

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-781	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/06/2019
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NAME OF PROVIDER OR SUPPLIER OUR HOME-AUNT ZOLA'S	STREET ADDRESS, CITY, STATE, ZIP CODE 408 ANDREW STREET GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey was completed on 9/6/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</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</p>	V 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 109	<p>Continued From page 1</p> <p>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 observation, record reviews and interviews, 1 of 1 Associate Professional (the AP) failed to demonstrate knowledge, skills and abilities required by the population served affecting 3 of 4 clients (#1, #2 & #3). The findings are:</p> <p>Cross reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on observation, record reviews, and interviews, the facility failed to ensure at least two direct care staff were present at all times affecting 3 of 4 clients (#1, #2 & #3).</p> <p>Review on 5/9/019 of the AP's personnel record revealed: - Hire date: 12/5/2017 as the AP.</p> <p>Review on 9/6/2019 of a Plan of Protection dated 9/6/2019 written by the QP revealed: - "What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? Black and Associates (the Licensee) will consult</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>and retrain AP on ensuring that he has 2 staff at all times when 1-4 clients are present. - Describe your plans to make sure the above happens. Provider will schedule retraining for AP by September 14th, 2019 on staffing issues. Training will be facilitated by [the QP]-Clinical Director. Provider does not agree with this decision to cite us. Provider will appeal this decision of citation."</p> <p>This deficiency constitutes a recited deficiency.</p> <p>The facility served adolescent clients ranging in age from 14 to 17 whose diagnoses included Post Traumatic Stress Disorder, conduct disorder, oppositional defiant disorder, depressive disorder, and problems related to a multitude of relationship and support system issues. Clients had histories of behaviors that included running away, suicide attempts, verbal and physical aggression, defiance, property destruction, and legal problems. The facility's license required at least two staff were present at all times with clients. Due to the severity of the clients' behavioral issues, it was necessary to have a minimum of two staff present in order to ensure safety and provide adequate supervision and intervention to meet their treatment needs. On 8/29/2019 it was observed that the AP was the only staff present at the facility with clients #1, #2 and #3. The AP acknowledged that the decision to remain at the facility alone with three clients while staff #1 transported client #4 to school was his own. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 109		

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V 111	Continued From page 3	V 111		
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 psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <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 record review and interviews, the facility failed to complete an assessment prior to</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>admission to the facility for 1 of 4 clients (#3). The findings are:</p> <p>Review on 8/30/2019 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date to sister facility A on 8/6/2019; - Transfer to the facility on 8/23/2019; - Diagnoses: Unspecified disruptive, Impulse-control, and conduct disorder (D/O); and Unspecified Depressive D/O; - Age: 14 - An assessment for sister facility A dated 7/10/2019 was present that noted a history of legal charges related to resisting an officer, probation violation, and truancy; - A "Treatment Authorization Request (TAR)" form dated 8/23/2019 that noted a request submitted by the Owner/Administrator (O/A) to receive authorization for residential services at the facility beginning 8/23/2019: "Consumer is currently residing at [sister facility A] and provider is requesting that he transferred to [the facility's address] due to the need for major water repairs to the home..." - There was no documentation that a new assessment was completed for client #3 prior to admission to the facility that addressed client #3's current presenting problems, needs and strengths, or other evaluations and assessments to determine appropriateness of placement at the facility. <p>Interview on 8/29/2019 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - For new clients at the facility, the AP or Qualified Professional (QP) completed admission assessments; - Client #3 had been transferred to the facility from a sister facility on 8/23/2019. 	V 111		

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V 111	<p>Continued From page 5</p> <p>Interviews on 8/29/2019 and 8/30/2019 with the QP revealed:</p> <ul style="list-style-type: none"> - Client #3 had been moved from sister facility A to the facility on 8/23/2019 due to plumbing issues at sister facility A; - No discharge paperwork for sister facility A or new admission paperwork for the facility had been completed; - The QP and the O/A had spoken to staff at the contract LME/MCO (Local Management Entity/Managed Care Organization) and had been told that all they (the facility) had to do was complete a new TAR form for client #3 since the billing was through the same Licensee agency; - The LME/MCO staff told facility staff that a new assessment did not need to be completed for client #3; - "...It is the same company, we do not need to do a new assessment ..." <p>Interviews on 8/29/2019 and 9/5/2019 with the O/A revealed:</p> <ul style="list-style-type: none"> - The QP completed admission assessments; - Client #3 was moved from sister facility A to the facility due to health and safety concerns related to the plumbing at sister facility A; - The O/A and the QP had spoken with at least three different people at the contract LME/MCO about moving client #3; - The LME/MCO staff told facility staff that they did not need to do a discharge from sister facility A or a new admission assessment for the facility when client #3 was transferred; - The LME/MCO only needed the facility to complete a new TAR for client #3 because the NPI (National Provider Identifier) number used to bill for services was different at each facility; - The facility had not contacted the Division of Health Service Regulation for guidance on rule requirements related to transferring clients from 	V 111		

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V 111	Continued From page 6 one facility to another; - The O/A did not believe that it was fair to cite the facility for not completing a new assessment when client #3 was admitted to the facility from sister facility A; - The O/A believed that the facility had done everything that they were supposed to do to ensure the transfer was completed correctly.	V 111		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present	V 296		

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V 296	<p>Continued From page 7</p> <p>of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to ensure at least two direct care staff were present at all times affecting 3 of 4 clients (#1, #2 & #3). The findings are:</p> <p>Review on 8/30/2019 of client #1's record revealed: - Admission date: 8/13/2019 Diagnoses: Attention Deficit-Hyperactivity Disorder (ADHD), combined type; Problems with Primary Support Group; Problems related to the social environment; Educational Problems; Problems related to interactions with the legal system; Other psychological and environmental problems; Chromosomal deletion; Nocturnal Enuresis; - Age: 17 - A "Treatment Authorization Request" (TAR) form</p>	V 296		

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V 296	<p>Continued From page 8</p> <p>dated 8/13/2019 that noted a history of maladaptive behaviors including assault, property damage, fighting, defiant behaviors, non-compliance, anger and verbal and physical aggression;</p> <p>- A treatment plan originally dated 6/25/2019, with the most recent update on 7/31/2019 that noted additional history of running away from a group home and running into traffic.</p> <p>Review on 8/30/2019 of client #2's record revealed:</p> <p>- Admission date: 5/28/2019;</p> <p>- Diagnoses: Conduct Disorder (D/O), childhood onset type; Problems with primary support group; Problems related to the social environment; Educational problems; Economic problems; Problems related to interactions with the legal system; Other psychological and environmental problems; and Mild Intellectual Disability;</p> <p>- Age: 16</p> <p>- A "Clinical Assessment Addendum" form dated 5/22/2019 that noted a history of physical aggression, property destruction, running away, refusal to follow directions, cursing at his mother, multiple out of home placements, and placement at a local detention center on 3/26/2019 due to probation violation.</p> <p>Review on 8/30/2019 of client #3's record revealed:</p> <p>- Admission date to sister facility A on 8/6/2019;</p> <p>- Transfer to the facility on 8/23/2019;</p> <p>- Diagnoses: Unspecified disruptive, Impulse-control, and conduct D/O; and Unspecified Depressive D/O;</p> <p>- Age: 14</p> <p>- An assessment dated 7/10/2019 that noted a history of legal charges related to resisting an officer, probation violation, and truancy;</p>	V 296		

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V 296	<p>Continued From page 9</p> <p>- A treatment plan dated 7/26/2019 that noted additional history of placement at a wilderness camp from January to May 2019, psychiatric hospitalization in May 2019 following climbing a tree with a belt and threatening to hang himself, placed a bag over his head "for entertainment" in May 2019, domestic violence and housing insecurity in the family, Department of Social Services involvement following an incident in which client #3's step-father attacked client #3's mother with a baseball bat, depressive symptoms, and marijuana use.</p> <p>Observation at the facility from approximately 9:50am to 10:30AM on 8/29/2019 revealed:</p> <ul style="list-style-type: none"> - The Associate Professional (AP) was the only staff present with client #1, #2 and #3; - Staff #1 arrived back at the facility while the Surveyor was interviewing clients between 10:05AM and 10:30AM. <p>Interview on 8/29/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> - The reason that there was only one staff at the facility was because the other staff "had to go get somebody"; - The number of times that there had only been one staff present was "twice, that's about it." <p>Interview on 8/29/2019 with client #2 revealed:</p> <ul style="list-style-type: none"> - There were usually "two or one" staff working at the facility; - There was only one staff at the facility on the morning of 8/29/2019 because "we're just waiting for school"; - Since school resumed on Monday, 8/26/2019, the frequency of only having one staff present with clients was "off and on." <p>Interview on 8/29/2019 with client #3 revealed:</p> <ul style="list-style-type: none"> - When asked about the frequency of there only 	V 296		

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V 296	<p>Continued From page 10</p> <p>being one staff present with clients, client #3 stated "it doesn't happen too often";</p> <ul style="list-style-type: none"> - He did not know why there was only one staff (the AP) present on the morning on 8/29/2019; - He thought that the 2nd staff (#1) that was working that morning had left the facility approximately 20 minutes prior to the arrival of the Surveyor. <p>Interview on 9/5/2019 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The Owner/Administrator (O/A) was responsible for making the staff schedule; - Staff #1 worked various shifts; - On 8/29/2019, the AP was the only staff present with clients #1, #2 and #3 because staff #1 needed to take client #4 to school; - While at the school, staff #1 also needed to talk to a school counselor about clients #1, #2 and #3's enrollment status and paperwork; - Staff #1 probably left the facility at approximately 8:40AM because school started at 8:55AM; - School had just started back up on Monday, 8/26/2019; - When asked about the frequency of having only one staff present with clients, staff #1 stated that it "doesn't happen often." <p>Interview on 9/6/2019 with staff #3 revealed:</p> <ul style="list-style-type: none"> - On 8/29/2019, she had just gotten off working the overnight shift when she received a text from the AP telling her to return to the facility; - Staff #3 initially stated that the time she received the text to return to the facility was possibly around 8:00am; - Before she arrived at the facility, she received another text from the AP telling her that staff #1 was almost back to the facility and she did not need to come in; - There were always at least two staff working on staff #3's shift; 	V 296		

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V 296	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Staff #3 did not think there had been any issues with only having one staff present during the time that client #4 was being transported to school and clients #1, #2 and #3 were remaining at the facility; - She did not know what time she received the text messages from the AP because she erased her messages. <p>Interview on 8/29/2019 with the AP revealed:</p> <ul style="list-style-type: none"> - Staff #1 had left the facility at approximately 8:50 am on 8/29/2019 in order to take client #4 to school and to talk to the School Counselor; - The AP was the only staff at the facility with clients #1, #2 and #3 at the time; - Staff #1 would be returning to the facility soon. <p>Further interview with the AP on 9/6/2019 revealed:</p> <ul style="list-style-type: none"> - The reason that the AP was the only staff present with clients #1, #2 and #3 was because the AP was handling a conflict between client #1 and #2; - The AP did not want the conflict to continue on the van if they all rode to the school together; - Client #4 needed to get to school, so the AP made the decision to send staff #1 to the school with client #4, leaving the AP alone with clients #1, #2 and #3; - Staff #3 was supposed to be returning to the facility in order to be the second staff there while staff #1 was gone. <p>Interview on 8/30/2019 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The QP had not been aware that the AP was the only staff present with client #1, #2 and #3 on the morning of 8/29/2019; - School had just started back up following the summer break on Monday, 8/26/2019; 	V 296		

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V 296	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Clients #1, #2 and #3's school enrollment had not yet been finalized; - It was only a short ride to the school from the facility, therefore, staff #1 had not been gone very long; - The O/A completed the staffing schedule; - There were always at least two staff scheduled to work at the facility <p>Interview on 9/5/2019 with the O/A revealed:</p> <ul style="list-style-type: none"> - The O/A completed the staffing schedule for the facility; - There were always at least two staff scheduled to work at the facility; - In the past, the O/A had even scheduled an additional staff person to be present during the morning when the clients were being transported to school; - The O/A encouraged facility staff to take all of the clients with them when they had to transport them to school; - The O/A had not been aware that the AP had sent staff #1 to take client #4 to school while the AP remained at the facility with clients #1, #2 and #3 on 8/29/2019; - The O/A had not been the one who made the decision to only have one staff at the facility with clients on 8/29/2019. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a type A1 deficiency.</p>	V 296		