

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2020
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NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 4/7/2020. The complaint was substantiated (intake #NC161913). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>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.</p>	V 000	<p style="text-align: center;">DHSR-Mental Health</p> <p style="text-align: center;">MAY 14 2020</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to</p>	V 293	<p>Both Enrollment shall work with Social workers and guardians as well as staff to implement changes to assure this will not happen again. The Director and Assistant Director shall work with the staff to assure all clients stay at their provided residence and assure staff is at Code. The Director shall monitor on a regular basis at least biweekly to assure compliance.</p>	4/30/20

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Assistant Director

(X6) DATE

5/5/20

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V 293	<p>Continued From page 1</p> <p>facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to provide individualized supervision and structure of daily living affecting 2 of 4 clients (#1 & #2). The findings are:</p> <p> </p> <p>Review on 4/2/2020 of client #1's record revealed: - Admission date: 3/2/2020;</p>	V 293		
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V 293	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Diagnoses: Conduct Disorder; Oppositional Defiant Disorder; and Attention Deficit Hyperactivity Disorder (ADHD); - Age: 16 - An assessment dated 3/2/2020 that revealed a history of explosive and aggressive behaviors when things do not go his way, AWOL (absent without leave), drug and alcohol use, property damage, defies authority, provokes others, extremely impulsive, assaultive verbally, oppositional, defiance and anxiety. <p>Review on 3/31/2020 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 1/28/2019 - Diagnoses: ADHD; "Severe Stress"; and Adjustment Disorder; - Age: 16 - An assessment dated 1/28/2019 revealed a history of instigating conflicts with peers, defiance, non-compliance, lying, blame-shifting, ignoring boundaries, attempting to look under occupied bathroom stalls, sexually abusing animals, stealing, and outbursts of yelling, screaming, and throwing things on a regular basis. <p>Review on 3/9/2020 of client #A-5's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 8/27/2018 to the level II, sister facility A; - Diagnoses: Autism Spectrum Disorder; and Intermittent Explosive Disorder; - 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. " 	V 293			

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V 293	<p>Continued From page 3</p> <p>...Risk/weaknesses: poor communication skills, lacks appropriate coping skills, impulsive, lacks appropriate boundaries ..."</p> <p>Review on 4/2/2020 of client #C-6's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 2/3/2020 to the level II, sister facility C; - Diagnoses: Adjustment Disorder; Anxiety Disorder; ADHD; and Oppositional Defiant Disorder; - Age: 14 - An assessment dated 2/3/2020 that revealed a history of parental neglect and domestic violence, poor decision making, dishonesty, talking back, avoiding responsibility, lying, temper tantrums, sexually inappropriate behaviors, depression, anxiety, hygiene problems, and use of marijuana in a vape pen. <p>Observation at sister facility A from approximately 11:30AM to 12:09PM on 3/5/2020 revealed:</p> <ul style="list-style-type: none"> - Client #1, client #2 and client #A-5 were grouped together at sister facility A with only staff #1 present to provide supervision; - Staff #2 arrived at sister facility a at approximately 12:07PM; - Staff #1 left sister facility A with clients #1 and #2 at approximately 12:09PM. <p>Interview on 3/31/2020 with client #1 revealed:</p> <ul style="list-style-type: none"> - Client #1 had been to sister facilities at times in order for facility staff to pick up food or medications, or to "hang out"; - On 3/5/2020, client #1 had been at sister facility A because he was not enrolled in school yet; - Client #1 and #2 were taken to sister facility A at approximately 8:30AM; - Staff #1 was the only staff present with clients #1, #2 and #A-5 while at sister facility A. 	V 293		
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V 293	Continued From page 4 Interview on 3/31/2020 with client #2 revealed: - Client #2 had stayed at sister facilities "a couple of different times ... We went over to [sister facility A] usually ..." - On 3/5/2020, client #2 had been at sister facility A because he had been suspended from school; - Clients #1 and #2 were taken to sister facility A at approximately 8:20AM that day; - Staff #1 and #2 had been working at sister facility A that morning; - "... Anytime a kid is suspended, they make them go sit at [sister facility A] or [sister facility B] ..." Interview on 4/1/2020 with client #A-5 revealed: - Clients from sister facilities were brought to sister facility A occasionally; - Clients from sister facilities stayed at sister facility A "sometimes an hour, maybe two ..." - Client #A-5 thought that clients from sister facilities were brought to the facility when facility staff needed to pick up items such as bread or if the staff had other things they needed to do; - Client #A-5 was not sure why clients #1 and #2 were at sister facility A on 3/5/2020, or how long they had been there. Interview on 4/1/2020 with client #C-6 revealed: - On 3/5/2020, staff #2 had taken him to a dentist appointment. Interview on 3/5/2020 with staff #1 revealed: - Staff #1 had been working at the facility that morning, but took clients #1 and #2 to sister facility A because staff #2 asked staff #1 to come over to watch client #A-5 while staff #2 took client #C-6 to a dentist appointment that morning; - No explanation was given for why staffing was not coordinated separately for the facility and	V 293		

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V 293	<p>Continued From page 5</p> <p>sister facilities A and C.</p> <p>Further interview attempt with staff #1 on 3/31/2020 was unsuccessful due to no return call received from staff #1 prior to exit.</p> <p>Interviews on 3/5/2020 and 3/31/2020 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Staff #1's role was primarily to take clients to dental and vision appointments, cook, check medications when they came from the pharmacy, and general coordination of distributing supplies to each of the sister facilities; - Staff #1 occasionally filled in as a direct care worker to supervise clients when needed; - On 3/5/2020, staff #2 needed to take client #C-6 to a dentist appointment, so staff #1 stayed at the facility to supervise clients #1, #2, and #A-5; - The Qualified Professional/Director (QP/D) was responsible for the staffing schedule. <p>Interview on 4/7/2020 with the QP/D revealed:</p> <ul style="list-style-type: none"> - The QP/D was out of the country on 3/5/2020, so could not answer why there was only one staff with clients from two different facilities that day; - 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 reasons clients were grouped together between the sister facilities; - There had not been any behavioral issues when clients from different facilities were together. <p>The level 3 residential facility was to provide intensive, active therapeutic treatment and interventions for children and adolescents whose needs were severe enough to require removal from home and were to be provided in a</p>	V 293			

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V 293	Continued From page 6 staff-secure setting. The services should have been designed to include individualized supervision and structure. On 3/5/2020, 2 clients (#1 & #2) from the facility were dropped off at the level 2 sister facility A, with only 1 staff present to supervise clients from the two different facilities. No evidence that efforts were made to provide services to clients #1 and #2 at their own residence was provided.	V 293		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 27, 2020

Rodney Sweet, Director
Youth Enrichment Group Home, Inc.
4299 Harbor Ridge Drive
Greensboro, NC 27406

Re: Complaint Survey Completed April 7, 2020
Bellwick Place, 1701 Bellwick Drive, Greensboro, NC 27406
MHL# 041-851
E-mail Address: devolias@yahoo.com
Intake # NC161912

Dear Mr. Sweet:

Thank you for the cooperation and courtesy extended during the complaint survey completed April 7, 2020. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 6, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 27, 2020
Rodney Sweet
Youth Enrichment Group Home, Inc.

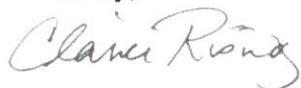
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
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Leza Wainwright, Director, Trillium Health Resources LME/MCO
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