	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL084-085	B. WING		02	2/20/2020
IAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ORETTA'	S PLACE		INY STREET ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	The complaints were	vas completed on 2/20/20. substantiated(#NC160449 eficiencies were cited.				
		d for the following service 27G .1900 Psychiatric It for Children and				
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110			
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional associate professional professional as speci Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system then qualified profess professionals shall de (e) Competence shall exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal ski (6) communication s (7) clinical skills. (f) The governing bo develop and impleme	ified in Rule .0104 of this s shall demonstrate d abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: edge; ess;				

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
		MHL084-085	B. WING		02/20/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ORETTA	'S PLACE		INY STREET ARLE, NC 28001			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 110	Continued From page	e 1	V 110			
	plan upon hiring each	n paraprofessional.				
	This Rule is not met	This Rule is not met as evidenced by:				
	Based on records rev facility failed to ensur competency for the p audited staff (#1, #2,	view and interviews, the				
	are:					
	-staff #1 was hired or Residential Counselo	Review on 2/18/20 of personnel records revealed: -staff #1 was hired on 11/19/19 with the job title of Residential Counselor and completed training on				
	part of the orientation	ensed Professional(LP) as				
	Residential Counselo 7/3/19 on the topic of	r and completed training on sexual behaviors presented				
	-staff #3 was hired on Residential Counselo	he orientation training; n 3/27/18 with the job title of r and completed training on				
	3/27/18 on the topic of presented by the LP a training;	of sexual behaviors as part of the orientation				
		11/9/19 with the job title of r and completed training on of sexual behaviors				
	presented by the LP a training;	as part of the orientation				
	Residential Counselo 5/3/18 on the topic of	r and completed training on sexual behaviors presented				
	training; -staff #5 was hired or Residential Counselo 5/3/18 on the topic of by the LP as part of the alth Service Regulation	n 5/9/18 with the job title of r and completed training on	2000			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL084-085	B. WING		02/20/2020	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ORETTA	'S PLACE		NY STREET ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 2	V 110			
	Residential Counseld 10/15-22/19 on the to presented by the LP training; -FS#8 was hired on 2 Residential Counseld completed training of aggressive behaviors -FS#9 was hired on 2 Residential Counseld completed training of	s; 1/16/20 with the job title of or, resigned on 1/24/20 and n 1/20/20 on the topic of esented by the LP as part of				
	-date of admission 6/ Attention Deficit Hyp Oppositional Defiant Traumatic Stress Dis Anxiety Disorder; -age 11 years old; -Comprehensive Clir dated 5/10/19 docum	f client #1's record revealed: /11/19 with diagnoses of eractivity Disorder(ADHD), Disorder(ODD), Post sorder(PTSD) and Social nical Assessment(CCA) nented client #1 had been in 3 and was a victim of sexual				
	abuse and neglect. H other clients, played struggled with bound was impulsive, manip as demonstrated ago -CCA updated on 10.	He struggled with bullying the victim with peers and laries with peers. He also pulative and intrusive as well gressive behaviors; /23/19 documented client #1				
	nightmares, frequent avoidance behaviors comply, was actively accepting the word "	ions. Client #1 also had flashbacks and exhibited f. Client #1 refused to defiant and had trouble no;"				
		9 from an outpatient therapist NeuroSequential Model of				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		MHL084-085		710.0005	02	2/20/2020
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
LORETTA	'S PLACE		ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 3	V 110			
	Therapeutics) Assess client #1. The results was cognitively brigh he functioned as a 3- severe to moderate of attention/tracking, hy being able to delay g -treatment plan dated 1/29/20 documented verbal and physical a self-control, demonst techniques, learn to d directives from adult more than 3 prompts communicate approp figures, work on reso to help cope with stre coping skills, have a learn to identify any s demonstrate ability to healthy/appropriate r	sment was completed on indicated although client #1 t but emotionally and socially 4 years old with areas of dysfunction in perarousal, impulsivity and ratification; d 1/16/20 and updated the following goals: reduce aggression, practice trate self-soothing effectively comply with authority figures with no /redirection, learn to oriately with adult authority olving past traumatic events essors, demonstrate effective psycho-sexual evaluation, sexualized behaviors and o engage in				
	Disorder(DMDD); -discharged on 1/23/ -11 years of age;	e Mood Dysregulation 20; ent information dated 8/9/19				
	documented FC#5 w Services and had su mother. FC#5 strugg	as in the custody of Social pervised visits with his birth led with aggression, change				
	away, destruction of management. FC#5 and struggled with pe	also was easily overwhelmed eer interactions. FC#5				
	increased in the last	ome and his behaviors had 2-3 months. FC#5 attacked ing bruises. His behaviors				

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V 110	Continued From page 4		V 110			
	were increasing desp interventions; -CCA dated 1/23/19 of foster home and exh aggression and suici- three prior inpatient p suicidal ideation and insight, impaired judg easily distracted; -CCA updated 10/22, problems sleeping, h nightmares. FC#5 dis outbursts, defiance, p FC#5 struggled with talking. FC#5 was se individual who lived w reported physical above was removed from hi 5 years old. FC#5 was and had problems m FC#5 also had issue frequent impulses; -treatment plan dated documented the follo effectively communic increase ability to asl "no" and constructive occassions of instiga and physical aggress reduce destruction be elopement. Review on 2/11/20 of 1/23/20 regarding an 7:40am revealed the -staff(FS#8) came or with night shift staff a checks;	bite ongoing therapeutic documented FC#5 was in a ibited temper outbursts, dal statements. FC#5 had psychiatric admissions due to aggression. FC#5 had poor gement, a flat affect and was /19 documented FC#5 had had obsessive thoughts and splayed aggression, anger profanity and elopement. honesty and excessive exually abused by an with FC#5's birth mother and use by his stepfather. FC#5 is birth parents at the age of as easily influenced by peers aking and keeping friends. s with change and control of d 8/1/19 and updated 1/10/20 owing goals: learn to more eate with peers and adults, k for coping skills, accept e feedback, decrease ting peers, reduce verbal sion, comply with directives, ehaviors and decrease				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL084-085	B. WING		02/20/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	, ZIP CODE		
ORETTA	'S PLACE		INY STREET ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 5	V 110			
	client #1 perform and -FC#5 stated he did sex but he did not wa	t #1 kept asking him to let al sex; not want to engage in anal ant client #1 angry at him; tion was started on the				
	Review on 2/11/20 of roster of staff who worked the date of the incident revealed: -night shift staff for 1/22/20 starting at 6:30pm until 1/23/20 7:00am included staff #1, staff #2, staff #3 and staff #4; -day shift staff for 1/23/20 starting at 6:30am until 1/23/20 7:00pm included staff #5, staff #6, FS#8 and FS#9.					
	7:00pm; -walked up the stairs on the table and beg -staff #6 and FS#9 w on the unit; -client #1 and FC#5 b bedroom only cracke -opened the door and with his pants down; -client #1 was standi pants open and his p -client #1 was trying -not sure if either clie open; -turned on the light a -FC#5 pulled up his p -client #1 stated he w stuffed animal;	the facility from 6:30am until to the unit, put his breakfast an his room checks; were present when he arrived had their door to their shared ed open; d observed FC#5 bent over ng behind FC#5 with his benis out; to penetrate FC#5; ent heard the bedroom door nd asked what was going on;				
	and cursing; -asked FC#5 what ha	appened and FC#5 stated to stick is d**k in my a**;"				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL084-085	B. WING		02	2/20/2020
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ORETTA'	S PLACE					
		ALBEMA	ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 6	V 110			
		e bedroom and had FC#5 sit				
	beside him;					
		n and reported the incident				
	immediately;	1 propoured him to do it.				
		1 pressured him to do it; 1 asked him every night to				
		, .				
	engage in sexual beh -FC#5 stated it had h					
		t but was not able to give any				
	dates or times;	to but was not able to give any				
		not scared of client #1 but				
		ne did not want client #1 to				
	get in trouble;					
	•	to the local emergency room				
	for assessment;	to the local emergency room				
	,	prior sexual behaviors				
	between FC#5 and c					
		had been roommates for				
	about a month;					
	-when client #1was c	confronted about any				
		d others for his actions;				
		dictated clients were not				
		r bedroom doors all the way if				
	they had a roommate	5				
	,	completed every 12-15				
		ented in the night sleep log;				
		laints from any other peers				
	÷ .	haviors regarding client #1 or				
	FC#5;	0 0				
		, observed client #1 rub				
	-	ith a stuffed animal but had				
	not observed anythin					
	Interview on 2/13/20	with FS#9 revealed:				
	-worked the day shift	and arrived for shift at				
	6:30am on 1/23/20;					
	-only worked at the fa	acility for two days;				
	-went upstairs to the	unit upon his arrival;				
	-two night shift staff v	were on the unit(did not recall				
	their names);					1

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		MHL084-085	B. WING		02/20/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
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V 110	Continued From page	e 7	V 110			
	unit; -client #1 and FC#5 w appeared to be sleep -went downstairs to u went back upstairs to u engaged in sexual ac -FS#8 relayed the inf returned to the unit. Interview on 2/17/20 -started work at the facility 6:30am-7:00pm; -did not remember ar behaviors; -schedule included or staff completed room up clients at 8:00am; -from 8:00am-9:00am and breakfast then w -was on the other sid and FC#5's room dea FS#8 found client #1 sexual act; -did not remember w when he arrived on the incident; -client #1 and FC#5 p -had not observed am between client #1 and -sometimes FC#5 trief and client #1's room of told him he was not a	ben when he arrived on the were in their beds and bing; use the bathroom and then to the unit; aught client #1 and FC#5 stivity; formation to him when he with staff #6 revealed: acility in 2019; day shift from my training in sexualized nce entered onto the unit, checks and started waking				
	FC#5 tried to shut the					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL084-085	B. WING		03	2/20/2020
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE	02	./20/2020
			NY STREET			
ORETTA	'S PLACE	ALBEMA	ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 8	V 110			
	"house" and playing ' -FC#5 said he was al turned into a werewo -not heard of client # called "vampire;" -had a meeting after	lso a vampire and then				
	-worked the night shi -worked with staff #2, incident; -client #1 and FC#5 a bedroom door; -always told them "not to close their bedroor -client #1 and FC#5 a -did not observe any client #1 and FC#5; -was not aware of the -was going out the do coming into work;	with staff #1 revealed: ft from 6:30pm-7:00am; , #3, #4 the date of the always wanted to close their o" and they were not allowed m door; always played together; sexual behaviors between e incident until afterwards; bor off work and met FS#8 and FC#5 wanted to close				
	-worked the night shi -did not observe any between client #1 and -both client #1 and F0 of 1/22/20; -both were asleep wh morning of 1/23/20; -did his 15 minute be off shift;	with staff #2 revealed: ft from 6:30pm -7:00am; sexualized behaviors d FC#5; C#5 slept through the night nen he got off work the d check right before he went were asleep during his last				

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	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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V 110	Continued From page	9	V 110			
	bedroom door open; -was off shift before the -had a meeting after in supervision. Interview on 2/17/20 -worked at the facility -clients have bedtime out; -did 15 minute bed che -if two clients were in always remained ope -client #1 and FC#5 p -never heard of client "vampire" game or" h -never observed any between client #1 and	n the past to leave his he incident occurred; incident regarding increased with staff #3 revealed: from 6:30pm-12:00am; a t 9:00pm and lights were necks; a bedroom, bedroom door n; blayed together; #1 and FC#5 playing a ouse;" sexualized behaviors d FC#5; the incident to discuss what				
	-worked the night shift -client #1 and FC#5's night; -did not remember cli close their door durin -never observed any client #1 and FC#5;	door remained open all ent #1 or FC#5 trying to g his shift on 1/22/20; sexual behaviors between				
	client #1 and FC#5; -no knowledge of clie "vampire" game and '					
	-worked the day shift -worked as Lead staf	-				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION (X3		E SURVEY PLETED
			A. BUILDING:			
		MHL084-085	B. WING		02	2/20/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ORETTA	'S PLACE		NY STREET ARLE, NC 28001			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 110	Continued From page 10 -FC#5 switched roommates a lot due to his behaviors and conflict with peers;		V 110			
		ne morning of 1/23/20;				
		ed the unit and found client				
		can he shut his door and she				
	told him "no;"					
	-client #1 was in his t	ped and FC#5 was at his				
	bedroom door;					
		lients they were not allowed				
		#5 got back in his bed;				
		ere on the unit when she left				
	to go back downstain					
	-she met FS#8 coming up the back stairs to go to					
	the unit as she came down the back stairs; the 4 pight shift staff(staff 1 $\#$ 2 $\#$ 3 and $\#$ 4) were					
		-the 4 night shift staff(staff 1, #2, #3 and #4) were already off shift and had left the facility;				
	-	e kitchen, up the front stairs				
	and back on the unit;	•				
	-found FC#5 sitting w					
		nt #1] was trying to stick his				
		ate and called FS#8 a liar;				
	,	rything and said FS#8 was				
	laying;	.)				
		sponse to confrontation				
		was to yell, scream, cuss				
	and call staff liars;					
		noticed client #1 tried to				
		ed his peers but never in a				
	sexual way;					
		sexual interaction between				
	client #1 and FC#5;	oftenuerde te diasuss the				
	incident and supervis	afterwards to discuss the sion.				
	Interview on 2/18/20	with staff #7 revealed:				
	-worked night shift 6:	30pm-7:00am;				
	-lead staff on night sh					
	-bedroom doors were	e always supposed to be				

STATEMEN	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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V 110	Continued From page	e 11	V 110			
	door to play "house;" -started playing this g roommates for awhile -was told by staff they their door; -client #1 and FC#5 r "house" to him; -client #1 and FC#5 g allowed to shut their t -client #1 and FC#5 li together but did not re -other peers on the un FC#5 for playing the -peers asked client # to do, try to suck his o -"Peers hitting them t -prior to the incident, staff about the games playing together; -not aware if the infor were related to the LF -was told to keep a cl Interview on 2/18/20 -provided individual a clients until 12/2019; -another therapist sav 12/2019; -sometimes client #1 engage in therapy; -FC#5 had disclosed had not acted out sex -both client #1 and FC "vampire" game; -talked about this games	y were not allowed to shut never did explain the game pot upset when they were not bedroom door; iked to play another game emember what it was called; nit picked on client #1 and "house" game; 1 and FC#5 "what you trying d**k?" hard with that;" was debriefed by day shift is client #1 and FC#5 were mation about the the games C; ose eye on all clients. with the LP revealed: and group therapy to both w both clients starting in and FC#5 refused to his past sexual abuse but cually at the facility; C#5 talked about the me in FC#5's Child and				

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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LORETTA	'S PLACE		NY STREET ARLE, NC 28001			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI
V 110	Continued From page	e 12	V 110			
	-FC#5 reported he pla	ayed "house" with his birth				
	mother and brother in					
		letails about the game				
	"house" from FC#5;	ganto				
	-set up a time to have a session with FC#5					
	regarding the "house" game on 1/22/20 prior to					
	the incident but FC#5 refused therapy on 1/22/20;					
	-client #1 never brought up the "house" game in					
	therapy;					
		nts played together with their				
	stuffed animals;					
	-both played the "vampire" game with their stuffed					
	animals;					
	-pretended their stuffed animals chased each					
	other and bit each other;					
	-felt this play was very age appropriate					
	considering at what le					
	developmentally;					
	-at FC#5's last CFT N	/ltg, discussed possible				
	room changes;					
	-FC#5 and client #1 c	did not want to be separated				
	as roommates;					
	-did not see any sexu	al behaviors during their				
	play together;					
	-did not feel there we	re sexual behaviors between				
	client #1 and FC#5.					
		f therapy documentation for				
	client #1 and FC#5 fr	om 11/1/19-1/23/20				
	revealed:					
	• •	sessions for both clients;				
	-no documentation of					
	•	pehaviors, poor boundaries				
		re or "house" addressed in				
	sessions with client #					
	-no documentation of					
	-	behaviors, poor boundaries				
		re or "house" addressed in				
		vith the exception of some				
	discussion of his histo alth Service Regulation	ory or sexual abuse.				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL084-085		B. WING		02	2/20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ODETTA		109 PEN	NY STREET			
ORETTA	'S PLACE	ALBEMA	ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From page	9 13	V 110			
	-been at the facility si -used to share a bedr -FC#5 was not good a -did not remember "w -played "vampires" wi animals; -used the mouse and -the mouse would bite -he thought up the ga -his older brother taug game; -he and his brother cat mother's bedroom; -they threw the girls o -nothing else happene -FC#5 made him feel -he was in his room w -he asked staff #6 wa #6 said a few more m -his sweatpants fell de his room; -was trying to find his -FC#5 kept pushing h out of his room to tell -FC#5 put his rear in gas which made him -client #1 reported he -FS#8 came in their re were down; -FC#5 said client #1 w him; -client #1 told FS#8 n lied;	room with FC#5; and "he kept doing stuff;" that he(FC#5) did;" ith FC#5 with their stuffed the dog; e the dog on the neck; ume "vampires;" ght him how to play the hased girls outside and bit arried the girls upstairs to his on the floor and the bed; ed; uncomfortable; vith FC#5; as it time to get up and staff inutes; own while he was cleaning stuffed bear; im so he was not able to get staff; client #1's face and expelled feel uncomfortable; asked FC#5 to stop; oom and client #1's pants was being inappropriate with othing happened and FC#5 eir door when staff was not				

STATE FORM

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If continuation sheet 14 of 22

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LORETTA'S PLACE 109 PENNY STREET ALBEMARLE, NC 28001 ALBEMARLE, NC 28001 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL V 110 Continued From page 14 "vampire" game with client #1; -every night FC#5 tried to shut their door and tried to wake client #1 up at night; -denied any inappropriate touching between him and FC#5;	02/20/2020
Index + Ode Image of the provider of supplier NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IOP PENNY STREET ALBEMARLE, NC 28001 (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) V 110 Continued From page 14 V 110 "vampire" game with client #1; -every night FC#5 tried to shut their door and tried to wake client #1 up at night; -denied any inappropriate touching between him and FC#5; V 110	(X5)
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 -every night FC#5 tried to shut their door and tried to wake client #1 up at night; -denied any inappropriate touching between him and FC#5; 	
-staff did not know about the "vampire" game. Interview on 2/17/20 with FC#5 revealed: -liked client #1 "sometimes;" -client #1 tried to shut the door to their room; -staff caught them and told them to open it back up; -client #1 kept him awake at night; -played "vampires" with client #1; -client #1 was already bitten by the werewolf and the vampire; -client #1 would "fake bite" FC#5 on his neck and he became a werewolf; -played "house" with client #1; -client #1 would "fake bite" FC#5 on his neck and he became a werewolf; -played "house" with client #1; -client #1 would fill in love; -not really kiss each other, that would be gross, not kiss a boy;" -before he and client #1 fell in love, client #1 was the boyfriend and he was the giffriend; -was bending over the pick up something and client #1 pulled down his pants; -"stuck his d"*k up my at*;" -client #1 had the door closed to their room; -FS#8 opened the door; -took him to the hospital; -never happened before this time. Interview on 2/13/20 with FC#5's legal guardian revealed: -had a CFT Mtg on 1/10/20; -issues regarding inappropriate touching and poor boundaries between client #1 and FC#5 was brought up in the meeting;	

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V 110	Continued From pag	le 15	V 110			
	close it; -asked FC#5(who wa about why he and cli their door; -he responded they wa game; -talked about her con to separate client #1 -was informed client move; -talked about either move or monitor more as a interaction between -on 1/22/20 received administrative assist involving FC#5; -asked administrative out of room with client -next day on 1/23/20 behavior between cli -discharged FC#5 the Review on 2/18/20 of dated 1/10/20 for #F -no documentation of inappropriate touchin FC#5; -no documentation of boundaries between	#1 and FC#5 did not want to move FC#5 to another room she was concerned about the client #1 and FC#5; I a call from the ant regarding a restraint e assistant was FC#5 moved nt #1 or monitored more; was notified of the sexual ient #1 and FC#5; at day from the facility. of the CFT Mtg documentation C#5 revealed: of discussion regarding ng between client #1 and of discussion regarding poor				
	FC#5 as roommates -no documentation o interaction between	f increasing monitoring of the				
	9/2019-1/2020 revea -no documentation o concerns with client	of staff supervision from aled: of discussion with staff about #1 and FC#5's interactions; of discussion regarding client				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
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LORETTA	'S PLACE		NY STREET ARLE, NC 28001			
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V 110	Continued From pag	e 16	V 110			
	-no documentation o	es of "vampire" and "house;" f discussion to increase ss concerns regarding client actions.				
	from the Residential following documente that all consumer doo	f an email sent to all staff Supervisor revealed the d, "Staff, it is very important ors are open at ALL times y doing room checks."				
	and Residential Supe- already had a staff r for 2/7/20; -added supervision is with staff; -discussed with staff monitoring clients at	with the Program Director ervisor revealed: neeting/training scheduled ssues to the topics covered increasing supervision, night every 15 minutes, open and lights were on in				
	NCAC 27G .1901 Ps Treatment for Childre	ss referenced into 10A				
V 314	residential treatment (b) A PRTF is one th or adolescents who h substance abuse/dep inpatient setting. (c) The PRTF shall p	1 SCOPE Section apply to psychiatric	V 314			

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. B	A. BUILDING:	A. BUILDING:		
	MHL084-085		B. WING		02	2/20/2020
iame of Pf	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
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V 314	Continued From page	e 17	V 314			
	require supervision at on a 24-hour basis. (d) Therapeutic inter- functional deficits ass adolescent's diagnosi treatment and specia mental health therape therapeutic interventid designed to address to necessary to facilitate community setting. (e) The PRTF shall s for whom removal fro community-based res to facilitate treatment (f) The PRTF shall co individuals and agend adolescent's catchme (g) The PRTF shall co individuals and agend adolescent's catchme (g) The PRTF shall b the following; Joint Co of Healthcare Organiz Accreditation of Reha Council on. Accredita accrediting bodies as Medical Assistance C Psychiatric Residentiz- including subsequent A copy of Clinical Pol at no cost from the Di website at http://www	ons and services shall be the treatment needs a move to a less intensive serve children or adolescents in home or a sidential setting is essential oordinate with other cles within the child or ent area. be accredited through one of ommission on Accreditation zations; the Commission on abilitation Facilities; the tion or other national e set forth in the Division of Clinical Policy Number 8D-1, al Treatment Facility, amendments and editions. icy Number 8D-1 is available ivision of Medical Assistance addhs.state.nc.us/dma/.				
	This Rule is not met Based on records rev					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 314	Continued From page	e 18	V 314			
	 314 Continued From page 18 facility failed to ensure supervision and specialized interventions on a 24-hour basis and failed to ensure therapeutic interventions addressed functional deficits affecting 4 of 4 current clients (#1, #2, #3, #4) and 1 of 1 former client(FC#5). The findings are: Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals V110 Based on records review and interviews, the facility failed to ensure staff demonstrated competency for the population served for 6 of 6 audited staff (#1, #2, #3, #4, #5, #6) and 2 of 2 audited former staff(FS#8, FS#9) Interview on 2/18/20 with client #1 revealed: -night shift staff brought "stuff in from their houses and start playing it;" -night staff played video games; -brought their own television to watch also; -all happened at night; -in the morning, the video games and televisions were gone. 					
	Interview on 2/18/20 -night shift staff broug and watched it during -seen some staff on t Interview on 2/18/20 -night shift staff some television; -sometimes staff #7 t system and staff play	heir cell phones. with client #3 revealed: etimes were watching prought in his video game				
	-night shift staff broug system and played th	ght in their video game				

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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V 314	Continued From page	e 19	V 314			
	Interview on 2/18/20 with staff #7 revealed: -worked night shifts 3-4 days a week; -used to bring in video games; -played a couple times after 12 midnight; -playing video games helped staff to try to stay awake; -watched television also; -rule was staff cannot have cell phones on the unit.					
	-worked night shift 6: -played video games	with staff #3 revealed: 30pm-7:00am; after clients went to sleep; fter clients went to sleep.				
	and the Quality Mana -had addressed the n games prior; -not aware they were -Residential Supervis had started "pop ups"	with the Program Director agement Director revealed: hight shift playing video still playing video games; for and the Program Director " during night shift to ensure				
	-have staff #7 as a Le days a week; -other Lead staff on r months ago and was hire a replacement;	entation of the "pop ups;" ead staff on night shift 3-4 night shift resigned several in the process of trying to				
	a split shift and was a on the nights staff #7 -want to obtain a spe	cial trainer on sexualized re in depth in this area;				
		f the Plan of Protection dated ed by the Program Director				

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Continued From pag	e 20	V 314				
-"What immediate ac ensure the safety of A staff meeting is sch 2/21/20. Plans to dis allegations, talk about discuss supervision f of new forms(po-up v Supervisor/Program etc. The new rule is the and main floor light r will seek additional the knowing red flags an -Describe your plans happens. Staff super supervision to new s discussion about nig not playing video gar done and documente Training will be scher	tion will the facility take to the consumers in your care? neduled for tomorrow Friday cuss concerns of current ut red flags and triggers and for kids. Staff will be informed <i>visit</i>) from Director, Clinical Director that all bedroom doors open emain on. Program Director raining in sexualized behavior d some triggers;" to make sure the above visor will increase individual taff(Residential Counselors) ht duties and red flags and mes. Pop up visits will be ed for night shift staff. duled to increase staff skills					
Hyperactivity Disorder Defiant Disorder, Por and Social Anxiety D sexual abuse victim a boundaries with peer manipulation. FC#5 I Disruptive Mood Dys ADHD. FC#5 was a influenced by peers a impulsivity. On 1/23/2 between the facility's	er(ADHD), Oppositional st Traumatic Stress Disorder isorder. Client #1 was a and struggled with physical rs as well as impulsivity and had a diagnoses of regulation Disorder and sexual abuse victim, easily and also struggled with 20 during the transition a night shift and the day shift,					
	F CORRECTION ROVIDER OR SUPPLIER S PLACE SUMMARY S [*] (EACH DEFICIENC REGULATORY OR Continued From pag revealed the followin -"What immediate ac ensure the safety of A staff meeting is sct 2/21/20. Plans to dis allegations, talk abou discuss supervision for of new forms(po-up v Supervisor/Program etc. The new rule is f and main floor light r will seek additional tr knowing red flags an -Describe your plans happens. Staff super supervision to new s discussion about nig not playing video gar done and documente Training will be scher and ongoing training Client #1 had a diagr Hyperactivity Disorde Defiant Disorder, Po and Social Anxiety D sexual abuse victim boundaries with peet manipulation. FC#5 was a influenced by peers a inpulsivity. On 1/23/ between the facility's	F CORRECTION IDENTIFICATION NUMBER: MHL084-085 MHL084-085 MHL084-085 MHL084-085 MHL084-085 SPLACE SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 revealed the following documented: -"What immediate action will the facility take to ensure the safety of the consumers in your care? A staff meeting is scheduled for tomorrow Friday 2/21/20. Plans to discuss concerns of current allegations, talk about red flags and triggers and discuss supervision for kids. Staff will be informed of new forms(po-up visit) from Supervisor/Program Director, Clinical Director etc. The new rule is that all bedroom doors open and main floor light remain on. Program Director will seek additional training in sexualized behavior knowing red flags and some triggers;" -Describe your plans to make sure the above happens. Staff supervisor will increase individual supervision to new staff(Residential Counselors) discussion about night duties and red flags and not playing video games. Pop up visits will be done and documented for night shift staff. Training will be scheduled to increase staff skills and ongoing training." Client #1 had a diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Post Traumatic Stress Disorder and Social Anxiety Disorder. Client #1 was a sexual abuse victim and struggled with physical boundaries with peers as well as impulsivity and manipulation. FC#5 had a diagnoses of Disruptive Mood Dysregulation Disorder and ADHD. FC#5 was a sexual abuse victim, easily influenced by peers and also struggled with impulsivity. On 1/23/20 during the transition between the facility's night shift and the day shift,	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL084-085 B. WING COVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, SPLACE 109 PENNY STREET ALBEMARLE, NC 28001 SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 20 V 314 revealed the following documented: "What immediate action will the facility take to ensure the safety of the consumers in your care? A staff meeting is scheduled for tomorrow Friday 2/21/20. Plans to discuss concerns of current allegations, talk about red flags and triggers and discuss supervision for kids. Staff will be informed of new forms(po-up visit) from Supervisor/Program Director, Clinical Director etc. The new rule is that all bedroom doors open and main floor light remain on. Program Director will seek additional training in sexualized behavior knowing red flags and some triggers;" -Describe your plans to make sure the above happens. 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			V 314			
	to close their bedrood certain games of play All staff had been tra at employment orient the red flags demons FC#5's interactions. A even aware of these client #1 and FC#5. I video games and wa shift. The lack of staff supervision was detri and welfare of the cli B rule violation which days. If this violation days, an administrati	always be together, wanting m door to play together and ying "vampires" and "house." ined in sexualized behaviors tation but failed to recognize strated by client #1 and Also, some staff were not behaviors and games of Night shift staff also played tched television during their f competence and lack of imental to the health, safety ents and constitutes a Type n must be corrected within 45 is not corrected within 45 ve penalty of \$200.00 per for every day the facility is out d the 45th day.				