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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		MHL041-851	B. WING		04/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BELLWIC	K DI ACE	1701 BELL	WICK DRIVE			
BELLIVIO	KFLACE	GREENSB	ORO, NC 2740	06		
(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 CONCROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 000	INITIAL COMMENTS	;	V 000			
	The complaint was su #NC161912). A defice This facility is license					
Treatment for Children or Adolescents. Sister facilities are identified in this report. The sister facilities will be identified as sister facility A, B or C. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.						
V 179	27G .1301 Residentia	al Tx - Scope	V 179			
	residential treatment residential treatment, service. (b) A residential treatment, licensed as set forth in (c) A residential treatment, licensed as set forth in (c) A residential treatment, licensed as set forth in (c) A residential treatment adolescents is a free-which provides a structure within a system of cata adolescents who have mental illness or emormal allowers of the functioning level of the include training in selfunctioning level of the include training in selfunctioning in selfunctioning level of the include training in selfunction of the	Section apply only to a facility that provides level II, program type tment facility providing level III service, shall be in 10A NCAC 27G .1700. It is that facility for children and estanding residential facility in ctured living environment re approach for children or e a primary diagnosis of it is in a disturbance and who disabilities. designed to address the e child or adolescent and f-control, communication				

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

(X6) DATE TITLE

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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	
			7 56.125to.			С
		MHL041-851	B. WING		04	1/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DELL WIO	K DI AOE	1701 BE	LLWICK DRIVE			
BELLWIC	K PLACE	GREEN	SBORO, NC 27406			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 179	Continued From page	÷ 1	V 179			
	setting. (f) The residential tre	individuals and agencies				
	care that addressed to child or adolescent after (#1, #2 & #3). The find the Review on 4/2/2020 of a control of the Admission date: 2/3 and a control of the Adm	n, record reviews and failed to provide a conment within a system of the functioning level of the ffecting 3 of 4 current clients dings are: of client #1 record revealed: //2020 lent Disorder; Anxiety				
		of client #2's record ally admitted to the level III, 9/2019, with transfer to the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING: _			
						,
		MIII 044 054	B. WING		С	
		MHL041-851			04/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1701 RFI	LWICK DRIVE			
BELLWIC	K PLACE		BORO, NC 2740	ac		
			50KO, NC 2740			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
17.0	1	,	1,10	DEFICIENCY)		
			 			
V 179	Continued From page	e 2	V 179			
	Diagnosas: Post-Tr	aumatia Strace Dicarder				
		aumatic Stress Disorder				
ļ	(PTSD); Reactive Atta					
ļ	Oppositional Defiant					
	Depressive Disorder;	ı				
ļ	- Age: 15					
		ed 3/29/2019 that revealed a				
	history of difficulty ma	aking decisions, defies				
ļ		ns, property damage, uses				
		appropriate with the pet dog,				
	1	towards authority figures,				
ļ		s at school, likes knives, but				
	·	to harm anyone, attempted				
	to commit arson-start					
ļ						
		alized due to explosive				
	benavior, nomicidai u	houghts (but no attempts).				
	0/04/0000					
ļ	Review on 3/31/2020	of client #3's record				
	revealed:					
ļ	- Admission date: 7/3					
	- Diagnoses: Major D					
		; ADHD; and Oppositional				
	Defiant Disorder;					
ļ	- Age: 13;					
	- An assessment date	ed 7/30/2019 that revealed a				
ļ		set behavioral and emotional				
	challenges including					
		or, and potential harmful or				
	· · · · · · · · · · · · · · · · · · ·	truction of property, anxiety,				
		o comply with directives,				
	I					
multiple suspensions, frequent physical aggression, explosive behaviors, has issues with hygiene, suicidal threat in 2018, risk-taking, and						
		at in 2018, risk-taking, and				
	tells untruths.					
	Review on 3/9/2020 o	of client #A-5's record				
	revealed:					
	- Admission date: 8/2	27/2018 to the level II, sister				
	facility A;					
ļ	- Diagnoses: Autism	Spectrum Disorder: and				

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Intermittent Explosive Disorder;

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		MHL041-851	B. WING		04	1/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
BELLWIC	K PLACE		LLWICK DRIVE			
	I	GREENS	SBORO, NC 27406			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
	V 179 Continued From page 3 - Age: 17 - An assessment dated 1/8/2019 that revealed a history of inability to communicate feelings and emotions, poor social skills, lacks appropriate boundaries with female peers, can be inflexible, repetitive motor mannerisms, over talks his peers, inability to make and sustain friendships. "Risk/weaknesses: poor communication skills, lacks appropriate coping skills, impulsive, lacks appropriate boundaries" Review on 3/9/2020 of client #B-6's record revealed: - Admission date: 9/13/2019 to the level II, sister facility A, with transfer to the level III, sister facility B on 2/20/2020; - Diagnoses: Disruptive Mood Disorder; Bi-Polar					
	Depression; Post-Tra (PTSD); and Attention Disorder (ADHD); - Age: 16; - An assessment date history of verbal and disregard for rules, co directed toward his for pairs of scissors under suspensions, throwing vaping and drinking manipulativeness, lyi intentionally urinating Review on 3/9/2020 of Department event ref 3/9/2020 revealed: - At 7:53PM on 2/13/2 #B-6 struck client #A- #A-5 being taken to to juvenile petition being	aumatic Stress Disorder in Deficit-Hyperactivity ed 1/5/2020 revealed a physical aggression, onstant use of the "N" word oster parents, hiding multiple er his pillow, multiple school ig rocks at school buses, alcohol at school, ing, property damage, and ig on bedroom floor.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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MHL041-851		B. WING		04/07/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
BELLWIC	K PLACE	1701 BEL	LWICK DRIVE			
		GREENS	BORO, NC 2740	06		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 179	9 Continued From page 4		V 179			
	- Client #B-6 had spent the night at the facility on an unknown date; - Client #B-6 had slept in a vacant bedroom that night. Interview on 4/1/2020 with client #2 revealed: - Clients from sister facilities had come to the facility "quite a few times when they are suspended, they come over." - Client #A-5 had never spent the night at the facility. Interview on 4/1/2020 with client #3 revealed: - He did not remember client #A-5 ever spending the night at the facility; - Client #B-6 had spent the night at the facility on an unknown date "a few months ago".					
	- On 2/13/2020, client argument at sister face "was being honest ab #B-6) just came and p - After client #B-6 hit by facility staff if clien Department called; - Sheriff's Deputies w #B-6 was moved out	him, client #A-5 was asked t #A-5 wanted the Sheriff's ent to the facility, and client				
	- Client #B-6 currently - He had been moved approximately one modoing good at the oth - Client #B-6 did not ereasons for having be	20 with client #B-6 revealed: y lived at sister facility B; d out of sister facility A onth ago because "I wasn't er house (sister facility A);" elaborate of the exact een moved out of sister incident with client #A-5 on				

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2/13/2020;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHI 041_851	B. WING		C 04/07/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BELLWICK PLACE			16			
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
- Client #B-6 had spe "once or twice." Interview on 3/31/202 - Clients from different interact with each other interact with each other interact with each other interact with each other interview attempt on a unsuccessful due to restaff #4 prior to exit. Interview on 4/7/2020 Professional/Director - The QP/D made surther interact with each of the interact of the professional interview on 4/7/2020 - The QP/D made surther interact with each of the interact o	ME OF PROVIDER OR SUPPLIER STREET ADDRE 1701 BELLWI GREENSBOR (4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 179 Continued From page 5 - Client #B-6 had spent the night at sister facilities "once or twice." Interview on 3/31/2020 with staff #3 revealed: - Clients from different sister facilities did not interact with each other. Interview attempt on 3/31/2020 with staff #4 was unsuccessful due to no return call received from staff #4 prior to exit. Interview on 4/7/2020 with the Qualified Professional/Director (QP/D) revealed: - The QP/D made sure that each sister facility had staff scheduled as required by rule; - Clients might go to sister facilities for group therapy sessions; - There had been some staffing shortages, which may have contributed to the reason client #B-6 stayed the night at the facility on 2/13/2020 following the incident between client #A-5 and					

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