Local law enforcement was called to the facility; -Could not identify the date of the incident.</p> <p>Interview on 7/17/19 with Staff #10 revealed: -Was involved in a physical intervention with Client #1 on 7/4/19 during which she (Staff #10) slipped on clothing on the floor and fell during the intervention landing on the bed and then onto the floor.</p> <p>Interview on 7/16/19 with the Qualified Professional/Licensee #13 revealed: -Former Client #5 was involved in an incident of possessing three lighters and wanting to set her bedroom on fire while at the facility resulting in a report to law enforcement and eventual arrest of Former Client #5.</p> <p>Interview on 7/16/19 with the Qualified Professional/Licensee #13 and #14 revealed:</p>	V 736		

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V 736	<p>Continued From page 92</p> <ul style="list-style-type: none"> -Understood the concerns with the physical plant and will immediately act to rectify the situation and clean up the debris which could be used as a weapon; -Will pick up all glass and ensure all broken furniture is removed; -The gasoline can belonged to the man who completes the landscaping work. (The man who completes the landscaping work was not on-sight at the facility during the time of the observation of the gasoline can being on the facility grounds, but all the clients were present at the facility). Will ensure that the gasoline can is removed immediately. <p>Interview on 7/25/19 with the Qualified Professional/Licensee #13 and #14 revealed:</p> <ul style="list-style-type: none"> -Actions have been taken to clean up the facility and to ensure that staff are engaging clients to keep their rooms clean and ensure safe storage of toys and clothing. -Has assigned staff to complete daily checks of the facility to ensure no safety concerns exist with the physical environment of the facility. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 736		