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BLOSSOM COMMUNITY SERVICES, INC	1911 WILLIMAX AVENUE GASTONIA, NC 28054

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V 000	INITIAL COMMENTS A complaint survey was completed on 8/26/20. The first complaint was unsubstantiated(#NC167824). The second complaint was substantiated(#NC167879). Deficiences were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
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.	V 109		

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V 109	Continued From page 1 (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 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 records review and interview, the facility failed to ensure Qualified Professionals and Associate Professionals demonstrated knowledge, skills and abilities required by the population served for 1 of 1 Qualified Professional(QP). The findings are: Review on 8/18/20 of the QP's personnel record revealed: -hire date of 5/1/20; -documentation of completed trainings in Clinical Coverage and Staffing Requirements 5/1/20, Abuse/Neglect 5/2/20, Incident Reporting 5/1/20, North Carolina Interventions Plus (NCI +) 5/1/20, Client Rights 5/1/20, Confidentiality 5/1/20, Corporate Compliance 5/2/20, Cultural Competency 5/2/20 and Service Documentation Training 5/1/20. Interview on 8/18/20 with the QP revealed: -resigned her position at the facility on 8/15/20; -been in the Mental Health field for 15 years; -served as the QP for the facility; -job duties included schedules, treatment plans,	V 109		

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V 109	Continued From page 2 billings, authorizations, Child and Family Team Meetings and Incident Reports; -the incident reporting process had changed recently; -prior to the new process, staff wrote incidents up; -there was a file at the facility for the incident report documentation; -she went to the facility to get the incident report documentation out of the file at the facility; -was made aware an incident report was in the file because staff notified her by phone; -went into IRIS(Incident Response Improvement System) and put in reports; -found out about the incidents late, there was a "delay;" -staff supposed to contact her the same day of the incident; -printed IRIS reports out and faxed the reports to the number on the IRIS form. -the new process was on "Google Drive;" -didn't know what to process with the new procedure; -was not able to get to the document in "Google Drive;" -"no way to do what I need to do;" -communication needed to improve at the facility; -was not called all the times police were called to the facility; -was present at the facility during the fight in the road between client #1, client #2 and client #3 when police were involved(7/5/20). Review on 8/11/20 of the facility's internal incident reports from 6/1/20-8/3/20 revealed: -police were called to the facility in response to behaviors exhibited by client #1, client #4 and former client #5(FC#5) on the following dates: 6/3, 6/4, 6/6, 7/24, 7/27 and 7/28; -Emergency Medical Services(EMS) were called to the facility on 6/3 for client #4;	V 109		

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V 109	Continued From page 3 -staff restrained client #4 on 6/4 and attempted to restrain FC#5 on 6/6. Review on 8/11/20 of IRIS search by client name, county and facility/agency name revealed: -no incident reports for the above listed dates for client #1, client #4 or FC#5; -no incident report for 7/5/20 for client #1, client #2 and client #3. Refer to V367 for examples of failure to meet incident reporting requirements. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Type A1 rule violation and must be corrected within 23 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:	V 110		

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V 110	Continued From page 4 (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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure Paraprofessionals demonstrated knowledge, skills and abilities required by the population served for 1 of 1 Chief Executive Officer(CEO). The findings are: Review on 8/24/20 of the CEO's personnel record revealed: -hire date of 2/5/20(initial licensure of the facility); -completed trainings in the following: Orientation on 1/2/20, Abuse and Neglect on 1/2/20, Incident Reporting on 1/2/20, Medication Administration on 1/4/20, Person Centered Thinking on 11/19/19-11/20/19, North Carolina Interventions Plus on 12/18/19 and Clinical Coverage and Staffing Requirements 1/4/20. Review on 8/4/20 of client #1's record revealed: -admission date of 6/15/20 with diagnoses of Disruptive Mood Dysregulation Disorder(DMDD), Conduct Disorder and Parent-Child Relationship	V 110		

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Problem;
-age 14 years old;
-client #1 was discharged during the survey on 8/6/20. (Client #1 ran away from the facility on 7/27/20 and her whereabouts were unknown. The facility held her bed for 10 days then discharged her);
-client #1 had a history of exhibited behaviors of verbal and physical aggression, running away, destruction of property, had been physically aggressive with her uncle, had assaulted her birth mother and aunt, had kicked her birth father in the Emergency Department(ED) and was on a Diversion Plan with the Department of Juvenile Justice for two simple assaults.

Review on 8/14/20 and 8/18/20 of client #2's record revealed:
-admission date of 6/10/20 with diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder and Major Depressive Disorder;
-age 17 years old;
-client #2 had a history of exhibited behaviors of physical aggression and running away.

Review on 8/14/20 of client #3's record revealed:
-admission date of 5/1/20 with diagnoses of Attention Deficit Hyperactivity Disorder and Intermittent Explosive Disorder;
-age 15 years old;
-client #3 had a history of assaulting to staff, impulsivity and fights with peers at school.

Review on 8/14/20 and 8/18/20 of client #4's record revealed:
-admission date of 4/28/20 with diagnoses of Intellectual Developmental Disabilities-Moderate and DMDD;
-age 17 years old;
-client #4 had a history of exhibited behaviors of

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verbal aggression, aggressive behavioral outbursts and threats to harm others.

Review on 8/11/20 on the facility's internal incident reports from 6/1/20-8/11/20 revealed the following documented:
-6/3 client #4 was throwing bricks at the facility and police were called;
6/4 client #4 had to be restrained for destructive behaviors;
-7/4 client #2 put a crack in the wall, tore the closet door down and made threats.

Review on 8/3/20 of documentation from the local 911 Center of 911 calls from 6/1/20-8/3/20 regarding the facility revealed:
-call received on 7/5/20 at 6:38pm regarding females(client #1, client #2 and client #3) fighting near a neighbor's house;
-call received on 7/6/20 at 1:36pm regarding a 15 year old female trying to fight staff and destroying property.

Interview on 8/10/20 with law enforcement officer #1 revealed:
-responded to a call from a male who reported three females were fighting in the road;
-arrived on the scene of the fight;
-a staff person was present as well as two other police officers;
-also a staff person who was the manager(CEO) was on the scene.

Finding #1:
Review on 8/10/20 and 8/11/20 of the facility's internal incident reports from 6/1/20-8/3/20 revealed:
-internal incident report dated 7/24/20 regarding client #1;
-client #1 was upset after returning from an outing

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V 110	Continued From page 7 with her family; -client #1's mother informed the other clients that client #1 lied about her age; -client #1 became rude and loud; -client #1's mother reported she was leaving due to client #1's behaviors; -client #1 tried to physically stop her mother from leaving; -client #1 ran to the office and grabbed the facility phone; -client #1 threw the facility phone, grabbed a picture off the wall and broke it; -client #1 threw the television across the room, tried to destroy computers and cussed at staff; -staff tried to block client #1 from entering the office and destroying more property; -client #1 grabbed the facility's emergency phone and hid it on her; -client #1 spit and hit staff in the face; -client #1 ran out of the facility and ran down the road; -police were called. Interview on 8/4/20 with client #1's mother revealed: -went to the facility to visit client #1 to take her on an outing on 7/24/20; -when arrived at the facility at 8:00am, two staff were present at the facility with client #1 and other three clients; -one staff left shortly after client #1's mother arrived at the facility; -one staff was there with client #1 and other three clients; -left facility with client #1 for an outing; -arrived back at the facility around 10:45am with client #1; -one staff was present with three clients; -left the facility around 11:00am; -one staff present at the facility with client #1 and	V 110		

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V 110	Continued From page 8 other three clients. Interview on 8/10/20 with staff #1 revealed: -was working with client #1, client #2, client #3 and client #4 on 7/24/20; -client #1 went on a visit with her family that day; -client #1 returned with her family and appeared irritated; -client #1's mother confronted client #1 about her lies to her peers about her age; -client #1 admitted to her peers she lied, and her peers became upset; -client #1 escalated and her mother tried to calm her down; -client #1 grabbed the house phone and tried to call other family members; -client #1 got angry with her mother and threw the house phone; -house phone busted and client #1's mother left the facility; -client #1 broke pictures, pushed a television over and destroyed property; -staff #1 tried to talk client #1 down; -put house on "code black" which mean other clients go to their rooms or a safe zone; -client #1 tried to go in the office and destroy the computers; -staff #1 continued to prompt client #1 and tried to talk to her; -client #1 left the office then started back towards the office; -staff #1 blocked the door to the office with her body; -client #1 spit on staff #1 and punched her in the jaw; -client #1 ran out of the door and left the facility; -staff #1 was at the facility by herself with all four clients; -the CEO had left to go get medications or to get something else;	V 110		

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V 110	Continued From page 9 -called the CEO, and the CEO came right back; -called the police, and they found client #1. Interview on 8/10/20 with client #2 revealed: -client #1 ran off; -staff #1 was the only staff there; -client #1 tried to fight other clients and made threats to other clients in past. Interview on 8/10/20 with client #3 revealed: -staff #1 was at the facility when client #1 spit on staff #1; -client #1 also punched staff #1 in the face; -"we were upset, we just watched her." Interview on 8/10/20 with client #4 revealed: -client #1's mother and aunt came to visit; -client #1's mother and aunt told the truth about client #1's age; -client #1 had lied about her real age to the other clients; -client #1 spit and hit staff #1; -client #1 then ran away. Attempted interviews on 8/4/20 with client #1 were unsuccessful due to unknown location of client #1. Interview on 8/4/20 with client #1's legal guardian revealed client #1 was not residing in her home but was staying at a family member's home. Interview on 8/4/20 with a family member revealed client #1 did not live with her, and she did not know the location of client #1. Interview on 8/3/20 with client #1's Care Coordinator(CC) revealed: -client #1 reported to her mother a staff assaulted her;	V 110		

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V 110	Continued From page 10 -client #1 punched a staff at the facility on 7/24/20; -client #1 also spit on a staff; -client #1 has been very aggressive and assaultive in the past; -client #1 made false allegations in the past. Interview on 8/24/20 with the CEO revealed she did not "really remember" leaving staff #1 alone at the facility on 7/24/20. Finding #2: Interview on 8/4/20 with law enforcement officer #2 revealed: -lots of calls regarding the facility; -"adults acting like children;" -"staff(CEO) arguing with police in front of children;" -"petty like arguing;" -"overheard [the CEO] told [client #1] she was there because her mother did not want her;" -witnessed the CEO argue with clients; -concerned with professionalism of staff. Interview on 8/4/20 with client #1's family member revealed: -client #1 had reported the CEO told her that her mother did not want her; -felt this was "not right, harsh." Further interview on 8/3/20 with client #1's CC revealed: -client #1's mother had custody of client #1; -client #1's mother did not want client #1 in her home. Refer to V296 for examples of failure to meet staffing requirements. This deficiency is cross referenced into 10A	V 110		

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V 110	Continued From page 11 NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Type A1 rule violation and must be corrected within 23 days.	V 110		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial	V 132		

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V 132	Continued From page 12 notification to the Department. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all allegations against staff were reported to the HCPR, failed to ensure all allegations against staff were investigated and failed to maintain documentation of investigations affecting 1 of 4 clients(#1). The findings are: Interview on 8/3/20 with client #1's Care Coordinator(CC) revealed: -client #1 had informed her mother a staff at the facility had abused her; -according to the facility staff, client #1 spit and hit a staff; -client #1 hit a staff on 7/24/20; -the CEO(Chief Executive Officer) denied any staff assaulted client #1; -client #1 has a history of alleging staff/people assault her. Interview on 8/4/20 with law enforcement officer #2 revealed: -client #1 reported she had a confrontation on 7/24/20 with a staff; -client #1 reported staff pushed her, and she pushed staff back.	V 132		

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V 132	Continued From page 13 Interview on 8/4/20 with client #1's mother revealed: -client #1 was involuntarily committed to the hospital on 7/25/20; -client #1 informed the hospital nurse that a facility staff hit her and pulled her hair. Interview on 8/4/20 with client #1's family member revealed: -client #1 told the family member a staff at the facility grabbed her; -client #1 stated staff pushed her, and she pushed staff back; -client #1 told the family member the CEO did this. Interview on 8/20/20 with the Child Protective Services(CPS) worker revealed; -client #1 made allegations a staff abused her; -CPS went to see client #1 in the hospital; -staff denied the allegations. Attempted interviews on 8/4/20 with client #1 were unsuccessful due to unknown location of client #1. Interview on 8/4/20 with client #1's legal guardian revealed client #1 was not residing in her home but was staying at a family member's home. Interview on 8/4/20 with a family member revealed client #1 did not live with her, and she did not know the location of client #1. Request made on 8/4/20 for documentation for all internal investigations from 7/10/20 to 8/10/20. No documentation of any internal investigations was produced for the requested time frame. Review on 8/10/20 of an email dated 8/10/20 sent	V 132		

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V 132	Continued From page 14 from the Quality Assurance/Quality Improvement(QA/QI) and Compliance Director revealed there were no internal investigations regarding any allegations of abuse/neglect/exploitation/mistreatment of any clients by staff from 7/10/20-8/10/20. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Type A1 rule violation and must be corrected within 23 days.	V 132		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and	V 293		

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V 293	Continued From page 15 (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure services were designed to include individualized supervision and structure of daily living, minimize the occurrence of behaviors related to functional deficits and ensure safety and de-escalate out of control behaviors affecting 4 of 4 clients(#1, #2, #3, #4). The findings are: Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED	V 293		

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V 293	Continued From page 16 PROFESSIONALS AND ASSOCIATE PROFESSIONALS V109 Based on records review and interviews, the facility failed to ensure Qualified Professionals and Associate Professionals demonstrated knowledge, skills and abilities required by the population served for 1 of 1 Qualified Professional(QP). Cross Reference: 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS V110 Based on records review and interviews, the facility failed to ensure Paraprofessionals demonstrated knowledge, skills and abilities required by the population served for 1 of 1 Chief Executive Officer(CEO). Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY V132 Based on records review and interviews, the facility failed to have evidence all allegations against staff were investigated affecting 1 of 4 clients(#1). Cross Reference: 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS V296 Based on records review and interviews, the facility failed to ensure staffing requirements and failed to ensure more direct care staff were present in the facility based on the child or adolescent's individual needs affecting 4 of 4 clients(#1, #2, #3,#4). Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS V367 Based on records review and interviews, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident.	V 293		

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V 293	Continued From page 17 Review on 8/26/20 of a Plan of Protection dated 8/25/20 completed by the QA/QI(Quality Assurance/Quality Improvement) & Compliance Director revealed the following documented: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Blossom Community Services, Inc. will immediately meet with all staff to ensure they are aware of the current findings and the expectations according to state regulations and agency policy. {See Below} (QA/QI was in attendance as well) Documentation will be maintained in the form of Agenda and Sign-in Sheets for records of content and attendance. Information will also be dispersed via group email by Friday, August 28, 2020 to all staff to ensure all information is disseminated to appropriate persons. Blossom is working on a new scheduling structure (4 days on 3 days off) which will tentatively take effect by September 15th. Oversight is being provided by the Director and QP. Qualified Professionals will be supervised by the QA/QI & Compliance Director. Documentation will be maintained to indicate a minimum of 1 hr/ month of supervision. Date of initial supervision is scheduled for September 1, 2020. Director (PP) will be supervised by QP. Director will be professionally coached regarding by Certified Life Coach. It is identified that professional coaching is powerful intervention that heightens awareness, defines strategic action, generates accountability, and accelerates desired results. Internal Investigations will be completed by the consulting QA/QI & Compliance Director. (Contract signed July 14, 2020)	V 293		

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V 293	Continued From page 18 Newly hired QP and QA/QI Consultant will be assigned task of completing IRIS reports. This will address V132; Failure to complete internal investigation of all allegations of abuse/neglect/harm/exploitation of clients by staff and failure to maintain documentation of completed internal investigations with results. G.S. 130.0102 Health Care Personnel Registry Reporting Requirements V318; Failure to report to HCPR all allegations of abuse/neglect/exploitation/harm of clients by staff within 24 hours of HCPR10A NCAC 27G .0604 Incident Reporting Requirements V367. The agency is has interviewed 4 new potential staff and will be including an updated job request for new hires;" -"Describe your plans to make sure the above happens. Informative meeting is scheduled for multiple sessions via in-person, email and Zoom. Initial Administrative Mtg. to discuss Exit Findings: Memo to staff regarding Exit Findings will be emailed by August 28, 2020 Contracts to be reviewed and signed within 24 hrs. Facility Staff completing this form: [QA/QI & Compliance Director] August 25, 2020." Client #1 had diagnoses of Disruptive Mood Dysregulation Disorder(DMDD), Conduct Disorder and Parent-Child Relationship Problem with an extensive history of assaultive, physical aggression, running away and property destruction. Client #2 had diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder and Major Depressive Disorder with a history of physical aggression and running away. Client #3 had diagnoses of Attention Deficit Hyperactivity Disorder and Intermittent Explosive Disorder with a history of assaulting staff,	V 293		

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V 293	Continued From page 19 impulsivity and fights with peers at school. Client #4 had diagnoses of Intellectual Developmental Disabilities-Moderate and DMDD with a history of verbal aggression, aggressive behavioral outbursts and threats to harm others. On 7/5/20, client #1, client #2, client #3 and client #4 engaged in physical altercations. Staff #4 and staff #5 attempted to intervene and prevent the fight between client #3 and client #4. Staff #5 left the facility and the QP arrived. Shortly after the QP arrived, client #1 and client #3 attacked client #2 at the facility, ran down the road and engaged in a physical altercation in a neighbor's yard resulting in police involvement. Despite the CEO's knowledge of the clients' past volatile behaviors, the CEO made the decision on 7/24/20 to leave staff #1 alone at the facility with client #1, client #2, client #3 and client #4. During the time the CEO left staff #1 alone with client #1, client #2, client #3 and client #4, client #1 assaulted staff #1, destroyed property and ran away. Client #1 then accused staff #1 of abusing her. An internal investigation was not completed regarding the allegations, HCPR was not notified and a Level III incident report was not completed. Clients, family members, law enforcement and staff report times when only one staff was present at the facility with clients. From 6/1/20-8/3/20, the police have responded to the facility a total of ten times. The QP was responsible for completing Level II and Level III incident reports. There were no Level II incident reports regarding the incidents involving the police. The lack of competency of the QP and the CEO, the lack of required staffing, the failure to complete the required internal investigations, the failure to notify HCPR of all allegations against staff and the failure to complete Level II and Level III incident reports constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative	V 293		

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V 293	Continued From page 20 penalty of $5,000.00 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 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.	V 296		

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V 296	Continued From page 21 (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staffing requirements and failed to ensure more direct care staff were present in the facility based on the child or adolescent's individual needs affecting 4 of 4 clients(#1, #2, #3,#4). The findings are: Review on 8/4/20 of client #1's record revealed: -admission date of 6/15/20 with diagnoses of Disruptive Mood Dysregulation Disorder(DMDD), Conduct Disorder and Parent-Child Relationship Problem; -age 14 years old; -client #1 was discharged during the survey on 8/6/20. (Client #1 ran away from the facility on 7/27/20 and her whereabouts were unknown. The facility held her bed for 10 days then discharged her); -client #1 had a history of exhibited behaviors of verbal and physical aggression, running away, had been physically aggressive with her uncle,	V 296		

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V 296	Continued From page 22	V 296		

had assaulted her birth mother and aunt, had kicked her birth father in the Emergency Department(ED) and was on a Diversion Plan with the Department of Juvenile Justice for two simple assaults.

Review on 8/14/20 and 8/18/20 of client #2's record revealed:
-admission date of 6/10/20 with diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder and Major Depressive Disorder;
-age 17 years old;
-client #2 had a history of exhibited behaviors of physical aggression and running away.

Review on 8/14/20 of client #3's record revealed:
-admission date of 5/1/20 with diagnoses of Attention Deficit Hyperactivity Disorder and Intermittent Explosive Disorder;
-age 15 years old;
-client #3 had a history of assaulting to staff, impulsivity and fights with peers at school.

Review on 8/14/20 and 8/18/20 of client #4's record revealed:
-admission date of 4/28/20 with diagnoses of Intellectual Developmental Disabilities-Moderate and DMDD;
-age 17 years old;
-client #4 had a history of exhibited behaviors of verbal aggression, aggressive behavioral outbursts and threats to harm others.

Finding #1
Review on 8/3/20 of a 911 call dated 7/5/20 regarding the facility revealed:
-call received on 7/5/20 at 6:38pm;
-females fighting;
-came up to caller's house.

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V 296	Continued From page 23 Interview on 8/10/20 with local police officer #1 revealed: -responded to a call from a male who reported three females were fighting in the road; -arrived on the scene of the fight; -a staff person was present as well as two other police officers; -also a staff person who was the manager(CEO/Chief Executive Offider) was on the scene. Interview on 8/10/20 with client #2 revealed: -there was fighting with her peers at the facility; -client #1 and client #3 "jumped her;" -the QP(Qualified Professional) was there; -ran down the street; -client #1 and client #3 ran after her; -a man from the neighborhood got between her, client #1 and client #3 to break the fight up; -another man from the neighborhood was on the phone; -somebody called the police; -hid in a person's house down the street; -the QP came to the house down the street. Interview on 8/10/20 with client #3 revealed she did not remember the fight with client #1 and client #2. Interview on 8/10/20 with client #4 revealed: -fight started at the facility; -did not remember why it started; -client #2 ran away from the facility; -client #1 and client #3 ran away, also; -did not see anything else. Attempted interviews on 8/4/20 with client #1 were unsuccessful due to unknown location of client #1.	V 296		

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V 296	Continued From page 24 Interview on 8/4/20 with client #1's legal guardian revealed client #1 was not residing in her home but was staying at a family member's home. Interview on 8/4/20 with a family member revealed client #1 did not live with her, and she did not know the location of client #1. Interview on 8/18/20 with the QP revealed: -received a call from the facility staff and the CEO regarding a fight between client #3 and client #4; -went to the facility to assist around 5pm; -staff #5 had left the facility; -staff #4 was in the process of trying to calm client #3; -she went into the office with client #4 to talk about what happened earlier that afternoon; -heard staff #4 say "stop" something; -she ran out of the office and saw client #2 run out of the facility with client #1 and client #3 behind her; -she jumped in her car and followed the clients; -tried to get client #2 to get in her car, but client #2 refused; -client #2 went into a yard of a house; -client #1 and client #3 went into the yard after client #2; -there was a fight between client #1, client #2 and client #3; -some people from the house called the police and client #1 and client #3 ran off; -client #2 ran into the people's house; -the police showed up. Interview on 8/10/20 with staff #4 revealed: -was working with staff #5 on a weekend; -client #3 and client #4 were having issues; -client #3 tried to attack client #4; -staff #4 and staff #5 tried to separate client #3 and client #4;	V 296		

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V 296	Continued From page 25 -removed client #4 from client #3; -she isolated client #4 to keep her from harm from her peers; -"did our best to keep [client #3] in her room;" -called the QP about the first situation; -staff #5 was with her during the incident involving client #3 and client #4; -everything was calm; -the QP showed up at the facility after the fight between client #3 and client #4; -"then, all h**l broke loose;" -client #3 got upset again; -client #2 ran out of the house when client #3 tried to attack her; -she remained back at the facility with client #4; -"girls on a rampage;" -the QP followed client #1, client #2 and client #3; -staff #5 was outside but not sure where; -"so much going on." Interview on 8/20/20 with staff #5 revealed: -was working with staff #4 on the day of the fight between client #1, client #2 and client #3; -left at her normal time; -had informed the CEO she had an appointment after work; -the QP had been called and was on her way to the facility; -the QP arrived at the facility, and she left to go to her appointment; -heard about the fight between client #1, client #2 and client #3 later. Finding #2: Interview on 8/4/20 with client #1's mother revealed: -went to the facility to visit client #1 on 7/24/20; -when arrived at the facility at 8:00am, two staff were present at the facility with client #1 and other three clients;	V 296		

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V 296	Continued From page 26 -one staff left shortly after client #1's mother arrived at the facility; -one staff was there with client #1 and other three clients; -left facility with client #1 for an outing; -arrived back at the facility around 10:45am with client #1; -one staff was present with three clients; -left the facility around 11:00am; -one staff present at the facility with client #1 and other three clients; -client #1 later reported staff #1 hit her. Interview on 8/10/20 with staff #1 revealed: -was working with client #1, client #2, client #3 and client #4 on 7/24/20; -client #1 went on a visit with her family that day; -client #1 returned with her family and appeared irritated; -client #1's mother confronted client #1 about her lies to her peers about her age; -client #1 admitted to her peer she lied, and her peers became upset; -client #1 escalated and her mother tried to calm her down; -client #1 grabbed the house phone and tried to call other family members; -client #1 got angry with her mother and threw the house phone; -house phone busted and client #1's mother left the facility; -client #1 broke pictures, pushed a television over and destroyed property; -staff #1 tried to talk client #1 down; -put house on "code black" which mean other clients go to their rooms or a safe zone; -client #1 tried to go in the office and destroy the computers; -staff #1 continued to prompt client #1 and tried to talk to her;	V 296		

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-client #1 left the office then started back towards the office;
-staff #1 blocked the door to the office with her body;
-client #1 spit on staff #1 and punched her in the jaw;
-client #1 ran out of the door and left the facility;
-staff #1 was at the facility by herself with all four clients;
-the CEO had left to go get medications or to get something else;
-called the CEO, and the CEO came right back;
-called the police, and they found client #1.

Interview on 8/10/20 with client #2 revealed:
-client #1 ran off;
-staff #1 was the only staff there;
-client #1 tried to fight other clients and made threats to other clients in past.

Interview on 8/10/20 with client #3 revealed:
-staff #1 was at the facility when client #1 spit on staff #1;
-client #1 also punched staff #1 in the face;
-"we were upset, we just watched her."

Interview on 8/10/20 with client #4 revealed:
-client #1's mother and aunt came to visit;
-client #1's mother and aunt told the truth about client #1's age;
-client #1 had lied about her real age to the other clients;
-client #1 spit and hit staff #1;
-client #1 then ran away.

Interview on 8/3/20 with client #1's Care Coordinator(CC) revealed:
-client #1 reported to her mother a staff assaulted her;
-client #1 punched a staff at the facility on

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7/24/20;
-client #1 also spit on a staff;
-client #1 has been very aggressive and assaultive in the past;
-client #1 made false allegations in the past.

Finding #3
Interview on 8/4/20 with law enforcement officer #2 revealed:
-had numerous calls regarding the facility;
-worked the night shift and responded to the calls regarding the facility;
-been to the facility at night and found only one staff present with clients;
-the CEO then showed up;
-happened one or two times.

Further interview on 8/18/20 with the QP revealed:
-"now, since the fight, try to have two staff...I will just say."

Interview on 8/20/20 with staff #5 revealed:
-started working at the facility in May 2020;
-worked second shift and some weekends;
-last worked at the facility in June 2020;
-had to work by herself some shifts because another staff did not show up;
-had a male co-worker who had to work alone with four female clients;
-"that place is a mess;"
-clients were fighting staff;
-a client attacked the CEO one time.

Interview on 8/10/20 with client #2 revealed:
-at times, there was only one staff at the facility;
-sometimes, one staff went to get food and left the other staff at the facility.

This deficiency is cross referenced into 10A

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V 296	Continued From page 29 NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Type A1 rule violation and must be corrected within 23 days.	V 296		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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:	V 367		

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V 367	Continued From page 30 (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client;	V 367		

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V 367	Continued From page 31 (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Finding #1: Interview on 8/3/20 with client #1's Care Coordinator(CC) revealed: -client #1 had informed her mother a staff at the facility had abused her; -according to the facility staff, client #1 spit and hit a staff; -client #1 hit a staff on 7/24/20; -the CEO(Chief Executive Officer) denied any staff assaulted client #1; -client #1 has a history of alleging staff/people assault her. Interview on 8/4/20 with law enforcement officer #2 revealed: -client #1 reported she had a confrontation on	V 367		

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V 367	Continued From page 32 7/24/20 with a staff; -client #1 reported staff pushed her, and she pushed staff back. Interview on 8/4/20 with client #1's mother revealed: -client #1 was involuntarily committed to the hospital on 7/25/20; -client #1 informed the hospital nurse that a facility staff hit her and pulled her hair. Interview on 8/4/20 with client #1's family member revealed: -client #1 told the family member a staff at the facility grabbed her; -client #1 stated staff pushed her, and she pushed staff back; -client #1 told the family member the CEO did this. Interview on 8/20/20 with the Child Protective Services worker revealed; -client #1 made allegations a staff abused her; -CPS went to see client #1 in the hospital; -staff denied the allegations. Review on 8/13/20 of IRIS(Incident Response Improvement System) search by client name, county and facility/agency name revealed no Level III incident report regarding client #1's allegations of abuse by staff #1. Finding #2: Review on 8/3/20 of documentation from the local 911 Center of 911 calls from 6/1/20-8/3/20 regarding the facility revealed a call was received on 7/5/20 at 6:38pm regarding females(client #1, client #2 and client #3) fighting near a neighbor's house.	V 367		

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V 367	Continued From page 33 Interview on 8/10/20 with law enforcement officer #1 revealed: -responded to a call from a male who reported three females were fighting in the road; -arrived on the scene of the fight; -a staff person was present as well as two other police officers; -also a staff person who was the manager(CEO) was on the scene. Interview on 8/10/20 with client #2 revealed: -got in a fight with client #1 and client #3; -ran out of the facility and down road to a house in the neighborhood; -client #1 and client #3 ran after her; -somebody called the police. Interview on 8/18/20 with the Qualified Professional(QP) revealed: -received a call from the facility staff and the CEO regarding a fight between client #3 and client #4; -went to the facility to assist staff with the fight between client #3 and client #4 around 5pm; -after arrived at the facility, client #2 ran out of the facility with client #1 and client #3 behind her; -client #1 and client #3 went into the yard of a house down the road after client #2; -there was a fight between client #1, client #2 and client #3; -some people from the house called the police and client #1 and client #3 ran off; -client #2 ran into the people's house; -the police showed up. Additional review on 8/13/20 of IRIS search by client name, county and facility/agency name revealed no Level II incident report dated 7/5/20 regarding client #1, client #2 and client #3. Finding #3:	V 367		

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V 367	Continued From page 34 Review on 8/11/20 of the facility's internal incident reports from 6/1/20-8/3/20 revealed: -6/3: former client #5(FC#5) threw phone and broke it, ran away and Emergency Medical Services were called and took FC#5 to the local Emergency Department(ED) for psychiatric evaluation; -6/3: client #4 threw bricks at the facility and police were contacted; -6/4: client #4 was restrained, police were contacted and client #4 transported to local ED for psychiatric evaluation; -6/6: FC#5 busted out windows, made threats of self-harm, staff attempted to restrain FC#5, police were called, FC#5 taken to the local ED for psychiatric evaluation; -7/24 at 10:39am: client #1 assaulted staff, damaged property, ran away and police were called; -7/24 at 3:00pm: client #1 damaged property, ran away and police were called; -7/27: client #1 assaulted staff, property damage, ran away and police were called. Review on 8/3/20 of documentation from the local 911 Center of 911 calls from 6/1/20-8/3/20 regarding the facility revealed: -6/2 female fighting workers(staff), fighting clients; -6/3 new resident throwing rocks and being aggressive, mobile crisis at the facility; -6/7 female with weapon(butter knife), throwing rocks and using a stick to break windows; -6/14 female ran away; -7/6 female trying to fight staff and destroying property; -7/24(first call) client #1 ran away; -7/24(second call) client #1 ran away; -7/27 client #1 busted out a window and ran away.	V 367		

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V 367	Continued From page 35 Further review on 8/11/20 of IRIS search by client name, county and facility/agency name revealed: -no incident reports for the above listed dates for client #, client #4 or FC#5; -no incident reports to match the dates of the 911 calls. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Type A1 rule violation and must be corrected within 23 days.	V 367		