

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-753</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOCKWOOD PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4004 CORNERROCK DR GREENSBORO, NC 27406</b>
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V 000	INITIAL COMMENTS  A complaint survey was completed on 4/7/2020. The complaint was substantiated (intake #NC161490). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential 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 000		
V 179	27G .1301 Residential Tx - Scope  10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary	V 179	<p style="text-align: center; color: blue;">DHSR-Mental Health</p> <p style="text-align: center; color: red;">MAY 14 2020</p> <p style="text-align: center; color: blue;">Lic. &amp; Cert. Section</p> <p style="font-size: 1.2em;">Youth Enrichment shall continue to train staffing on rules and regulations for the state. Staff will not be allowed to have facilities to do any activities together unless ample staff and approved by the director for example Annual Christmas party where all the faculty as well as all staff for the entire facility come together. Charts are kept at different areas up the place to stay with their own home. The Director and the assistant</p>	6/1/20

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

*[Handwritten Signature]*

TITLE (X6) DATE

Assistant Director

5/5/20

Division of Health Service Regulation

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V 179	<p>Continued From page 1</p> <p>to return to the natural, or therapeutic home setting.</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to provide a structured living environment within a system of care that addressed the functioning level of the child or adolescent affecting 1 of 3 current clients (#3) and 1 of 3 former clients (FC #4). The findings are:</p> <p>Finding #1: Client moved to sister facility overnight</p> <p>Review on 3/9/2020 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 8/27/2018</li> <li>- Diagnoses: Autism Spectrum Disorder; and Intermittent Explosive Disorder;</li> <li>- Age: 17</li> <li>- 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 ..."</li> </ul>	V 179	<p>Director shall monitor on a monthly basis by talking with staff and client to assure this rule is being met. Staff will inform other families w/ gain to the park to assure they dont go while another family is there.</p>	
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V 179	<p>Continued From page 2</p> <p>Review on 3/9/2020 of FC #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/13/2019;</li> <li>- Transfer to sister facility A on 2/20/2020;</li> <li>- Diagnoses: Disruptive Mood Disorder; Bi-Polar Depression; Post-Traumatic Stress Disorder (PTSD); and Attention Deficit-Hyperactivity Disorder (ADHD);</li> <li>- Age: 16;</li> <li>- An assessment dated 1/5/2020 revealed a history of verbal and physical aggression, disregard for rules, constant use of the "N" word directed toward his foster parents, hiding multiple pairs of scissors under his pillow, multiple school suspensions, throwing rocks at school buses, vaping and drinking alcohol at school, manipulateness, lying, property damage, and intentionally urinating on bedroom floor.</li> </ul> <p>Review on 3/9/2020 of the local Sheriff's Department event reports dated 1/6/2020 to 3/9/2020 revealed:</p> <ul style="list-style-type: none"> <li>- At 7:53PM on 2/13/2020, FC #4 struck client #3's face resulting in client #3 being taken to sister facility C for the night and a juvenile petition being initiated against FC #4.</li> </ul> <p>Interview on 4/1/2020 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- On 2/13/2020, client #3 and FC #4 got into an argument because client #3 "was being honest about something ... He (FC #4) just came and punched me ..."</li> <li>- After FC #4 hit him, client #3 was asked by facility staff if client #3 wanted the Sheriff's Department called;</li> <li>- Sheriff's Deputies went to the facility, and FC #4 was moved out of the facility;</li> <li>- Client #3 did not think he had spent the night at a sister facility himself.</li> </ul>	V 179		
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V 179	<p>Continued From page 3</p> <p>Interview on 3/31/2020 with FC #4 revealed:</p> <ul style="list-style-type: none"> <li>- FC #4 currently lived at sister facility A;</li> <li>- He had been moved out of the facility approximately one month ago because "I wasn't doing good at the other house (the facility);"</li> <li>- FC #4 did not elaborate of the exact reasons for having been moved out of the facility following the incident with client #3 on 2/13/2020;</li> <li>- FC #4 had spent the night at sister facilities "once or twice."</li> </ul> <p>Interview on 4/1/2020 with client #C-9 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3 had not spent the night at sister facility C;</li> <li>- FC #4 had spent one night at sister facility C, but he could not recall the date;</li> <li>- FC #4 had slept in a vacant bedroom on the night he stayed at sister facility C.</li> </ul> <p>Finding #2: Level III clients from sister facility at level II facility with one staff</p> <p>Review on 4/2/2020 of client #B-7's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 3/2/2020 to the level III, sister facility B;</li> <li>- Diagnoses: Conduct Disorder; Oppositional Defiant Disorder; and Attention Deficit Hyperactivity Disorder (ADHD);</li> <li>- Age: 16</li> <li>- 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.</li> </ul> <p>Review on 3/31/2020 of client #B-8's record revealed:</p>	V 179		
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V 179	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- Admission date: 1/28/2019 to the level III, sister facility B;</li> <li>- Diagnoses: ADHD; "Severe Stress"; and Adjustment Disorder;</li> <li>- Age: 16</li> <li>- 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 regal basis.</li> </ul> <p>Review on 4/2/2020 of client #C-9's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 2/3/2020 to the level II, sister facility C;</li> <li>- Diagnoses: Adjustment Disorder; Anxiety Disorder; ADHD; and Oppositional Defiant Disorder;</li> <li>- Age: 14</li> <li>- 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.</li> </ul> <p>Observation from approximately 11:30AM to 12:09PM on 3/5/2020 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3, client #B-7, and client #B-8 were grouped together at the facility with only staff #1 present to provide supervision;</li> <li>- Staff #2 arrived at the facility at approximately 12:07PM;</li> <li>- Staff #1 left the facility with clients #B-7 and #B-8 at approximately 12:09PM.</li> </ul> <p>Interview on 4/1/2020 with client #3 revealed:</p>	V 179		
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V 179	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Clients from sister facilities were brought to the facility occasionally;</li> <li>- Clients from sister facilities stayed at the facility "sometimes and hour, maybe two ..."</li> <li>- Client #3 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;</li> <li>- Client #3 was not sure why clients # B-7 and B-8 were at the facility on 3/5/2020, or how long they had been there.</li> </ul> <p>Interview on 3/31/2020 with client #B-7 revealed:</p> <ul style="list-style-type: none"> <li>- Client # B-7 had been to sister facilities in order to pick up food or medications, or to "hang out";</li> <li>- On 3/5/2020, client #B-7 had been at the facility because he was not enrolled in school yet;</li> <li>- Clients # B-7 and #B-8 were taken to the facility at approximately 8:30AM;</li> <li>- Staff #1 was the only staff present with clients #3, #B-7 and #B-8.</li> </ul> <p>Interview on 3/31/2020 with client #B-8 revealed:</p> <ul style="list-style-type: none"> <li>- Client #B-8 had stayed at sister facilities "a couple of different times ... We went over to [the facility] usually ..."</li> <li>- On 3/5/2020, client #B-8 had been at the facility because he had been suspended from school;</li> <li>- Clients #B-7 and #B-8 were taken to the facility at approximately 8:20AM that day;</li> <li>- Staff #1 and #2 were the facility staff that had been working at the facility that morning.</li> <li>- " ... Anytime a kid is suspended, they make them go sit at [the facility] or [sister facility C] ..."</li> </ul> <p>Interview on 4/1/2020 with client #C-9 revealed:</p> <ul style="list-style-type: none"> <li>- On 3/5/2020, staff #2 had taken him to a dentist appointment.</li> </ul> <p>Interview on 3/5/2020 with staff #1 revealed:</p>	V 179		
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V 179	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Staff #1 had been working at sister facility B that morning, but brought clients # B-7 and B-8 to the facility because staff #2 asked staff #1 to come over to watch client #3 while staff #2 took client #C-9 to a dentist appointment that morning;</li> <li>- No explanation was given for why staffing was not coordinated separately for the facility and sister facilities B and C.</li> </ul> <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"> <li>- Staff #1's role was primarily to take clients to dentist and vision appointments, cook, check medications when they came from the pharmacy, and general coordination of distributing supplies to each of the sister facilities;</li> <li>- Staff #1 occasionally filled in as a direct care worker to supervise clients when needed;</li> <li>- On 3/5/2020, staff #2 needed to take client #C-9 to a dentist appointment, so staff #1 stayed at the facility to supervise clients #3, #B-7, and #B-8;</li> <li>- The Qualified Professional/Director (QP/D) was responsible for the staffing schedule.</li> </ul> <p>Interview on 3/31/2020 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- Clients from different sister facilities did not interact with each other;</li> <li>- Staff #3 primarily worked at sister facility A.</li> </ul> <p>Interview attempt on 3/31/2020 with staff #4 was unsuccessful due to no return call received from staff #4 prior to exit.</p> <p>Interview on 4/7/2020 with the QP/D revealed:</p> <ul style="list-style-type: none"> <li>- The QP/D was out of the country on 3/5/2020, so could not answer why there was only one staff</li> </ul>	V 179		
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V 179	Continued From page 7  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 FC #4 stayed the night at sister facility A on 2/13/2020 following the incident between client #3 and FC #4 and clients were grouped together between the sister facilities; - There had not been any behavioral issues when clients from different facilities were together.	V 179		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident;	V 367	Another staff member has been trained to input the incident reports into his system. The Director and Assistant Director shall monitor and supervise to assure it will not occur again. This will be monitored when incidents are presented. Once it put in the system a print out will be generated to show proof of putting in the system. Sheel will be filed away	04/27/20



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V 367	<p>Continued From page 8</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided</p>	V 367		
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V 367	<p>Continued From page 9</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II and III incidents within 72 hours of becoming aware of the incident affecting 1 of 3 current clients (#3) and 2 of 3 former clients (FC #4 &amp; FC #5). The findings are:</p> <p>Review on 3/9/2020 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 8/27/2018</li> <li>- Diagnoses: Autism Spectrum Disorder; and Intermittent Explosive Disorder;</li> <li>- Age: 17</li> <li>- 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,</li> </ul>	V 367		
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V 367	<p>Continued From page 10</p> <p>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 ..."</p> <p>Review on 3/9/2020 of FC #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/13/2019;</li> <li>- Transfer to sister facility A on 2/20/2020;</li> <li>- Diagnoses: Disruptive Mood Disorder; Bi-Polar Depression; Post-Traumatic Stress Disorder (PTSD); and Attention Deficit-Hyperactivity Disorder (ADHD);</li> <li>- Age: 16;</li> <li>- An assessment dated 1/5/2020 revealed a history of verbal and physical aggression, disregard for rules, constant use of the "N" word directed toward his foster parents, hiding multiple pairs of scissors under his pillow, multiple school suspensions, throwing rocks at school buses, vaping and drinking alcohol at school, manipulateness, lying, property damage, and intentionally urinating on bedroom floor.</li> </ul> <p>Review on 4/2/2020 of FC #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 7/6/2016;</li> <li>- Transfer to sister facility B on 12/24/2020;</li> <li>- Diagnoses: Oppositional Defiant Disorder; and ADHD;</li> <li>- Age: 16</li> <li>- An assessment dated 12/24/2019 that revealed a history of fighting, hoarding weapons and bringing them to the group home, AWOL (absent without leave) on several occasions, excessive profanity and threats towards staff, very poor hygiene, and legal charges for stealing.</li> </ul> <p>Review on 3/9/2020 of the local Sheriff's Department event reports dated 1/6/2020 to 3/9/2020 revealed:</p>	V 367		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-753</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOCKWOOD PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4004 CORNERROCK DR GREENSBORO, NC 27406</b>
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(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)	(X5) COMPLETE DATE
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V 367	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>- At 6:26PM on 1/6/2020, a runaway report was made to LEO due to FC #4 and FC #5 not getting off the bus from school earlier in the afternoon;</li> <li>- FC #4 and FC #5 were placed in the National Crime Information Center (NCIC) database (electronic clearinghouse of crime data that helps criminal justice professionals locate missing persons);</li> <li>- FC #4 and FC #5 were located by Sheriff's Deputies at a gas station approximately 4.5 miles from the facility at 3:54AM on 1/7/2020;</li> <li>- At 7:53PM on 2/13/2020, FC #4 struck client #3's face resulting in client #3 being taken to sister facility A for the night and a juvenile petition being initiated against FC #4.</li> </ul> <p>Review on 3/5/2020 of the online Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- No level 2 or 3 incident reports had been submitted for the facility from 11/1/2019 to 3/5/2020.</li> </ul> <p>Review on 3/5/2020 of the facility's Level 1 incident report folder revealed:</p> <ul style="list-style-type: none"> <li>- No incident reports since 8/30/2019.</li> </ul> <p>Interview on 3/5/2020 with the Assistant Director (AD) revealed:</p> <ul style="list-style-type: none"> <li>- No IRIS incidents (level 2 or higher) had been completed for the facility;</li> <li>- The Qualified Professional/Director (QP/D) completed IRIS reports.</li> </ul> <p>Interview on 4/7/2020 with the QP/D revealed:</p> <ul style="list-style-type: none"> <li>- The QP/D was responsible for entering level 2 &amp; 3 incidents in IRIS;</li> <li>- The QP/D may have forgotten to enter IRIS reports because he had emergency medical issues recently</li> <li>- There was not another facility staff assigned to</li> </ul>	V 367		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-753</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOCKWOOD PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4004 CORNERROCK DR GREENSBORO, NC 27406</b>
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(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)	(X5) COMPLETE DATE
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V 367	Continued From page 12  enter incident reports in IRIS when the QP/D was unable to do them himself; - The QP/D would ensure incident reports involving law enforcement intervention were entered into IRIS.	V 367		
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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 23, 2020

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

Re: Complaint Survey Completed April 7, 2020  
Lochwood Place, 4004 Cornerrock Drive, Greensboro, NC 27406  
MHL# 041-753  
E-mail Address: devolias@yahoo.com  
Intake # NC161490

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**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies 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.

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***

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 23, 2020  
Rodney Sweet  
Youth Enrichment Group Home, Inc.

***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: [dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[DHSR\\_Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)  
Pam Pridgen, Administrative Assistant