		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL051-173	B. WING			R-C 02/2020
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SAVIN GF	RACE II		DAM ROAD NC 27576			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET DATE
V 000	INITIAL COMMEN	ſS	V 000			
	on 9/2/20. The com	low up survey was completed plaint was substantiated 096). Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
V 293	27G .1701 Resider	tial Tx. Child/Adol - Scope	V 293			
	children or adolesc free-standing reside intensive, active the interventions within shall not be the prir who is not a client of (b) Staff secure me awake during client shall be continuous this Section. (c) The population adolescents who ha mental illness, emo substance-related of co-occurring disord disabilities. These not meet criteria for (d) The children or require the following (1) removal f community-based r facilitate treatment; (2) treatment	eatment staff secure facility for ents is one that is a ential facility that provides erapeutic treatment and a system of care approach. If nary residence of an individual of the facility. eans staff are required to be sleep hours and supervision as set forth in Rule .1704 of served shall be children or ave a primary diagnosis of tional disturbance or disorders; and may also have ers including developmental children or adolescents shall inpatient psychiatric services. adolescents served shall g: rom home to a esidential setting in order to and in a staff secure setting. be designed to: dividualized supervision and	t			

STATEMEI	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		MHL051-173	B. WING			R-C 02/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SAVIN G			DAM ROAD NC 27576			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	WUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
V 293	Continued From pa	ge 1	V 293			
	related to functiona (3) ensure sa control behaviors in management with c (4) assist the acquisition of adapt communication, so (5) support th gaining the skills ne intensive treatment (f) The residential t shall coordinate wit	afety and deescalate out of including frequent crisis or without physical restraint; child or adolescent in the tive functioning in self-control, cial and recreational skills; and he child or adolescent in eeded to step-down to a less				
	facility failed to ensu- client sleep hours a supervision affectin (#1) and three of th #6). The findings ar a. Review on 9/2/20 revealed: -Admission date of -Diagnoses of Oppo	views and interviews the ure staff was awake during and provided continuous g one of one current client ree former clients (#4, #5 and re: 0 of client #1's record 1/24/20. positional Defiant Disorder and /sregulation Disorder.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			СОМ	E SURVEY PLETED
		MHL051-173	B. WING			R-C 02/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
SAVIN G	RACE II		DAM ROAD NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From pa	ge 2	V 293			
	-Admission date of -Diagnoses of Post Major Depressive D Child Physical Abus -Discharge date of -She is 16 years old c. Review on 9/2/20 -Admission date of -Diagnoses of Post	Traumatic Stress Disorder, Disorder, Conduct Disorder, Se and Kallman's Syndrome. April 2020. d. 0 of FC #5's record revealed: 2/11/20. Traumatic Stress Disorder, at Disorder and Attention / Disorder. March 2020.				
	-Admission date of	ntion Deficit Hyperactivity ty Disorder. 8/2/20.				
	-When former staff group home with th the home. -She had all of her -FS #5 would only I going on vacation. -FS #5 slept at the -FS #5 was the only most nights. -The clients shared #5 slept in the 3rd b					
	revealed:	er staff #5 on 4/20/20 at the group home she did ghts.				

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED R-C 09/02/2020	
		MHL051-173	B. WING			
	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
Savin G	RACE II	SELMA, N	-			
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID			(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	DATE
V 293	Continued From pa	ge 3	V 293			
	the home during 3rd -She would normall at the home continu -She would normall and return on Mond -She would occasio	y work Monday through Friday iously. y leave the home on Saturday				
	9/2/20 revealed: -FS #5 did stay at the the time. -FS #5 would norma Friday at the home -FS #5 would norma morning and stay w -FS #5 would return -FS #5 did keep the belongings at the gu -FS #5 was sleeping through Friday. -FS #5 did work aloo sleeping hours. -She confirmed the	ally leave the home Saturday ith family over the weekend. to the home on Monday. majority of her personal roup home. g at the group home Monday ne sometimes during the facility failed to ensure staff client sleep hours and				
V 296	Staffing 10A NCAC 27G .17 REQUIREMENTS (a) A qualified profe telephone or page. able to reach the fa times.	tial Tx. Child/Adol - Min. 04 MINIMUM STAFFING essional shall be available by A direct care staff shall be cility within 30 minutes at all number of direct care staff	V 296			

STATE FORM

E

If continuation sheet 4 of 8

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL051-173	B. WING			R-C 02/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SAVIN G	RACE II		DAM ROAD NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
	present and awake (1) two direct one, two, three or for (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r during child or adol follows: (1) two direct and one shall be av children or adolescen (2) two direct	care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as care staff shall be present vake for one through four				
	 children or adolesci (3) three dire of which two shall be asleep for nine, ten adolescents. (d) In addition to the care staff set forth in Rule, more direct content the facility based or individual needs as plan. (e) Each facility sh supervision of child are away from the facility for the facility for the facility 					
		in the treatment plan.				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL051-173	B. WING			-C 02/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SAVIN G	RACE II		DAM ROAD NC 27576			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 296	Continued From pa	ige 5	V 296			
	interviews the facili staffing requiremen staff when children	ion, record reviews and ty failed to ensure minimum its were met by direct care or adolescents are present g one of three current clients				
	Observation of the approximately 9:10 -Staff #1 was at the clients #1, #2 and #	AM revealed: group home alone with				
	-The group home w Residential Treatm	ecords on 9/2/20 revealed: vas licensed as a 1700 ent Staff Secure for Children e license capacity was for four ents.				
	revealed: -Admission date of -Diagnoses of Opp Disruptive Mood Dy -She is 14 years of	ositional Defiant Disorder and /sregulation Disorder. d. umentation that client #1 could				
	revealed: -Admission date of -Diagnosis of Oppo -She is 12 years old	ositional Defiant Disorder. d. umentation that client #2 could				
	c. Review on 9/2/20 -Admission date of ealth Service Regulation	0 of client #3's record revealed 8/28/20.	:			

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL051-173	B. WING			R-C 02/2020
	PROVIDER OR SUPPLIER		DDRESS, CITY, S		03/	02/2020
			DAM ROAD	TATE, ZIF CODE		
SAVIN G	RACE II		NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 296	Continued From pa	ige 6	V 296			
V 290	Control Disorder ar -She is 15 years old -There was no doct be supervised by o Interview with client -There was normal -When FS #5 work night during 3rd shi -FS #5 was the only most nights. -Two staff rarely wo during any shift. Interview with client -Sometimes there is them at the group h	umentation that client #3 could ne staff. t #1 on 9/2/20 revealed: ly one staff working per shift. ed at the home she slept every ft. y staff working during 3rd shift ork together at the group home t #2 on 9/2/20 revealed: s only one staff working with	/			
	-She was the only s home with three cli- Another staff was home with her. -The other staff wa the home soon. -She confirmed the minimum staffing re direct care staff wh present and awake Interview with form revealed:	supposed to be at the group s running late and should be a facility failed to ensure equirements were met by en children or adolescents are er staff #5 on 4/20/20 at the group home she did				
	-There was not alw the home during 3r	ays a second staff working at	,			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING			e-C 02/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SAVIN G	RACE II		DAM ROAD NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	at the home continu- She would occasic on the weekends con not available. Interview with the L -She was currently for the group home -It was difficult to fing group home -There was normal -The staff that was staff #1 was runnin -FS #5 did stay at to the time. -FS #5 would norm Friday at the home -FS #5 was sleeping through Friday. -FS #5 did work alco sleeping hours. -She confirmed the minimum staffing re direct care staff wh present and awake	icensee on 9/2/20 revealed: in the process of hiring staff and good staff to work at the ly two staff working per shift. supposed to be working with g late this morning. he group home the majority of ally work Monday through continuously. g at the group home Monday one sometimes during the facility failed to ensure equirements were met by en children or adolescents are stitutes a re-cited deficiency				