STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-890	A. BUILDING: _____ B. WING _____	C 05/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC SOLUTIONS, LLC	1115 CENTENNIAL STREET HIGH POINT, NC 27262

(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
V 000	INITIAL COMMENTS A Complaint Survey was completed on May 22, 2020. The complaints were substantiated (intake #NC00163996 and NC00163959). Deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .1300: Residential Treatment for Children or Adolescents	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105		

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V 105	Continued From page 1 recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure operational and programmatic performance met applicable standards of practice with prevailing degrees of knowledge, skill and care exercised by other practitioners in the field. The findings are: Interview on 4-16-20 with a local Department of Social Services Child Protective Services staff (DSS) revealed: - former staff (FS) #5 had worked at the facility - FS #5 had allowed clients to use his personal cell phone - the clients used his phone to access social media - a client contacted a 16 year old female living in Charlotte, NC - on 4-10-20 FS #5 drove the facility vehicle with all three clients to Charlotte - FS #5 with all clients in the facility vehicle, picked up the 16 year old and brought her to Guilford County Review on 5-5-20 of an incident report dated 4-28-20 revealed: - an event occurred on 4-10-20 - FS #5 took all the clients to Mecklenburg County without permission - in Mecklenburg County they picked up a 16 year old female - FS #5 along with the 3 clients transported the female back to Guilford County - upon learning of this on 4-17-20, the Director/Licensee (DL) terminated the employment of FS #5 Interview on 5-7-20 with FS #5 revealed:	V 105		

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V 105	Continued From page 3 - he used to work at the facility - he allowed clients to use his personal cell phone to access social media websites - he was terminated because he took the clients to Charlotte where they picked up a friend of client #2, and brought her back to Guilford County - "we dropped her off and then we kept it moving, back to the home." - he had talked to the police, "a couple of times, no (criminal) charges" Interview on 5-6-20 with client #2 revealed: - he did ride with the other clients in the facility vehicle to Charlotte where they picked up a friend of his - "I'm the one that really set it up. I had her (telephone) number and I used the house phone." - reported he had not seen clients using staff cell phones to access the internet, "not that I've seen, at least." - when asked what happened when they returned from Charlotte, client #2 stated, "Not much. I wanted her to stay at the house, but Mr. [FS #5] wouldn't allow that. He dropped us off (at the facility) first, then when she got to her (hotel) room she called me. Mr. [FS #5] got back in like 5 minutes, then his shift was over." Interview on 5-8-20 with local Police Department officer #2 (PD2) revealed: - "There's no doubt she (client #2's friend) was brought up here on the van with the guys (facility clients) ..." - " ...but there's no other connection between the group home clients and [FS #5] at the hotel." - his investigation of this event is ongoing - regarding FS #5, PD2 stated, "No good judgement or reasoning skills, and no way (he) should be in charge of troubled youth."	V 105		

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V 105	Continued From page 4 - PD2 added, "He's not a good fit for juveniles who aren't far removed from their own issues with the legal system." Interview on 4-28-20 and 5-12-20 with the DL revealed: - as soon as he heard about the event with FS #5, he was terminated - each client was interviewed separately, gave different versions of what happened - each confirmed FS #5 drove them all to Charlotte, picked up a female, and transported her back to Guilford County - he called the local police department to see if there were charges against FS #5, and there were none - the facility van was only supposed to be used to transport clients to medical appointments, school and approved activities - picking up a minor in another part of the state was not an approved activity - "He was an idiot, he was gone (terminated) the moment I heard about it." This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type B rule violation and must be corrected within 45 days.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as	V 108		

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V 108	Continued From page 5 delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on interview and record review, the facility administration failed to ensure staff were trained, for one (Former Staff #5) of 5 staff surveyed; and failed to ensure training in basic first aid including cardiopulmonary resuscitation (CPR), for three (Qualified Professional, staff #2 and former staff #5) of 5 staff audited. The findings are: Review on 5-1-20 of the Qualified Professional's	V 108		

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V 108	Continued From page 6 (QP) personnel records revealed: - hired 1-23-20 - First Aid/CPR training certification expired 1-5-20 Review on 5-1-20 of staff #2's personnel records revealed: - hired 6-6-18 - position; Paraprofessional - First Aid/CPR training certification expired 1-28-20 Review on 5-1-20 of former staff (FS) #5's personnel records revealed: - hired 4-9-20 - position; Paraprofessional - no training certification for First Aid/CPR Interview on 5-7-20 with FS #5 revealed: - he did not have the following training before working at the facility: - First Aid/CPR - Client Specific - Orientation -he usually worked alone at the facility Interview on 5-12-20 with the Director/Licensee revealed: - typically only one staff worked at the facility at a time - he was responsible for insuring staff were trained - he was responsible for maintaining training documentation, certificates and files for staff personnel records - due to the Corona Virus Pandemic, he was unable to coordinate First Aid/CPR training for new staff	V 108		

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V 108	Continued From page 7 This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type B rule violation and must be corrected within 45 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the	V 109		

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V 109	Continued From page 8 population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on interview and record review, the Qualified Professional failed to demonstrate the knowledge, skills and ability required by the population served, for one of one Qualified Professional (QP). The findings are: Review on 5-1-20 of client #1's facility record revealed: - admitted 3-16-20 - 16 years old - diagnosed with: - Depression - Anxiety Disorder - Family Dysfunction - Treatment Plan dated and signed by treatment team on 4-20-20 with the following goals: - "[client #1] will participate in medical evaluation and comply with taking medications as prescribed." - "[client #1] will participate in individual/family therapy, and group therapy in the group home without incident of refusal." Review on 5-1-20 of the QP's personnel record revealed: - position: Qualified Professional - hired 1-23-20	V 109		

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V 109	Continued From page 9 Interview on 5-4-20 with client #1's Legal Guardian (LG) revealed client #1 has a history of: - criminal behavior - being verbally inappropriate - argumentative - exhibiting violence towards others - defiantly getting in the face of adult authority figures - car theft - selling puffs on an electronic cigarette - lying and not taking responsibility for his actions - a disconnect between his self-image and reality - constantly inserting himself in other's situations - exhibiting a "horrible temper" - doesn't take "no" very well, especially from adult males - very manipulative Further interview with LG failed to reveal why none of these issues were included in client #1's current treatment plan by the QP. Review on 5-8-20 of an incident on 4-2-20 revealed: - staff #1 was questioning client #3 - client #1 intervened between staff #1 and client #3 - client #1 became aggressive with staff #1 - client #1 reported he punched staff #1 because he was bothering client #3 - the incident escalated to the point where client #1 left the facility and the local police were called - staff #1's nose was bleeding and he was unable to finish his shift Interview on 5-12-20 with the Director/Licensee (DL) revealed:	V 109		

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V 109	Continued From page 10 - client #1 was admitted to the facility with only the two goals in his current treatment plan - The QP was responsible for insuring each client's goals are relevant and included in their plan - he knew client #1 had documented problems with: - inserting himself into other people's conflicts - regulating his anger and other emotions - being manipulative - not taking responsibility for his actions - the DL stated the QP should have made sure goals were in client #1's treatment plan, to address these issues Interview on 5-12-20 with the QP revealed: - he was given just the two goals in his treatment plan by the DL - these goals were included in client #1's admission packet - those two goals are the only goals he has - when he develops goals for clients he talks to the client, and discusses client's issues with the treatment team - despite the incident on 4-2-20 highlighting many of client #1's clinical issues, the treatment plan dated 4-20-20 was unchanged - when asked about client #1's documented issues of; inserting himself into other people's conflicts, not regulating his anger, being manipulative and not taking responsibility for his actions, the QP stated: - "That's very true. I didn't think about that, I need to put that goal in, you're absolutely right." This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type B rule violation and must be corrected within 45	V 109		

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V 109	Continued From page 11 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 12 This Rule is not met as evidenced by: Based on interview and record review, facility staff failed to demonstrate the knowledge, skills and abilities required by the population served, for two (staff #1 and the Director/Licensee) of four staff audited. The findings are: Finding Number One - staff #1 Review on 5-1-20 of client #1's facility record revealed: - admitted 3-16-20 - 16 years old - diagnosed with: - Depression - Anxiety Disorder - Family Dysfunction Review on 5-1-20 of staff #1's personnel record revealed: - hired 5-19-16 - position: Paraprofessional Review on 5-8-20 of an incident on 4-2-20 revealed: - staff #1 came onto his shift just before midnight - staff #1 noticed someone drank a soda he had left at the facility - even though it was after client's bedtime, the clients were still awake - staff #1 began questioning client #3 about the soda - client #1 intervened between staff #1 and client #3 - client #1 became aggressive with staff #1 - client #1 reported he punched staff #1 because, "he was bothering" client #3	V 110		

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V 110	Continued From page 13 - the incident escalated to the point where client #1 left the facility and the local police were called - staff #1's nose was bleeding and he was unable to finish his shift Interview on 5-4-20 with local Police Department Officer #1 (PD1) revealed: - she responded to an incident at the facility on 4-2-20 - based on her assessment she believed " ...it was more like a fight, not necessarily an assault." - staff #1's nose was bloody Interview on 5-6-20 with client #1 regarding the 4-2-20 incident revealed: - "Okay, I don't want to talk about that man. (It was) just a fight. We've made amends." - staff #1 did not attempt to restrain him - he had never been restrained by staff since he was admitted to the facility Interview on 5-6-20 with client #2 and client #3 revealed: - they did not witness the incident between staff #1 and client #1 - it occurred in the kitchen - they stayed in their bedrooms - they heard both staff #1 and client #1 raise their voices Interview on 4-29-20 with staff #1 revealed: - working with client #1 has not been difficult - he has never attempted a restraint on any client - "No, I don't touch them kids, I don't." - on 4-2-20, "I came in at 12:00 (midnight) on third shift when they were supposed to be asleep. I made my rounds, bed-checks." - "They weren't asleep, they were in their	V 110		

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V 110	Continued From page 14	V 110		

rooms talking."
- "I spoke to them, (then) I went to the refrigerator to get a soda and it wasn't there."
- "So I went to [client #3] and ask if he knew who drunk it?"
- "Like today I bought them CookOut. I do stuff for them all the time."
- "Then [client #1] jumped up and said, 'leave [client #3] the f**k alone'."
- "I said, 'I ain't talking to you,' and left the room."
- "Then [client #1] came in the kitchen ... he was fully dressed, even though he was supposed to be in bed asleep."
- "He got right there in my space and said, 'Why you f*****g with us'?"

Further interview with staff #1 failed to reveal why he chose to confront the clients at midnight, 2 hours after they were supposed to be in bed, regarding his missing soda.

Interview on 5-12-20 with the Director/Licensee (DL) revealed:
- he acknowledged the clients heard staff #1 yelling at client #1 during the incident on 4-2-20
- staff #1 made a, "bad decision, I guess that was impulse"
- "That shouldn't have escalated to that (yelling)."
- "That was wrong all the way around. (It's) not appropriate to yell about anything."
- "I talked to Mr. [staff #1] about that, he could've handled that better.

Finding Number Two - The Director/Licensee

Interview on 5-12-20 with the DL revealed:
- despite staff #1 and FS#5 having extensive criminal histories, there was no written

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V 110	Continued From page 15	V 110		

justification for hiring them
- only he, himself was responsible for ensuring all staffs' trainings were current and up to date
- "I dropped the ball on that."
- He is solely responsible for personnel files
- "Nobody goes in there (staff personnel files) but me."

Review on 5-1-20 of staff personnel records revealed:
- FS#5 had no training in First Aid/CPR (Cardiopulmonary Resuscitation)
- FS#5's date of hire was 4-9-20, yet FS#5 stated he began working in February of 2020 (exact date not given)
- the training certificate for staff #1's NCI (North Carolina Interventions) appeared to be altered:
  - training date was 6-1-18
  - "Certificate is valid through 6-1-2020"
- the NCI certificate for the DL had the instructor's name hand written

Interview on 5-11-20 with the NCI instructor whose name was on the certificate revealed:
- "Either his name, my name or the date has been altered. I always type my name in."

Interview on 5-12-20 with the DL failed to reveal why staff training certificates that only he had access to in staff personnel files were:
- misrepresented
- likely altered
- and some were missing altogether

This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type B rule violation and must be corrected within 45 days.

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V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to insure a client's treatment plan was based on assessments and in partnership with the legally responsible person and included client outcomes and strategies for one (client #1) of	V 112		

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V 112	Continued From page 17 three clients. The findings are: Review on 5-1-20 of client #1's facility record revealed: - admitted 3-16-20 - 16 years old - diagnosed with: - Depression - Anxiety Disorder - Family Dysfunction - Treatment Plan dated and signed by treatment team on 4-20-20 with the following goals: - "[client #1] will participate in medical evaluation and comply with taking medications as prescribed." - "[client #1] will participate in individual/family therapy, and group therapy in the group home without incident of refusal." Interview on 5-4-20 with client #1's Legal Guardian (LG) revealed client #1 has a history of: - criminal behavior - being verbally inappropriate - argumentative - exhibiting violence towards others - defiantly getting in the face of adult authority figures - car theft - selling puffs on an electronic cigarette - lying and not taking responsibility for his actions - a disconnect between his self-image and reality - constantly inserting himself in other's situations - exhibiting a "horrible temper" - doesn't take "no" very well, especially from adult males	V 112		

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V 112	Continued From page 18 - very manipulative Further interview with LG failed to reveal why none of these issues were included in client #1's current treatment plan. Review on 5-8-20 of an incident on 4-2-20 revealed: - staff #1 was questioning client #3 - client #1 intervened between staff #1 and client #3 - client #1 became aggressive with staff #1 - client #1 reported he punched staff #1 because he was bothering client #3 - the incident escalated to the point where client #1 left the facility and the local police were called - staff #1's nose was bleeding and he was unable to finish his shift Interview on 5-12-20 with the QP revealed: - when he develops goals for clients he talks to the client, and discusses client's issues with the treatment team - despite the incident on 4-2-20 highlighting many of client #1's clinical issues, the treatment plan dated 4-20-20 was unchanged - when asked about client #1's documented issues of; inserting himself into other people's conflicts, not regulating his anger, being manipulative and not taking responsibility for his actions, the QP stated: - "That's very true. I didn't think about that, I need to put that goal in, you're absolutely right." This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type B rule violation and must be corrected within 45 days.	V 112		

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V 179	Continued From page 19	V 179		
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 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.	V 179		

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V 179	Continued From page 20 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide a structured living environment within a system of care approach for clients with mental illnesses or emotional disturbances for three of three (client #1, client #2 and client #3) clients. The findings are: Cross Reference: 10A NCAC 27G .0201 Governing Body Policies (V105 Based on interview and record review, the facility failed to ensure operational and programmatic performance met applicable standards of practice with prevailing degrees of knowledge, skill and care exercised by other practitioners in the field. Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility administration failed to ensure staff were trained, for one (Former Staff #5) of 5 staff surveyed; and failed to ensure training in basic first aid including cardiopulmonary resuscitation (CPR), for three (Qualified Professional, staff #2 and former staff #5) of 5 staff audited. Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, the Qualified Professional failed to demonstrate the knowledge, skills and ability required by the population served, for one of one Qualified Professional (QP). Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110)	V 179		

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V 179	Continued From page 21 Based on interview and record review, facility staff failed to demonstrate the knowledge, skills and abilities required by the population served, for two (staff #1 and the Director/Licensee) of four staff audited. Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/ Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to insure a client's treatment plan was based on assessments and in partnership with the legally responsible person and included client outcomes and strategies for one (client #1) of three clients. Review on 5-22-20 of the Plan of Protection written by the Director/Licensee, received on 5-20-20 and dated 5-18-20 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "105 Standards of Practice, As of 5-14-2020 all staff have signed document that agreeing to only drive facility van for pre-approved client transportation. Staff will not allow clients at no time to use their personal phone unless it is a dire emergency to make a call only. 108- Staff Training, As of 5-9-2020 all staff certifications has been brought into compliance 109- QP (Qualified Professional) Competence, As of 5-20-2020 QP will review all assessments and add goals to treatment plans 110- Paraprofessionals Competence, As of 5-15-2020 all new staff will have personnel files complete; Staff Mr. [staff #1] will have review of NCI (North Carolina Interventions) Plus on alternatives to restrictive interventions; No training certificates will be altered after being received by	V 179		

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V 179	Continued From page 22 instructors. 112- [client #1]'s Treatment Plan Updated, As of 5-20-2020 [client #1]'s Treatment Plan will have provisional goals to address his treatment needs, until next team meeting." Describe your plans to make sure the above happens. 105- Signed statements will be kept in staff's personnel file 108- A system has been put in place to remind the Director as to when upcoming trainings are due for renewal 109 and 112- The Director will stipulate continued contractual use of the QP is dependent on goal compliance 110- The QP or LP (Licensed Professional) will sign-off on personnel requirements being completed within state guidelines. This facility is charged with providing services to adolescents and youth with Conduct Disorders, Depression, Anxiety Disorder and Parent-Child Relational Conflict. The staff lacked training, guidance, repeatedly used poor judgement and did not have adequate goals in client #1's treatment plan to address his aggression, lack of personal responsibility and inserting himself into other people's issues. Furthermore, the Director/Licensee altered training certificates and failed to ensure all staff were properly vetted and trained to work with children having mental illnesses and emotional disturbances, therefore being detrimental to health, safety and welfare, this constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of	V 179		

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V 179	Continued From page 23 compliance beyond the 45th day.	V 179		