Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	COMPLETED	
		MHL0411184	B. WING		03/0	; 3/2020	
NAME OF P	ROVIDER OR SUPPLIER		 DRESS, CITY, STA	TE ZIP CODE	1 03/0	3/2020	
TVAINE OF T	NOVIDEN ON OUT FIEN		JFFINE MILL RO				
RESIDEN'	TIAL TREATMENT CENT	ER	30RO, NC 2740				
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ION	(Y5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	3	V 000				
	complaint was substa #NC00160109). Defi	ciencies were cited. ed for the following service 27G .1900 Psychiatric					
V 364		ional Rights in 24 Hour	V 364				
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receiv access to writing mat assistance when need (2) Contact and contant at no cost to the physicians, and private developmental disab professionals of his contact and contact an	e rights enumerated in G.S. S. 122C-61, each adult client the timent or habilitation in a sethe right to: e sealed mail and have terial, postage, and staff tessary; sult with, at his own expense facility, legal counsel, private the mental health, silities, or substance abuse thoice; and sult with a client advocate if cate. In this subsection may not be sity and each adult client may at all reasonable times. Ited in subsections (e) and (h) adult client who is receiving ion in a 24-hour facility at all to: The confidential telephone to e calls shall be paid for by of making the call or made					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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	MHL0411184	B. WING		03/03/2020	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	1601-B H	UFFINE MILL RO	DAD		
RESIDENTIAL TREATMENT CENTE	R	BORO, NC 2740			
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V 364 Continued From page	1	V 364			
(2) Receive visitors be a.m. and 9:00 p.m. for hours daily, two hours p.m.; however visiting over therapies; (3) Communicate and supervision with individupon the consent of the (4) Make visits outside unless: a. Commitment proof the result of the client's violent crime, including assault with a deadly we respondent was found insanity or incapable of b. The client was vol committed to the facility commitment to a correct Division of Adult Correct Public Safety; or c. The client is being to proceed pursuant to A court order may exprosted by conditions prescribed by conditions and equipment several times a week; (6) Except as prohibit personal clothing and public being held to comproceed pursuant to G. (7) Participate in religing (8) Keep and spend as own money; (9) Retain a driver's lies.	etween the hours of 8:00 a period of at least six of which shall be after 6:00 shall not take precedence I meet under appropriate duals of his own choice e individuals; e the custody of the facility eedings were initiated as is being charged with a g a crime involving an veapon, and the not guilty by reason of if proceeding; untarily admitted or y while under order of ctional facility of the ction of the Department of g held to determine capacity of G.S. 15A-1002; ressly authorize visits y the existence of the by this subdivision; aily and have access to out for physical exercise eed by law, keep and use possessions, unless the determine capacity to .S. 15A-1002;	V 364			

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AND PLAN OF CORRECTION IDENTIFICATION	I NUMBER:		(X3) DATE SURVEY COMPLETED	
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MHL041118	4 B. WING		03/03/2020	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
DECIDENTIAL TREATMENT OFNITER	1601-B HUFFINE MILL R	COAD		
RESIDENTIAL TREATMENT CENTER	GREENSBORO, NC 274	05		
(X4) ID SUMMARY STATEMENT OF DEFICIEI PREFIX (EACH DEFICIENCY MUST BE PRECEDEI TAG REGULATORY OR LSC IDENTIFYING INFO	D BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 364 Continued From page 2	V 364			
(10) Have access to individual storage his private use. (c) In addition to the rights enumerate 122C-51 through G.S. 122C-57 and G. 122C-59 through G.S. 122C-61, each who is receiving treatment or habilitatic 24-hour facility has the right to have ac proper adult supervision and guidance recognition of the minor's status as a dindividual, the minor shall be provided opportunities to enable him to mature pemotionally, intellectually, socially, and vocationally. In view of the physical, enand intellectual immaturity of the minor 24-hour facility shall provide appropriat structure, supervision and control consthe rights given to the minor pursuant to The facility shall also, where practical, reasonable efforts to ensure that each client receives treatment apart and sepadult clients unless the treatment need minor client dictate otherwise. Each minor client who is receiving treat habilitation from a 24-hour facility has to (1). Communicate and consult with his guardian or the agency or individual has custody of him; (2). Contact and consult with, at his ow or that of his legally responsible person cost to the facility, legal counsel, private physicians, private mental health, devendisabilities, or substance abuse profess his or his legally responsible person's (3). Contact and consult with a client at there is a client advocate. The rights specified in this subsection is restricted by the facility and each mino may exercise these rights at all reason	space for d in G.S. S. minor client on in a cess to . In eveloping ohysically, notional, , the e istent with o this Part. make minor parate from s of the tment or he right to: parents or ving legal on expense and at no e elopmental sionals, of choice; and dvocate, if may not be r client			

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MHL0411184 STREET ADDRESS, CITY, STATE, ZIP CODE RESIDENTIAL TREATMENT CENTER 1601-B HUFFINE MILL ROAD GREENSBORO, NC 27405 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 3 of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601-B HUFFINE MILL ROAD GREENSBORO, NC 27405 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 3 of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the			С
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RESIDENTIAL TREATMENT CENTER GREENSBORO, NC 27405 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 3 of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the	NAME OF PROVIDER OR SUPPLIER STREET AI	DRESS, CITY, STATE, ZIP CODE	
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 3 of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the	GREENS	BORO, NC 27405	
of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORR	CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE DATE
treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the	V 364 Continued From page 3	V 364	
time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal dothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the	of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation	V 364	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENTIAL TREATMENT CENTER 1601-B HUFFINE MILL ROAD	
GREENSBORO, NC 27405	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364 Continued From page 4 V 364	
for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that clients kept the right to keep and use personal clothing and possessions affecting 3 of 3 clients (clients #1,	
#2, and #3). The findings are: Review on 3/3/20 of client #1's record revealed:	

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-An admission date of 5/10/19;

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
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KESIDEN	HAL IREALWENT CENT	GREEN	SBORO, NC 27405			
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V 364	Continued From pag	e 5	V 364			
	Defiant Disorder (OD Disorder (PTSD), and -No documentation reclothing. Attempted interviewed not successful becausinterviewed. Interview on 3/3/20 were vealed she was no not allowed to wear hinitially admitted to the Review on 3/3/20 of -An admission date of -An age of 13 years of -Diagnoses included	Attention Deficit er (ADHD), Oppositional eD), Post Traumatic Stress d Functional Enuresis; egarding the restriction of en 3/3/20 with client #1 was use the client refused to be with client #1's guardian et aware that the client was his own clothing when he was he facility. client #2's record revealed: of 6/21/19;				
		se Disorder, Gender erline Personality Disorder; egarding the restriction of				
	-"When you're on (leg your personals, like y -When a previous cli	vith client #2 revealed: vel) 1, 2, or 3, you can't have vour personal clothing;" ent was at the facility, it is self esteem to have to				
	revealed: -"When he (client #2) he didn't like the unif	vith client #2's guardian) first got there (the facility) orms they had for him;" get so many points or levels their own clothing."				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILBING.		
		MHL0411184	B. WING		C 03/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DECIDEN:	TIAL TREATMENT CENT	1601-B HL	IFFINE MILL RO	DAD	
KESIDEN	TIAL TREATMENT CENT	GREENSE	ORO, NC 2740	5	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 364	Continued From page	e 6	V 364		
	-An admission date of -An age of 15 years of -Diagnoses included Disorder, and ADHD; -No documentation reclothing. Interview and observed approximately 12:57pro-The client was wear is sweatpants; -Clients were required they reached level 4; -"I'm on level 2 since 7 days;" -"The staff gets it (persupposed to have accomply and they can be accomply they can be a comply to the comply they can be a comply to the comply they can be a comply to the comply they can be a comply they can be a comply to the comply the	old; ODD, Autistic Spectrum egarding the restriction of ation on 3/3/20 at om with client #3 revealed: ing a gray sweatshirt and d to wear only uniforms until I just got heretoday makes rsonal clothing)I'm not cess to it as far as I know;" xplain to me why (he was not clothing);" d behavior he would be on			
	revealed:	ne client was not allowed to			
	that's in the guide;" -"I think it's an incenti	g; packet that was sent and ve to behave and to reach			
	up to a higher level."				
	Review on 3/3/20 of trevealed:	•			
	have the right to wea decorative items, as I	nd Responsibilities #23: You r your personal clothing and ong as it is appropriate and with your treatment or with			

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the treatment of others;"

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
DEGIDEN		1601-B HU	FFINE MILL R	OAD		
RESIDENTIAL TREATMENT CENTER GREENS			ORO, NC 2740	05		
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V 364	Continued From page	e 7	V 364			
V 304	-"Important Note: Los system is not to infrin may only be restricted treatment team;" -"Level 2 - Entry level -"Level 4 - Can wear as staff see's it appro- Interview on 3/3/20 w -"The kids upon admit totalthey are gray, resultal colors;" -"Once you are on lever wear your own person-"On Fridays, if they getting into trouble, the own clothes;" -It typically takes 4-5 are admitted to reach-"We have a storage it's (personal clothing-"I think it's a safety the everybody on the same never got a reason w -He was aware that it rights to not allow the	s of privileges in the level ge on patient rights, which d by specific order of the ;" own casual clothing as long priate." with Staff #1 revealed: ssion, they're given 7 outfits havy blue or blackpretty yel 4 or 5 your are allowed to hal clothes;" go through the week without hey are allowed to wear their weeks from the time clients level 4; room on the unit here and) kept in that storage room;" hingI think it puts he level of environmentI hyIt's just how it's been;" was a violation of client m to wear their own clothing that the facility had gotten	V 364			
	Improvement Coordir -"None of the parents (regarding the clothin -"It's one of the things doing away with the u	nator revealed: have ever said anything g restriction);" that we're working towards, uniforms;" ned to allow clients to wear				
	Interview on 3/3/20 w revealed:	ith the Executive Director				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATI COM	E SURVEY PLETED	
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V 364	provide uniforms that their own pajamas ar -The facility had requuniforms for years dusome of the clients not -"When they get on leading own clothing;" -It can take up to 2 will clients are admitted	dmitted to the facility"we are sweatsthey can wear and undergarments;" ired new admissions to wear to safety concerns and to thaving their own clothing; evel 3, they can wear their eeks from the time new for them to reach level 3; thing without strings when	V 364			

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