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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-851</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>04/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELLWICK PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 BELLWICK DRIVE 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 #NC161912). A deficiency was 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	<b>DHSR-Mental Health</b>  <b>MAY 14 2020</b>  <b>Lic. &amp; Cert. Section</b>	
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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	<i>Youth Enrichment will continue to train staff on rules and regulations for the state. Staff will not have facilities to do any activities together unless ample staff and approved by director for example Annual Christmas party all staff will join with all staff being there. The Assistant Director and Director staff must have a monthly basis meeting with staff and client to review this rule is being met. Staff</i>	<i>6/1/20</i>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah Sweet</i>	TITLE <i>Assistant Director</i>	(X6) DATE <i>5/5/20</i>
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STATE FORM 6899 V5RK11 If continuation sheet 1 of 6

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V 179	Continued From page 1  to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.  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 3 of 4 current clients (#1, #2 & #3). The findings are:  Review on 4/2/2020 of client #1 record revealed: - Admission date: 2/3/2020 - 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.  Review on 4/2/2020 of client #2's record revealed: - Client #2 was originally admitted to the level III, sister facility B on 3/29/2019, with transfer to the facility on 8/3/2019;	V 179	<i>will inform other facilities if going to be put to assure they are not there at the same time.</i>		

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V 179	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Diagnoses: Post-Traumatic Stress Disorder (PTSD); Reactive Attachment Disorder; Oppositional Defiant Disorder; and Major Depressive Disorder;</li> <li>- Age: 15</li> <li>- An assessment dated 3/29/2019 that revealed a history of difficulty making decisions, defies authority, tells untruths, property damage, uses profanity, sexually inappropriate with the pet dog, aggressive behavior towards authority figures, peers and classmates at school, likes knives, but has never used one to harm anyone, attempted to commit arson-started a fire, but was unsuccessful, hospitalized due to explosive behavior, homicidal thoughts (but no attempts).</li> </ul> <p>Review on 3/31/2020 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 7/30/2019;</li> <li>- Diagnoses: Major Depressive Disorder; Adjustment Disorder; ADHD; and Oppositional Defiant Disorder;</li> <li>- Age: 13;</li> <li>- An assessment dated 7/30/2019 that revealed a history of sudden onset behavioral and emotional challenges including anger, aggression, self-injurious behavior, and potential harmful or deadly behavior, destruction of property, anxiety, depression, refuses to comply with directives, multiple suspensions, frequent physical aggression, explosive behaviors, has issues with hygiene, suicidal threat in 2018, risk-taking, and tells untruths.</li> </ul> <p>Review on 3/9/2020 of client #A-5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 8/27/2018 to the level II, sister facility A;</li> <li>- Diagnoses: Autism Spectrum Disorder; and Intermittent Explosive Disorder;</li> </ul>	V 179		
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V 179	<p>Continued From page 3</p> <ul style="list-style-type: none"> <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> <p>Review on 3/9/2020 of client #B-6's record revealed:</p> <ul style="list-style-type: none"> <li>- 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;</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 at sister facility A, client #B-6 struck client #A-5's face resulting in client #A-5 being taken to the facility for the night and a juvenile petition being initiated against client #B-6.</li> </ul> <p>Interview on 4/1/2020 with client #1 revealed:</p>	V 179		
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V 179	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- Client #B-6 had spent the night at the facility on an unknown date;</li> <li>- Client #B-6 had slept in a vacant bedroom that night.</li> </ul> <p>Interview on 4/1/2020 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Clients from sister facilities had come to the facility "quite a few times ... when they are suspended, they come over."</li> <li>- Client #A-5 had never spent the night at the facility.</li> </ul> <p>Interview on 4/1/2020 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- He did not remember client #A-5 ever spending the night at the facility;</li> <li>- Client #B-6 had spent the night at the facility on an unknown date "a few months ago".</li> </ul> <p>Interview on 4/1/2020 with client #A-5 revealed:</p> <ul style="list-style-type: none"> <li>- On 2/13/2020, client #A-5 and #B-6 got into an argument at sister facility A because client #A-5 "was being honest about something ... He (client #B-6) just came and punched me ..."</li> <li>- After client #B-6 hit him, client #A-5 was asked by facility staff if client #A-5 wanted the Sheriff's Department called;</li> <li>- Sheriff's Deputies went to the facility, and client #B-6 was moved out of the facility;</li> <li>- Client #A-5 did not think he had spent the night at the facility himself.</li> </ul> <p>Interview on 3/31/2020 with client #B-6 revealed:</p> <ul style="list-style-type: none"> <li>- Client #B-6 currently lived at sister facility B;</li> <li>- He had been moved out of sister facility A approximately one month ago because "I wasn't doing good at the other house (sister facility A);"</li> <li>- Client #B-6 did not elaborate of the exact reasons for having been moved out of sister facility A following the incident with client #A-5 on 2/13/2020;</li> </ul>	V 179		
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V 179	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Client #B-6 had spent the night at sister facilities "once or twice."</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> </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 Qualified Professional/Director (QP/D) revealed:</p> <ul style="list-style-type: none"> <li>- The QP/D made sure that each sister facility had staff scheduled as required by rule;</li> <li>- Clients might go to sister facilities for group therapy sessions;</li> <li>- 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 #B-6;</li> <li>- There had not been any behavioral issues when clients from different facilities were together.</li> </ul>	V 179		



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  
Wynmere Place, 203 Hammond Drive, Greensboro, NC 27406  
MHL# 041-658  
E-mail Address: devolias@yahoo.com  
Intake # NC161913

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.

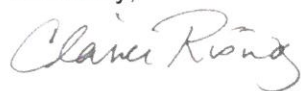
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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](mailto:qmemail@cardinalinnovations.org)  
[dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
[DHSR\\_Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)

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