

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2019
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NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 26, 2019. The complaints were substantiated (Intake #NC00157518, 00157545, 00157578). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged</p>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 132	<p>Continued From page 1</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify the Department of all allegations of abuse and failed to report the results of all internal investigations within five working days of the initial notification to the Department involving 1 of 1 audited former staff (Former Staff #5/Qualified Professional (FS#5/QP)). The findings are:</p> <p>Review on 11/12/19 of the facility's Incident Reports revealed: -Level III Incident Report dated 10/23/19 involving Client #4 and FS#5/QP regarding of an allegation of physical abuse did not include notification of the accused staff to the Department; -No documentation available of the notification of the results of the internal investigation involving the 10/23/19 incident between Client #4 and FS#5/QP within five working days to the Department.</p> <p>Interview on 11/26/19 with the representative from</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>the Department of Mental Health (DMH) revealed: -The level III incident report completed through the North Carolina Incident Response Improvement System (NC IRIS) did not include completion of the accused staff under the Health Care Personnel Registry (HCPR) tab and did not include information under the Investigation tab; -The facility needs to go back into NC IRIS to complete the HCPR and Investigation tabs.</p> <p>Interview on 11/25/19 with the representative from HCPR revealed: -There were no reports of an allegation against FS#5/QP for any incident occurring in October, 2019.</p> <p>Interviews on 11/12/19 and 11/26/19 with Staff #4/Program Director revealed: -Completed the incident report involving the 10/23/19 incident between Client #4 and FS#5/QP through NC IRIS and believed she had completed all necessary documentation; -Will contact the representative from DMH to ensure accurate completion of the necessary HCPR and Investigation tabs in NC IRIS and ensure proper notification to the Department.</p>	V 132		
V 184	<p>27G .1401 Day Tx Child/Adol - Scope</p> <p>10A NCAC 27G .1401 SCOPE (a) Day treatment is a day/night facility for children and adolescents who are emotionally disturbed which coordinates educational activities and intensive treatment while allowing the individual to live at home or in the community. (b) This service is designed to increase the ability of a child or adolescent to relate to others and function appropriately within the community while serving as an intervention to prevent</p>	V 184		

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V 184	<p>Continued From page 3</p> <p>hospitalization or placement outside the home or community.</p> <p>(c) It shall provide a therapeutic environment as well as other activities which may include individual therapy, group therapy, recreational therapy, language communication skills development, social skills development, pre-vocational service, vocational training, service to parents, and individual advocacy.</p> <p>(d) The client's educational activities may be provided in this facility or in another educational setting, such as regular classes or special education programs within a typical school setting.</p> <p>(e) Treatment, services, and discharge plans provided by day treatment programs shall be coordinated with other individuals and agencies within each client's local system of care.</p> <p>(f) Day treatment facilities may include before/after school and summer facilities, and early intervention.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to coordinate care with other individuals and agencies within each client's local system of care affecting 2 of 5 audited clients (Clients #1 and #2). The findings are:</p> <p>Review on 11/19/19 of Client #1's record revealed: -Admitted on 4/23/19; -Diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Generalized Anxiety Disorder, Wolff Parkinson-White Syndrome; -17 years old;</p>	V 184		

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V 184	<p>Continued From page 4</p> <p>-Individualized Education Plan (IEP) dated 10/2018.</p> <p>Review on 11/19/19 of Client #2's record revealed: -Admitted on 5/23/19; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder, Fetal Alcohol Syndrome, Gastroesophageal Reflux Disorder, History of Physical Abuse and Neglect; -15 years old; -No IEP in place.</p> <p>Review on 11/14/19 of the Memorandum of Understanding (MOU) between the facility and the local Board of Education (BOE) signed by Staff #4/Program Director (PD) dated 10/5/19 and the Assistant Superintendent of the local BOE dated 10/9/19 revealed: -" ...agreed to cooperate regarding the provision of special education and related services to students with active IEPs in the students' Day Treatment setting...;" -Facility responsibilities include: "...provide a roster of students with IEPs who have been admitted into the Day Treatment Program ..."</p> <p>Review on 11/18/19 of email correspondence from the Exceptional Children (EC) teacher from the local BOE to Staff #4/PD revealed: -" ...[Utilization Management Program Specialist] spoke to the DHHS (Department of Health and Human Services) contact on Friday. She says [Client #1] from [local neighboring county] had an IEP that recently expired. I am going to start serving him tomorrow. Can you please reach out and obtain a copy of his IEP?..."</p> <p>Review on 11/18/19 of email correspondence</p>	V 184		

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V 184	<p>Continued From page 5</p> <p>from the Executive Coordinator from Client #1 and Client #2's Level III facility to Staff #4/PD revealed:</p> <ul style="list-style-type: none"> -Email correspondence dated 4/26/19 at 2:43 pm with attachment including Client #1's current treatment plan, comprehensive clinical assessment, IEP, and crisis plan; -Email correspondence dated 5/2/19 at 12:35pm with attachments including current treatment plan, comprehensive clinical assessment, and crisis plan. <p>Interview on 11/18/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Did not attend a traditional school setting due to the need to "control my anger;" -Attended day treatment five days per week for the past several months, completing group sessions and academics including Math, Science, English/Reading, and Social Studies; -Did not meet with the local school district's EC teacher; -Planned to enter Job Corps in a neighboring county upon discharge from day treatment. <p>Interview on 11/8/19 with Client #1's Social Worker/Legal Guardian revealed:</p> <ul style="list-style-type: none"> -Client #1 transitioned from a Level IV residential placement to a Level III residential placement at the end of April, 2019; -Was aware Client #1 would attend a day treatment program starting April, 2019; -Believed Client #1 was receiving academic credits through implementation of the IEP while at day treatment; -The day treatment placement never received treatment authorization from Client #1's local management entity (LME); -Client #1 did not have any formal academic records from April, 2019 to present because the Day Treatment placement was not implementing 	V 184		

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V 184	<p>Continued From page 6</p> <p>Client #1's IEP; -Client #1 had difficulty with potential Job Corps placement due to not receiving educational services during the past several months; -It is a liability for the client's county of origin that the client is attending a mental health facility without authorization from the local LME.</p> <p>Interview on 11/18/19 with Client #2 revealed: -Had been attending day treatment since "around spring break (2019);" -Completed school work while at day treatment, including Math, English/Reading, Social Studies, and Science; -Did not meet with the local school district's EC teacher; -Could not identify why he attended day treatment as opposed to a traditional school setting.</p> <p>Interview on 11/12/19 with the EC Teacher from the local BOE revealed: -Provided educational services to any child in the day treatment facility who had an IEP; -Did not currently provide services to Client #1, as she had not been informed Client #1 had an IEP.</p> <p>Interviews on 11/15/19 and 11/19/19 with the Director of Administrative Services for Programs for EC and Utilization Management Program Specialist from the local BOE revealed: -The facility has a MOU in place with the local BOE; -Staff #4/PD was required to notify the local BOE of each child admitted to the facility who has an IEP; -Upon Staff #4/PD's notification to the local BOE for each child admitted with an IEP, the local BOE will ensure the client received educational services from the EC teacher provided by the BOE;</p>	V 184		

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V 184	<p>Continued From page 7</p> <p>-The facility only has a MOU with the local BOE for IEPs and no MOU for general education services.</p> <p>Interview on 11/18/19 with the Executive Coordinator of the Level III facility where Clients #1 and #2 lived revealed: -Client #1 had a current IEP when placed at the day treatment program. Client #1's current treatment plan, comprehensive clinical assessment, IEP, and crisis plan was forwarded to Staff #4/PD on 4/26/19 at 2:43pm via email; -Client #2 did not have a current IEP when placed at the Day Treatment program. Client #2's current treatment plan, comprehensive clinical assessment, and crisis plan was forwarded to Staff #4/PD on 5/2/19 at 12:35pm via email.</p> <p>Interviews on 11/5/19 and 11/15/19 with the Business Integrity Resolution Specialist at Clients #1 and #2 LME revealed: -Clients #1 and #2 do not have treatment authorization agreements in place to attend the day treatment program.</p> <p>Interviews on 11/15/19 and 11/26/19 with Client #1's LME Complex Care Manager revealed: -It is the responsibility for the day treatment program to seek treatment authorization for clients receiving services at their program; -Clients #1 and #2 do not have treatment authorization to attend the day treatment program; -On 11/26/19, Client #1's treatment authorization was finally approved by the LME for Client #1 to receive treatment services at the day treatment program.</p> <p>Interviews on 11/12/19, 11/18/19, 11/19/19, and 11/26/19 with Staff #4/PD revealed:</p>	V 184		

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V 184	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Client #1 was admitted to the facility in April, 2019; -Client #1's referral paperwork was submitted by the Level III facility where Client #1 resided; -The facility is licensed under 10A NCAC 27G .1400 as a Day Treatment facility but provided educational information to the clients in attendance to prevent the clients from falling behind academically and to keep the clients motivated with academic materials; -Did not secure treatment authorization from the LME for Clients #1 and #2 to attend the facility; -The EC teacher from the local BOE provides services to all students with IEPs; -Did not realize Client #1 had an IEP; -Did not see the 4/26/19 email from the Executive Coordinator from Client #1's Level III residential program forwarding Client #1's IEP. The email may have ended up in her spam account; -Client #1 did not receive services from the EC teacher from the local BOE because the BOE was not notified Client #1 had an IEP; -The EC teacher from the local BOE will begin providing services to Client #1 during the week of 11/18/19 now that the BOE is aware of Client #1's IEP; -Client #2 did not have an IEP; -Will ensure all clients have treatment authorizations in place and all clients with current IEPs are referred to receive EC services. <p>Review on 11/26/19 of the Plan of Protection written and signed by Staff #4/PD dated 11/26/19 revealed: "What will you immediately do correct the above rule violation in order to protect clients from further risk or additional harm? In the future no students will be permitted to begin Day Treatment without an active authorization. Once we noticed student were not</p>	V 184		

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V 184	<p>Continued From page 9</p> <p>authorized we acted quickly to begin the authorization process. [Client #1] is also receiving EC services now. Describe your plans to make sure the above happens. We will review incoming consumers. Ensure that all paperwork is received prior to giving a start date. If they don't meet criteria they will not be allowed to start until all services are in place."</p> <p>Client #1 is 17-year-old adolescent whose diagnoses include Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Generalized Anxiety Disorder. Client #2 is a 15-year-old adolescent whose diagnoses include Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, and Fetal Alcohol Syndrome. Clients #1 and #2 require a day treatment setting due to their academic and behavioral challenges in a traditional school setting. Clients #1 and #2 were attending a day treatment facility without proper treatment authorization from their local management entity for over 7 months. Furthermore, Client #1 had an individualized education plan requiring exceptional children's services but did not receive any formal educational services while at the day treatment facility due to the lack of proper treatment authorization and notification to the local board of education. As a result, Client #1 did not receive any educational credits for over 8 months inhibiting his placement at Job Corps upon discharge. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out</p>	V 184		

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V 184	Continued From page 10 of compliance beyond the 23rd day.	V 184		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service</p>	V 537		

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V 537	<p>Continued From page 11</p> <p>provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence</p>	V 537		

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V 537	<p>Continued From page 12</p> <p>by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p>	V 537		

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V 537	<p>Continued From page 13</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 audited former staff (Former Staff #5/Qualified Professional (FS#5/QP)) failed to demonstrate competency during the implementation of physical restraints. The findings are:</p> <p>Review on 11/18/19 of Client #4's record revealed: -Admitted on 2/28/19; -Diagnosed with Major Depressive Disorder,</p>	V 537		

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V 537	<p>Continued From page 14</p> <p>Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder; -15 years old.</p> <p>Review on 11/18/19 of Client #5's record revealed: -Admitted 7/6/18; -Diagnosed with Disruptive Mood Dysregulation Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder; -15 years old.</p> <p>Review on 11/19/19 of FS#5/QP's record revealed: -Hire date of 8/2013; -Last day of work at the facility was 10/23/19; -Employed as QP; -Completed training in North Carolina Interventions (NCI) on 1/25/19; -Job description dated 7/30/13 revealed: "...provide 24/7 crisis intervention and planning to meet needs or anticipated needs of consumers by developing and implementing crisis plans for each consumer ...;" -Written disciplinary action and suspension notice dated 10/24/19 regarding the 10/23/19 incident revealed: "...[FS#5/QP] stated he did not like student (Client #4) hitting him in the face multiple times when he was trying to defuse the situation. [FS#5/QP] expressed that he understands that he should have walked away when other staff came to assist to prevent him (Client #4) from continuing to escalate ...[FS#5/QP] has been addressed previously about being able to remove himself from situations where he begins to feel its personal. Program Director (Staff #4/PD) has reminded him that working with clients with diagnosis it's important to not take comments personal ...[FS#5/QP] will receive additional trainings on how to effectively utilize NCI training.</p>	V 537		

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V 537	<p>Continued From page 15</p> <p>[FS#5/QP] will also have supervisions to ensure he is effectively managing the job duties and able to process his concerns of his day to day routine ...;"</p> <p>-No documentation of additional training provided after the 10/23/19 incident involving Client #4 and FS#5/QP.</p> <p>Review on 11/12/19 of the facility's Incident Reports revealed:</p> <p>-Level III Incident Report dated 10/23/19 involving Client #4 and FS#5/QP regarding of an allegation of physical abuse;</p> <p>" ...[Client #4] attempted to fight another student (Client #5). [FS#5/QP] attempted to defuse the situation by breaking up the fight. [Client #4] became physically aggressive towards [FS#5/QP] and punched him in the face twice ...Incident Prevention: When staff begins to personalize or take outburst personal another staff will intervene to process with student ..."</p> <p>Interview on 11/18/19 with Client #4 revealed:</p> <p>-Did not attend a traditional school setting due to his history of fighting and disrespecting teachers;</p> <p>-Was involved in an incident with FS#5/QP in late October, 2019 during which Client #4 and Client #5 were having a verbal disagreement. FS#5/QP got involved in the verbal disagreement and started "running his mouth." FS#5/QP grabbed Client #4 by his shirt threatening to kill Client #4 and poking at Client #4's face. "I threw him (FS#5/QP) down and punched him in his mouth (with a closed fist)." Client #4 and FS#5/QP "tussled around on the ground" and FS#5/QP had one hand on Client #4's throat and was pointing one finger in Client #4's eye. The police arrived on the scene and calmed things down, but Client #4 kicked a door and the police put Client #4 in handcuffs and took him to a police car.</p>	V 537		

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V 537	<p>Continued From page 16</p> <p>Interview on 11/18/19 with Client #5 revealed: -Did not attend a traditional school setting due to his history of fighting teachers; -In late October, 2019, Client #4 took the basketball away from Client #5 while outside. Client #5 told Client #4 to give the basketball back, but Client #4 did not comply. Staff #2/Paraprofessional (Staff#2/PP) and Staff #3/Qualified Professional (Staff#3/QP) instructed Client #5 to go into the building to avoid a confrontation. Client #5 did not know what happened after he went inside. Staff#3/QP returned inside the building with Client #5 while Staff#2/PP remained outside with Client #4.</p> <p>Interview on 11/18/19 with Staff #1/QP revealed: -On 10/23/19, Client #4 walked aggressively toward Client #5 on the basketball court. FS#5/QP walked toward Client #4 to calm him and coach him. Client #4's physical stature is big and FS#5/QP tried to place himself between Client #4 and Client #5. Client #4 became aggressive and Staff#1/QP called for assistance and sent all other clients back into the building. Staff#1/QP did not witness FS#5/QP grab, poke or hit Client #4, but Client #4 did hit FS#5/QP in the face multiple times before the two fell to the ground. Staff#1/ QP called for police assistance and the police dispatcher instructed Staff#1/QP to go to a quiet area to provide incident details. Staff#1/QP went inside. Additional staff brought Client #4 into the building and Client #4 engaged in property destruction, tried to get away, and lunged toward a police officer in an aggressive manner and was handcuffed and placed in the back of a police car. FS#5/QP remained outside.</p> <p>Interview on 11/18/19 with Staff#2/PP revealed:</p>	V 537		

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V 537	<p>Continued From page 17</p> <p>-On 10/23/19 responded to the back of the building to assist with an incident after receiving a call for assistance on the walkie. Observed Client #4 and FS#5/QP "tussling on the ground" and attempted to separate Client #4 and FS#5/QP. Did not observe either Client #4 or FS#5/QP throw punches. When Client #4 was separated from FS#5/QP, Staff #2/PP escorted Client #4 into the building. Once in the building, Client #4 displayed property destruction and pushed a police officer who had responded to the facility. Client #4 was handcuffed and placed in the back of a police car.</p> <p>Interview on 11/18/19 with Staff #3/QP revealed: -The high school class went outside on 10/23/19 when the middle school class was already outside. Client #4 had a history of starting issues with students from the middle school class. Staff #1/QP and FS#5/QP were outside. Client #4 approached Client #5 and was separated by Staff #3/QP. FS#5/QP positioned himself between Clients #4 and #5. Client #4 grabbed FS#5/QP and staff called for assistance. Client #4 and FS#5/QP fell to the ground and Client #4 grabbed FS#5/QP by the shirt. Did not witness any poking, hitting or punching but Client #4 and FS#5/QP were on the ground together. Witnessed the initial "tussle" between Client #4 and FS#5/QP. The police eventually arrived and handcuffed Client #4.</p> <p>Interview on 11/18/19 with FS#5/QP revealed: -Positioned himself between Client #4 and Client #5 during a verbal altercation on 10/23/19. Was hit twice in the face by Client #4. Restrained Client #4 by holding his arms down and then both Client #4 and FS#5/QP fell to the floor. FS#5/QP did not release the restraint after falling to the ground with Client #4 as trained. Staff #1/QP and</p>	V 537		

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V 537	<p>Continued From page 18</p> <p>Staff #3/QP came to help and Staff #4/Program Director (PD) also responded. Client #4 and FS#5/QP continued to "tussle on the ground." Denied choking, poking, or hitting Client #4; -Was transferred to a sister facility to de-escalate the situation between Client #4 and FS#5/QP and to avoid the two from being in the same building; -Had not completed any additional trainings after the 10/23/19 incident.</p> <p>Interviews on 11/12/19 and 11/26/19 with Staff #4/PD revealed: -Was not comfortable with the power struggle which FS#5/QP became engaged in with Client #4 during the 10/23/19 incident; -FS#5/QP did not release the restraint upon falling to the ground as trained; -FS#5/QP did not immediately respond to the Staff #4/PD's directive to release and separate himself from Client #4 during the 10/23/19 incident; -FS#5/QP was no longer employed to work at the facility with children but had been moved to another program at a different location to work with adults; -Training for all staff is scheduled to be implemented by the Clinical Director on 12/2/19.</p> <p>Review on 11/26/19 of the Plan of Protection written and signed by Staff #4/PD dated 11/26/19 revealed: "What will you immediately do correct the above rule violation in order to protect clients from further risk or additional harm? Ensure that staff is properly trained in all areas. I will also make that that multiple staff are assisting with the situations in order for staff who is becoming emotionally involved in the situation. It is our plan to ensure that all students are safe and protected. [FS#5/QP] was suspended during</p>	V 537		

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V 537	<p>Continued From page 19</p> <p>internal investigation. He was also immediately moved to another service.</p> <p>Describe your plans to make sure the above happens.</p> <p>Additional training will be conducted by Clinical Director to make sure we have done all trainings to assist staff with proper protocol. The training for all staff will be held December 2nd 2019."</p> <p>Client #4 is a 15-year-old adolescent diagnosed with Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, and Oppositional Defiant Disorder. He has a history of fighting and disrespecting teachers requiring placement in a day treatment setting as opposed to a traditional school setting. Client #4's behavior escalated during an incident on 10/23/19 requiring staff intervention. FS#5/QP implemented a physical restraint and fell to the ground with Client #4. Rather than releasing Client #4 upon immediately falling to the ground as trained, FS#5/QP continued to "tussle" with Client #4. Furthermore, FS#5/QP did not immediately respond to Staff#4/PD's directives to terminate the intervention. FS#5/QP's actions were detrimental to the health, safety, and welfare of Client #4. This deficiency constitutes a Type B rule violation. If the violation in not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 537		