

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTERLUDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>32 CHILES AVENUE ASHEVILLE, NC 28803</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on August 16, 2019. The complaints were substantiated (Intake # NC00153392, #NC00154308, and #NC00154336). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G.5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall</p>	V 110		

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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of two staff (the House Manager) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Cross reference: 10A NCAC 27G.5102 - Staff (V273) Based on record reviews and interviews the facility failed to meet the supervision needs of clients and provide minimum staffing requirements of two staff when five or fewer clients were in the facility.</p> <p>Review on 7/25/19 of Client #1's record revealed: -admission date 5/22/19. -15 years old. -diagnoses of Anxiety Disorder, unspecified, Post-Traumatic Stress Disorder, and acute Sinusitis.</p> <p>Review on 7/25/19 of the facility's "Initial Referral Form" for Client #1 dated 5/22/19 revealed: -"History of/Current Sexualized Behaviors: reported sexualized behavior toward other children, a few weeks ago she reportedly lifted shirt in house in presence of younger brothers, and a couple of years ago she was reportedly found kissing her little brother. Sexualized</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>behavior toward adults - evidence of sending nude pictures of herself on device."</p> <p>Review on 7/25/19 of Client #1's Comprehensive Clinical Assessment (CCA) updated 5/30/19 revealed: -client had a " ...long history of DSS [Department of Social Services] involvement due to abuse and neglect ...and being groomed by a 33 yr [year] old male."</p> <p>Review on 7/26/19 of Client #1's Person-Centered Plan (PCP) updated 5/13/19 and 6/4/19 revealed: -"Characteristics/Observation/Justification for this Goal: Diagnosis of Post-Traumatic Stress Disorder: ...Update 5.31.19 ...A discussion took place regarding concerns with [Client #1's] hx [history] of sexualized behaviors and the potential for recurrence of those behaviors should she be placed in a [suggested placement] setting with male peers ..."</p> <p>Review on 7/26/19 of Client #1's Crisis Prevention and Intervention Plan dated 6/4/19 revealed: -under events/situations that have caused trouble in past - "Her mom had a friend that was trying to force [Client #1] into a relationship with an older man."</p> <p>Review on 8/6/19 of Former Client (FC) #3's record revealed: -admission date 6/7/19. -discharge date of 6/25/19. -14 years old. -diagnoses of Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, combined presentation, and Autism Spectrum Disorder.</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>Review on 8/6/19 of FC #3's CCA dated 3/25/19 revealed: -no symptoms of sexually aggressive behaviors or sexual concerns noted.</p> <p>Review on 8/6/19 of FC #4's record revealed: -admission date 6/14/19. -discharge date of 6/17/19. -13 years old. -diagnoses of Reactive Attachment Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Major Depressive Disorder.</p> <p>Review on 8/6/19 of FC #4's CCA dated 5/6/19 and an addendum dated 6/13/19 revealed: -admitted to sexual contact with a male peer. -history of trouble in daycare, pulling down pants attempting to get peers to touch her, inappropriately touching her younger brother, and masturbating in front of others. -sexually inappropriate gestures towards, sending pictures and messages to older men, and coercing peers to meet her for sexual activity in bathrooms continued in the school setting</p> <p>Review on 8/6/19 of FC #4's PCP dated 12/28/18 and last updated 6/13/19 revealed: -under "Where am I now?" sexually inappropriate behavior, mom found pornography on the client's tablet, and read notes of her wanting to have sex with male peers. -she had a safety plan that prevented her from being unsupervised with other children. -history of inappropriate gestures, emails, and sending inappropriate pictures of herself.</p> <p>Review on 8/8/19 of FC #5's record revealed: -admission date 5/21/19. -discharge date of 6/17/19. -13 years old.</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>-diagnoses of Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, and Major Depressive Disorder.</p> <p>Review on 8/8/19 of FC #5's CCA dated 5/21/19 revealed: -no symptoms of sexually aggressive behaviors or sexual concerns noted.</p> <p>Interview on 8/6/19 with Client #1 revealed: -she and FC's #3, #4 and #5 were playing games called "Truth or Dare" and "Nervous" either outside on the basketball court, or in the living room on the couch. -she was not sure of the date, but said it was before the cameras were put in (which was 6/20/19). -FC #4 lifted her shirt in front of FC's #3 and #5. -FC #4 put her hand down FC #3's pants and touched his private area; she was unsure if FC #3 did this to FC#4. -she denied touching or being touched inappropriately by anyone. -the House Manager was on duty and was smoking on the porch when the above incidents happened. -the House Manager would check on them sometimes by looking through the window.</p> <p>Interview on 8/7/19 with FC #3 revealed: -he was playing "silly stuff" with Client #1 and FC #4 while sitting on the basketball court in the back yard and while inside on the couch. -FC #5 played a little bit, then he stopped. -this took place over the course of a "few days." -it all started when FC #4 was admitted and "pretty much stopped" when she left (6/14/19 - 6/17/19). -he touched Client 1#'s "vaginal area" and her chest.</p>	V 110		

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-they played a "Nervous" game where they put their hand on the other's thigh and went as high as possible until the other person was nervous.</li> <li>-he did this with Client #1 and FC #4.</li> <li>-he denied anyone touched him or anyone else in their private area.</li> <li>-they would play these games when the staff were not looking.</li> <li>-when the staff came outside, or inside the house, they would stop.</li> <li>-when they were on the couch, the staff was outside smoking.</li> </ul> <p>Interview on 8/14/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> <li>-while playing "Truth or Dare" outside in the back yard, Client #1 dared her to kiss FC #3.</li> <li>-they went underneath the deck and kissed, and she lifted her shirt and exposed her breasts.</li> <li>-when they were inside, "in front of the TV" FC #3 put his hands down her pants.</li> <li>-this all occurred over "several days."</li> <li>-the House Manager was outside on the phone and smoking.</li> <li>-while inside they were unsupervised for "5 to 10 minutes" and while outside about "30 to 40 minutes."</li> <li>-she was in the bedroom downstairs with Client #1 and they were on her bed and "touching each other."</li> <li>-she did not know the date, but said it was in the middle of the day, and the bedroom door was opened.</li> <li>-she stated it was when the House Manager was working.</li> </ul> <p>Interview on 8/14/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> <li>-he was present when Client #1 and FC's #3 and #4 were playing games.</li> <li>-the games started out with someone touching another's leg until they got nervous and it kept</li> </ul>	V 110		

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V 110	<p>Continued From page 6</p> <p>"progressing."</p> <p>-FC #3 and FC #4 were "making out" "kissing a longtime" while outside in the back between the basketball court and the deck.</p> <p>-FC #4 threw chalk under the deck as an excuse to go under there, "but she didn't need to do that because [the House Manager] was inside."</p> <p>-FC #4 put her hand inside FC #3's pants while they were in the living room on the couch.</p> <p>-FC #3 put his hands inside both Client #1 and FC #4's pants.</p> <p>-he touched FC #4's leg, but once he got above her knee he stopped as it "didn't feel right ...knew I shouldn't be doing that."</p> <p>-all this started when FC #4 was admitted, this never happened before she came.</p> <p>-there was a lot of touching, kissing and FC #4 "flashed her boobs" one time.</p> <p>-the House Manager went on the back deck "more than once" to either smoke or talk on the phone.</p> <p>-it was "pretty common" to be unsupervised for 5 - 10 minutes at a time.</p> <p>-he remembered a time when he was alone in the facility, he was upstairs and the House Manager was downstairs for approximately 30-40 minutes doing her "school" work.</p> <p>-another time he was left alone in the facility van, with it running, while the House Manager went into the VA hospital - she was gone "about 30 minutes."</p> <p>-he thought if he "was a kid that wanted to run, it would be very easy."</p> <p>Interview on 7/23/19 and 8/8/19 with the House Manager revealed:</p> <p>-the level of supervision was "eyes on" and they had cameras in the house as well.</p> <p>-the two cameras covered the living room area as well as the downstairs hallway and were installed</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>on 6/21/19.</p> <ul style="list-style-type: none"> <li>-she also had the capability to pull up the view of the cameras on her phone at any time to see where the clients were.</li> <li>-she did not smoke while working, she had nicotine gum if necessary.</li> <li>-the only time she did not have eyes on the clients would be when she was cooking, or in the bathroom.</li> <li>-if the clients were outside, she stayed on the deck and watched them.</li> <li>-FC #4 intentionally threw the ball under the deck so she could lift her shirt and flash the other clients.</li> <li>-she was going to put lattice up around the deck to prevent this from happening in the future.</li> <li>-she heard the client's discussing "Truth or Dare" and she told them "No, we don't play that here."</li> <li>-she did not allow the clients to sit on the couch together, if boys were on the couch, the girls were on the floor, or vice versa.</li> <li>-she had a meeting this morning and they decided to either admit all girls or all boys depending on what gender was in the facility when another referral was received.</li> <li>-there were "too many things going on we're not catching."</li> </ul> <p>Interview on 7/24/19, 8/6/19 and 8/15/19 with the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> <li>-the supervision level "should be eyes on at all times."</li> <li>-she did not have any current policy stating this, however this was part of their North Carolina Intervention (NCI) training.</li> <li>-she was not aware of any clients touching each other inappropriately.</li> <li>-she would complete an incident report now that she had this knowledge (8/6/19).</li> <li>-she had not admitted any male clients since the</li> </ul>	V 110		



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V 110	<p>Continued From page 8</p> <p>last male (FC #2) was discharged on 6/23/19. -she was not going to mix the client genders until she could get a handle on this. -if they had a female client, they would only accept female clients and vice versa.</p> <p>Review on 8/16/19 of the Plan of Protection dated 8/16/19 written by the CEO revealed: -What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? " "Currently the program has no consumers by choice until safeguards can be put in place. " Internal policy review, and then update policies. " Hiring more staff and always complying by having 2 staff when there are two or more consumers. " Bring in outside trainers to educate on safety, trauma, team building. Monthly teachings done by therapist [therapist's name]. " Ha eth alarm company bac out to offer solutions for increased security and additional cameras or other means to increase visibility and eliminate blind spots. " Room checks to be completed with the date, time, place and the signature of the staff completing the check done at least 6 times an evening. " Must wear pajamas. " Will start back with 1 consumer and then gradually add one at a time when appropriate staff is obtained and have shown the ability to manage more. " Not take on more than we can handle and reserve the right to refuse to accept consumers if it is felt by management that it is unsafe because of consumers already present or concerns about operations until confirmed that all is well, running well and safe."</p>	V 110		

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V 110	<p>Continued From page 9</p> <p>-Describe your plans to make sure the above happens. " "Frequent drop ins at the program on all shifts unannounced by Agency Director, [Program Director/Qualified Professional] and CEO [named] and even possible the Foster Care Specialist [named]. " Monthly meetings to review rules with staff in addition to regular weekly meetings. " Any changes to policies and/or procedure will be presented in writing requiring signatures from staff stating they read and understood the changes."</p> <p>Clients #1 and FC #3, #4 and #5 were between the ages of 13 and 15 years old. Client #1 and FC #4 had an extensive history of sexualized behavior both at home and at previous placements. There was one staff member to four clients who, due to lack of supervision, did play inappropriate games, more than once. The games evolved to sexualized behavior of kissing and inappropriately touching, including touching one another inside their pants. All four clients were interviewed separately, as three had already been discharged, and their version of the events were similar. The House Manager did not provide the supervision level expected which was to always keep eyes on the clients. Decisions were made to leave clients unsupervised inside and outside of the facility and in the facility van anywhere from 5 to 40 minutes. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 110		

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V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to investigate the allegation of sexual assault between Client #1 and Former Client (FC) #2 and report to the Department within 5 working days of notification. The findings are:</p> <p>Review on 7/25/19 of Client #1's record revealed: -admission date 5/22/19. -15 years old. -diagnoses of Anxiety Disorder, unspecified, Post-Traumatic Stress Disorder, and acute Sinusitis.</p> <p>Review on 7/26/19 of FC #2's record revealed: -admission date 6/18/19. -discharge date 6/23/19. -15 years old. -diagnoses of Conduct Disorder, Cannabis use Disorder, and Attention-Deficit Hyperactivity Disorder, combined presentation.</p> <p>Interview on 7/25/19 with Client #1's day treatment case manager revealed: -on 6/24/19 Client #1 reported she was sexually assaulted by FC #2. -on 6/24/19 she called the House Manager and reported the allegation to her.</p> <p>Interviews on 7/25/19, 7/26/19 and 7/29/19 with the House Manager revealed: -on 6/24/19 she received a call from Client #1's day treatment program reporting the allegation of sexual assault.</p>	V 132		

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NAME OF PROVIDER OR SUPPLIER  <b>INTERLUDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>32 CHILES AVENUE ASHEVILLE, NC 28803</b>
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V 132	<p>Continued From page 12</p> <p>-she reported this to the CEO who said not to talk with the clients about the allegation, but to let DSS, who was already aware of the allegation interview the clients.</p> <p>-on 6/25/19 she received a call from Client #1's guardian/DSS worker who asked her to take the client to the Emergency Room (ER) the next day to have her examined.</p> <p>-she took the client to the ER on 6/26/19 as requested.</p> <p>Interviews on 7/24/19 and 7/29/19 and 7/31/19 with the CEO revealed:</p> <p>-she spoke with the House Manager on 6/24/19 when they were told Client #1 alleged she was sexually assaulted by FC #2.</p> <p>-FC #2 had already been discharged on 6/23/19, a planned discharge, and felt the client was safe in the facility.</p> <p>-she asked the House Manager on 6/24/19 where she was, what she was doing and where were the kids.</p> <p>-she called her clinical consultant and they agreed she should not interview the clients about the allegation as they did not want to do anything to taint the investigation.</p> <p>-she felt since DSS was involved and the police, they should interview the clients as this was their specialty.</p> <p>-she thought DSS would be responsible to have the client medically examined as part of their investigation process.</p> <p>This deficiency is cross referenced into 10A NCAC 27D.0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 132		

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V 273	Continued From page 13	V 273		
V 273	<p>27G .5102 Community Respite - Staff</p> <p>10A NCAC 27G .5102 STAFF</p> <p>(a) The Program Director shall be either:</p> <p>(1) a graduate of a college or university with a four-year degree in human service-related field; or</p> <p>(2) a high school graduate or equivalent with at least three years of experience in human service programming.</p> <p>(b) It shall be the responsibility of the Program Director to determine the appropriate ages of staff to provide respite services.</p> <p>(c) The following minimum staff requirements apply to community center-based respites:</p> <p>(1) During waking hours, in a facility that serves four or more clients, a minimum of two staff members shall be on duty when five or fewer clients are in the facility. If more than five clients are being served, a minimum ratio of one staff member for every additional five or fewer clients shall be maintained.</p> <p>(2) During waking hours, in a facility that serves three or fewer clients, a minimum of two staff members shall be on duty unless emergency backup procedures are sufficient to allow only one staff member on duty.</p> <p>(3) During sleeping hours, a minimum of two staff members shall be available in the immediate area unless emergency backup procedures are sufficient to allow only one staff member on duty.</p> <p>(4) On occasions when only one client is in the facility, a minimum of one staff member shall be on duty during waking and sleeping hours.</p> <p>(d) In a private home respite, at least one respite provider approved according to guidelines established by the governing body and who has a basic understanding of the client's disability shall</p>	V 273		

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V 273	<p>Continued From page 14</p> <p>supervise the client at all times.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to meet the supervision needs of clients and provide minimum staffing requirements of two staff when five or fewer clients were in the facility. The findings are:</p> <p>Review on 8/6/19 of admission and discharge records for the facility from 6/1/19 through 6/31/19 revealed:</p> <ul style="list-style-type: none"> <li>-there were no times during the month the facility had only one client (on 6/1 there were no clients).</li> <li>-there were two clients on - 6/4, 6/5, 6/6, 6/26, 6/27, 6/28, 6/29, and 6/30.</li> <li>-there were three on - 6/3, 6/7, 6/8, 6/9, 6/10, 6/11, 6/12, 6/13, 6/18, 6/19, 6/20, 6/21, 6/22, 6/24, and 6/25.</li> <li>-there were four clients on - 6/2, 6/14, 6/15, 6/16, 6/17, and 6/23.</li> </ul> <p>Interview on 7/23/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-she worked every day of the week except Tuesday and Friday.</li> <li>-the second staff member relieved her for 24 hours on Tuesday and Friday.</li> </ul> <p>Interview on 8/15/19 with the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> <li>-she confirmed the House Manager worked every day except Tuesday and Friday.</li> <li>-on Tuesday and Friday one staff worked 24-hour shifts.</li> <li>-she did not understand the rule to be that two staff were required when there were two or more clients in the facility.</li> <li>-she understood there could be one staff on duty</li> </ul>	V 273		

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V 273	Continued From page 15  if an emergency backup staff could be at the facility in 15 minutes. -she did not have a policy describing the facility emergency backup plan.  This deficiency is cross referenced into 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110) for a Type A1 rule violation and must be corrected within 23 days.	V 273		
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, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		



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V 367	<p>Continued From page 16</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 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).</p> <p>(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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report Level III incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/25/19 of Client #1's record revealed: -admission date 5/22/19. -15 years old. -diagnoses of Anxiety Disorder, unspecified, Post-Traumatic Stress Disorder, and acute Sinusitis.</p> <p>Review on 7/26/19 of Former Client (FC) #2's record revealed: -admission date 6/18/19. -discharge date 6/23/19. -15 years old. -diagnoses of Conduct Disorder, Cannabis use Disorder, and Attention-Deficit Hyperactivity Disorder, combined presentation.</p>	V 367		

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V 367	<p>Continued From page 18</p> <p>Review on 7/25/19 of an Incident Response Improvement System (IRIS) report regarding Client #1 and FC #2 revealed: -date of incident was 6/20/19. -Client #1 alleged she was "fingered and raped" by FC #2 on the morning of 6/20/19 at 1:30 a.m. -the facility became aware of the allegation on 6/24/19. -the allegation was not entered into IRIS until 7/10/19.</p> <p>Interview on 7/25/19 with Client #1's day treatment case manager revealed: -on 6/24/19 Client #1 reported she was sexually assaulted by FC #2. -on 6/24/19 she called the House Manager and reported the allegation to her.</p> <p>Interviews on 7/25/19, 7/26/19 and 7/29/19 with the House Manager revealed: -on 6/24/19 she received a call from Client #1's day treatment program reporting the allegation of sexual assault. -she reported this to the Chief Executive Officer.</p> <p>Interviews on 7/24/19 and 7/29/18 and 7/31/19 with the CEO revealed: -she spoke with the House Manager on 6/24/19 when they were told Client #1 alleged she was sexually assaulted by FC #2. -she was talking to the LME and told him about the incident and ask if she should submit it to IRIS. -the LME was not certain, as he was new, so she did submitted the report to cover herself. -she was aware the report was not submitted within 72 hours of being notified of the incident.</p>	V 367		

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V 512	Continued From page 19	V 512		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews one of one staff (Chief Executive Officer) failed to protect from neglect and seek medical attention after being made aware of a client-to-client sexual assault allegation between Client #1 and Former Client (FC) #2. The findings are:</p> <p>Cross Reference: General Statue 131E-256(g) - Health Care Personnel Registry (V132) Based on interview and record review the facility failed to investigate the allegation of sexual</p>	V 512		

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V 512	<p>Continued From page 20</p> <p>assault between Client #1 and Former Client (FC) #2 and report to the Department within 5 working days of notification.</p> <p>Review on 7/25/19 of Client #1's record revealed: -admission date 5/22/19. -15 years old. -diagnoses of Anxiety Disorder, unspecified, Post-Traumatic Stress Disorder, and acute Sinusitis.</p> <p>Review on 7/25/19 of the facility's "Initial Referral Form" for Client #1 dated 5/22/19 revealed: -"History of/Current Sexualized Behaviors: reported sexualized behavior toward other children, a few weeks ago she reportedly lifted shirt in house in presence of younger brothers, and a couple of years ago she was reportedly found kissing her little brother. Sexualized behavior toward adults - evidence of sending nude pictures of herself on device."</p> <p>Review on 7/25/19 of Client #1's Comprehensive Clinical Assessment (CCA) updated 5/30/19 revealed: -client had a " ...long history of DSS [Department of Social Services] involvement due to abuse and neglect ...and being groomed by a 33 yr [year] old male."</p> <p>Review on 7/26/19 of Client #1's Person-Centered Profile (PCP) updated 5/13/19 and 6/4/19 revealed: -"Characteristics/Observation/Justification for this Goal: Diagnosis of Post-Traumatic Stress Disorder: ...Update 5.31.19 ...A discussion took place regarding concerns with [Client #1's] hx [history] of sexualized behaviors and the potential for recurrence of those behaviors should she be placed in a [suggested placement] setting with</p>	V 512		

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V 512	<p>Continued From page 21</p> <p>male peers ..."</p> <p>Review on 7/26/19 of Client #1's Crisis Prevention and Intervention Plan dated 6/4/19 revealed: -under events/situations that have caused trouble in past - "Her mom had a friend that was trying to force [Client #1] into a relationship with an older man."</p> <p>Review on 7/26/19 of FC #2's record revealed: -admission date 6/18/19. -discharge date 6/23/19. -15 years old. -diagnoses of Conduct Disorder, Cannabis use Disorder, and Attention-Deficit Hyperactivity Disorder, combined presentation.</p> <p>Review on 7/26/19 of FC #2's CCA updated 5/10/19 revealed: -sexually aggressive behaviors - legal history of charges for attempting sexual misconduct. -completed probation for sexual based behaviors.</p> <p>Review on 7/26/19 of FC #2's "Initial Referral Form" dated 5/23/19 revealed: - "History of/Current Sexualized Behaviors: completed TASK [Treatment Alternatives for Sexualized Kids] program ...due to allegations of engaging in sexualized behaviors with a female younger than himself. Program was completed about 8 months ago with no concerns/identified sexualized behaviors."</p> <p>Attempted interview on 7/25/19 with Client #1 revealed: -she refused to discuss alleged sexual assault by FC #2 stating, "You already know everything."</p> <p>Attempted interview on 7/26/19 with FC #2</p>	V 512		

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V 512	<p>Continued From page 22</p> <p>revealed: -no returned call was received.</p> <p>Interview on 8/7/19 with FC #3 revealed: -he was in the facility when Client #1 and FC #2 were there. -Client #1 told him FC #2 went to her room and "basically raped her." -he felt it was rape because Client #1 told him not to, and FC #2 did it anyway. -FC #2 never said anything to him about it.</p> <p>Interview on 7/25/19 with Client #1's day treatment case manager revealed: -on 6/24/19 Client #1 reported she was sexually assaulted by FC #2. -the client said on 6/19/19 at approximately 11:30 p.m. FC #2 came into her room. -they started kissing and then Client #1 told FC #2 to leave. -he put his hand over Client #1's mouth and forced himself upon her. -on 6/24/19 she called the House Manager and reported the allegation to her.</p> <p>Interviews on 7/25/19, 7/26/19 and 7/29/19 with the House Manager revealed: -on 6/20/19, approximate time was late afternoon because it was after school, Client #1 said to her she did not feel safe. -when asked what the client meant, she said she did not like FC #2. -the client did not reveal she was sexually assaulted at this time. -on 6/20/19 at approximately 8:00 p.m. she bought a chime alarm for the door that led to the stairs (Client #1's room was downstairs). -the client said this would make her feel safer since the door alarm would chime if it was opened.</p>	V 512		

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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 512	<p>Continued From page 23</p> <ul style="list-style-type: none"> <li>-on 6/21/19 an alarm system, that included cameras was installed.</li> <li>-the cameras covered the living room area as well as the downstairs hallway.</li> <li>-if there was any movement during the night, the camera automatically took a picture.</li> <li>-on 6/24/19 she received a call from Client #1's day treatment reporting the allegation of sexual assault.</li> <li>-she reported this to the Chief Executive Officer (CEO) who said not to talk with the clients about the allegation, but to let DSS, who was already aware of the allegation, interview the clients.</li> <li>-she felt it was not possible the sexual assault took place as she was up on 6/19/19 until approximately 2:00 a.m. writing a paper for school.</li> <li>-she was upstairs at the kitchen table (right outside of the door that led to the stairs), or in the staff bedroom, which was upstairs next to the bedroom FC #2 was in at the time.</li> <li>-all three clients were in their bedrooms by 9:30 p.m. and it was a quiet and uneventful evening.</li> <li>-on 6/25/19 she received a call from Client #1's guardian/DSS worker who asked her to take the client to the Emergency Room (ER) the next day to have her examined.</li> <li>-she took the client to the ER on 6/26/19 as requested.</li> <li>-after talking to the client, the ER did not do a sexual assault exam, they did a pregnancy test and sexually transmitted disease test, and both were negative.</li> </ul> <p>Interviews on 7/19/19 and 7/30/19 with Client #1's guardian/DSS worker revealed:</p> <ul style="list-style-type: none"> <li>-on 6/24/19 she was told by the day treatment staff the client reported being "raped."</li> <li>-she had known the client and family for years and the client had a pattern of "triangulating due</li> </ul>	V 512		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/16/2019</b>
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V 512	<p>Continued From page 24</p> <p>to her history of sexual trauma." -the client had "attention seeking behavior." -the first time she spoke with the facility House Manager was on 6/25/19. -it was DSS protocol to have a sexual assault kit done after an allegation was made. -another DSS county was assigned the investigation, due to conflict of interest, however they screened out the case and did not investigate. -she staffed it with her supervisor, and they determined to have Client #1 examined. -she asked the House Manager on 6/25/19 to take Client #1 to the ER the next day, as this was faster than trying to get her into the doctor. -the ER did not do a sexual assault kit because it had been a week since the alleged incident. -the ER did a pregnancy and sexually transmitted disease test, and both were negative.</p> <p>Interviews on 7/24/19 and 7/29/19 and 7/31/19 with the CEO revealed: -on 6/19/19 Residential Counselor #1 told Client #1 if she ever felt uncomfortable to let them know since she was the only female in the facility at the time. -when she was told by the House Manager on 6/19/19 that the client said she was "uncomfortable" she took it that the client meant because she was the only female. -this was why the door chime was bought for the top of the stairs and then the alarm system with two cameras. -it was the policy since they had opened that the clients were not to go into each other's bedrooms, and they separated the floors by gender, i.e. all females downstairs and all males upstairs or vice versa. -she spoke with the House Manager on 6/24/19 when they were told Client #1 alleged, she was</p>	V 512		

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V 512	<p>Continued From page 25</p> <p>sexually assaulted by FC #2.</p> <p>-FC #2 had already been discharged on 6/23/19, a planned discharge, and felt the client was safe in the facility.</p> <p>-she asked the House Manager on 6/24/19 where she was, what she was doing and where were the kids.</p> <p>-the House Manager said she was up all night working on a paper and the clients could not have gone upstairs or downstairs without her seeing them.</p> <p>-she called her clinical consultant and they agreed she should not interview the clients about the allegation as they did not want to do anything to "taint" the investigation.</p> <p>-she thought DSS and the police were investigating the matter and they should interview the clients as this was their specialty.</p> <p>-she thought DSS would be responsible to have the client medically examined as part of their investigation process.</p> <p>-she had not admitted any male clients since the last male (FC #2) was discharged on 6/23/19.</p> <p>-she was not going to mix the client genders until she could get a handle on this.</p> <p>-if they had a female client, they would only accept female clients and vice versa.</p> <p>Review on 7/30/19 of the Plan of Protection dated 7/30/19 written by the CEO revealed:</p> <p>-What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?</p> <p>"Installed security system with cameras Complete a thorough investigation including contacting alleged perpetrator Revise rules and procedures to thoroughly explain what needs to be done Process events with the consumer</p>	V 512		

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V 512	<p>Continued From page 26</p> <p>Post in the staff office procedure to follow for allegations made Complete the IRIS immediately."</p> <p>-Describe your plans to make sure the above happens.</p> <p>"[Program Director/Qualified Professional] will be responsible for providing oversight Have a staff meeting to review findings of the investigation and to talk about procedures they must follow in the event of an allegation Keep chime on the door to downstairs as an additional alert to the paid security system Supervisor will immediately meet with staff in the event of an allegation to make sure policies and procedures are followed."</p> <p>Client #1 and FC #2, both 15 years old, had known histories of sexualized behavior. Client #1 had exposed her breasts to her younger brothers, was caught kissing her youngest brother, and was being forced to be in a relationship with an older man. FC #2 had legal charges against him for attempting sexual misconduct. He was on probation and was mandated to complete a Treatment Alternatives for Sexualized Kids program. He completed the program about 8 months prior to his admission to the facility. On 6/24/19 the facility became aware that Client #1 alleged FC #2 sexually assaulted her on the night of 6/19/19. The CEO did not conduct an internal investigation to include interviewing the clients who were in the facility at the time. A medical exam for Client #1 was not obtained until 6/26/19, two days after the facility became aware of the allegation, when the client's DSS worker called to request she be taken to the ER. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 512		

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**INTERLUDE**

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ASHEVILLE, NC 28803**

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V 512	Continued From page 27  An administrative penalty of \$1,000 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		