

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2019
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NAME OF PROVIDER OR SUPPLIER LORETTA'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 PENNY STREET ALBEMARLE, NC 28001
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 8/5/19. This was a limited follow up survey, only 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for Behavioral Control V517 and cross referenced 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out V537 were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for Behavioral Control V517 and cross referenced 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out V537. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility.</p>	V 000	<p style="text-align: center;">Lic. & Cert. Section AUG 19 2019 DHSR - Mental Health</p> <p style="text-align: center;">DHSR - Mental Health AUG 19 2019 Lic. & Cert. Section</p>	
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:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p>	V 112		

Division of Health Service Regulation

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

Clarene Lawry BS QIP

TITLE

Program Director

(X6) DATE

8/14/19

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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 records review and interviews, the facility failed to develop and implement strategies to address client needs for 1 of 3 clients (#3). The findings are:</p> <p>Review on 8/5/19 of client #2's record revealed: -admission ate of 5/30/19 with diagnoses of Anxiety Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Unspecified Trauma; -treatment plan dated 5/23/19 documented goals of identifying triggers for anger, leaning anger management skills, staying on tasks and paying attention, develop and maintain age appropriate relationships, build healthy social skills, participate in therapy, use coping skills to manage impulsive behaviors, respect others' personal space and maintain appropriate boundaries daily; -documentation in the treatment plan a history of client #2 touching a female staff breast with an umbrella inappropriately in a past placement and</p>	V 112	<p>Premier's Added a goal to client #3 addressing healthy boundaries and personal space on 8/14/19.</p> <p>Plan in place to address any future issues will require that the clinical team (Clinical Director, Therapist, Program Director and/or Case Manager) will meet (formally or informally) within 5 business days to discuss if a consumer's goal need to be updated or new goal added following an incident or pattern.</p> <p>Upon the discretion of the team if a new goal or an amendment to a current goal is necessary, a CFT will be scheduled to update or develop and add a new goal to the PCP.</p> <p>To ensure that this situation does not reoccur with client #3, he is in a bedroom</p>	8/14/2019 and ongoing

			<p>by himself which will allow staff to closely monitor him at all times. Staff debriefing included: Client #3's</p> <ul style="list-style-type: none">*triggers (being told "no", wanting him way*behaviors (boundaries with peers/adults)*engaging in power struggles, manipulative*staff monitoring him closely on the unit/class room/cafeteria (being aware of whom he sits beside)
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V 112	<p>Continued From page 2</p> <p>also trying to latch onto a female staff's leg at a past placement.</p> <p>Review on 8/5/19 of client #3's record revealed: -admission date of 4/17/19 with diagnoses of Disruptive Mood Dysregulation Disorder; -treatment plan dated 7/1/19 documented the goals of complying with rules and expectations of placement, follow directions within 2 prompts, remain in assigned area, participate in activities, complete hygiene routine daily, eliminate all aggressive behaviors, learn and implement coping skills and communication skills to combat negative feelings, improve target behaviors, improve overall school performance; -no documentation of inappropriate sexual behaviors with peers in admission information or treatment plans.</p> <p>Review on 8/5/19 of facility incident reports from 7/3/19-8/5/19 revealed: -incident report dated 7/11/19 regarding client #2 and client #3; -staff caught client #3 bending over client #2's bed and kissing client #2.</p> <p>Interview on 8/5/129 with the facility's Case Manager revealed: -client #2 and #3 were roommates; -happened on night shift; -staff had just completed rounds and bed checks ; -had a behavioral issues with another client and had to handle; -when went back to check on client #2 and #3, client #3 was leaned over client #2 kissing him; -immediately separated, posted a staff in door of bedroom for rest of night; -next morning, reassigned rooms; -client #3 has his own room with no roommate;</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER
LORETTA'S PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE
**109 PENNY STREET
ALBEMARLE, NC 28001**

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -client #2 in a room with a room mate who has no history of any sexualized behaviors; -staff not observed or reported any sexualized interaction/behaviors between client #2 or client #3 since their admissions; -client #3 has since been referred for a Neuropsych and added to it a request for a Sexual harm Evaluation; -appointments scheduled for August 13 and 14 for client #3; -just had a Child and Family Treatment Team Meeting for client #3 last week and talked about issue. <p>Interviews on 8/5/19 with staff #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -aware of client #3 and client #2 being inappropriate with each other; -client #3 has his own bedroom; -increased monitoring of clients; -often prompt and redirect client #3 for invading others personal space and testing boundaries; -not observed any sexual interactions or behaviors regarding client #2 or client #3. <p>Review on 8/5/19 of the Child and Family Team Meeting documentation dated 8/1/19 revealed:</p> <ul style="list-style-type: none"> -incident on 7/11/19 was discussed in the meeting; -client #3 has been separated from client #2 and placed in a room by himself; -birth mother stated she was not surprised as client #3 had the behaviors at home with his siblings and she just monitored him closely; -client #3 has processed the incident with his therapist; -no discussion or documentation to develop and implement a strategy to address client #3's inappropriate behaviors and lack of personal 	V 112		

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V 112	<p>Continued From page 4</p> <p>boundaries.</p> <p>Interview on 8/5/19 with the Program Director revealed:</p> <ul style="list-style-type: none"> -aware of incident between client #2 and client #3; -client #2 and client #3 were immediately separated; -client #3 placed in a room by himself, no roommate; -will ensure goal and strategies developed and implemented for client #3 addressing recent behaviors. 	V 112		

PCP (UPDATE/REVISION)

(For use **ONLY** if a new service or a new goal is added to the PCP during the plan year.)

Name: ██████████	DOB: ██████████	Medicaid ID: ██████████	Record #: ██████████
Update/Revision Date	04.26.2019, 5.30.2019, 7.1.2019, 8.1.2019, 8.14.2019		

ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals information, and any other supporting documentation.**

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

██████████ states, "I hope to go home after being here".

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

He is in transitioning stage from LOC III and Day Tx to PRTF. **4/9/2019: Hospitalization as he informed house staff, he felt as though he would harm himself; seeking PRTF with Premier. ██████████'s inappropriate and negative academic behaviors has increased and the discussion of homebound is being considered as he continues to lie and steal, instigate conflicts, manipulate and angulate.**

██████████ was admitted to Premier on 4.17.2019. CFT was held on 4.26.2019 and a revision of goals was discussed by the team. The team felt that the goals that were on his Annual PCP were too complex and overwhelming for ██████████ to be able to achieve any progress. The team discussed each goal with ██████████ input and agreed on the new goals below. ██████████ performance has been inconsistent since coming to Premier. He is often argumentative with staff and will have tantrums and be defiant with staff. He has instigated several issues and will antagonize his peers. ██████████ has significant difficulty utilizing his coping skills and effective and appropriate means of communication with both staff and peers. In the classroom ██████████ can be very helpful and will often offer to assist other students when he has completed his own work. ██████████ has developed some positive relationships with staff and peers but struggles with self-regulation and requires multiple prompts from staff. Medical Care ██████████ has been for a physical in the last year. He is currently due for a dental and has never had an eye exam. Therapy: ██████████ is working on rapport building with therapist. He has discussed he goals and why he was hospitalized and came to Premier. He is open and willing to talk and discuss his goals and areas that need improvement. Cultural Considerations and Natural Supports (family, social, etc.): Mother, ██████████ is very supportive, ██████████ step father, and 3 sisters and 1 brother in the home as well. Major Barriers to treatment (common themes/habits/restrictive interventions): none since admission Education: ██████████ has done well in the classroom setting and is completing all work that is assigned and will ask for more. He does really well with Math. Upcoming Appointments/Court Dates: none Transition plan: Family type setting and a strong day treatment program is essential. IAFB is going to be a primary plan.

██████████ has struggled with behaviors and making progress towards his goals since his arrival at Premier. He has had several incidents of verbal and physical aggressions towards staff and peers as well as other high risk behaviors. ██████████ has been working on adjusting to the rules and expectations of Premier and is beginning to show some improved consistency over the last few days. He is working on talking to staff and expressing his feelings and needs in appropriate and pro social ways rather than acting out for attention. ██████████ has also been avoiding negativity that he fell into early on and has distanced himself from those peers. **Medical Care:** ██████████ has been for a physical in the last year. He is currently due for a dental and has never had an eye exam. ██████████ had a well check on 4.30.2019 with Stanly Peds. ██████████ participates in weekly medication management appointments with Dr. Dimkpa **Therapy:** ██████████ is willing to participate in therapy. He has had one refusal and was very manic. He was not able to remember this incident. UCLA has been completed. He did meet the criteria for PTSD but did not meet the criteria for disassociation. He has reoccurring dreams. He has both psychological and physiological representations. He has irritability and anger and history of self-harm. He does talk about incidents and will process things in therapy. He continues to work on learning and utilizing effective coping strategies as well as expressing himself in a pro social manner. **Cultural Considerations and Natural Supports (family, social, etc.):** Mother, ██████████ is very supportive, ██████████ step father, and 3 sisters and 1 brother in the home as well. **Major Barriers to treatment (common themes/habits/restrictive interventions):** Restrictive Interventions: 5.15.2019 and 5.19.2019. ██████████ has had numerous behaviors including property destruction, threatening peers and staff, trying to eat items such as batteries, throwing items, spitting on staff, hitting staff, using profanity, trying to make marks on his arms, trying to break windows of van and other safety issues with transportation. **Education:** ██████████ has had difficulty participating in the academic program due to behaviors. He is very unsettled in the classroom environment and is easily distracted. He is able to focus at times on completing his assignments when he is utilizing a set of noise cancellation headphones to aid in reducing distractions. ██████████ is given preferential seating to reduce behaviors as well. He does well with math but struggles with other areas that he is not as interested in. **Upcoming Appointments/Court Dates:** none **Transition plan:** The team has discussed all options for ██████████ including, Level II and III group homes as well as FTC and IAFB. The team feels that a family type setting and a strong day treatment program is essential. IAFB is the primary plan due to ██████████ needing a highly structured environment as well as being in a family type setting. A NC Rapid Resource Referral will be completed when transition is appropriate. Estimated time for treatment is end of September, 2019. **Follow Up:** Care Coordinator requests a

Update 7.1.2019

█████ continues to struggle with managing negative feelings and frustration. He has difficulty with using coping skills and resorts to tantrum like behaviors. █████ is very demanding and will refuse to comply with staff directive when he does not want to do something. █████ will antagonize peers when he is not allowed to participate in an activity due to behaviors. He will curse and begin hitting walls and throwing things. █████ will threaten staff and peers. █████ has to be separated from the group due to instigating with peers and his verbal and physical aggression. █████ tends to act out more when an audience is present. His behaviors have disrupted group activities, school programs, outings and other activities for peers. █████ will take his sandals off and throw them, threw chairs, attempted to punch holes in walls, turned over tables and pulled chairs off of dining room tables. █████ does not like to be redirected or not be able to do what he wants. █████ becomes very angry at times with his mother and her inconsistent contact with him. **Medical Care:** █████ has been for a physical in the last year. He is currently due for a dental and has never had an eye exam. █████ had a well check on 4.30.2019 with Stanly Peds. █████ participates in weekly medication management appointments with Dr. Dimkpa. **Therapy:** █████ is working on TFCBT and is learning skills to help him cope with triggers. Zylar is also working on addressing his issues with his feelings of not feeling supported by his mother. █████ is very impulsive and will have tantrums when he does not get his way or is redirected by staff. █████ continues to instigate issues with peers as well. **Cultural Considerations and Natural Supports (family, social, etc.):** Mother, █████ is very supportive, █████ step father, and 3 sisters and 1 brother in the home as well. **Major Barriers to treatment (common themes/habits/restrictive interventions):** Restrictive Interventions: 5.15.2019, 5.19.2019, 6.8.2019 █████ has had numerous behaviors including property destruction, threatening peers and staff, trying to eat items such as batteries, throwing items, spitting on staff, hitting staff, using profanity, trying to make marks on his arms, trying to break windows of van and other safety issues with transportation. **Education:** █████ has been participating in the summer remediation program and is working on math and reading skills. He has had some difficulties with behaviors and not been able to participate in outings. █████ has issues with focusing and is often times distracted by peers or he will choose to sleep if he does not like the assignments given to him. **Upcoming Appointments/Court Dates:** none **Transition plan:** The team has discussed all options for █████ including, Level II and III group homes as well as FTC and IAFT. The team feels that a family type setting and a strong day treatment program is essential. IAFT is the primary plan due to █████ needing a highly structured environment as well as being in a family type setting. A NC Rapid Resource Referral will be completed when it is closer to transition for █████ **Follow Up:** Care Coordinator requests a NeuroPsychological with Adaptive Functioning—Crossroads Counseling—7.24.2019 at 12:30.

Update 8.1.2019

█████ continues to struggle with impulse control and compliance. He has had issues with managing healthy boundaries and peer relationships. █████ has had several incidents of complaints from his roommates of inappropriate sexual talk or behaviors including the most recent of him being observed by staff kneeling over his roommate and kissing him on the mouth. █████ and this peer have had several other verbal altercations with both he and his peer attempting to become physical towards one another. Staff are closely monitoring and are working to address issues as they arise. █████ also continues to display verbal aggression and will threaten peers and staff when upset. █████ is easily triggered at times but is working on seeking out staff to process his feelings and learn how to manage his anger and anxiety in more prosocial ways. █████ is now in a private room and will be having a sexualized behavior risk assessment completed. █████ continues to work on accepting no and receiving feedback and redirection from staff regarding his behaviors. █████ continues to participate in therapy, educational activities and programs at Premier. **Medical Care:** █████ is currently up to date on all appointments. He continues to wear his glasses as prescribed. █████ participates in weekly medication management appointments with Dr. Dimkpa. █████ explained that he was concerned that █████ stated that he becomes sleepy after his Trileptal and Nurse stated that he has adjusted. **Therapy:** █████ continues to participate in therapy. █████ has had some self-harming behaviors with making marks (scratching) on his arms with pens. He is being monitored when using pens/pencils. █████ also had a recent behavior with his roommate in which he kissed him. He has processed this with therapist. █████ and his roommate have been separated. █████ is a very excitable child and struggles with coping with negative emotions. Mother stated that he has had behaviors at home before but she just kept him away from his siblings and monitored him very closely. She was not at all surprised and stated that she had had placement providers report thing of this nature to her previously. **Cultural Considerations and Natural Supports (family, social, etc.):** Mother, █████ is very supportive, █████ step father, and 3 sisters and 1 brother in the home as well. **Major Barriers to treatment (common themes/habits/restrictive interventions):** Restrictive Interventions: 5.15.2019, 5.19.2019, 6.8.2019. Zylar has had numerous behaviors including property destruction, threatening peers and staff, trying to eat items such as batteries, throwing items, spitting on staff, hitting staff, using profanity, trying to make marks on his arms, trying to break windows of van and other safety issues with transportation. **Education:** █████ has made progress since he has moved to a different group. He has had less trouble focusing now that he in a group with 2 peers that are his age. He sometimes has trouble with staying on task. He has been working on lcm and gcf in math. We are focusing on reading comprehension and completing writing prompts. He will often ask for extra work to take with him upstairs after school. We are working on some life skills in the classroom. He has filled out job applications and college applications. We went on a field trip to Dan Nicholas Park on Monday where he got to mine for gems and learn about different types of rocks. Summer Enrichment will end on August 16th. The school year starts on August 26th. █████ will begin the school year in 9th grade. We will start working on his transcript and 9th grade classes. I feel with continued guidance and individualized attention, Zylar will be prepared for his transition to a traditional school in the future. **Upcoming Appointments/Court Dates:** Aug 13 and 14 for NeuroPsychological and Sept 6 for results. **Transition plan:** The team has discussed all options for █████ including, Level II and III group homes as well as FTC and IAFT. The team feels that a family type setting and a strong day treatment program is essential. IAFT is the primary plan due to █████ needing a highly structured environment as well as being in a family type setting. A NC Rapid Resource Referral will be completed

when it is closer to transition for [REDACTED]. The team will continue on with this plan and will convene and reevaluate after the Psychological results are received in early September. **Follow Up:** [REDACTED] will continue on with scheduled appointments at Crossroads Counseling.

8.14.2019—Update: PCP team met and developed a goal for [REDACTED] as it relates to personal boundaries as this has been an ongoing area of concern for him since admission. [REDACTED] has had some inappropriate behaviors towards peers and will inset himself into other personal space without regard for them or how it makes them feel.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Rules/Regulation/Hygiene Goal

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>Goal 1) [REDACTED] will comply with all rules and expectations in the PRTF setting AEB following all directions within two prompts, remaining in assigned areas at all times, participate in all activities and completing hygiene routines and chores, per consumer and staff report, 6 out of 7 days per week for the next 90 days.</p>	<p>[REDACTED] (Resident)</p> <p>Premier Services of the Carolinas PRTF</p> <p>Masters Level Therapist</p> <p>Psychiatrist</p> <p>[REDACTED] (Legal Guardian)</p>	<p>Daily</p> <p>PRTF—1 unit/day with Therapeutic Leave up to 15 units per quarter/45 units per year</p> <p>Individual therapy at a minimum at 1 hour/weekly</p> <p>Daily medication management/ or as needed</p> <p>Participate in monthly CFT meetings and ongoing collaboration with Premier Services</p>

HOW (Support/Intervention)

Resident: [REDACTED] will learn the PRTF housing guidelines and expectations. [REDACTED] will respect other's personal space, boundaries and property. [REDACTED] will learn how to complete daily hygiene tasks and will practice maintaining daily hygiene. He will also participate in treatment team meetings and meet with service providers as scheduled and to participate in sessions.

Premier Services of the Carolinas PRTF Staff: Staff will provide monitoring 24 hours per day, 7 days per week. Staff will facilitate structured activities and utilize behavior management system and regular verbal and written feedbacks to help [REDACTED] better manage his behaviors. Staff, in conjunction with therapist, will implement a modified daily point's plan where [REDACTED] can achieve daily rewards based on safe and positive behaviors.

Therapist: Therapist will engage [REDACTED] in weekly individual therapy in order to explore triggers for aggression, and teach skills for more effectively managing anger and aggression. Therapist will facilitate processing group with [REDACTED] and his peers in order to increase positive communication and problem solving skills. Therapist will facilitate monthly CFT meetings and work with [REDACTED] treatment team to identify and prepare for an appropriate discharge treatment setting.

Premier Services of the Carolinas Psychiatrist and Nursing Staff: Psychiatrist will meet with [REDACTED] a minimum of one time per week in order to evaluate the tolerability and effectiveness of his psychiatric medications. Psychiatrist will provide treatment recommendations, assessments and/or testing if necessary/required/requested. Nursing staff will administer prescribed medications on a daily basis and will provide daily monitoring of [REDACTED] health.

Parent/Guardian (Family): [REDACTED] guardian, will participate in monthly CFT meetings and collaborate with therapist, program staff, and other members of treatment team in assessing [REDACTED] progress toward treatment goals and in planning for step-down from PRTF when indicated

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
09/21/2019	4/26/2019	N	New Goal For PRTF
9.21.2019	5.30.2019	O	[REDACTED] continues to struggle with the rules of the PRTF and following them with consistency. He will complete hygiene but does not like to follow the rules when they do not suit him. He continues to struggle with being told "no".

9.21.2019	7.1.2019	O	██████ has not made any improvements on this goal since the last review. He continues to have issues with following prompts and directives given by staff. He will escalate and refuse to comply and cause disruptions in programing.
9.21.2019	8.1.2019	O	██████ has made minimal progress towards this goal. He will comply with staff at times but needs prompting and redirection. He will attempt to bargain or negotiate with staff to get what he wants. ██████ does follow basic rules but is often times distracted and impulsive and can let this interfere with his compliance.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Managing Aggression/Coping Skills Goal

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal 2) ██████ will eliminate all physically and verbally aggressive behaviors as evidence by learning and implementing effective coping skills and communication strategies to express his feelings and to combat negative feelings 6 out of 7 days per week for the next 90 days as reported by ██████ and treatment team.	██████ (Resident) Premier Services of the Carolinas PRTF Masters Level Therapist Psychiatrist ██████ (Legal Guardian)	Daily PRTF—1 unit/day with Therapeutic Leave up to 15 units per quarter/45 units per year Individual therapy at a minimum at 1 hour/weekly Daily medication management/ or as needed Participate in monthly CFT meetings and on-going collaboration with Premier Services

HOW (Support/Intervention)
HOW (Support/Intervention)
Resident: ██████ will participate in all programming in order to learn skills for better coping with anger, communicating effectively, and managing aggressive and destructive impulses. He will also participate in treatment team meetings and meet with service providers as scheduled and to participate in sessions.

Premier Services of the Carolinas PRTF Staff: Staff will provide monitoring 24 hours per day, 7 days per week. Staff will facilitate structured activities and utilize behavior management system and regular verbal and written feedbacks to help ██████ better manage his behaviors. Staff, in conjunction with therapist, will implement a modified daily point's plan where ██████ can achieve daily rewards based on safe and positive behaviors.

Therapist: Therapist will engage ██████ in weekly individual therapy in order to explore triggers for aggression, and teach skills for more effectively managing anger and aggression. Therapist will facilitate processing group with ██████ and his peers in order to increase positive communication and problem solving skills. Therapist will facilitate monthly CFT meetings and work with ██████ treatment team to identify and prepare for an appropriate discharge treatment setting.

Premier Services of the Carolinas Psychiatrist and Nursing Staff: Psychiatrist will meet with ██████ a minimum of one time per week in order to evaluate the tolerability and effectiveness of his psychiatric medications. Psychiatrist will provide treatment recommendations, assessments and/or testing if necessary/required/requested. Nursing staff will administer prescribed medications on a daily basis and will provide daily monitoring of ██████ health.

Parent/Guardian (Family): ██████ guardian, will participate in monthly CFT meetings and collaborate with therapist, program staff, and other members of treatment team in assessing ██████ progress toward treatment goals and in planning for step-down from PRTF when indicated

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
09/21/2019	4/26/2019	N	New Goal For PRTF
9.21.2019	5.30.2019	O	██████ has struggled with both verbal and physical aggression towards staff

			and peers. He has had two restrictive interventions and multiple altercations or exchanges with peers and staff. He is utilizing some coping skills such as music and noise reduction headphones to help with anxiety. He is working on increasing consistency with using coping skills but struggles with high stress or anxiety situations.
9.21.2019	7.1.2019	O	continues to display both verbal and physical aggression towards staff and peers. He has had one restrictive interventions since last review but has had multiple behaviors and displays of verbal and physical aggression. at times will refuse to use coping skills and will escalate quickly.
9.21.2019	8.1.2019	O	has not had any recent issues with significant physical aggression. He has at times when he is mad kicked at doors or walls. He has attempted to charge at a peer but was stopped by staff and was able to be redirected. continues to have issues with verbal aggression when he is upset or does not get what he wants.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Therapy Goal		
WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
3) will improve his target behaviors as evidence by learning how to effectively communicate with peers and authority figures and reduce aggressive behaviors towards others as reported by PRTF Staff, therapist and treatment team.	<p>(Resident)</p> <p>Premier Services of the Carolinas PRTF</p> <p>Masters Level Therapist</p> <p>Psychiatrist</p> <p>(Legal Guardian)</p>	<p>Daily</p> <p>PRTF—1 unit/day with Therapeutic Leave up to 15 units per quarter/45 units per year</p> <p>Individual therapy at a minimum at 1 hour/weekly</p> <p>Daily medication management/ or as needed</p> <p>Participate in monthly CFT meetings and on-going collaboration with Premier Services</p>
<p>HOW (Support/Intervention)</p> <p>Resident: will participate in all programming in order to learn skills for better coping with anger, communicating effectively, and managing aggressive and destructive impulses. He will also participate in treatment team meetings and meet with service providers as scheduled and to participate in sessions.</p> <p>Premier Services of the Carolinas PRTF Staff: Staff will provide monitoring 24 hours per day, 7 days per week. Staff will facilitate structured activities and utilize behavior management system and regular verbal and written feedbacks to help better manage his behaviors. Staff, in conjunction with therapist, will implement a modified daily point's plan where can achieve daily rewards based on safe and positive behaviors.</p> <p>Therapist: Therapist will engage in weekly individual therapy in order to explore triggers for aggression, and teach skills for more effectively managing anger and aggression. Therapist will facilitate processing group with and his peers in order to increase positive communication and problem solving skills. Therapist will facilitate monthly CFT meetings and work with treatment team to identify and prepare for an appropriate discharge treatment setting.</p> <p>Premier Services of the Carolinas Psychiatrist and Nursing Staff: Psychiatrist will meet with a minimum of one time per week in order to evaluate the tolerability and effectiveness of his psychiatric medications. Psychiatrist will provide treatment recommendations, assessments and/or testing if necessary/required/requested. Nursing staff will administer prescribed medications on a daily basis and will provide daily monitoring of health.</p> <p>Parent/Guardian (Family): guardian, will participate in monthly CFT meetings and collaborate with therapist, program staff, and other members of treatment team in assessing progress toward treatment goals and in planning for step-down from PRTF when indicated</p>		

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
09/21/2019	4/26/2019	N	New Goal For PRTF
9.21.2019	5.30.2019	O	██████████ is willing to participate in therapy but has had one refusal and was very manic at that time. A UCLA was completed and ██████████ does qualify for PTSD.
9.21.2019	7.1.2019	O	██████████ is participating in therapy and is engaged but struggles to follow through with the skills that he is learning when escalated.
9.21.2019	8.1.2019	O	██████████ continues to participate in therapy and is working on coping skills and how to express his feelings in more appropriate ways. ██████████ is open to processing his behaviors with therapist but does not always follow through.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Educational Goal

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
██████████ will improve overall school performance as evidenced by attending and participating in all scheduled educational activities and completing all assigned work with no refusals 4 out of 5 days per week for the next 90 days as reported by ██████████ PRTF Staff, teacher and treatment team.	██████████ (Resident) Premier Services of the Carolinas PRTF Masters Level Therapist Psychiatrist ██████████ (Legal Guardian)	Daily PRTF—1 unit/day with Therapeutic Leave up to 15 units per quarter/45 units per year Individual therapy at a minimum at 1 hour/weekly Daily medication management/ or as needed Participate in monthly CFT meetings and on-going collaboration with Premier Services

HOW (Support/Intervention)

Resident: ██████████ will participate in all programming in order to learn skills for better coping with anger, communicating effectively, and managing aggressive and destructive impulses. He will also participate in treatment team meetings and meet with service providers as scheduled and to participate in sessions.

Premier Services of the Carolinas PRTF Staff: Staff will provide monitoring 24 hours per day, 7 days per week. Staff will facilitate structured activities and utilize behavior management system and regular verbal and written feedbacks to help ██████████ better manage his behaviors. Staff, in conjunction with therapist, will implement a modified daily point's plan where ██████████ can achieve daily rewards based on safe and positive behaviors.

Therapist: Therapist will engage ██████████ in weekly individual therapy in order to explore triggers for aggression, and teach skills for more effectively managing anger and aggression. Therapist will facilitate processing group with ██████████ and his peers in order to increase positive communication and problem solving skills. Therapist will facilitate monthly CFT meetings and work with ██████████ treatment team to identify and prepare for an appropriate discharge treatment setting.

Premier Services of the Carolinas Psychiatrist and Nursing Staff: Psychiatrist will meet with ██████████ a minimum of one time per week in order to evaluate the tolerability and effectiveness of his psychiatric medications. Psychiatrist will provide treatment recommendations, assessments and/or testing if necessary/required/requested. Nursing staff will administer prescribed medications on a daily basis and will provide daily monitoring of Zylar's health.

Parent/Guardian (Family): ██████████ guardian, will participate in monthly CFT meetings and collaborate with therapist, program staff, and other members of treatment team in assessing ██████████ progress toward treatment goals and in planning for step-down from PRTF when indicated

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
09/21/2019	4/26/2019	N	New Goal For PRTF
9.21.2019	5.30.2019	O	██████████ is working on increasing his participating in class and using his coping skills to help him when frustrated. He is very distractible when others are close by to him and will often times not be able to complete his work. He is given preferential seating and he will ask for help when needed.
9.21.2019	7.1.2019	O	██████████ has been participating on a limited basis with the summer remediation program. He has had some behavioral issues that have prevented him from going on outings. He will participate when he chooses and it is an activity that interest him and will refuse or sleep when he is not.
9.21.2019	8.1.2019	O	██████████ has made progress since he has moved to a different group. He has had less trouble focusing now that he in a group with 2 peers that are his age. He sometimes has trouble with staying on task.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Boundaries and Respect for others		
WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
██████████ will learn about appropriate and healthy boundaries with peers and adults AEB: participating in therapy and demonstrating knowledge and respect for others personal space daily as reported by staff, peers and ██████████ for the next 90 days.	██████████ (Resident) Premier Services of the Carolinas PRTF Masters Level Therapist Psychiatrist ██████████ (Legal Guardian)	Daily PRTF—1 unit/day with Therapeutic Leave up to 15 units per quarter/45 units per year Individual therapy at a minimum at 1 hour/weekly Daily medication management/ or as needed Participate in monthly CFT meetings and ongoing collaboration with Premier Services
HOW (Support/Intervention) Resident: ██████████ will participate in all programming in order to learn skills for better coping with anger, communicating effectively, and managing aggressive and destructive impulses. He will also participate in treatment team meetings and meet with service providers as scheduled and to participate in sessions. Premier Services of the Carolinas PRTF Staff: Staff will provide monitoring 24 hours per day, 7 days per week. Staff will facilitate structured activities and utilize behavior management system and regular verbal and written feedbacks to help ██████████ better manage his behaviors. Staff, in conjunction with therapist, will implement a modified daily point's plan where ██████████ can achieve daily rewards based on safe and positive behaviors. Therapist: Therapist will engage ██████████ in weekly individual therapy in order to explore triggers for aggression, and teach skills for more effectively managing anger and aggression. Therapist will facilitate processing group with ██████████ and his peers in order to increase positive communication and problem solving skills. Therapist will facilitate monthly CFT meetings and work with ██████████ treatment team to identify and prepare for an appropriate discharge treatment setting. Premier Services of the Carolinas Psychiatrist and Nursing Staff: Psychiatrist will meet with ██████████ a minimum of one time per week in order to evaluate the tolerability and effectiveness of his psychiatric medications. Psychiatrist will provide treatment recommendations, assessments and/or testing if necessary/required/requested. Nursing staff will administer prescribed medications on a daily basis and will provide daily monitoring of ██████████ health. Parent/Guardian (Family): ██████████ guardian, will participate in monthly CFT meetings and collaborate with therapist,		

program staff, and other members of treatment team in assessing [REDACTED] progress toward treatment goals and in planning for step-down from PRTF when indicated

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
09/21/2019	8.14.2019	N	Add goal to address issues with respect and personal boundaries.
9.21.2019			
9.21.2019			
9.21.2019			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [Redacted] DOB: [Redacted] Medicaid ID: [Redacted] Record #: [Redacted]

UPDATE/REVISION PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: _____ (Print Name) Date: / /

Legally Responsible Person (Required if other than person receiving Services)

Signature: [Redacted] (Print Name) Date: 08/14/2019

Relationship to the Individual: Mother

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: Bj Callicutt BAQP Premier Service of Carolina Date: 8.14.2019
(Person responsible for the PCP) (Name of Case Management Agency)

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: 8.14, 2019
- OR Child and Family Team meeting scheduled for - Date: / /
- OR Assigned a TASC Care Manager - Date: / /
- AND conferred with the clinical staff of the applicable LME to conduct care coordination.

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:

- This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: Bj Callicutt BAQP BJ Callicutt BAQP Date: 8.14.2019
(Person responsible for the PCP) (Print Name)

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services.

(SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual).

My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s).
- The licensed professional who signs this service order has had direct contact with the individual. Yes No
- The licensed professional who signs this service order has reviewed the individual's assessment. Yes No

Signature: R. Dinkpa MD Rajeshree Dinkpa License #: 2005-01345 Date: 08/14/19
(Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- OR recommended for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order

Signature: _____ License #: _____ Date: / /
(Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): _____ Date: / /
Other Team Member (Name/Relationship): _____ Date: / /