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V 000	INITIAL COMMENTS An annual and complaint survey was completed on November 13, 2019. The complaint was substantiated (intake #NC00157425). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and	V 108		

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V 108	Continued From page 1 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Qualified Professional #1 had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are: Review on 11/12/19 of QP's (#1) personnel record revealed: -Hired date: 2/9/19. -Title: Qualfied Professional -There was no evidence of a current First Aid and CPR training in the record. Interview on 9/16/19 with the Qualified Professional #1 revealed: -Provided 20 hours per week and direct care. -She also worked from home. -She was unaware contract and part-time employees needed First Aid/CPR training. -Confirmed she did not have current First Aid/CPR training.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 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	V 112		

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V 112	Continued From page 2 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Person-Centered Plan included goals and strategies to address identified behaviors of elopement for former client (FC #4). The findings are: Review on 11/12/19 of Former Client (FC #4's) record revealed: -Admission date of 6/16/19. -Discharged date of 10/15/19. -Diagnoses Disruptive Mood Dysregulation Disorder, History of Oppositional Defiant Disorder, History of Cannabis Abuse and Unspecified Trauma and Stress Related Disorder.	V 112		

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-Person Centered Plan dated 9/26/19 included the following goals:

-"[FC #4] will identify triggers to impulsive behaviors and utilize replacement coping skills as indicated by refraining from exhibiting physical aggression toward others..."

-"[FC #4] will consistently follow rules and expectations set by authority figures across all settings, utilize coping skills to manage his mood, and accept responsibility for his behaviors."

-"[FC #4] will actively engage in individual and group therapy sessions..."

-There were no goals or strategies to address to elopement.

Review on 11/12/19 of the Facility's Elopement and Safety Plan included the following strategies:

-"Residential staff will try to deter resident from running. Residential staff will monitor camera and alarms to ensure that resident is safe in the facility. Residential Staff will do room checks in 30-minute intervals. To prevent for elopement, staff will respond to any behavioral or personal issues that could lead to a resident eloping."

-"Due to the fact restrictive interventions are not a preventive measure to stop a resident from leaving the facility, once a resident elopes here are the measures taken in the event of elopement:

-"Residential staff will follow residents encouraging them to return.

-"Residential staff will always staff in the proximity of the resident to know their location. Staff will continue to talk with resident asking them to return to the facility. Staff will document the location of the resident to give details to Administrative Team.

-"Residential staff will then call House Manager, QP, Clinical Therapist and Owners of any incidents that occur that involves the resident

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eloping. Staff will continue to follow resident to know where he is going and ensure that he is safe."

Review on 11/12/19 of FC #4's Level II Incident reports included the following:
-8/12/19 - eloped from home.
-8/13/19 - eloped from therapist office.
-8/16/19 - elopement from home
-10/11/19 - eloped from home
-10/12/19 - eloped from home
-10/13/19 - eloped from home
-10/15/19 - elopement from therapist office.

Review on 11/12/19 of the Qualified Professional email dated 8/14/19 regarding Child/Family Treatment Team Meeting revealed:
-"We all agreed during the CFT that [FC#4's] stepmom is to bring [FC#4] back Friday before 5 p.m. We explained to Guardian and Stepmom that [FC#4's] is running from the incident and if [FC#4] is not here for therapy [FC#4] cannot process it with [Therapist]. [AP] and [QP] told [FC#4's] guardian and stepmom that [FC#4] has one more chance. These are the guideline that have been put in place if [FC#4] elopes from the group home. These guidelines are placed on the wall by the desk..."
-"[Staff] will do an immediate 30 days discharge if [FC #4] elopes."
-"If there is any altercation with other consumers, the police will be called and [FC#4] is to be taken to detention. [FC#4's] stepmom cannot be called to pick [FC#4] up. [FC#4] is in [County] custody. [Staff] do not need to talk to [FC#4's] stepmom.
-"If [FC#4] elopes, [Staff] are to call the police and file a missing person report immediately."
-[FC#4's] guardian has provided all number to be called..."

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V 112	Continued From page 5 Review on 11/21/19 of the Qualified Professional email dated 9/5/19 to FC #4's guardian revealed: -"This is notification that [FC#4] will be discharged from [group home] in the next 30 days on 10/5/19. [FC #4] is being discharged from the home for the following: [FC #4] has eloped from the facility on 8/12/19, and 8/16/19. [FC #4] also eloped from a therapy appointment on 8/13/19. In addition, [FC #4] assaulted other consumers in the home on 7/25, 8/2, 8/11 and 8/29. [FC #4] was suspended from school on 9/4 for five days for fighting. Due to the elopements, aggressive, and combative behavior towards other consumers and staff, and failure to comply with group home rules discharge is warranted for the health and safety of [FC #4] and other consumers in the home." Interview on 11/13/19 with the Qualified Professional revealed: -Confirmed the number of elopements from group home and therapist office. -FC#4 received therapy weekly at the therapist office. -Two staff escorted FC #4 to the therapist office. -The police were called for all incidents of elopement. -During elopement from the group home, FC #4 returned without the police about one hour or less later. -Discussed with guardian about discharging FC#4 two times. -Implemented interventions to help reduce behaviors including elopement safety plan and enrollment in football. -FC#4 participated in the football program for a few weeks but behavior continued. -She started looking for level III and PRTF's in different states.	V 112		

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V 112	Continued From page 6 -No programs were available in North Carolina. -FC#4 did not meet the criteria for PRTF. -FC #4 was reportedly at his stepmother's home during last elopement on 10/15/19. -Guardian was aware FC#4 eloped to his stepmother's home but filed missing person report. -The guardian was filing paperwork to return guardianship back to the stepmother. -Confirmed the QP #2 who was responsible for authorization did not update PCP with elopement goal and strategies. -FC #4 was discharged on 10/15/19 due to being out of the facility for 10 consecutive days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to conduct fire and disaster drills on each	V 114		

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V 114	Continued From page 7 shift at least quarterly. The findings are: Review on 11/12/19 of the facility's fire and disaster drills record revealed: -Fire and disaster drills were conducted every month on 1st and 2nd shift. -There were no fire and disaster drills conducted on 3rd shift. Interview on 11/12/19 with the Associate Professional revealed: -She reported fire and disaster drills were conducted monthly. -Confirmed there were no fire and disaster drills conducted on 3rd shift.	V 114		
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:	V 296		

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V 296	Continued From page 8 (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 of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (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. (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. This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to assure the minimum number of staff was available to supervised clients during transportation affecting 3 of 3 clients (#1, #2, and #3). The findings are: Review on 11/12/19 of Client #1's record revealed: - Admission date of 4/1/19. -Diagnoses of Attention Deficit Hyperactivity Disorder and Trauma and Stress Related	V 296		

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V 296	Continued From page 9 Disorder Review on 11/12/19 of Client #2's record revealed: -Admission date of 4/3/19. -Diagnosis of Mild Intellectual Disability, Adjustment Disorder, Oppositional Defiant Disorder, Major Depressive Disorder and Attention Deficient Hyperactivity Disorder Review on 11/12/19 of Client #3's record revealed: -Admission date of 4/3/19. -Diagnoses of Attention Deficit Hyperactivity Disorder and Unspecified Depressive Disorder Interview on 11/12/19 with the Associate Professional revealed: -Clients were transported by two or more staff to appointments and court hearings. -She reported two 3rd shift staff transported clients to school. -Confirmed she transported clients from school without additional staff. Interview on 11/12/19 with the Qualified Professional #1 revealed: -She would provide transportation support as needed. -Other staff worked 2nd, 3rd and weekends. -Confirmed the Associate Professional transported clients from school to home without additional staff. -She would assign staff to provide transportation support from school.	V 296		