Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-337	A. BUILDING: ______ B. WING ______	R 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY HOUSE	508 N RANSOM STREET GASTONIA, NC 28054

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{V 000}	INITIAL COMMENTS	{V 000}		

A follow up survey was completed on October 3, 2019. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.

Survey History:
An annual and complaint survey was completed on July 29, 2019 with the following citations: 10A NCAC 27G .0201 Governing Body Policies (V105, V106), 10A NCAC 27G .0202 Personnel Requirements (V107, V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111, V112), 10A NCAC 27G .0207 Emergency Plans and Supplies (V114), 10A NCAC 27G .0209 Medication Requirements (V117, V118, V120, V123), General Statute 131E-256 Health Care Personnel Registry (V131), General Statute 122C-80 Criminal History Record Check (V133), 10A NCAC 27G .1706 Operations (V298), General Statute 122C-62 Additional Rights in a 24-Hour Facility (V364), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367), 10A NCAC 27G .0303 Location and Exterior Requirements (V736) cross referenced to 10A NCAC 27G .1701 Scope (V293) -Type A1.

10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devised Used for Behavioral Control -Type A1.

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{V 000}	Continued From page 1 A suspension of admissions was issued to the facility.	{V 000}		
{V 109}	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (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. (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.	{V 109}		

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{V 109}	Continued From page 2	{V 109}		

This Rule is not met as evidenced by:
Based on interview and record review, 4 of 4 Qualified Professionals (Qualified Professional #8, Qualified Professional #9, Qualified Professional/Licensee #10, and Qualified Professional/Licensee #11) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:

Review on 9/24/19 of the Qualified Professional #8's record revealed:
-Hire date was 5/8/19;
-Job description signed 8/14/19 revealed responsibilities include: " ...supervise residential assistant employees, document supervision of residential assistant employees, maintain and update consumer records according to standards, participate in peer reviews and other quality management activities ..."

Review on 9/24/19 of the Qualified Professional #9's record revealed:
-Hire date of 7/31/19;
Job description signed 8/16/19 revealed responsibilities include: " ...supervise residential assistant employees, document supervision of residential assistant employees, maintain and update consumer records according to standards, participate in peer reviews and other quality management activities ..."

Review on 9/24/19 of the Qualified Professional/Licensee #10's record revealed:
-Hire date was 5/8/19.

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{V 109}	Continued From page 3 Review on 9/24/19 of the Qualified Professional/Licensee #11's record revealed: -Hire date was 5/8/19. Interview on 9/19/19 and 9/24/19 with the Qualified Professional #8 revealed: -Responsible for supervision of residential assistants; -Responsible for treatment plans and documentation of services provided; -Did not realize all current treatment plans did not include strategies to address the functional deficits of the clients; -Did not realize removal of personal items needed to be included in the client's treatment plan; -Did not discuss the proper use of restraint interventions with Staff #7 during supervision meetings after Staff #7 grabbed Client #4's arm resulting in Client #4 falling off the bed. Interview on 9/24/19 with the Qualified Professional #9 revealed: -Responsible for all medication related issues; -Responsible for ensuring proper documentation of incident reports; -It was an oversight the dosages for each medication were not recorded on the clients' MARs; -Will be more cautious with preparing the MARs each month and ensure the dosages for each medication are documented; -Did not contact Client #1's physician in a timely fashion to ensure Client #1 did not run out of birth control pills; -Did not complete an incident report when Client #4 requested sexual activity with Client #2; -Did not know all incidents involving client behaviors resulting in a report to law enforcement needed to be completed through the North Carolina Incident Response Improvement System	{V 109}		

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{V 109}	Continued From page 4 (NC IRIS). Interview on 9/24/19 and 9/25/19 with the Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed: -Responsible for the health and safety of all clients at the facility; -Worked shifts at the facility to ensure the provision of proper care for the clients since the last Division of Health Service Regulation survey in July, 2019; -Did not realize that the current treatment plans still did not include strategies to address the functional deficits of the clients; -Client #1 ran out of birth control pills. There were no refills left. It took a few days to get another prescription called to the pharmacy. Client #1 went without birth control pills for a few days; -No contact was made to Client #1's physician to ensure Client #1 would not run out of birth control pills; -There was no attempt to contact Client #3's physician to discuss an alternative eczema treatment when the prescribed ointment was unavailable; -There was a 12-day delay in starting Client #3's Oxybutynin Chloride (treatment of overactive bladder) and a 7-day delay in starting Lamotrigine (treatment of mood swings) because the facility did not receive a call from the pharmacy indicating the medications were ready for pick up and nobody from the group home called to check on the status of the medications; -Client #4's personal belongings were removed from her bedroom and stored in the laundry room to prevent her access to the items because she had been ripping her clothes. Client #4 must earn time to play with her toys. There is nothing in Client #4's treatment plan which outlines the	{V 109}		

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{V 109}	Continued From page 5	{V 109}		

removal of personal belongings or how Client #4 will earn time to play with her toys;
-The Licensed Professional will take a more active role in providing supervision to all qualified professionals.

This deficiency constitutes a re-cited deficiency.

This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.

{V 112} 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan {V 112}

10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN
(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.
(d) The plan shall include:
(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
(2) strategies;
(3) staff responsible;
(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
(5) basis for evaluation or assessment of outcome achievement; and
(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

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{V 112}	Continued From page 6	{V 112}		

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to develop and implement treatment strategies to address the functional needs of the client affecting 3 of 4 clients (Clients #1, #3, and #4). The findings are:

Review on 9/19/19 of Client #1's record revealed:
-Admission date was 5/8/19;
-Diagnoses was Major Depressive Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder;
-16 years old;
-History of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus;
-Ran away from the facility on 8/30/19 and was located by local law enforcement;
-Suspended from school for engaging in sexual relations with a male peer in a public restroom on a school campus on 9/3/19;
-Current treatment plan dated 9/11/19 did not include treatment strategies to address running away, suicidal ideation/behaviors, or sexualized behaviors.

Review on 9/19/19 of Client #3's record revealed:
-Admission date was 5/23/19;
-Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder;
-14 years old;
-History of suicidal ideation/behaviors, difficulty

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regulating mood and expressing feelings of discomfort, hyperactivity, running away;
-Ran away from the facility on 8/30/19 and was located by local law enforcement;
-Current treatment plan dated 9/5/19 did not include treatment strategies to address running away.

Review on 9/19/19 of Client #4's record revealed:
-Admission date was 5/18/19;
-Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis;
-10 years old;
-History of physical aggression, threats toward others, and sexually victimizing her younger sibling;
-Wrote a note to Client #2 requesting to engage in sexualized behaviors together;
-Current treatment plan dated 9/11/19 did not include treatment strategies to address physical aggression and sexualized behaviors.

Interview on 9/19/19 with the Qualified Professional #8 revealed:
-Responsible for the development of all treatment plans and goals;
-Did not realize all current treatment plans did not include strategies to address the functional deficits of the clients.

Interview on 9/25/19 with the Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed:
-Did not realize the current treatment plans still did not include strategies to address the functional deficits of the clients;
-Qualified Professional #8 was responsible for making the changes to the treatment plans as discussed during the previous survey;

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{V 112}	Continued From page 8 -Will ensure all treatment plans are updated to reflect treatment strategies to address the functional deficits of each client; -Will look to hire another qualified professional and increase training for all staff in the agency; -The Licensed Professional will take a more active role in providing supervision to all qualified professionals. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	{V 112}		
{V 118}	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug;	{V 118}		

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(C) instructions for administering the drug;
(D) date and time the drug is administered; and
(E) name or initials of person administering the drug.
(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by:
Based on interview, record review, and observation, the facility failed to administer all medications according to the written order of the physician affecting 2 of 4 clients (Clients #1 and #3) and failed to maintain an accurate MAR of all drugs administered to each client affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:

Finding #1
Review on 9/19/19 and 9/24/19 of Client #1's record revealed:
-Admission date was 5/8/19;
-Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder;
-16 years old;
-Physician's order dated 7/26/19 for Lamotrigine (anticonvulsant and treatment of mood swings) 100mg 1 tab twice daily; Bupropion XL (antidepressant) 300mg 1 tab daily, Propranolol (treatment of anger/rage) 10mg 1 tab daily, Junel FE (birth control) 1.5mg 1 tab daily, Aripiprazole (treatment of depression) 5mg 1 tab daily;
-Physician's order dated 9/13/19 for Cetirizine (allergy relief) 10mg 1 cap daily;

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-August, 2019 MAR did not list dosages for Lamotrigine, Buproprion XL, and Aripiprazole;
-September, 2019 MAR did not list dosages for Lamotrigine, Buproprion XL, Propranolol, Aripiprazole, and Ceterizine;
-There was no Junel FE available for administration on 9/3/19 and 9/4/19 resulting in Client #1 not receiving birth control pills for two days.

Interview on 9/24/19 with Client #1 revealed:
-Birth control pills were not administered for a few days in early September, 2019.

Observation on 9/24/19 at approximately 11:15am of Client #1's medications revealed:
-Lamotrigine 100mg dispensed 8/29/19;
-Bupropion XL 300mg dispensed 8/29/19;
-Propranolol 10mg dispensed 8/2919;
-Junel FE 1.5mg dispensed 9/5/19;
-Hydroxyzine Pamoate 25mg dispensed 8/29/19;
-Cetirizine 1mg dispensed 9/13/19.

Finding #2
Review on 9/19/19 and 9/24/19 of Client #2's record revealed:
-Admission date was 7/10/19;
-Diagnoses was Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Asthma;
-11 years old;
-Physician's order dated 9/18/19 for Melatonin (sleep aid) 3mg 1 tab at 7pm;
-September, 2019 MAR incorrectly listed the dosage for Melatonin as 5mg.

Interview on 9/23/19 with Client #2 revealed:
-Received Melatonin prior to going to bed. Could not identify how many milligrams of the medication she received.

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Observation on 9/19/19 at approximately 10:55am of Client #2's medications revealed:
-Bottle of Melatonin 3mg in the facility.

Finding #3
Review on 9/19/19 and 9/24/19 of Client #3's record revealed:
-Admission date was 5/23/19;
-Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder;
-14 years old;
-Physician's order dated 8/22/19 for Crisaborole 2% ointment (treatment of dermatitis) twice daily;
-Physician's order dated 9/19/19 for Singulair (allergy relief) 10mg 1 tab daily, Fluticasone Propionate (steroid spray to reduce swelling) 50mcg 1-2 sprays in both nostrils daily;
-September, 2019 MAR did not list dosages for Singulair and Fluticasone Propionate.

Interview on 9/25/19 with Client #3 revealed:
-Was prescribed a medicated ointment due to the eczema on her neck and arms;
-Medicated ointment was never received;
-Started using natural soaps and stopped using lotions with perfumes and dyes;
-The eczema cleared up without the use of the medicated ointment.

Observation on 9/19/19 at approximately 11:00am of Client #3's medications revealed:
-Singulair 10mg dispensed 9/19/19;
-Fluticasone Propionate 50mcg dispensed 9/19/19;
-No Crisaborole ointment available.

Finding #4
Review on 9/19/19 and 9/24/19 of Client #4's

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record revealed:
-Admission date was 5/18/19;
-Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis;
-10 years old;
-Physician's order dated 9/18/19 for Desvenlafaxine (mood regulation) 50mg 1 tab daily;
-September, 2019 MAR did not list dosage for Desvenlafaxine.

Observation on 9/24/19 at approximately 9:45am of Client #4's medications revealed:
-Desvenlafaxine 50mg dispensed 8/21/19.

Interview on 9/24/19 with the Qualified Professional #9 revealed:
-Responsible for all medication related issues;
-It was an oversight the dosages for each medication were not recorded on the clients' MARs;
-Will be more cautious with preparing the MARs each month and ensure the dosages for each medication are documented;
-Did not contact Client #1's physician in a timely fashion to ensure Client #1 did not run out of birth control pills.

Interview on 9/24/19 with the Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed:
-Qualified Professional #9 was responsible for writing the MARs monthly and overseeing all medication related issues;
-Client #1 ran out of birth control pills. There were no refills left. It took a few days to get another prescription called to the pharmacy. Client #1 went without birth control pills for a few days;

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SERENITY HOUSE	508 N RANSOM STREET GASTONIA, NC 28054

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{V 118}	Continued From page 13 -Client #2 was receiving the correct dose of Melatonin but the dosage recorded on the MAR was incorrect; -Client #3 did not receive the medicated ointment prescribed for eczema because it was on back order from the manufacturer and the pharmacy could not fill the prescription; -There was no attempt to contact Client #3's physician to discuss an alternative eczema treatment; -The Licensed Professional will take a more active role in providing supervision to all qualified professionals. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	{V 118}		
{V 123}	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report medication errors to the physician	{V 123}		

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{V 123}	Continued From page 14 or pharmacist affecting 1 of 4 clients (Client #1). The findings are: Review on 9/19/19 and 9/24/19 of Client #1's record revealed: -Admission date was 5/8/19; -Diagnoses was Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old; -Physician's order dated 7/26/19 for Junel FE (birth control) 1.5mg 1 tab daily; -There was no Junel FE available for administration on 9/3/19 and 9/4/19 resulting in Client #1 not receiving birth control pills for two days. Review on 9/19/19 of the facility's Incident Reports revealed: -Level I incident reports dated 9/3/19 and 9/4/19 regarding no administration of Junel FE to Client #1 due to running out of medication; -There was no contact to a physician or pharmacist documented; Interview on 9/24/19 with Client #1 revealed: -Birth control pills were not administered for a few days in early September, 2019. Interview on 9/24/19 and 9/25/19 with Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed: -Client #1 ran out of birth control pills. There were no refills left. It took a few days to get another prescription called to the pharmacy. Client #1 went without birth control pills for a few days; -Will ensure contact is made to a physician or pharmacist for all medication errors in the future; -The Licensed Professional will take a more	{V 123}		

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{V 123} Continued From page 15 {V 123}

active role in providing supervision to all qualified professionals.

This deficiency constitutes a re-cited deficiency.

This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.

{V 293} 27G .1701 Residential Tx. Child/Adol - Scope {V 293}

10A NCAC 27G .1701 SCOPE
(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.
(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.
(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.
(d) The children or adolescents served shall require the following:
(1) removal from home to a community-based residential setting in order to facilitate treatment; and
(2) treatment in a staff secure setting.
(e) Services shall be designed to:
(1) include individualized supervision and structure of daily living;

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{V 293}	Continued From page 16 (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors, assist the adolescent in the acquisition of adaptive functioning in self-control, and support the adolescent in gaining the skills needed to step-down to a less intensive treatment setting and coordinate with other individuals within the adolescent's system of care affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are: CROSS REFERENCE: 10A NCAC 27G .0203	{V 293}		

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{V 293}	Continued From page 17 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, 4 of 4 Qualified Professionals (Qualified Professional #8, Qualified Professional #9, Qualified Professional/Licensee #10, and Qualified Professional/Licensee #11) failed to demonstrate the knowledge, skills, and abilities required by the population served. CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement treatment strategies to address the functional needs of the client affecting 3 of 4 clients (Clients #1, #3, and #4). CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V118) Based on interview, record review, and observation, the facility failed to administer all medications according to the written order of the physician affecting 1 of 4 clients (Client #1 and failed to maintain an accurate MAR of all drugs administered to each client affecting 4 of 4 clients (Clients #1, #2, #3, and #4). CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V123) Based on interview and record review, the facility failed to report medication errors to the physician or pharmacist affecting 1 of 4 clients (Client #1). CROSS REFERENCE: 10A NCAC 27G .1706 Operations (V298) Based on interview, record review, and observation, the facility failed to provide access to age appropriate personal belongings affecting 1	{V 293}		

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{V 293}	Continued From page 18 of 4 clients (Client #4). CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Based on interview and record review, the facility failed to implement their written policies regarding their response to Level I incidents. CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Based on interview and record review, the facility failed to report all Level II incidents to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. Finding #1 Review on 9/19/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -History of physical aggression, threats toward others, and sexually victimizing her younger sibling; -Assessment dated 7/29/19 revealed Client #4 requires "eyes on supervision." Review on 9/19/19 of the facility's Incident Reports revealed: -Report dated 8/21/19 revealed Client #4 was hit with a pencil thrown by Client #2 and Client #4 threw a water bottle at Client #2; -Report dated 9/5/19 revealed Client #4 was upsetting Client #3 and Client #3 pulled Client #4's hair and hit her in the back; -Report dated 9/10/19 revealed Client #4 was upsetting Client #3 and Client #3 pulled Client	{V 293}		

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{V 293}	Continued From page 19	{V 293}		

#4's hair and dragged Client #4 on the floor;
-Report dated 9/22/19 revealed Client #4 went into Client #2's bedroom and took her personal belongings and Client #2 went into Client #4's bedroom grabbing Client #4 by the foot and dragging Client #4 off the bed.

Interview on 9/23/19 with Client #4 revealed:
-Client #2 pulled Client #4's hair;
-Staff sit in the living room in the front of the facility while clients are in the bedrooms in the back of the facility;
-No staff sit in the back of the facility;
-When Client #2 threatens Client #4 and Client #4 tells the staff, the staff respond with "I don't care;"
-Cannot identify specific dates or staff;

Finding #2
Review on 9/19/19 of Client #1's record revealed:
-Admission date was 5/8/19;
-Diagnoses was Major Depressive Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder;
-16 years old;
-History of sexualized behaviors on a school campus;
-Suspended from school for engaging in sexual relations with a male peer in a public restroom on a school campus on 9/3/19;
-Current treatment plan dated 9/11/19 did not include treatment strategies to address running away, suicidal ideation/behaviors, or sexualized behaviors;
-There was no Junel FE available for administration on 9/3/19 and 9/4/19 resulting in Client #1 not receiving birth control pills for two days.

Review on 9/19/19 of the facility's Incident Reports revealed:

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{V 293}	Continued From page 20 -Level I incident reports dated 9/3/19 and 9/4/19 regarding no administration of Junel FE to Client #1 due to running out of medications; -There was no contact to a physician or pharmacist documented; Interview on 9/24/19 with Client #1 revealed: -Birth control pills were not administered for a few days in early September, 2019; -Had unprotected sex on 9/3/19. Finding #3 Observation on 9/19/19 at approximately 11:00am of Client #3's medications revealed: -No Crisaborole ointment available. Review on 9/19/19 and 9/24/19 of Client #3's record revealed: -Admission date was 5/23/19; -Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder; -14 years old; -Physician's order dated 8/22/19 for Crisaborole 2% ointment (treatment of dermatitis) twice daily. Interview on 9/25/19 with Client #3 revealed: -Was prescribed a medicated ointment due to the eczema on her neck and arms; -Medicated ointment was never received; -Started using natural soaps and stopped using lotions with perfumes and dyes; -The eczema cleared up without the use of the medicated ointment. Finding #4 Review on 9/19/19 and 9/24/19 of Client #3's record revealed: -Physician's order dated 8/22/19 for Oxybutynin Chloride (treatment of overactive bladder) 5mg 1	{V 293}		

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{V 293}	Continued From page 21	{V 293}		

tab;
-Physician's order dated 8/30/19 for Lamotrigine (treatment of mood swings) 1mg ½ tab twice daily;
-September, 2019 MAR revealed Oxybutynin Chloride and Lamotrigine was started on 9/7/19;

Observation on 9/19/19 at approximately 11:00am of Client #3's medications revealed:
-Oxybutynin Chloride 5mg dispensed on 8/26/19;
-Lamotrigine 1mg dispensed on 8/31/19.

Interview on 9/24/19 with Qualified Professional #8 revealed:
-Did not realize Client #4 required "eyes on supervision."

Interview on 9/24/19 with Qualified Professional #9 revealed:
-Did not realize Client #1 ran out of her birth control pills;
-Did not realize Client #4 required "eyes on supervision;"
-Did not follow up with Client #3's physician regarding the eczema ointment being unavailable;
-Did not know Client #3's Oxybutynin Chloride and Lamotrigine were not in the facility for over one week after the prescriptions were sent to the pharmacy.

Interview on 9/24/19 and 9/25/19 with Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed:
-Staff have been instructed to position themselves in the hallway so they can observe clients in the back of the facility as well as clients in the front of the facility;
-Qualified Professional #9 was responsible for overseeing all medication related issues;

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-Client #1 ran out of birth control pills. There were no refills left. It took a few days to get another prescription called to the pharmacy. Client #1 went without birth control pills for a few days;
-No contact was made to Client #1's doctor to ensure that Client #1 would not run out of birth control pills;
-Client #3 did not receive the medicated ointment prescribed for eczema because it was on back order from the manufacturer and the pharmacy could not fill the prescription;
-There was no attempt to contact Client #3's physician to discuss an alternative eczema treatment;
-There was a 12-day delay in starting Client #3's Oxybutynin Chloride and a 7-day delay in starting Lamotrigine because the facility did not receive a call from the pharmacy indicating the medications were ready for pick up and nobody from the group home called to check on the status of the medications;
-The Licensed Professional will take a more active role in providing supervision to all qualified professionals.

Review on 10/3/19 of the Plan of Protection written by the Qualified Professional #10/Licensee and the Qualified Professional #11/Licensee dated 10/3/19 revealed:
"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Describe your plans to make sure the above happens.
Rule Violation Cited: 10ANCAC 27G. 0203 Competencies of Qualified Professionals and Associate Professionals V109
Pathways Group Homes (Licensee) will interview and hire another Qualified Professional with at least 4 years of experience in the group home

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{V 293}	Continued From page 23 field. Pathways Group Homes will ensure that [Qualified Professional #8] and [Qualified Professional #9] shadow [Local Level 3 Provider]'s Qualified Professional to gain knowledge and experience. Pathways Group Homes will meet with [Qualified Professional #8] and [Qualified Professional #9] monthly to track progress and to ensure that everything is in place. Rule Violation Cited: 10ANCAC 27G. 0205 Assessment and Treatment/Habilitation or Service Plan (V112) Pathways Group Homes will create an assessment to evaluate all new behaviors. An assessment will be completed when a new behavior presents. If the behavior is determined to be a level one behavior based on the scale created, an emergency CFT(Child Family Team) meeting will be held to add a goal to the PCP (Person Centered Plan) for the client to work on the presented behavior. All team members will be contacted via email/phone to inform all members of the team of the consumers behavior/action. Rule Violation Cited: 10A NCAC 27G. 0209 Medication Requirements (V118) and (V123) Pathways Group Homes has partnered with Premier Pharmacy to ensure a medication needs are being met. [Contracted Pharmacist] will provide training that will result in staff receiving certifications as certified medication technicians. A pharmacy technician has been hired by Pathways Group Home Directors. The technician will monitor medication in the home. A form has been created which staff will take to every doctor's appointment. Staff will be required to have this form completed by the doctor before leaving the appointment. The form will have the physician list all current medication, new medication and discontinued medication. Staff will be required to do a pill count and record the number of pills remaining in the bottle after	{V 293}		

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{V 293}	Continued From page 24 medication is given. When medication is with in 14 days from being completed the Pharmacy technician will contact the physician/pharmacy to ensure that the consumer has a prescription on file for a refill. In the event a prescription is not on file the necessary steps will be taken to ensure a prescription is obtained. A form has been created in which will need to be completed to show communication between the staff and the provider. Rule Violation Cited: 10A NCAC 27G .1706 Operations V298 In regards to medication, when medication is with in 14 days from being completed the Pharmacy technician will contact the physician/pharmacy to ensure that the consumer has a prescription on file for a refill. In the event a prescription is not on file the necessary steps will be taken to ensure a prescription is obtained. A form has been created in which will need to be completed to show communication between the staff and the provider. Pathways Group Homes will ensure coordination of care by communicating and sharing knowledge. A communication log has been created by the Qualified Professional to document communication between medical providers at appointments. This will be used as documentation to ensure all client needs have been met. A physician's management sheet has been created as well to document any medication changes. Establishing accountability and agreeing on responsibility. We will continue to send weekly updates to team members regarding behaviors, medication changes, doctor's appointments and any and all incidents that occur in the home. Pathways Group Homes will ensure a smooth transition of care by continuing to plan at CFT meetings the next step in care for the client.	{V 293}		

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Pathways Group Homes will ensure that all documentation is in chronological order and available for the guardian at the time of transition. In order to ensure that clients' needs are met efficiently, Pathways Group Homes will assess the client and their needs upon admission to determine if additional services may be needed and to create a proactive care plan. If founded, an emergency CFT with be scheduled in order to add the services needed.
Pathways Group Homes will support clients in self-care goals by having staff work with them on their person-centered plan goals. Staff will take clients with them to the pharmacy to pick up all medications. At that time, clients will speak with the pharmacist in private with staff present to learn about the medications and what they are utilized for. Pathways Group Homes will promote independent living skills through field trips to job corp, trade schools, independent living programs and college tours. Pathways Group Homes will utilize community resources by continuing the career readiness/college prep program and introducing them to community resources.
Rule Violation Cited: 10A NCAC 27G .0603 and .0604 Incident Response Requirements for Category A and B Providers (V367)
Pathways Group Homes will ensure that all incidents are reported and entered into IRIS (Incident Response Improvement System) within 24 hours. All incidents will be reported to the QP (Qualified Professional). The QP will then reported immediately to the directors (Qualified Professionals/Licensees). Staff will document in the medical record system as well as complete an incident report. The QP will review all incident reports thoroughly within 24 hours. The directors will review all incident reports within 48 hours. A copy of all incident reports including those entered into IRIS will be kept in the group home

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and placed in chronological order. The QP will attend a training on IRIS when offered by our MCO (Managed Care Organization).
Rule Violation Cited: 10ANCAC 27G .1701 Scope V293
A copy of the state regulations has been provided to the QP and AP (Associate Professional) so that they can review and understand the requirements of scope .1700. Pathways Group Homes has partnered with [Local Level 3 Provider] to allow the QP and AP to shadow [Local Level 3 Provider]'s QP to gain more knowledge and understanding of scope 1700."

This deficiency constitutes a re-cited deficiency.

The clients range in age from 10 - 16 years and were diagnosed with mental health concerns including, but not limited to, Major Depressive Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Anxiety, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Reactive Attachment Disorder, and Cannabis Use Disorder. Client #1 had a history of suicidal ideation/behaviors, refusing to attend school, defiance, aggression with peers, assaulting staff, running away, and sexualized behaviors on a school campus. Client #2 had a history of physical aggression and threats towards others. Client #3 had a history of suicidal ideation/behaviors, difficulty regulating mood and expressing feelings of discomfort, hyperactivity, and running away. Client #4 had a history of physical aggression, threats towards others, and sexually victimizing her younger sibling.

The facility did not develop and implement individualized treatment plans reflecting the functional deficits of the clients. There were no

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{V 293}	Continued From page 27	{V 293}		

treatment strategies in place when Client #1 and Client #3 ran away. Staff did not provide eyes on supervision required by Client #4 resulting in at least four assaultive outbursts with peers. Additionally, the lack of necessary supervision required by Client #4 enabled her to write a note to Client #2 regarding sexualized activity. Furthermore, staff denied Client #4 access to her personal belongings which was not identified in the current treatment plan.

The facility failed to ensure all medications were administered on the written order of a physician and did not ensure the medication administration records included medication dosages. There were nine medications which did not have corresponding dosages. Lapses in coordination of care resulted in Client #1 running out of birth control pills on the same day she chose to engage in unprotected sexual intercourse. Facility staff did not coordinate care for Client #3's eczema treatment or check on the 7 to 12-day delay in receiving other prescribed medications.

Qualified Professional #8, Qualified Professional #9, Qualified Professional/Licensee #10, and Qualified Professional/Licensee #11 failed to provide the necessary oversight resulting in clients not receiving the care required. 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.

{V 298} 27G .1706 Residential Tx. Child/Adol - Operations {V 298}

10A NCAC 27G .1706 OPERATIONS
(a) Each facility shall serve no more than a total

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{V 298}	Continued From page 28	{V 298}		

of 12 children and adolescents.
(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.
(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.
(d) Psychiatric consultation shall be available as needed for each child or adolescent.
(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.
(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.
(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.

This Rule is not met as evidenced by:
Based on interview, record review, and observation, the facility failed to provide access to age appropriate personal belongings affecting 1 of 4 clients (Client #4). The findings are:

Observation on 9/24/19 at approximately 11:25am of Client #4's bedroom revealed:

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{V 298}	Continued From page 29 -No personal items, toys, or clothing in the bedroom. Review on 9/19/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -History of physical aggression, threats toward others, and sexually victimizing her younger sibling; -Current treatment plan did not include strategies to address remove access to age appropriate personal belongings. Interview on 9/19/19 and 9/24/19 with the Qualified Professional #8 revealed: -Responsible for the development of all treatment plans and goals; -Did not realize the removal of personal items needed to be included in the client's treatment plan. Interview on 9/24/19 with Qualified Professional/Licensee #11 revealed: -Client #4's personal belongings were removed from her bedroom and stored in the laundry room to prevent her access to the items because she had been ripping her clothes; -Staff provide one clean outfit for Client #4 to wear daily; -Client #4 must earn time playing with her toys; -There is nothing in Client #4's treatment plan which outlines the removal of personal belongings or how Client #4 will earn time to play with her toys; -The Licensed Professional will take a more active role in providing supervision to all qualified professionals.	{V 298}		

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{V 298}	Continued From page 30 This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	{V 298}		
{V 366}	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in	{V 366}		

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{V 366}	Continued From page 31	{V 366}		

Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the

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{V 366}	Continued From page 32 LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their written policies regarding their response to Level I incidents. The findings are: Review on 9/19/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder,	{V 366}		

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{V 366}	Continued From page 33 Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -History of sexually victimizing her younger sibling; -Wrote a note to Client #2 requesting to engage in sexualized behaviors together; -Current treatment plan did not include strategies to address sexualized behaviors. Review on 9/24/19 of the facility's Policy and Procedure Manual dated 1/31/19 revealed: -"Incident Reporting ...After appropriate action is taken to remedy the problem and to ensure the safety, well being and care of those individuals who are directly involved in the incident, then a report shall be completed. The report should be on the standardized incident reporting form. The report shall be completed in detail and shall include all pertinent facts such as time, place, persons involved, witnesses, extend of injury or damages and methods of remedy ..." Interview on 9/24/19 with the Qualified Professional #9 revealed: -Did not complete an incident report when Client #4 requested sexual activity with Client #2; -Did notify the Qualified Professional/Licensee #10 and Qualified Professional #11 regarding the incident. Interview on 9/24/19 with the Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed: -An incident report should have been completed when Client #4 wrote a not requesting Client #2 engage in sexual activity; -Will ensure all incident reports are completed in the future; -The Licensed Professional will take a more	{V 366}		

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{V 366}	Continued From page 34 active role in providing supervision to all qualified professionals. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	{V 366}		
{V 367}	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, 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. (b) Category A and B providers shall explain any	{V 367}		

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{V 367}	Continued From page 35 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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet	{V 367}		

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{V 367}	Continued From page 36	{V 367}		

the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and
(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to report all Level II incidents to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings are:

Review on 9/19/19 of Client #1's record revealed:
-Admission date was 5/8/19;
-Diagnoses was Major Depressive Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder;
-16 years old;
-History of running away;
-Ran away from the facility on 8/30/19 and was located by local law enforcement.

Review on 9/19/19 of Client #3's record revealed:
-Admission date was 5/23/19;
-Diagnoses was Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder;
-14 years old;
-History of running away;

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{V 367}	Continued From page 37 -Ran away from the facility on 8/30/19 and was located by local law enforcement. Review on 9/19/19 of the facility's Incident Reports revealed: -Level I incident reports each dated 8/30/19 involving Client #1 and Client #3 running away in separate incidents on 8/30/19; -Each report indicated a report to law enforcement. Interview on 9/24/19 with Qualified Professional #9 revealed: -Was responsible for ensuring completion of the incident reports after each incident; -Did not know that all incidents involving client behaviors resulting in a report to law enforcement needed to be completed through the North Carolina Incident Response Improvement System (NC IRIS). Interview on 9/24/19 and 9/25/19 with Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed: -Will ensure all Level II incidents are completed through NC IRIS in the future; -The Licensed Professional will take a more active role in providing supervision to all qualified professionals. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	{V 367}		
{V 517}	27E .0104(c-d) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION,	{V 517}		

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{V 517}	Continued From page 38 PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse. (d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure restrictive interventions were not employed as a means of punishment, retaliation by staff, or a manner that causes harm or abuse affecting 1 of 4 clients (Client #4). The findings are: Review on 9/19/19 of Client #4's record revealed: -Admission date was 5/18/19; -Diagnoses was Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Enuresis; -10 years old; -History of physical aggression, threats toward others, and sexually victimizing her younger sibling; -Assessment dated 7/29/19 revealed Client #4 requires "eyes on supervision." Review on 9/24/19 of Staff #7's record revealed: -Hire dated of 5/26/19; -Employed as Residential Assistant; -Job Description signed 5/26/19 revealed: "	{V 517}		

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{V 517}	Continued From page 39 ...assists individuals with daily activities ...provides direct interventions to build socialization, behavior management skills, and daily/community living skills ...maintains documentation ...demonstrates knowledge of agency policies and procedures ...responds to individual safety needs, including reporting significant changes in behavior ...provides high quality customer service ...;" - Training in Evidence Based Protective Interventions (EBPI) on 7/1/19, with re-training on 7/16/19; -Previously received disciplinary warning for incident with Client #1 for using a restrictive intervention as a means that caused harm; Review on 9/19/19 of the facility's Incident Reports revealed: -Incident report dated 9/12/19 completed by Staff #7 regarding an incident with Client #4 revealed: " ...Consumer expressed that she had to pass gass ran down the hall. Staff caught her coming out of another clients room when she saw staff she said she had to pee. Staff said no, she then ran to her room on the bed staff went to grab her arm she then fell off bed ...consumer fell off bed when staff told her to go back in dining room after being caught in another staff room. Staff went to grab [Client #4] to get her out of her room ... [Client #4] needs to stay out of consumers room. Staff should let [Client #4] stay in her room." Review on 9/24/19 of Supervision Notes completed by Qualified Professional #8 revealed: -Supervision meetings between Staff #7 and Qualified Professional #8 occurred on: 8/5/19, 8/12/19, 8/19/19, 8/26/19, 9/2/19, 9/9/19, and 9/17/19 to discuss and document strengths, weaknesses, duties of position, challenges, and areas to improve;	{V 517}		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{V 517}	Continued From page 40 -Qualified Professional #8 never had a discussion on the proper use of restraint interventions or the incident when Staff #7 intervened with Client #4 grabbing her arm resulting in Client #4 falling off the bed. Interview on 9/23/19 with Client #4 revealed: -Had been put in a physical restraint by Staff #7 in the past few days and Staff #7 bent Client #4's arms behind her back; -Staff #7 hurt Client #4 by pulling Client #4's arms and by putting Client #4's arms behind her back; -Staff #7 told Client #4 not to tell anyone because the facility would get another fine by the State. Attempted interview on 9/25/19 with Staff #7 was unsuccessful. The telephone recording revealed the mailbox was full and no further messages could be accepted. Interview on 9/24/19 and 9/25/19 with Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed: -Staff #7 requested to move from a full-time position to a PRN (as needed) position on 9/16/19; -Staff #7 wanted the change in employment to be effective 10/1/19; -Staff #7's last day of work at the facility was 9/20/19; -Staff #7 would no longer be working at the facility as of 9/24/19 due to concerns with client interactions; -The Licensed Professional will take a more active role in providing supervision to all qualified professionals. Review on 10/3/19 of the Plan of Protection written by the Qualified Professional #10/Licensee and the Qualified Professional	{V 517}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-337	A. BUILDING: ______ B. WING ______	R 10/03/2019

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SERENITY HOUSE	**508 N RANSOM STREET GASTONIA, NC 28054**

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{V 517}	Continued From page 41 #11/Licensee dated 10/3/19 revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Describe your plans to make sure the above happens. Pathways Group Homes (Licensee) has terminated [Staff #7] as of 9/25/2019. Pathways Group Homes will hold a staff meeting to reiterate policies and procedures with all remaining staff." This deficiency constitutes a re-cited deficiency. Client #4 is 10 years old and is diagnosed with Post-Traumatic Stress Disorder, Reactive Attachment Disorder, and Oppositional Defiant Disorder. She has a history of physical aggression, threats toward others, and sexually victimizing her younger sibling. Staff #7 grabbed Client #4 by the foot to get Client #4 out of her bedroom causing Client #4 to fall off her bed. Furthermore, Staff #7 hurt Client #4 by bending her arm behind her back. Staff #7 previously received disciplinary actions for using restrictive interventions which caused harm. The facility did not independently recognize and address this issue. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious abuse. An administrative penalty of $500.00 per day is imposed for failure to correct within 23 days.	{V 517}		
{V 736}	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	{V 736}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{V 736}	Continued From page 42 This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a clean, safe, and attractive manner. The findings are: Observation on 9/24/19 at approximately 11:25am revealed: -Client #4's bedframe was broken, and the mattress and box spring was on the floor; -Sheet covering the right window of the bedroom; -Client #2's bedroom door did not latch. Interview on 9/24/19 and 9/25/19 Qualified Professional/Licensee #10 and Qualified Professional/Licensee #11 revealed: -Client #4's just broke her bed frame last night and a new bed has been ordered; -Will replace the sheet with a blind; -Had requested the landlord to repair Client #2's bedroom door. This deficiency constitutes a re-cited deficiency.	{V 736}		