

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ Lic. & Cert. Section B. WING: _____	(X3) DATE SURVEY COMPLETED 07/08/2020
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NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
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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 000	INITIAL COMMENTS A complaint survey was completed on July 8, 2020. Three complaints were substantiated (intake #NC00165778, #NC00164500, and intake #NC00165734). One complaint was unsubstantiated (intake #NC00166117). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.	V 000	<i>Carolina Dunes Behavioral Health takes these findings seriously and has implemented what we feel is an effective plan of action to address the identified deficiencies and monitor for compliance with actions taken. Pursuant to your request, the response is structured as follows:</i> 1) The plan for correcting the specific deficiency cited; 2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited; 3) The title of the person responsible for implementing the acceptable plan of correction; and 4) The monitoring procedure to ensure that the plan of correction (POC) is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.	
V 318	130 .0102 HCPR - 24 Hour Reporting 10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of learning about the allegation. The findings are:	V 318	1) The plan for correcting the specific deficiency cited The DCQR will be re-educated on requirements related to reporting to HCPR. 2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited A) The DCQR will be re-educated, and then will re-educate those with reporting responsibilities, through HCPR processes and requirements on the requirement that any staff allegation be reported to HCPR. B) The DCQR will present information on any HCPR incident, based on HCPR reporting requirements to the CEO on a M-F basis. The DCQR shall present evidence to the CEO that the report has been made no later than 72 hours after the occurrence by comparing and showing the date/time the hospital was made aware of the incident to the date/time the report was made. The DCQR will document that this review has occurred. Compliance with this requirement will be addressed through the progressive disciplinary action process. C) The DCQR will utilize all reporting methods to include fax, phone, and/or emails to ensure compliance. 3) The monitoring procedure to ensure that the plan of correction is effective, and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements A) The DCQR will present information on HCPR reported incident to the CEO on a M-F basis. The DCQR shall present evidence to the CEO that the report has been made no later than 72 hours after the hospital became aware of the incident by comparing and showing the date/time the hospital was made aware of the incident to the date/time the report was made. B) Evidence of the DCQR's compliance with reporting requirements will be reported daily in the Hospital's Morning meeting.	

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

TITLE
CEO

(X6) DATE
8/13/2020

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V 318	<p>Continued From page 1</p> <p>Review on 6/10/20 of client #1's record revealed: - 14-year old female admitted 10/29/19. - Diagnoses included Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Major Depressive Disorder.</p> <p>Review on 6/11/20 of Complaint Intake and Health Care Personnel Investigations Initial Allegation Report completed by Quality/Risk Coordinator dated 6/02/20 revealed: -Staff #1 identified as accused employee.</p> <p>Review on 6/15/20 of the North Carolina Incident Response Improvement System (IRIS) completed by Quality/Risk Coordinator dated 6/11/20 revealed: -Health Care Personnel Registry (HCPR) Facility Allegation Information - Allegation Description: "Mental Health Technician (MHT) [Staff#1] was accused of kissing resident [Client #1] on the morning of 5/22/2020. The resident has stated that she and MHT [Staff #1] they were in a relationship. The resident denied that MHT [Staff #1] ever touched her in a sexual nature. MHT [Staff #1] denied all of the allegations made against her. Video footage of MHT [Staff #1] shifts is currently being reviewed. At this time no evidence t..." - HCPR Facility Allegation Information - Incident reported to Local Department of Social Services (DSS) on 6/02/2020. - HCPR Facility Allegation Information - Investigation completed 6/08/2020</p> <p>Review on 6/10/20 of "Summary of Events [Client #1] Incident" (undated) revealed: -"5/22/2020 at 0813: Patient Advocate received email from teacher [staff #10] stating resident [Client #3] reporting an incident with a staff</p>	V 318		
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V 318	<p>Continued From page 2</p> <p>member (unsure of staff at the time) and resident [Client #1]."</p> <p>- "5/22/2020 at 1:05PM: Risk Manager receives email from therapist [staff #12] that her client, [Client #3], informed her of another peer, [Client #1], was having sexual relations with 3rd shift staff [Staff #1]."</p> <p>Review on 6/10/20 of email dated 5/22/20 - 8:13am from staff #10 directed to Patient Advocate revealed: -"As I walked in this morning [Client #3] pulled me aside and told me about an incident that has all the girls a little wound up. Apparently, [Client #1] has been spotted with a female 3rd shift staff (I did not catch the name) multiple times in her bathroom and that someone saw them kiss this morning. [Client #3] said one of the girls admitted this on camera around 7:18. [Client #3] asked if she could speak with you when you get a chance to provide you with more details. I am sincerely hoping there is not truth to these statements. I hope it was appropriate to reach out by email regarding this alleged incident."</p> <p>Review on 6/10/20 of email dated 5/22/20 -11:10am from Staff #12 directed to Director of Quality, Compliance & Risk Management revealed: -"Went to speak [Client #3] this morning. She told me that she was not the one who witnessed the kissing. [Client #4] then spoke to [Client #3] about what she saw. She did not want to get staff in trouble or [Client #1] angry. [Client #3] confronted [Client #1] this morning outside [Client #3's] room in to be sure to be in view of video. [Client #3] told [Client #1] that she saw [Staff #1] kiss her and that she was going to tell because that is not right. [Client #1] was upset with [Client #3] because now [Client #1] thinks [Staff #1] is going</p>	V 318		

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V 318	<p>Continued From page 3</p> <p>to get fired ...Before I heard about what has happened [Client #1] was pacing the halls agitated calling everyone backstabbing b*****s. She also has in her journal love notes written in her journal in regards to the staff member ..."</p> <p>Review on 6/10/20 of email dated 5/22/20 -1:05pm from Staff #12 to Director of Quality, Compliance & Risk Management, Clinical Director, and Client #1's Therapist revealed: -"Good afternoon, [Client #3] reported to me that this morning, [Client #1] reported to her that she been having sexual relations with one of the 3rd shift MHTs, [Staff #1]. I wanted to make sure to pass that report on to you all."</p> <p>Review on 7/08/20 of Family Therapy Note dated 5/19/20- 1750 hrs (hours) revealed: -"First shift staff reported to the therapist: [Client #1] was addedly engaged in a romantic relationship with a member of the facilities Third Shift Staff. Another resident told staff that she walked by [Client #1's] room and saw what looked like the staff member kissing [Client #1]. Therapist confirmed with Nurse [staff #13] that she was aware of this report. Therapist informed the Clinical Director, [Clinical Director]. Therapist contacted [Director of Quality, Compliance & Risk Management], Director of Quality Assurance, and confirmed that she was aware of this report."</p> <p>Review on 7/08/20 of Facility Policy and Procedure Manual dated/effective 10/20/15 revealed: -Policy and Procedure: 1800.24 - F.4d: "If you are a mandatory reporter and you witness or become aware that a patient has been or is at imminent risk for mistreatment (abuse, caretaker neglect, or exploitation), you must make a report to law enforcement within 24 hours.</p>	V 318		

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V 318	<p>Continued From page 4</p> <p>Interview on 6/10/20 Client #1 stated: -She had resided at facility for approximately 8 months. -She had a "romantic relationship" with staff #1. -Staff #1 kissed her one time on undetermined date. -She did not wish to discuss the incident any further.</p> <p>Interview on 7/01/20 Staff #1 stated: -On an undetermined date in mid-May, she had kissed Client #1 on the forehead while comforting her in Client #1's bedroom bathroom. -The kiss on the forehead was returned by Client #1 with a kiss on the lips. -She "pulled back" and Client #1 leaned in and kissed her on the lips again. -She corrected Client #1 on the inappropriateness of the action and believed that Client #1 understood that the actions were inappropriate. -She did not bring the incident to anyone's attention, as she was unsure of who she could trust. -She continued to write notes and messages to Client #1 in back and forth fashion using a notebook. -The notes and messages were things like "what's your favorite color?" and "will you be there for me when I get out?"</p> <p>Interview on 7/08/20 Quality/Risk Coordinator stated: -HCPR notification of alleged abuse by Staff #1 against Client #1 was completed on 6/02/20.</p> <p>Interview on 7/08/20 Director of Quality Compliance/Risk Management stated: -5/29/20 had been identified as the date of the incident, as Client #1 had not confirmed incident</p>	V 318		

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V 318	Continued From page 5 had occurred prior. -She was unaware 3rd party allegations required reporting of incident unless proven to be substantiated.	V 318		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <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>	V 367	<p>1) The plan for correcting the specific deficiency cited The DCQR will be re-educated on requirements related to reporting to the LME.</p> <p>2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited A) The DCQR will be re-educated, and then will re-educate those with reporting responsibilities, through IRIS manual review and memorandum, on the requirement that level II and level III incidents will be documented in the IRIS system within 72 hours after each occurrence. B) The DCQR will present information on any level II or level III incident, based on IRIS reporting requirements to the CEO on a M-F basis. The DCQR shall present evidence to the CEO that the report has been made no later than 72 hours after the occurrence by comparing and showing the date/time the hospital was made aware of the incident to the date/time the report was made. The DCQR will document that this review has occurred. Compliance with this requirement will be addressed through the progressive disciplinary action process. C) The DCQR will utilize all reporting methods to include fax, phone, and/or emails to ensure compliance.</p> <p>3) The monitoring procedure to ensure that the plan of correction is effective, and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements A) The DCQR will present information on any level II or level III incident to the CEO on a M-F basis. The DCQR shall present evidence to the CEO that the report has been made no later than 72 hours after the hospital became aware of the incident by comparing and showing the date/time the hospital was made aware of the incident to the date/time the report was made. B) Evidence of the DCQR's compliance with reporting requirements will be reported daily in the Hospital's Morning meeting.</p>	

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V 367	<p>Continued From page 6</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 by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p>	V 367	<p>The findings, conclusions, recommendations, and actions taken will be aggregated and forwarded by the DCQR to the Hospital's Quality Council, MEC, and Governing Board at each of their respective meetings. This review and reporting process will continue on a go forward basis.</p> <p>4) The title of the person responsible for implementing the acceptable plan of correction. The Director of Compliance/Quality/Risk (DCQR)</p>	
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V 367	<p>Continued From page 7</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 6/15/20 of the North Carolina Incident Response Improvement System (IRIS) revealed the following incident was not reported within the required time. -Date of Incident: 5/22/20 - Date Submitted: 6/11/20. -Health Care Personnel Registry (HCPR) Facility Allegation Information - Allegation Description: "Mental Health Technician (MHT) [Staff#1] was accused of kissing resident [Client #1] on the morning of 5/22/2020. The resident has stated that she and MHT [Staff #1] they were in a relationship. The resident denied that MHT [Staff #1] ever touched her in a sexual nature. MHT [Staff #1] denied all of the allegations made against her. Video footage of MHT [Staff #1] shifts is currently being reviewed. At this time no evidence t ..."</p>	V 367		
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V 367	Continued From page 8 - HCPR Facility Allegation Information - Incident reported to Local Department of Social Services on 6/02/2020. Interview on 7/08/20 Director of Quality Compliance/Risk Management stated: --5/29/20 had been identified as the date of the incident, as Client #1 had not confirmed incident had occurred prior. -She would ensure the IRIS reports were completed as required.	V 367		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.	V 512	1. The plan for correcting the specific deficiency cited. A. MHT was immediately termed once DSS notified CDBH of admittance of inappropriate behavior when asked by DSS to complete a polygraph test. B. DQCR and Assistant have been re-educated by DHHS/DHSR on the requirement that all accusations of abuse will be reported to the County Department of Social Services (DSS). 2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. A. The DQCR and the Assistant have been re-educated on the requirement to report all allegations of abuse to the HCPR, County DSS, and LME within the required timeframe. 3. The title of the person(s) responsible for implementing the acceptable plan of correction: CEO	

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V 512	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interviews, one of one staff (#1) subjected one of one clients (#1) to sexual exploitation. The findings are: Review on 6/10/20 of client #1's record revealed: - 14-year old female admitted 10/29/19. - Diagnoses included Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit/Hyperactivity Disorder, and Major Depressive Disorder. Review on 6/15/20 of the North Carolina Incident Response Improvement System (IRIS) completed by Quality/Risk Coordinator dated 6/11/20 revealed: -Health Care Personnel Registry (HCPR) Facility Allegation Information - Allegation Description: "Mental Health Technician (MHT) [Staff#1] was accused of kissing resident [Client #1] on the morning of 5/22/2020. The resident has stated that she and MHT [Staff #1] they were in a relationship. The resident denied that MHT [Staff #1] ever touched her in a sexual nature. MHT [Staff #1] denied all of the allegations made against her. Video footage of MHT [Staff #1] shifts is currently being reviewed. At this time no evidence t." - HCPR Facility Allegation Information - Incident reported to Local Department of Social Services on 6/02/2020. - HCPR Facility Allegation Information - Investigation completed 6/08/2020. Review on 6/10/20 of "Summary of Events [Client #1] Incident" (undated) revealed: -"5/22/2020 at 0813: Patient Advocate received email from teacher [staff #10] stating resident	V 512	4. The monitoring procedure to ensure that the POC is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. 100% of allegations of abuse will be reviewed daily by the CEO or trained delegate and reviewed in the Hospital's Safety Meeting (with [REDACTED] allegations reported into Monday's meeting) to ensure there is a corresponding DSS report. This is an ongoing process and has no end date.	

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V 512	<p>Continued From page 10</p> <p>[Client #3] reporting an incident with a staff member (unsure of staff at the time) and resident [Client #1]."</p> <p>- "5/22/2020 at 1:05PM: Risk Manager receives email from therapist [staff #12] that her client, [Client #3], informed her of another peer, [Client #1], was having sexual relations with 3rd shift staff [Staff #1]."</p> <p>Review on 6/10/20 of email dated 5/22/20 - 8:13am from staff #10 directed to Patient Advocate revealed: -"As I walked in this morning [Client #3] pulled me aside and told me about an incident that has all the girls a little wound up. Apparently, [Client #1] has been spotted with a female 3rd shift staff (I did not catch the name) multiple times in her bathroom and that someone saw them kiss this morning. [[Client #3] said one of the girls admitted this on camera around 7:18. [Client #3] asked if she could speak with you when you get a chance to provide you with more details. I am sincerely hoping there is not truth to these statements. I hope it was appropriate to reach out by email regarding this alleged incident."</p> <p>Review on 6/10/20 of email dated 5/22/20 -11:10am from Staff #12 directed to Director of Quality, Compliance & Risk Management revealed: -"Went to speak [Client #3] this morning. She told me that she was not the one who witnessed the kissing. [Client #4] then spoke to [Client #3] about what she saw. She did not want to get staff in trouble or [Client #1] angry. [Client #3] confronted [Client #1] this morning outside [Client #3's] room in to be sure to be in view of video. [Client #3] told [Client #1] that she saw [Staff #1] kiss her and that she was going to tell because that is not right. [Client #1] was upset with [Client #3]</p>	V 512		

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V 512	<p>Continued From page 11</p> <p>because now [Client #1] thinks [Staff #1] is going to get fired ...Before I heard about what has happened [Client #1] was pacing the halls agitated calling everyone backstabbing b****s. She also has in her journal love notes written in her journal in regards to the staff member ..."</p> <p>Review on 6/10/20 of email dated 5/22/20 -1:05pm from Staff #12 to Director of Quality, Compliance & Risk Management, Clinical Director, and Client #1's Therapist revealed: -"Good afternoon, [Client #3] reported to me that this morning, [Client #1] reported to her that she been having sexual relations with one of the 3rd shift MHTs, [Staff #1]. I wanted to make sure to pass that report on to you all."</p> <p>Review on 6/10/20 of email dated 5/31/20 from Client #1's Therapist revealed: -"Personal note: I hope she (staff #1) has been fired already. I'm livid that this person (staff #1) undermined my treatment. This client(client #1) has attachment issues and my entire focus of treatment was to repair attachment injuries caused by her abusive biological mother. Then create a healthy attachment between [Client #1], her step-mother and father. At the very least: what [Staff #1] did undermined that by creating an unhealthy attachment that interfered with treatment goals. Though at this point it's my opinion that [Staff #1] is a predator who was grooming a 14-year-old (client #1)."</p> <p>Review on 7/08/20 of Family Therapy Note dated 5/19/20- 1750 hrs revealed: -"First shift staff reported to the therapist: [Client #1] was addedly engaged in a romantic relationship with a member of the facilities Third Shift Staff (staff #1). Another resident told staff that she walked by [Client #1's] room and saw</p>	V 512		
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V 512	<p>Continued From page 12</p> <p>what looked like the staff member (staff #1) kissing [Client #1]. Therapist confirmed with Nurse [staff #13] that she was aware of this report. Therapist informed the Clinical Director, [Clinical Director]. Therapist contacted [Director of Quality, Compliance & Risk Management], Director of Quality Assurance, and confirmed that she was aware of this report."</p> <p>Review on 7/07/20 of Staff #1's time card revealed: -Staff #1 logged in on 5/21/20 at 10:44pm and logged out on 5/22/20 at 7:11am for the last shift prior to the allegation of abuse against Client #1. -Staff #1 logged in on 5/23/20 at 6:47am and logged out on 5/23/20 at 12:45pm one day following the allegation of abuse against Client #1.</p> <p>Review on 6/10/20 of statement taken from Staff #5 on 6/01/20 revealed: -She observed Staff #1 report for shift on 5/23/20. -Staff #1 was assigned to 400 hall and stated she needed to go to 200 hall to see Client #1. -Client #1 told Staff #1 that "everyone knows" and "she thinks someone saw them together." -Staff #1 and Client #1 were observed at documentation station at same time and Staff #1 was observed attempting to calm Client #1 down. -Staff #1 told client #1 to calm down and "you are making this s*** hot!!" -She was informed by Client #6 that Client #6 had notes from Client #1 and Staff #1 on 5/23/20. -When she returned to retrieve the notes an unknown staff and Client #3 were tearing them up and flushing them down the toilet.</p> <p>Interview on 6/10/20 Client #5 stated: -She witnessed Client #1 and Staff #1 kissing on unknown date in Client #1's room.</p>	V 512		
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V 512	<p>Continued From page 13</p> <p>-She observed notes that were allegedly passed between Client #1 and Staff #1 stating "love you...you're my everything...stop self-harming."</p> <p>Interview on 6/10/20 Client #3 stated: -She was informed of a romantic relationship between Client #1 and Staff #1 by Client #4 and Client #5. -She approached Client #1 about allegations and Client #1 confirmed they were true. -She read notes that had been shared between Client #1 and Staff #1 stating, "I want to show you more love than hurt...she needed to stop (cutting) ...I love you baby girl." -She notified staff of concerns, as Client #4 stated she was afraid to tell staff.</p> <p>Interview on 6/30/20 Staff #9 stated: -She was informed by Client #2 that Client #1 had notes that she shouldn't have. She had no additional information at the time about what the notes were in reference to. -She approached Client #1's room and found Client #1 and Client #3 sitting on Client #1's bed talking. -She told Client #1 "If you have something you shouldn't have, you need to get rid of it, or give it to me now." -She attended to another client and then returned to room where Client #1 had come out of bathroom and Client #3 informed her that Client #1 had been observed kissing Staff #1. -She confronted Client #1 regarding the alleged kiss between Client #1 and Staff #1. Client #1 confirmed the event had occurred. -She processed the incident with Client #1, informed her that "it was not your fault" and notified management.</p> <p>Interview on 6/10/20 Client #1 stated:</p>	V 512		

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V 512	<p>Continued From page 14</p> <ul style="list-style-type: none"> -She had resided at facility for approximately 8 months. -She had a "romantic relationship" with staff #1. -Staff #1 kissed her one time on undetermined date. -She did not wish to discuss the incident any further. <p>Interview on 6/19/20 Staff #1 stated:</p> <ul style="list-style-type: none"> -She may have given Client #1 extra attention due to Client #1's impending discharge -She gave Client #1 extra attention in the form of encouragement to ensure Client #1's ongoing success when she discharged from the program. -She wrote inspirational messages to Client #1 on colorings that were completed. The messages included phrases such as, "Yes you can...Stay calm...stay focused...patience is key." -She never exchanged notes of any kind with Client #1. -The only physical contact she had with Client #1 was on one occasion she gave Client #1 a one-armed side hug and Client kissed her on the cheek. She corrected Client #1 and told her the kiss on the cheek was inappropriate. -She never had any inappropriate physical contact with Client #1 and never had any additional physical contact with Client #1. -She was told by co-workers that she was the reason Client #1 had been staying up all night, but it wasn't unusual for Client #1 to stay up during the night. -She last saw Client #1 on her 5/21/20 shift. -She worked through 5/23/20 until approximately 12:00pm. -5/23/20 was not a part of her routine schedule, but she had picked up an extra shift. -She learned of the allegations on 5/23/20 when she was informed by management that an allegation had been made. 	V 512		

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V 512	<p>Continued From page 15</p> <p>-She was informed approximately 1 hour following her 5/23/20 shift that she would not be able to return pending the outcome of their investigation.</p> <p>Interview on 7/01/20 Staff #1 stated: -Continued interview was conducted with staff which followed an attempted polygraph coordinated by the local Department of Social Services Investigator. -On an undetermined date in mid-May, she had kissed Client #1 on the forehead while comforting her in Client #1's bedroom bathroom. -The kiss on the forehead was returned by Client #1 with a kiss on the lips. -She "pulled back" and Client #1 leaned in and kissed her on the lips again. -She corrected Client #1 on the inappropriateness of the action and believed that Client #1 understood that the actions were inappropriate. -She did not bring the incident to anyone's attention, as she was unsure of who she could trust. -She continued to write notes and messages to Client #1 in back and forth fashion using a notebook. -The notes and messages were things like "what's your favorite color?" and "will you be there for me when I get out?"</p> <p>Interview on 6/17/20 Client #1's Therapist stated: -He was notified by Staff #15 on 5/19/20 that Client #3 had reported Staff #1 and Client #1 as being in a relationship with one another. He notified his supervisor of what he had been told and confronted Client #1 with the allegation. -Client #1 initially stated that she and Staff #1 were close friends and nothing more when confronted with allegation on 5/19/20 in a therapy session.</p>	V 512		

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V 512	<p>Continued From page 16</p> <ul style="list-style-type: none"> -On 5/28/20 Client #1 stated that she and Staff #1 were dating and that she had been sabotaging her treatment and impending discharge in order to spend more time with Staff #1. Client #1 stated she had been staying up all night to spend time with Staff #1 on the overnight shift and then sleeping throughout the day. -On 5/29/20 Client #1 stated she and Staff #1 had kissed on an undisclosed date. -Client #1 described a relationship that moved from a mentoring relationship to a romantic interest by Staff #1. -Client #1 stated the relationship was consensual, that she did not view the relationship as inappropriate, and that when she turned 18 she and Staff #1 could be together. -Client #1 remained consistent in her accounts and presented to be truthful in her accounts. <p>Interview on 7/08/20 Director of Quality Compliance/Risk Management stated:</p> <ul style="list-style-type: none"> -An investigation was started on 5/22/20 and completed on 5/22/20 following attempted interviews and a review of video. -There was no evidence to support the allegation and the allegation was unsubstantiated on 5/22/20. Client #1 was not willing to speak about incident and Staff #1, Staff #3, and Staff #5 were unable to be reached on 5/22/20. -Staff #1 was moved to a different hall. -Following a call from staff on 5/23/20 to report a client's discomfort with Staff #1 being seen on the hall after the allegations on 5/22/20, the decision was made to have Staff #1 leave her shift. Staff #1 was informed of the allegation at that time (5/23/20). -5/23/20 was not Staff #1's routine schedule. -On 5/25/20 more details emerged regarding the relationship between Staff #1 and Client #1 and a second investigation was started. 	V 512		
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V 512	<p>Continued From page 17</p> <p>-5/29/20 had been identified as the date of the incident, as Client #1 had not confirmed incident had occurred prior.</p> <p>-She was unaware 3rd party allegations required reporting of incident unless proven to be substantiated.</p> <p>Review on 7/08/20 of a Plan of Protection dated 7/08/20 and completed by the Director of Quality, Compliance & Risk Management revealed the following:</p> <p>- "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? MHT [Staff #1] was termed effective 7/8/2020."</p> <p>- "Describe your plans to make sure the above happens. All PRTF (Psychiatric Residential Treatment Facility) direct care staff will be re-educated on the updated Patient and Abuse policy for and Incident Reporting Policy for Carolina Dunes Behavioral Health."</p> <p>Client #1 presented as a 14 year-old female with diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit/Hyperactivity Disorder, and Major Depressive Disorder. Client #1's history included self injurious behaviors, suicidal ideation, and physical abuse. Staff #1 and Client #1 kissed on an undetermined date while at the facility and Client #1 believed they were in a "romantic relationship." Client #1 reported she had sabotaged her treatment and discharge by staying up all night in an effort to maintain a relationship with staff #1. Staff #1 and Client #1 secretly communicated with one another through the use of a notebook kept hidden by Client #1. An allegation was made to the facility staff and administration on 5/22/20 of inappropriate physical contact between Client #1 and Staff #1.</p>	V 512		
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V 512	Continued From page 18 Staff #1 maintained client contact with clients at the facility as well as client #1 through 5/23/20. The actions of Staff #1 resulted in the sexual exploitation of Client #1. This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
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