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	MHL036-331	A. BUILDING: _____ B. WING _____	09/29/2020

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V 000	INITIAL COMMENTS A complaint survey was completed on September 29, 2020. The complaint was unsubstantiated (Intake #NC168063). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. A sister facility is identified in this report. The sister facility is identified as Sister Facility A. Clients are identified using the letter of the facility and a numerical identifier. All staff are referred to with only a numerical identifier. Through multiple interviews, it was established that staff were shared between facilities. Throughout the survey process, up to and including the exit conference, current and former staff continued to be discovered by the Division of Health Service Regulation (DHSR) surveyor and eventually identified. Multiple requests were made to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director for a complete list of current and former staff at the onset of the survey. The requests were made via phone call on 8/10/20 at approximately 10:30am and via email to both licensees on 8/10/20 at 11:22am and 8/11/20 at 10:17am. A staff list was eventually received via fax on 8/12/20 after 5:00pm and was reviewed on 8/13/20. The list revealed "No former staff." During survey, it was discovered that multiple current and former staff were not voluntarily reported by either licensee to the DHSR surveyor. These staff were discussed in interviews, but the names of these staff members were not identified on the requested list. Email correspondence sent to both licensees on 8/26/20 at 3:32pm and	V 000		

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V 000	Continued From page 1 8/27/20 at 11:12am requested these staff members be identified. The licensees reported they did not know the individuals in question. On 8/27/20, DHSR non-disclosed documentation from previous surveys was reviewed. Former Staff #11/Former Client #A2's Grandmother and Former Staff #12 were identified. A female staff was identified as Staff #6. This identification occurred when Licensee #2/Executive Director revealed in an email on 9/3/20 at 12:31pm that Staff #6 was on-site at Sister Facility A on 7/31/20, 8/1/20, and 8/3/20 when the local Department of Social Services arrived at Sister Facility A and that it was Staff #6's signature on the safety plan for Sister Facility A. Interview with Licensee #2/Executive Director revealed Staff #6 was only working for one week and was still training. An additional employee, Staff #10, was identified during exit. Licensee #2/Executive Director revealed she did not think Staff #10 needed to be identified at the onset of the survey because she had been an employee for years.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and	V 108		

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V 108	Continued From page 2 bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure staff received training to meet the needs of the clients served affecting 8 of 10 audited current staff (Licensee #1/Director/Qualified Professional #1, Licensee #2/Executive Director, Associate Professional, Staff #4, Staff #5, Staff #6, Staff #8, and Staff #9) and 2 of 2 audited former staff (Former Staff #11/ Former Client #A2's Grandmother and Former Staff #12). The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 4/16/19; -Discharged 8/6/20;	V 108		

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V 108	Continued From page 3 -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism Spectrum Disorder, Developmental Disorder of Speech and Language; -15 years old; -Undated Universal Residential Application revealed a history of sexually inappropriate behaviors. Review on 9/8/20 and 9/9/20 of Licensee #1/Director/Qualified Professional #1's record revealed: -Hire date not recorded; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans; -Trained himself in the following topics: MH/DD/SAS (Mental Health/Developmental Disability/Substance Abuse Services) dated 2/8/18, Person Centered Thinking dated 2/7/18, Health and Safety dated 2/9/18, Cultural Competency dated 2/10/18, Rights and Confidentiality dated 2/11/18, and Crisis Management and Planning dated 2/10/18. Review on 9/8/20 of Initial Licensure Application with Division of Health Service Regulation (DHSR) for the facility revealed: -Licensee #1/Director/Qualified Professional #1 was identified on the application dated 5/14/18 and on the license issued on 6/13/18. Review on 9/8/20 and 9/9/20 of Licensee #2/Executive Director's record revealed: -Hire date of 8/1/18; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans.	V 108		

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V 108	Continued From page 4 Review on 9/9/20 of Associate Professional's record revealed: -Hire date of 7/1/19; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans. Review on 9/9/20 of Staff #4's record revealed: -Hire date of 7/1/20; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans. Review on 9/9/20 with Staff #5 revealed: -Hire date of 6/24/20; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans. Attempted review on 9/4/20 and 9/8/20 of Staff #6's records was unsuccessful as no records were made available for review. Requests for the staff records were sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 9/4/20 at 9:53am for the records to be sent via fax and again on 9/8/20 at 1:34pm for the records to be sent via secured and encrypted email. Review on 9/8/20 and 9/9/20 of Staff #8's record revealed: -Hire date of 6/5/20; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans.	V 108		

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V 108	Continued From page 5 Review on 9/8/20 and 9/9/20 of Staff #9's record revealed: -Hire date of 12/27/19; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans. Review on 9/8/20 of Former Staff #11/Former Client #A2's Grandmother's record revealed: -No hire date recorded; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans. Review on 9/9/20 of Former Staff #12's record revealed: -Hire date of 6/4/20; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans. Interview on 9/21/20 with Associate Professional revealed: -Could not recall all the training he received; -Sexualized behaviors were discussed during meetings but never had any training on how to deal with sexualized behaviors; -Did not feel he needed any additional trainings because he worked for a local Department of Social Services. Attempted interview on 9/11/20 with Staff #4 was unsuccessful. A phone message was left at 12:57pm requesting a call back. No call was ever received from Staff #4.	V 108		

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V 108	Continued From page 6 Interview/Observation on 9/11/20 at approximately 2:15pm with Staff #5 revealed: -Was trained in sexualized behaviors during orientation but could not identify what was discussed during the training and could not identify what "grooming" was in relation to sexualized behaviors; -Did not respond when asked about training in individualized treatment plans; -Staff #5 had her phone on speaker phone during the interview and whispering could be heard in the background. Staff #5 hesitated prior to answering questions. Staff #5 was asked if she was with someone else during the interview. Staff #5 denied being with anyone else during the interview. Interview on 9/11/20 at 12:36pm with Staff #6 revealed: -Not a good time for an interview because she was working at her other job; -"I start my Brighter Dayz (Licensee/Facility) shift after so call me at 2(pm)." Attempted interview 9/11/20 at 2:10pm with Staff #6 was unsuccessful. There was no answer and the mailbox was full. A text message was sent to the phone 2:11pm which was read at 2:12pm. A series of text messages between Staff #6 and the DHSR surveyor continued and Staff #6 was informed she would be contacted as needed. Interview on 9/11/20 with Staff #8 revealed: -No training in sexualized behaviors; -No training in individualized treatment plans at this job but had training in individualized treatment plans at another job; -Learned about each client by reading their care plan and sat and talked with each client.	V 108		

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V 108	Continued From page 7 Interviews on 9/2/20 and 9/22/20 with Former Staff #12 revealed: -No training in sexualized behaviors; -No training in individualized treatment plans; -Never had access to documents pertaining to Former Client #1; -Did not know Former Client #1's diagnoses. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Nobody ever told them to train in individualized treatment plans or topics to meet the needs of the clients; -Will ensure all necessary training is completed in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness;	V 109		

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V 109	Continued From page 8 (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on interview, record review, and observation, 2 of 2 audited current qualified professionals (Licensee #1/Director/Qualified Professional #1 and Licensed Professional/Qualified Professional #2) and 1 of 1 audited current associate professional (Associate Professional) failed to display the knowledge, skills, and abilities required by the population served. The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Clients #1, #2, #3, and #4's records revealed: -The initial assessments completed by the	V 109		

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V 109	Continued From page 9 Licensee #1/Director/Qualified Professional #1 did not include presenting problems, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -No initial assessment was made available for review for Former Client #2; -Former Client #1's treatment plan dated 8/4/20 did not include treatment strategies to address running away or the use of a summer day camp; -Former Client #2's treatment plan dated 8/7/20 did not include treatment strategies to address sexually inappropriate behaviors, the use of diapers, or hiding used diapers; -Former Client #3's treatment plan dated 8/6/20 did not include treatment strategies for running away, physical aggression or job placement at a local fast food restaurant; -Former Client #4's treatment plan dated 8/6/20 did not include treatment strategies for running away or job placement at a local fast food restaurant. Review on 9/9/20 of Associate Professional, Staff #8, and Former Staff #12's records revealed: -There was no certificate of training provided for Associate Professional; -Staff #8's certificate did not have the signature of a person qualified to complete medication administration training; -Former Staff #12's certificate was dark and illegible and had the certificate holder name written on the side margin. Refer to 10A NCAC 27G .0209 Medication Requirements (V118) for specifics. Interviews on 8/10/20 - 9/25/20 with Licensee #1/Director/Qualified Professional #1 failed to identify all current and former staff upon requests made by the Division of Health Service	V 109		

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V 109	Continued From page 10 Regulation surveyor. Finding #1 Review on 9/8/20 and 9/9/20 of Licensee #1/Director/Qualified Professional #1's record revealed: -Hire date not recorded; -No documentation of training in human sexuality or sexually aggressive youth; -No documentation of training in client specific treatment plans; -Trained himself in the following topics: MH/DD/SAS (Mental Health/Developmental Disability/Substance Abuse Services) dated 2/8/18, Person Centered Thinking dated 2/7/18, Health and Safety dated 2/9/18, Cultural Competency dated 2/10/18, Rights and Confidentiality dated 2/11/18, and Crisis Management and Planning dated 2/10/18. Review on 9/14/20 of Licensee #1/Director/Qualified Professional #1's Job Description revealed: -" ...Supervision of the associate professionals and para-professionals, oversight of emergencies, provision of direct psycho-educational services to children or adolescents, participation in treatment planning meetings, coordination of each child or adolescent's treatment plan, provision of basic case management functions ..." Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 revealed: -Nobody ever told them to train in individualized treatment plans or topics to meet the needs of the clients; -Was not aware treatment strategies needed to be developed and implemented to address the needs of the former clients;	V 109		

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V 109	Continued From page 11 -Signed Staff #8's medication administration training certificate but a Registered Nurse provided the training; -Many Health Care Personnel Registry and Criminal Background checks were out of compliance because the original checks were removed from the record and replaced when annual checks were completed on each employee; -Could not identify the unknown female who Former Client #1 went to visit on 7/4/20; -Denied there was lack of proper staffing ratios although evidence was contradictory; -Denied there was lack of services provided by the Licensed Professional/Qualified Professional #2 although evidence was contradictory; -Denied there was lack of privacy on calls to legal guardians although evidence was contradictory; -No comments regarding the lack of incident reporting; -No comments regarding the lack of training in Alternatives to Restrictive Interventions and Seclusion, Physical Restraint and Isolation Time-Out for Staff #6. Finding #2 Review on 9/8/20 and 9/9/20 of the Licensed Professional/Qualified Professional #2's record revealed: -Licensed as a Clinical Mental Health Counselor. Interview/Observation on 9/10/20 at approximately 2:45pm - 3:10pm with Licensed Professional/Qualified Professional #2 revealed: -Employed at the facility and Sister Facility A since 2017; -Provided individual and group therapy twice weekly; -Used virtual sessions during the start of the pandemic and resumed face to face sessions in	V 109		

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V 109	Continued From page 12 the beginning of July; -Last time at the facility was 9/2/20 when she saw Former Client #A2 who was the only client at the facility; -Upon confirming with the Licensed Professional/Qualified Professional #2 that the last date of service was 9/2/20 to Former Client #A2, the call was suddenly disconnected at 2:50pm; -Return calls to the Licensed Professional/Qualified Professional #2's phone made immediately upon disconnection of the call went to voicemail and a message was left requesting a return call; -Call was returned by the Licensed Professional/Qualified Professional #2 at 2:57pm who reported her cell phone battery went dead; -During the return call, the Licensed Professional/Qualified Professional #2 revealed she made a mistake and did not view her calendar correctly during the initial call. The last date of service at the facility was 8/2/20 when Former Client #A2 was the only client at the facility; -Will send copies of clinical notes via a secured and encrypted email for all clients at both homes from 7/1/20-present by 9pm on 9/10/20. Based upon record reviews of Former Clients #1, #2, #3, and #4 and their respective discharge dates, there were no clients in the facility on 9/2/20 although the Licensed Professional/Qualified Professional #2 initially identified this as the last date of service. The aforementioned record reviews also indicated that Former Clients #1, #2, #3, and #4 were all present in the facility on 8/2/20 although the Licensed Professional/Qualified Professional #2 identified only Former Client #A2's presence.	V 109		

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V 109	Continued From page 13 Review on 9/11/20 of email correspondence to Division of Health Regulation (DHSR) surveyor from the Licensed Professional/Qualified Professional #2 dated 9/10/20 at 6:54pm revealed: "Good evening, I'm wanted to follow up per our conversation on this afternoon. I still currently at work and do not foresee being able to get you the requested documentation this evening. However, I will have this information to you no later than tomorrow night when I come in from work as I do not have access to these files." Review on 9/14/20 of email correspondence to DHSR surveyor from the Licensed Professional/Qualified Professional #2 dated 9/11/20 at 8:09pm revealed: -Licensed Professional/Qualified Professional #2 notes on Former Clients #A1, #A2, #A3 and #A4 were sent via an attachment to a secure and encrypted email; -No documentation of Licensed Professional/Qualified Professional #2 services provided to Former Clients #1, #2, #3, and #4. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -The Licensed Professional/Qualified Professional #2 was at the facility weekly. Sessions were conducted virtually during the start of the pandemic and then returned to in-person sessions. Finding #3 Review on 9/9/20 of Associate Professional's record revealed: -Hire date of 7/1/19. Review on 9/14/20 of Associate Professional's	V 109		

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V 109	Continued From page 14 Job Description revealed: -Duties included: " ...Management of the day to day operations of the group home, supervision of direct care staff regarding responsibilities related to the implementation of each child or adolescent's treatment plan, participation in service planning meetings, conduct initial assessment and program orientation session with teen/parents which includes identifying strength and needs of client, strengths and needs of family, review of medications, assessment of scheduling of assessment and contact with collateral agencies. Participate in development of new Individualized Treatment Plans ..." Interview on 9/21/20 with Associate Professional revealed: -Worked as Associate Professional; -Filled in as Qualified Professional as needed; -Sexualized behaviors were discussed during meetings but never had any training on how to deal with sexualized behaviors; -Did not feel he needed any additional trainings because he worked for a local Department of Social Services; -Not sure how often or when the clients would receive services from the Licensed Professional/Qualified Professional #2; -Phone calls were supervised by having the former clients place calls on speaker phone for staff to listen to the calls. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals	V 110		

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V 110	Continued From page 15 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review, 1 of 7 audited current paraprofessionals (Licensee #2/Executive Director) failed to display the knowledge, skills, and abilities required by the	V 110		

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V 110	Continued From page 16 population served. The findings are: Review on 9/8/20 and 9/9/20 of Licensee #2/Executive Director's record revealed: -Hire date of 8/1/18; -Did not ensure necessary training to meet the needs of the clients. Review on 9/14/20 of Licensee #2/Executive Director's Job Description revealed: -" ...Administrators supervise employees at three residential group homes, assist with employee hiring, orientations and reviews, coordinate communication within the residential programs, ensure compliance with policy and procedures, maintain positive professional ethics and attitudes, assist in the development of new procedures, participate in treatment team meetings, on-call 24/7 based on the program's on-call schedule, actively participate in and lead program meetings with other supervisors/managers, participate in your own career and development meetings with agency directors, provide and coordinate quality training to employees by having the ability to train on all program models/plans and on other suggested training, provide on-the-job training to newly hired employees as well as overall staff development, utilize problem solving skills to manage emergency situations/disaster plan review, sit on the QA/QI (Quality Assurance/Quality Improvement) committee, client rights as well as Intervention Advisory committee, review all fatalities ..." Review on 8/11/20, 8/12/20 and 8/18/20 of Former Clients #1, #2, #3, and #4's records revealed: -The initial assessments completed by the Licensee #1/Director/Qualified Professional #1	V 110		

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V 110	Continued From page 17 did not include presenting problems, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -No initial assessment was made available for review for Former Client #2's; -Former Client #1's treatment plan dated 8/4/20 did not include treatment strategies to address running away or the use of a summer day camp; -Former Client #2's treatment plan dated 8/7/20 did not include treatment strategies to address sexually inappropriate behaviors, the use of diapers, or hiding used diapers. -Former Client #3's treatment plan dated 8/6/20 did not include treatment strategies for running away, physical aggression or job placement at a local fast food restaurant. -Former Client #4's treatment plan dated 8/6/20 did not include treatment strategies for running away or job placement at a local fast food restaurant. Review on 9/9/20 of Associate Professional, Staff #8, and Former Staff #12's record revealed: -There was no certificate of training provided for Associate Professional; -Staff #8's certificate did not have the signature of a person qualified to complete medication administration training; -Former Staff #12's certificate was dark and illegible and had the certificate holder name written on the side margin. Refer to 10A NCAC 27G .0209 Medication Requirements (V118) for specifics. Interviews on 9/2/20-9/4/20 with management members at the local recreational facility where Former Client #1 and Former Client #A1 attended summer day camp revealed: -Were informed Former Client #1 and Former	V 110		

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V 110	Continued From page 18 Client #A1 were from a foster home; -"Was not made aware of their needs or challenges ...not to the extent we would want to be briefed;" -"We just had very limited information about the girls (Former Client #1 and Former Client #A1); -Licensee #2/Executive Director was not forthcoming about the needs of the girls when registering the girls for camp. Interviews on 8/10/20 - 9/25/20 with Licensee #2/Executive Director revealed: -Failed to identify all current and former staff upon requests made by the Division of Health Service Regulation. Interview on 9/25/20 with Licensee #2/Executive Director revealed: -Nobody ever told them to train in individualized treatment plans or to meet the needs of the clients; -Was not aware assessments needed to include presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -Was not aware treatment strategies needed to be developed and implemented to address the needs of the clients; -Licensee #1/Director/Qualified Professional #1 signed Staff #8's medication administration training certificate but a Registered Nurse provided the training; -Many Health Care Personnel Registry and Criminal Background checks were out of compliance because the original checks were removed from the record and replaced when annual checks were completed on each employee; -Could not identify the unknown female who Former Client #1 went to visit on 7/4/20;	V 110		

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V 110	Continued From page 19 -Denied there was lack of proper staffing ratios although evidence was contradictory; -Denied there was lack of services provided by the Licensed Professional/Qualified Professional #2 although evidence was contradictory; -Denied there was lack of privacy on calls to legal guardians although evidence was contradictory; -No comments regarding the lack of incident reporting; -No comments regarding the lack of training in Alternatives to Restrictive Interventions and Seclusion, Physical Restraint and Isolation Time-Out for Staff #6. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as	V 111		

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V 111	Continued From page 20 psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure assessments were completed prior to the delivery of services and/or assessments included presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history affecting 4 of 4 audited former clients (Former Clients #1, #2, #3, and #4). The findings are: Review on 8/28/20 of the facility's undated Assessment Policy revealed: -" ...Each consumer is assessed to appropriately identify his/her needs/problems and if appropriate, the needs of the family of the consumer. A clinical screening/assessment/evaluation is conducted on each individual who presents himself/herself for services and/or is referred for assessment, treatment, or evaluation to determine appropriateness for admission and disposition for additional treatment services ...The	V 111		

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V 111	Continued From page 21 Comprehensive Clinical Assessment (CCA) will be completed within 30 days of admission. CCA's must be provided to Brighter Dayz, LLC (Licensee/Facility) upon referral in order to be considered for treatment ....Screening for potential clients shall be conducted prior to admission by the QP/LPC/ED (Qualified Professional/Licensed Professional Counselor/Executive Director). The screening can be done via phone, faxed over information or in person with the referring agency or parent/guardian. It will be documented on the screening form. Screening information is also on the residential application completed by the guardian upon admission. When a client is admitted to the Brighter Dayz Group Home, an initial admission assessment will be completed. This assessment will include the client's name, date of screening, client triggers, interventions helpful to clients, input from LPC if applicable, and presenting problems (usually referenced in CCA) ..." Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 7/19/20; -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -13 years old; -Initial assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 6/10/20 did not include needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -Several pages of the residential application were attached.	V 111		

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V 111	Continued From page 22 Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 4/16/19; -Discharged 8/6/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism Spectrum Disorder, Developmental Disorder of Speech and Language; -15 years old; -No initial assessment was available for review; -Two pages of the residential application were submitted in response to the requests for the initial assessment. Former Client #2's initial assessment was never made available for review. The assessment was requested via email on 8/13/20 at 3:08pm. A second email request was sent on 8/14/20 at 4:06pm as a reminder. The email requests were sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director. On 8/17/20 at 3:45pm, Licensee #2/Executive Director called and revealed Licensee #1/Director/Qualified Professional #1 would be returning to the country (having been gone since 8/11/20) and would upload the requested assessments. Licensee #2/Executive Director was still out of town assisting with a family member's funeral arrangements. No assessment was provided. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Initial assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 6/10/20	V 111		

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V 111	Continued From page 23 did not include presenting problems, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -Several pages of the residential application were attached. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Initial assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 6/10/20 did not include presenting problems, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -Several pages of the residential application were attached. Interview on 8/27/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -The policy for assessments is as follows: The facility receives a CCA with a referral application. Then, the facility completes its own initial assessment on each client and combines that with the strengths and needs list from the universal residential application completed by the referring party (example: DSS (Department of Social Services) worker). Finally, upon discharge to a higher or lower level of care there is a CCA Addendum completed by the Licensed Professional/Qualified Professional #2. There is no CCA Addendum completed for a lateral transition. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and	V 111		

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V 111	Continued From page 24 Licensee #2/Executive Director revealed: -Licensee #2/Executive Director was not aware assessments needed to include presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history; -The facility had been developing initial assessments by combing copies of the residential application completed by the referring party with client responses to the following items: -"What are triggers for you?" -"What helps you calm down?" -"What happens when you don't get your own way?" -"What are things you like to do?" -"Do you understand why you are here?" -"Do you have concerns?" -"Present problems;" -The facility will ensure to complete a more comprehensive initial assessment with all information required in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be	V 112		

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V 112	Continued From page 25 achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement strategies to address the needs of the clients affecting 4 of 4 audited former clients (Former Clients #1, #2, #3, and #4). The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 7/19/20; -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -13 years old; -Undated Universal Residential Application revealed a history of running away; -Discharge Summary dated 8/5/20 written by	V 112		

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V 112	Continued From page 26 Licensee #1/Director/Qualified Professional #1 revealed Former Client #1 engaged in running away several times; -Treatment plan dated 8/4/20 did not include treatment strategies to address running away or the use of a summer day camp; Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 4/16/19; -Discharged 8/6/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism Spectrum Disorder, Developmental Disorder of Speech and Language; -15 years old; -Undated Universal Residential Application revealed a history of sexually inappropriate behaviors; -Treatment plan progress update dated 7/23/20 revealed: " ...Client continues to hide her diapers in different places in her room, and attempts not too have staff enter her room to find them ..." -Treatment plan dated 8/7/20 did not include treatment strategies to address sexually inappropriate behaviors, the use of diapers, or hiding used diapers. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Treatment plan dated 8/6/20 included historical information regarding Former Client #3's history of running away; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #3 engaged in weekly	V 112		

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V 112	Continued From page 27	V 112		

physical aggression and had secured job placement at a local fast food restaurant;
-Treatment plan dated 8/6/20 did not include treatment strategies for running away, physical aggression or job placement at a local fast food restaurant.

Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed:
-Admitted 4/15/20;
-Discharged 8/6/20;
-Diagnosed with Oppositional Defiant Disorder;
-17 years old;
-Undated Universal Residential Application revealed a history of running away;
-Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #4 had secured job placement at a local fast food restaurant;
-Treatment plan dated 8/6/20 did not include treatment strategies for running away or job placement at a local fast food restaurant.

Interviews on 8/13/20 and 9/1/20 with Former Client #1 revealed:
-Recalled running away from the facility at least twice;
-Attended a summer day camp at a local recreational facility in a neighboring town with Former Client #A1;
-While at camp, Former Client #1 and Former Client #A1 got into a verbal altercation and both were suspended and not allowed to return to the summer day camp due to their behaviors.

Interviews on 9/2/20-9/4/20 with management members at the local recreational facility in a neighboring town where Former Client #1 and Former Client #A1 attended summer day camp revealed:

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V 112	Continued From page 28 -Were informed Former Client #1 and Former Client #A1 were from a foster home; -"Was not made aware of their needs or challenges ...not to the extent we would want to be briefed;" -Can not provide services effectively if the staff are not aware of the needs of the children; -After the incident between Former Client #1 and Former Client #A1, the camp staff realized the needs of the campers were greater than what the camp staff could handle; -Group home staff did not stay with the campers during the day; -Former Client #1 "physically assaulted" Former Client #A1 and "the girls were in a violent fight;" -Former Client #1 "attempted to attack (camp) staff;" -The police were called to de-escalate Former Client #1 but she had calmed down prior to the arrival of the police; -Former Client #1 was immediately released from camp after the incident of assaulting Former Client #A1 but Former Client #A1 was allowed to stay; -"We just had very limited information about the girls (Former Client #1 and Former Client #A1); -Prior to being dismissed from the camp, they had previously been dismissed from another camp in a second neighboring town which fell under the same parent company; -Licensee #2/Executive Director was not forthcoming about the needs of the girls when registering the girls for camp; -The camp employed two coordinators: one had a degree in psychology and one had a degree in counseling. The coordinators assisted with coaching campers during behavioral concerns. The level of coaching was limited to verbal redirection during a disagreement and did not involve breaking up physical fights between	V 112		

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V 112	Continued From page 29 campers. Interviews on 9/1/20 with Former Client #2's mother and Former Client #2's foster mother revealed: -Former Client #2 wore diapers due to urinary incontinence. Interviews on 8/24/20 with Former Client #3 and Former Client #4 revealed: -Had secured job placement at a local fast food restaurant while living at the facility. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Was not aware that treatment strategies needed to be developed and implemented to address: -Former Client #1's running away from the facility or the use of summer day camp; -Former Client #2's sexually inappropriate behaviors, the use of diapers, or hiding used diapers; -Former Client #3's physical aggression or job placement at a local fast food restaurant; -Former Client #4's running away or job placement at a local fast food restaurant. -Will ensure all treatment needs with corresponding strategies are included in the treatment plans in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 118		

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V 118	Continued From page 30 (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff received training in medication administration completed by a registered nurse, pharmacist, or other legally	V 118		

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V 118	Continued From page 31	V 118		

qualified person affecting 2 of 10 audited current staff (Associate Professional and Staff #8) and 1 of 2 audited former staff (Former Staff #12). The findings are:

Review on 9/9/20 of Associate Professional's record revealed:
-Hire date 7/1/19;
-No documentation of training in medication administration.

Review on 9/8/20 and 9/9/20 of Staff #8's record revealed:
-Hire date of 6/5/20;
-Medication administration training certificate dated 5/26/20. The name of the employee is not clear. The trainer's signature on the certificate does not match the electronic signature on all other medication administration training certificates for the agency. The trainer's signature is similar to the signature of Licensee #1/Director/Qualified Professional #1.

An additional copy of Staff #8's medication administration training certificate was requested via email on 9/10/20 at 12:31pm. The email request was sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director. The email request revealed the need for an "additional copy of [Staff #8]'s medication certificate (the one which was faxed is difficult to read)." No additional documentation was provided.

Review on 9/9/20 of Former Staff #12's record revealed:
-Hire date of 6/4/20;
-Medication administration certificate dated 5/28/20 signed by the Registered Nurse who completed medication administration training for

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the agency. The certificate was dark and difficult to read. Former Staff #12's name was hand written on the side of the certificate.

Interview on 9/21/20 with Associate Professional revealed:
-Could not recall all the trainings he received but believed he may have been trained in medication administration but could not recall who provided the training.

Interview on 9/11/20 with Staff #8 revealed:
-Employed as a Direct Care Worker and would step in as House Manager as needed;
-Received training in medication administration but cannot recall who completed the training;
-Recalled staff at the facility helped with medication administration training.

Interview on 9/22/20 with Former Staff #12 revealed:
-Worked various shifts at the facility and Sister Facility A;
-Had been employed as a Direct Care Worker;
-Never received training in medication administration because she was a medication technician from another job;
-Never met with a Registered Nurse for training at the facility;
-Received minimal training when she started the job.

Attempted Interview with the Registered Nurse who provided the agency's previous training for medication administration was unsuccessful. The phone number for the Registered Nurse was requested via email on 9/10/20 at 2:44pm from Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director. There was no response to the request.

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V 118	Continued From page 33 Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Licensee #1/Director/Qualified Professional #1 signed Staff #8's medication administration training certificate but a Registered Nurse provided the training; -Staff do not recall who provided training to them because of the multiple trainings they received; -All staff were trained in medication administration by a Registered Nurse. This deficiency constitutes a recited deficiency, with a previous citation on 9/13/19. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on interview and record review, the facility	V 131		

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V 131	Continued From page 34 failed to ensure the Health Care Personnel Registry (HCPR) was accessed and the results documented prior to an offer of employment affecting 7 of 10 audited current staff (Licensee #1/Director/Qualified Director #1, Licensee #2/Executive Director, Staff #4, Staff #5, Staff #6, Staff #8, and Staff #9) and 2 of 2 audited former staff (Former Staff #11/Former Client #A2's Grandmother and Former Staff #12). The findings are: Review on 9/8/20 and 9/9/20 of Licensee #1/Director/Qualified Professional #1's record revealed: -Hire date not recorded; -HCPR check completed on 1/30/19. Review on 9/8/20 of Initial Licensure Application with the Division of Health Service Regulation for the facility revealed: -Licensee #1/Director/Qualified Professional #1 was identified on the application for initial licensure dated 5/14/18 and on the license issued on 6/13/18. Review on 9/8/20 and 9/9/20 of Licensee #2/Executive Director's record revealed: -Hire date of 8/1/18; -HCPR check completed 1/26/20. Review on 9/9/20 of Staff #4's record revealed: -Hire date of 7/1/20; -HCPR check completed 6/23/20; -Agency training completed between 6/16/20 and 6/20/20. Review on 9/9/20 with Staff #5 revealed: -Hire date of 6/24/20; -HCPR completed 6/23/20; -Agency training completed between 6/17/20 and	V 131		

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V 131	Continued From page 35 6/24/20. Attempted review on 9/4/20 and 9/8/20 of Staff #6's records was unsuccessful as no records were made available for review. Requests for the staff records were sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 9/4/20 at 9:53am for the records to be sent via fax and again on 9/8/20 at 1:34pm for the records to be sent via secured and encrypted email. Review on 9/8/20 and 9/9/20 of Staff #8's record revealed: -Hire date of 6/5/20; -HCPR check completed 6/3/20; -Agency training completed between 5/20/20 and 6/3/20. Review on 9/8/20 and 9/9/20 of Staff #9's record revealed: -Hire date of 12/27/19; -No HCPR check completed. Review on 9/8/20 of Former Staff #11/Former Client #A2's Grandmother's record revealed: -No hire date recorded; -HCPR check completed 6/16/20; -Agency training completed in 2018 and 2019. Review on 9/9/20 of Former Staff #12's record revealed: -Hire date of 6/4/20; -HCPR check completed 6/3/20; -Agency training completed between 5/21/20 and 6/15/20. Attempted interview on 9/11/20 with Staff #4 was unsuccessful. A phone message was left at 12:57pm requesting a call back. No call was ever	V 131		

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V 131	Continued From page 36 received from Staff #4. Interview on 9/11/20 with Staff #5 revealed: -Could not identify the specific date employment started, but believed it was in Spring, 2020. Interview on 9/11/20 with Staff #8 revealed: -Start date was 5/5/20. Interview on 9/2/20 with Former Staff #12 revealed: -Start date was 5/22/20. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Staff were selected and received training for which they were financially compensated through a bonus; -The hire date in the record reflected when they were officially hired after training was completed; -Many HCPR checks were out of compliance because the original HCPR checks were removed from the record and replaced when annual HCPR checks were completed on each employee; -Will complete HCPR checks prior to training new staff; -Will keep original HCPR checks in the employee record in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN	V 133		

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V 133	Continued From page 37 APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services,	V 133		

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V 133	Continued From page 38 Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction.	V 133		

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V 133	Continued From page 39 (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These	V 133		

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V 133	Continued From page 40 crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a	V 133		

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V 133	Continued From page 41 criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure criminal background checks were completed within five business days of making a conditional offer of employment affecting 5 of 10 audited current staff (Licensee #1/Director/Qualified Professional #1, Licensee #2/Executive Director, Staff #6, Staff #8, Staff #9) and 2 of 2 audited former staff (Former Staff #11/Former Client #A2's Grandmother and Former Staff #12). The findings are: Review on 9/8/20 and 9/9/20 of Licensee #1/Director/Qualified Professional #1's record revealed: -Hire date not recorded;	V 133		

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V 133	Continued From page 42 -Criminal background check completed on 1/30/19. Review on 9/8/20 of Initial Licensure Application with the Division of Health Service Regulation for the facility revealed: -Licensee #1/Director/Qualified Professional #1 was identified on the application for initial licensure dated 5/14/18 and on the license issued on 6/13/18. Review on 9/8/20 and 9/9/20 of Licensee #2/Executive Director's record revealed: -Hire date of 8/1/18; -No criminal background check completed. Attempted review on 9/4/20 and 9/8/20 of Staff #6's records was unsuccessful as no records were made available for review. Requests for the staff records were sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 9/4/20 at 9:53am for the records to be sent via fax and again on 9/8/20 at 1:34pm for the records to be sent via secured and encrypted Review on 9/8/20 and 9/9/20 of Staff #8's record revealed: -Hire date of 6/5/20; -Criminal background check completed 6/3/20; -Agency training completed between 5/20/20 and 6/3/20. Review on 9/8/20 and 9/9/20 of Staff #9's record revealed: -Hire date of 12/27/19; -Criminal background check completed 12/20/19; -Agency training completed between 12/3/19 and 12/20/19.	V 133		

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V 133	Continued From page 43 Review on 9/8/20 of Former Staff #11/Former Client #A2's Grandmother's record revealed: -No hire date recorded; -Criminal background check completed 12/21/19; -Agency training completed in 2018 and 2019. Review on 9/9/20 of Former Staff #12's record revealed: -Hire date of 6/4/20; -Criminal background completed 6/3/20; -Agency training completed between 5/21/20 and 6/15/20. Interview on 8/10/20 with Licensee #2/Executive Director revealed: -Had a pending child abuse charge in a neighboring county; -The charge involved her son; -It was a misunderstanding and she will be cleared and the charge expunged; -The case will be heard in court on 12/4/20. Interview on 9/11/20 with Staff #8 revealed: -Start date was 5/5/20. Interview on 9/2/20 with Former Staff #12 revealed: -Start date was 5/22/20; -After having worked at the facility for approximately 1 month, was asked to get her fingerprints taken for a criminal background check. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Staff were selected and received training for which they were financially compensated through a bonus; -The hire date in the record reflected when they	V 133		

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V 133	Continued From page 44 were officially hired after training was completed; -Many criminal background checks were out of compliance because the original HCPR checks were removed from the record and replaced when annual criminal background checks were completed on each employee; -Will complete criminal background checks prior to training new staff; -Will keep original criminal background checks in the employee record in the future. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 133		
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	V 293		

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V 293	Continued From page 45 community-based residential setting in order to facilitate treatment; and (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 interview, record review, and observation, the facility failed to provide individualized supervision and structure of daily living, minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors, assist in the acquisition of adaptive functioning and gaining the skills needed to step-down to a less intensive	V 293		

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V 293	Continued From page 46	V 293		

treatment setting affecting 4 of 4 audited former clients (Former Clients #1, #2, #3, and #4). The findings are:

CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108)
Based on interview, record review, and observation, the facility failed to ensure staff received training to meet the needs of the clients served affecting 8 of 10 audited current staff (Licensee #1/Director/Qualified Professional #1, Licensee #2/Executive Director, Staff #4, Staff #5, Staff #6, Associate Professional, Staff #8, and Staff #9) and 2 of 2 audited former staff (Former Staff #11/ Former Client #A2's Grandmother and Former Staff #12).

CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109)
Based on interview, record review, and observation, 2 of 2 audited current qualified professionals (Licensee #1/Director/Qualified Professional #1 and Licensed Professional/Qualified Professional #2) and 1 of 1 audited current associate professional (Associate Professional) failed to display the knowledge, skills, and abilities required by the population served.

CROSS REFERENCE: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110)
Based on interview and record review, 1 of 7 audited current paraprofessionals (Licensee #2/Executive Director) failed to display the knowledge, skills, and abilities required by the population served.

CROSS REFERENCE: 10A NCAC 27G .0205

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V 293	Continued From page 47 Assessment and Treatment/Habilitation or Service Plan (V111) Based on interview and record review, the facility failed to ensure assessments were completed prior to the delivery of services and/or assessments included presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history affecting 4 of 4 audited former clients (Former Clients #1, #2, #3, and #4). CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement strategies to address the needs of the clients affecting 4 of 4 audited former clients (Former Clients #1, #2, #3, and #4). CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interview and record review, the facility failed to ensure staff received training in medication administration completed by a registered nurse, pharmacist, or other legally qualified person affecting 2 of 10 audited current staff (Associate Professional and Staff #8) and 1 of 2 audited former Staff (Former Staff #12). CROSS REFERENCE: General Statute 131E-256 Health Care Personnel Registry (V131) Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed and the results documented prior to an offer of employment affecting 7 of 10 audited current staff (Licensee #1/Director/Qualified Director #1, Licensee #2/Executive Director, Staff #4, Staff #5, Staff #6, Staff #8, and Staff #9) and 2 of 2 audited former	V 293		

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V 293	Continued From page 48 staff (Former Staff #11/Former Client #A2's Grandmother and Former Staff #12). CROSS REFERENCE: General Statute 122C-80 Criminal History Record Check (V133) Based on interview and record review, the facility failed to ensure criminal background checks were completed within five business days of making a conditional offer of employment affecting 5 of 10 audited current staff (Licensee #1/Director/Qualified Professional #1, Licensee #2/Executive Director, Staff #6, Staff #8, Staff #9) and 2 of 2 audited former staff (Former Staff #11/Former Client #A2's Grandmother and Former Staff #12). CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview, record review, and observation, the facility failed to ensure two direct care staff when one, two, three, or four clients were present and failed to ensure supervision of clients when they were away from the facility affecting 4 of 4 former clients (Former Clients #1, #2, #3, and #4). CROSS REFERENCE: 10A NCAC 27G .1705 Requirements of Licensed Professionals (V297) Based on interview, record review, and observation, the facility failed to ensure face-to-face clinical consultation at least four hours per week with a licensed professional. CROSS REFERENCE: General Statute 122C-62 Additional Rights in a 24-Hour Facility (V364) Based on interview and record review, the facility failed to ensure communication and consultation with parents or guardian or the agency or individual having legal custody without restriction by the facility affecting 1 of 4 audited former	V 293		

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V 293	Continued From page 49 clients (Former Client #1). CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Based on interview and record review, the facility failed to ensure all incidents were reported as outlined in their policy and procedure. CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Based on interview and record review, the facility failed to report all Level II incidents to the LME (local management entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. CROSS REFERENCE: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) Based on interview and record review, the facility failed to ensure staff were trained in alternatives to restrictive interventions affecting 1 of 10 audited staff members (Staff #6). CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out (V537) Based on interview and record review, the facility failed to ensure staff were trained in seclusion, physical restraint and isolation time-out affecting 1 of 10 audited staff members (Staff #6). Finding #1 Interview on 8/13/20 with Former Client #1 revealed: -Spent 7/4/20 at a party at a staff members' home;	V 293		

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V 293	Continued From page 50 -Identified the female staff member by first name only; -Was left alone with the female staff member, her husband, and her children (identified by Former Client #1 as a 12 to 13-year-old daughter and a younger son). Interview on 9/1/20 with Former Client #1 revealed: -Was adamant she went to a party on 7/4/20 with a female staff member she identified by first name only; -Was left alone with the female staff member's family; -The female staff member worked at the facility and Sister Facility A; -Could not remember the female staff member's last name. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Director revealed: -Did not know the female identified by Former Client #1; -Former Client #1 was at the facility on 7/4/20; -There were currently no clients being served at the facility or Sister Facility A. Based upon information gathered, the unknown female could not be identified. No other clients or staff members could identify the unknown female when interviewed. Review on 9/28/20 of the first Plan of Protection dated 9/29/20 signed by Licensee #1/Director/Qualified Professional #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? At this time, Fresh New Start (facility) does not	V 293		

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V 293	Continued From page 51 have any residents or direct care staff in this facility. That being said, Fresh New Start will take the following actions to ensure the safety of consumers in its care when residents and direct care staff return to the facility. V108: Fresh New Start (the "agency") will comply with all requirements of 10A NCAC 27G .0202 including: a. Enforcing the requirement that that all applicants for employment disclose any criminal conviction. b. A file shall be maintained for each individual employee indicating the training, experience and other c. qualifications for the position, including verification of licensure, registration or certification. d. Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and (3) 10A NCAC 26B; (4) training to meet the mh/dd/sa (mental health/developmental disability/substance abuse) needs of the client as specified in the treatment/habilitation plan; and (5) training in infectious diseases and bloodborne pathogens. Specifically, the agency will require all new and returning staff to have new background checks and to retake competency-based training in Item D (1-4) above. All personnel files will be audited to ensure compliance with this standard. V109: Fresh New Start will comply with all requirements of 10A NCAC 27G .0203 including ensuring the competency of the Qualified	V 293		

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V 293	Continued From page 52 Professional. Specifically, the Qualified Professional will receive training by a qualified trainer within the 23 days about: 1. technical knowledge; 2. cultural awareness; 3. analytical skills; 4. decision-making; 5. interpersonal skills; 6. communication skills; and 7. clinical skills. V110: Fresh New Start will comply with all requirements of 10A NCAC 27G .0204 including ensuring the competency of the Para Professionals. Specifically, the Para Professionals will receive training by a qualified trainer within the 30 days of hire or return to work: 8. technical knowledge; 9. cultural awareness; 10. analytical skills; 11. decision-making; 12. interpersonal skills; 13. communication skills; and 14. clinical skills. V111&V112: Fresh New Start will comply with all requirements of 10A NCAC 27G .0205 including: a. Enforcing the requirement that an admission assessment shall be completed for all consumers prior to the delivery of services, that includes, but not be limited to: 1. the client's presenting problem; 2. the client's needs and strengths; 3. a provisional or admitting diagnosis with an established diagnosis determined within 30 days of 4. admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;	V 293		

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V 293	Continued From page 53 5. a pertinent social, family, and medical history; and 6. evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as 7. appropriate to the client's need b. Enforcing the requirement that a Person-Centered Plan be developed prior to starting services that includes strategies to address the client's presenting problem. The plan will include all elements required in 10A NCAC 27G .0205(d)(1-6). V118: Fresh New Start will comply with all requirements of 10A NCAC 271g .0209 including ensuring all direct care staff have documented training by qualified trainer in the following topics: a. Medication dispensing: Medication packaging and labeling b. Medication administration c. Medication disposal d. Medication Storage e. Medication review f. Medication education g. Medication errors In addition, the agency will update its policy and procedure to ensure its procedures include all required elements. All new and returning staff will be trained in its requirements by a medical professional, e.g. a registered nurse, prior to dealing with medications. In addition, the agency will contract with a medical professional to oversee its medication practices. The medical professional will conduct self-audits of medication related record at least monthly. The result of the self-audits will be kept on file. V131: Fresh New Start will comply with all requirements of GS 131E-256 including the requirement that all staff have a Health Care	V 293		

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V 293	Continued From page 54 Personnel Registry check on file. Specifically, the agency will conduct Health Care Personnel Registry check on all new and returning staff upon hire/return and annually thereafter. Personnel files will be self-audited on a quarterly basis to ensure compliance with this standard. V133: Fresh New Start will comply with all requirements of GS 122C-80 including the requirement that all staff have a criminal record check on file. Specifically, the agency will conduct state criminal record checks on all new and returning staff prior upon hire/return and annually thereafter. Any staff that has not lived in NC (North Carolina) for the past 5 consecutive years will have a SBI (State Bureau of Investigations) criminal record check. The agency will follow the requirements of § 122C-80(c-e) when making hiring/retention decisions. Personnel files will be self-audited on a quarterly basis to ensure compliance with this standard. V296: Fresh New Start will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that: a. A qualified professional shall be available by telephone or page. A direct care staff will 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; The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer.	V 293		

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V 293	Continued From page 55 V297: Fresh New Start will comply with all requirements of 10A NCAC 27G .1705 including: a. Enforcing the requirement that a licensed or associate level professional, e.g. LCSW (Licensed Clinical Social Worker), LPC (Licensed Professional Counselor), LMFT (Licensed Marriage and Family Therapist), Psychological Associate, Psychologist, Psychiatrist will be present on site a minimum of 4 hours per week. Specifically: 1. The licensed professional shall sign in and out at the facility. The sign in/out sheet will be kept in the record. 2. The licensed professional will provide: i. Documented monthly formal clinical supervision of the qualified professional specified in Rule .1702; ii. Individual, group or family therapy services; or iii. Involvement in child or adolescent specific treatment plans or overall program issues. b. As permitted by NC DMA CCP 8D2- "Group therapy or activity time may be included as total time per beneficiary (i.e., if there are six members in a group for 90 minutes, this may be counted as 90 minutes per beneficiary)." V364: Fresh New Start will comply with all requirements of GS (General Statute) 122C-62 including GS 122C-62(d)(1) that requires the agency to enforce the requirement that " ...each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive confidential telephone calls." In extraordinary circumstances § 122C-62(b) allows this right to be curtailed if the requirements of § 122C-62(e) are met. § 122C-62(e) states that " No right enumerated in subsections (b) or (d) of this section may be limited or restricted	V 293		

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V 293	Continued From page 56 except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction." The agency will comply with this requirement. To provide an extra layer of ensuring the consumer's right any such Person-Centered Plan modification shall be approved in writing by the agency's Clients Rights Behavioral Intervention Committee and the legally responsible person. The agency's Policy and Procedure around consumer rights, person-centered planning, and Clients Rights Behavioral Intervention Committee around this matter shall be reviewed/updated to ensure clarity on this matter. V366: : Fresh New Start will comply with all requirements of 10A NCAC 27g .0603 including: a. Ensuring that all Level II and III incidents are reported to DHSR (Division of Health Service Regulation) and the LME/MCO (Local Management Entity/Managed Care Organization) as required by the prevailing NC DHHS (Department of Health and Human Services) Incident Reporting System (IRIS) within the IRIS and 10A NCAC 27g .0604 stipulated timeframes. b. The agency will keep all incident reports on	V 293		

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V 293	Continued From page 57 file for inspection for governmental authorities. c. New hires and returning staff will be retrained in incident reporting prior to hire/return and annually thereafter. d. The agency will conduct at least quarterly self-audits to ensure this standard is met including cross walking Level I,II, & III progress notes to incident reports. V367 Fresh New Start will comply with all requirements of 10A NCAC 27g .0604 Cross reference to response to response to V366. V536: Fresh New Start will comply with all requirements of 10A NCAC 27E .0107 including: a. The agency will choose one Training On Alternatives To Restrictive Interventions curricula that all staff must complete by a qualified trainer as defined in NCAC 27E .0108 . The curriculum will a curriculum approved by the NC DMH/IDD/SAS on their list of approved curricula. b. The agency will ensure all newly hired and returning staff have valid Training On Alternatives To Restrictive Interventions certificate on file before working and annually thereafter. c. The agency will conduct at least quarterly self-audits to ensure this standard is met. V537: Fresh New Start will comply with all requirements of NCAC 27E .0108. Cross reference to response to V536. V513: Fresh New Start will comply with all requirements of 10A NCAC 27E .0101 including; a. Ensuring that all staff will provide services/supports that promote a safe and respectful environment. These include: a. using the least restrictive and most appropriate settings and methods;	V 293		

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V 293	Continued From page 58 b. promoting coping and engagement skills that are alternatives to injurious behavior to self or others; c. providing choices of activities meaningful to the clients served/supported; and d. sharing of control over decisions with the client/legally responsible person and staff. e. The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions f. designed to insure dignity and respect during and after the intervention. These include: g. using the intervention as a last resort; and b. employing the intervention only by people trained in its use. Cross reference to response to V536 and V537 V541: Fresh New Start will comply with all requirements of 10A NCAC 27F .0104 including making reasonable efforts to ensure consumers' personal clothing and possessions are safe from theft, damage, destruction, loss, and misplacement. This will include, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires. To facilitate this the agency will take an inventory of all clothes and possessions upon admission, discharge and on a case by case basis prior to and after a home visit. In the event a consumer is discharged and leaves a possession behind the item will mail to the legally responsible person within 7 days of discovery. Describe your plans to make sure the above happens. As noted in the preamble, Fresh New Start does not have any residents or direct care staff in this facility. To ensure compliance with this Plan of	V 293		

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V 293	Continued From page 59 Protection (POP) and any subsequent Plan of Correction (POC) the agency will take the actions noted in the above immediate responses. In addition, the agency will take the following actions to make sure the POP and any subsequent POC are implemented. a. Contract with a Certified Forensic Health Care Auditor for three months to: 1. Conduct quarterly self-audits of the agency to sure compliance with this POP and any subsequent POC. The self-audits will be in the record. 2. Consult with leadership about compliance matters. 3. Consult with Client Rights Behavioral Intervention Committee 4. Conduct training with newly hired and returning staff about this POP and any subsequent POC. The initial training will be live or live online. The initial training will be recorded and available to playback for future staff hires and annual retraining. 5. Conduct competency-based training with the Qualified Professional. The initial training will be live or live online. The initial training will be recorded and available to playback for future staff hires and annual retraining. b. The agency will not place residents in the facility until such time as all the actions in the POP are fully implemented." Review on 9/29/20 of the second Plan of Protection dated 9/29/20 signed by Licensee #1/Director/Qualified Professional #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? At this time, Brighter Dayz (Licensee and Facility) does not have any residents or direct care staff in this facility. That being said, Brighter Dayz will	V 293		

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V 293	Continued From page 60 take the following actions to ensure the safety of consumers in its care when residents and direct care staff return to the facility. V108: Brighter Dayz (Licensee/Facility) (the "agency") will comply with all requirements of 10A NCAC 27G .0202 including: e. Enforcing the requirement that that all applicants for employment disclose any criminal conviction. f. A file shall be maintained for each individual employee indicating the training, experience and other g. qualifications for the position, including verification of licensure, registration or certification. h. Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and (3) 10A NCAC 26B; (4) training to meet the mh/dd/sa (mental health/developmental disability/substance abuse services) needs of the client as specified in the treatment/habilitation plan; and (5) training in infectious diseases and bloodborne pathogens. Specifically, the agency will require all new and returning staff to have new background checks prior to starting work* and to retake competency-based training in Item D (1-4) above prior to starting work. All personnel files will be audited to ensure compliance with this standard. (* see additional information on last page regarding training dates). V109: Brighter Dayz will comply with all requirements of 10A NCAC 27G .0203 including	V 293		

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V 293	Continued From page 61 ensuring the competency of the Qualified Professional. Specifically, the Qualified Professional will receive training by a qualified trainer by 10/18/20: 15. technical knowledge; 16. cultural awareness; 17. analytical skills; 18. decision-making; 19. interpersonal skills; 20. communication skills; and 21. clinical skills. V110: Brighter Dayz will comply with all requirements of 10A NCAC 27G .0204 including ensuring the competency of the Para Professionals. Specifically, newly hired and returning Para Professionals will receive training by a qualified trainer prior to starting work. 22. technical knowledge; 23. cultural awareness; 24. analytical skills; 25. decision-making; 26. interpersonal skills; 27. communication skills; and 28. clinical skills. V111&V112: Brighter Dayz will comply with all requirements of 10A NCAC 27G .0205 including: b. Enforcing the requirement that an admission assessment shall be completed for all consumers prior to the delivery of services, that includes, but not be limited to: 1. the client's presenting problem; 2. the client's needs and strengths; 3. a provisional or admitting diagnosis with an established diagnosis determined within 30 days of 4. admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon	V 293		

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V 293	Continued From page 62 admission; 5. a pertinent social, family, and medical history; and 6. evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as 7. appropriate to the client's need c. Enforcing the requirement that a Person-Centered Plan be developed prior to starting services that includes strategies to address the client's presenting problem. The plan will include all elements required in 10A NCAC 27G .0205(d)(1-6). V118: Brighter Dayz will comply with all requirements of 10A NCAC 271g .0209 including ensuring newly hired or returning staff staff have documented training by qualified trainer in the following topics prior to working: h. Medication dispensing: Medication packaging and labeling i. Medication administration j. Medication disposal k. Medication Storage l. Medication review m. Medication education n. Medication errors In addition, the agency will update its policy and procedure to ensure its procedures include all required elements. All new and returning staff will be trained in its requirements by a medical professional, e.g. a registered nurse, prior to dealing with medications. In addition, the agency will contract with a medical professional to oversee its medication practices. The medical professional will conduct self-audits of medication related record at least monthly. The result of the self-audits will be kept on file. V131: Brighter Dayz will comply with all	V 293		

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V 293	Continued From page 63 requirements of GS 131E-256 including the requirement that all staff have a Health Care Personnel Registry check on file. Specifically, the agency will conduct Health Care Personnel Registry check on all new and returning staff upon hire/return and annually thereafter. Personnel files will be self-audited on a quarterly basis to ensure compliance with this standard. V133: Brighter Dayz will comply with all requirements of GS 122C-80 including the requirement that all staff have a criminal record check on file. Specifically, the agency will conduct state criminal record checks on all new and returning staff prior upon hire/return and annually thereafter. Any staff that has not lived in NC (North Carolina) for the past 5 consecutive years will have a SBI criminal record check. The agency will follow the requirements of § 122C-80(c-e) when making hiring/retention decisions. Personnel files will be self-audited on a quarterly basis to ensure compliance with this standard. V296: Brighter Dayz will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that: c. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all times d. The minimum number of direct care staff required when children or adolescents are present and awake is as follows: 2. two direct care staff shall be present for one, two, three or four children or adolescents; The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer.	V 293		

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V 293	Continued From page 64 V297: Brighter Dayz will comply with all requirements of 10A NCAC 27G .1705 including: b. Enforcing the requirement that a licensed or associate level professional, e.g. LCSW (Licensed Clinical Social Worker), LPC (Licensed Professional Counselor), LMFT (Licensed Marriage and Family Therapist), Psychological Associate, Psychologist, Psychiatrist will be present on site a minimum of 4 hours per week. Specifically: 1. The licensed professional shall sign in and out at the facility. The sign in/out sheet will be kept in the record. 2. The licensed professional will provide: i. Documented monthly formal clinical supervision of the qualified professional specified in Rule .1702; ii. Individual, group or family therapy services; or iii. Involvement in child or adolescent specific treatment plans or overall program issues. c. As permitted by NC DMA CCP 8D2- "Group therapy or activity time may be included as total time per beneficiary (i.e., if there are six members in a group for 90 minutes, this may be counted as 90 minutes per beneficiary)." V364: Brighter Dayz will comply with all requirements of GS (General Statute) 122C-62 including GS 122C-62(d)(1) that requires the agency to enforce the requirement that " ...each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive confidential telephone calls." In extraordinary circumstances § 122C-62(b) allows this right to be curtailed if the requirements of § 122C-62(e) are met. § 122C-62(e) states that "No right enumerated in subsections (b) or (d) of this section may be limited or restricted	V 293		

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V 293	Continued From page 65 except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction." The agency will comply with this requirement. To provide an extra layer of ensuring the consumer's right any such Person-Centered Plan modification shall be approved in writing by the agency's Clients Rights Behavioral Intervention Committee and the legally responsible person. The agency's Policy and Procedure around consumer rights, person-centered planning, and Clients Rights Behavioral Intervention Committee around this matter shall be reviewed/updated to ensure clarity on this matter. V366: : Brighter Dayz will comply with all requirements of 10A NCAC 27g .0603 including: e. Ensuring that all Level II and III incidents are reported to DHSR (Division of Health Service Regulation) and the LME/MCO (Local Management Entity/Managed Care Organization) as required by the prevailing NC DHHS (Department of Health and Human Services) Incident Reporting System (IRIS) within the IRIS and 10A NCAC 27g .0604 stipulated timeframes. f. The agency will keep all incident reports on	V 293		

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V 293	Continued From page 67 facility. To ensure compliance with this Plan of Protection (POP) and any subsequent Plan of Correction (POC) the agency will take the actions noted in the above immediate responses. In addition, the agency will take the following actions to make sure the POP and any subsequent POC are implemented. c. Contract with a Certified Forensic Health Care Auditor for three months to: 6. Conduct quarterly self-audits of the agency to sure compliance with this POP and any subsequent POC. The self-audits will be in the record. 7. Consult with leadership about compliance matters. 8. Consult with Client Rights Behavioral Intervention Committee 9. Conduct training with newly hired and returning staff about this POP and any subsequent POC prior to the staff working. The initial training will be live or live online. The initial training will be recorded and available to playback for future staff hires and annual retraining. 10. Conduct competency-based training with the Qualified Professional by 10/18/20. The initial training will be live or live online. The initial training will be recorded and available to playback for future staff hires and annual retraining. d. The agency will not place residents in the facility until such time as all the actions in the POP are fully implemented. Additional Information Regarding training dates- The Qualified Professional will be trained by [Consultant] by 10/18/20. However, at present the facility has laid off all direct care staff and will need to hire or rehire staff. Therefore, it is not possible to give a concrete date Associate and Para Professional staff will be trained other than to say that they will	V 293		

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V 293	Continued From page 68	V 293		

receive all required training PRIOR to working.

Regarding Certified Healthcare Auditor- [Consultant] is the Certified Internal Forensic Healthcare Auditor. [Consultant] is certified by the American Institute of Healthcare Compliance (certification is attached). [Consultant] is a Certified Internal Forensic Healthcare Auditor, has a master's in humans services administration and thirty plus years of experience in behavioral healthcare at local, state and private provider agencies including twenty years of C-Level (high level) experience with quality assurance and compliance.

[Consultant] is a lead behavioral healthcare surveyor for the Accreditation Commission for Health Care and consulted in the development of accreditation standards. He has overseen the regional performance of a class action lawsuit program and the North Carolina Medicaid Home and Community Based Waiver. He has been an executive officer of a multi-state provider agency that provided a wide array of services.

[Consultant] is a Person-Centered Thinking, Illness Management and Recovery, Peer Support Specialist, and Essential Lifestyle Planning trainer. He is a former Field Faculty Adviser with [College] in their Master's program for person-centered planning and systems change. Here is his company's website: [website address].

When [Consultant] contract expires the Qualified Professional will assume the duties of monitoring compliance with this POPC and any subsequent POC."

Former Client #1 was 13 years old and was diagnosed with Post-Traumatic Stress Disorder,

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V 293	Continued From page 69 Attention Deficit Hyperactivity Disorder, and Disruptive Mood Dysregulation Disorder. She had a history of violent threats, instigating fights, physical aggression, and running away. Former Client #2 was 15 years old and was diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability - Mild, Autism Spectrum Disorder, and Developmental Disorder of Speech and Language. She had a history of verbal and physical aggression, property destruction, and sexually inappropriate behaviors. Former Client #3 and Former Client #4 were both 17 years old and diagnosed with Oppositional Defiant Disorder. Former Client #3 had a history of weekly verbal and physical aggression, property destruction, impulsivity, and running away. Former Client #4 had a history of weekly verbal and physical aggression and running away. The facility did not complete admission assessments inclusive of presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history for Former Clients #1, #3, and #4. There was no admission assessment completed for Former Client #2. Furthermore, the facility did not develop and implement individualized treatment plans reflecting the functional deficits of the clients. There were no treatment strategies in place when clients ran away, displayed aggressive and assaultive behavior, or displayed sexually inappropriate behaviors. Former Client #1 attended a summer day camp and Former Clients #3 and #4 worked at a local fast food restaurant, though there were no treatment strategies to reflect the use of the camp or jobs. Former Client #1 was expelled from the summer day camp as a result of engaging in a physical fight with another camper.	V 293		

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V 293	Continued From page 70 The facility did not ensure proper training for staff to meet the needs of the clients. Staff lacked training in human sexuality and sexually aggressive behaviors. Medication administration training for three staff members was questionable. One staff member had never received training in Alternatives to Restrictive Intervention and Physical Restraint, Seclusion, and Isolation Time-Out. Health Care Personnel Registry and criminal background checks were not completed on all staff. The facility did not allow clients privacy on telephone calls with their legal guardians. There was no documentation of services provided by the Licensed Professional. Furthermore, the facility did not maintain staffing ratios to ensure supervision of the clients resulting in multiple behavioral episodes occurring at least weekly. Former Client #1 reported spending a holiday with a female staff member she would identify by first name only, after being dropped at her home. This woman was not identified by either licensee. Incident reporting was not completed. Licensee #1/Director/Qualified Professional #1, Licensee #2/Executive Director, Licensed Professional/Qualified Professional #2 and Associate Professional failed to provide the necessary oversight resulting in clients not receiving the care required. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing	V 296		

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V 296	Continued From page 71 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. (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	V 296		

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V 296	Continued From page 72 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 interview, record review, and observation, the facility failed to ensure two direct care staff when one, two, three, or four clients were present and failed to ensure supervision of clients when they were away from the facility affecting 4 of 4 former clients (Former Clients #1, #2, #3, and #4). The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 7/19/20; -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -13 years old; -Discharge Summary dated 8/5/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #1 engaged in running away several times, aggression with peers, communicating threats and failing to follow directions. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 4/16/19; -Discharged 8/6/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism	V 296		

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V 296	Continued From page 73 Spectrum Disorder, Developmental Disorder of Speech and Language; -15 years old; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #2 engaged in explosive behaviors, aggression twice weeks, communicating threats, and urinating on self, and destroying property. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Treatment plan dated 8/6/20 included historical information regarding Former Client #3's history of running away; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #3 engaged in weekly physical aggression and had secured job placement at a local fast food restaurant. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Undated Universal Residential Application revealed a history of running away; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #4 had secured job placement at a local fast food restaurant. Review on 8/13/20 of the facility's Incident Reports dated 7/1/20 - 8/7/20 revealed:	V 296		

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V 296	Continued From page 74 -Level I Incident Report dated 7/22/20 involved a physical altercation between Former Client #1 and Former Client #A3 witnessed by Staff #5 while in the park. There was no documentation of a second staff present. Interviews on 8/13/20 and 9/1/20 with Former Client #1 revealed: -Recalled running away from the facility at least twice; -Attended a summer day camp at a local recreational facility in a neighboring town with Former Client #A1; -Former Client #1 got into a verbal altercation and was not allowed to return to the summer day camp; -One or two staff worked per shift - "it depended" - could not identify what it depended upon. Interviews on 9/2/20-9/4/20 with management members at the local recreational facility where Former Client #1 and Former Client #A1 attended summer day camp revealed: -Group home staff did not stay with the campers during the day. Interview on 8/24/20 with Former Client #3 revealed: -Had secured job placement at a local fast food restaurant while living at the facility; -Staff would take her to work and pick her up; -Two staff worked per shift. Interview on 8/24/20 with Former Client #4 revealed: -Had secured job placement at a local fast food restaurant while living at the facility; -Staff would take her to work and pick her up; -There were usually two staff at the facility but sometimes there would only be one staff if there	V 296		

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V 296	Continued From page 75 were two clients present. Interview/Observation on 9/11/20 at approximately 2:15pm with Staff #5 revealed: -Two staff worked per shift; -Staff #5 had her phone on speaker phone during the interview and whispering could be heard in the background. Staff #5 hesitated prior to answering questions. Staff #5 was asked if she was with someone else during the interview. Staff #5 denied being with anyone else during the interview. Interview on 9/21/20 with Associate Professional revealed: -Two staff worked per shift. Interview on 9/11/20 with Staff #8 revealed: - "Two staff to four clients." Interviews on 9/2/20 and 9/21/20 with Former Staff #12 revealed: -Only one staff present for three to four clients; -Was often left with clients from both the facility and Sister Facility A; -Worked alone on 7/6/20 with clients from the facility and Sister Facility A. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Always scheduled two staff per shift. This deficiency constitutes a recited deficiency, with a previous citation on 9/13/19. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 296		

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V 297	Continued From page 76	V 297		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure face-to-face clinical consultation at least four hours per week with a licensed professional. The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 7/19/20;	V 297		

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V 297	Continued From page 77 -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -13 years old; -Discharge Summary dated 8/5/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #1 engaged in running away several times, aggression with peers, communicating threats and failing to follow directions. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 4/16/19; -Discharged 8/6/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism Spectrum Disorder, Developmental Disorder of Speech and Language; -15 years old; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #2 engaged in explosive behaviors, aggression twice weeks, communicating threats, and urinating on self, and destroying property. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Treatment plan dated 8/6/20 included historical information regarding Former Client #3's history of running away; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #3 engaged in weekly	V 297		

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V 297	Continued From page 78 physical aggression. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Undated Universal Residential Application revealed a history of running away. Interview on 8/13/20 with Former Client #1 revealed: -Did not remember the name of the Licensed Professional/Qualified Professional #2 but recalled it was a girl therapist and she saw her every other week. Interview on 9/11/20 with Former Client #3 revealed: -The Licensed Professional/Qualified Professional #2 would come to the facility once every 2 weeks or once every month; -The Licensed Professional/Qualified Professional #2 did not provide therapy weekly. Interview on 9/11/20 with Former Client #4 revealed: -The Licensed Professional/Qualified Professional #2 would come to the facility once every 2 weeks; -The Licensed Professional/Qualified Professional #2 would conduct individual and group therapy via virtual sessions during the early stages of the national pandemic and then returned to coming to the facility. Interview/Observation on 9/10/20 at approximately 2:45pm - 3:10pm with Licensed Professional/Qualified Professional #2 revealed:	V 297		

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V 297	Continued From page 79 -Employed at the facility and Sister Facility A since 2017; -Provided individual and group therapy twice weekly; -Used virtual sessions during the start of the pandemic and resumed face to face sessions in the beginning of July; -Last time at the facility was 9/2/20 when she saw Former Client #A2 who was the only client at the facility; -Upon confirming with the Licensed Professional/Qualified Professional #2 that the last date of service was 9/2/20 to Former Client #A2, the call was suddenly disconnected at 2:50pm; -Return calls to the Licensed Professional/Qualified Professional #2's phone made immediately upon disconnection of the call went to voicemail and a message was left requesting a return call; -Call was returned by the Licensed Professional/Qualified Professional #2 at 2:57pm who reported her cell phone battery went dead; -During the return call, the Licensed Professional/Qualified Professional #2 revealed she made a mistake and did not view her calendar correctly during the initial call. The last date of service at the facility was 8/2/20 when Former Client #A2 was the only client at the facility; -Will send copies of clinical notes via a secured and encrypted email for all clients at both homes from 7/1/20-present by 9pm on 9/10/20. Based upon record reviews of Former Clients #1, #2, #3, and #4 and their respective discharge dates, there were no clients in the facility on 9/2/20 although the Licensed Professional/Qualified Professional #2 initially identified this as the last date of service. The	V 297		

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V 297	Continued From page 80 aforementioned record reviews also indicated that Former Clients #1, #2, #3, and #4 were all present in the facility on 8/2/20 although the Licensed Professional/Qualified Professional #2 identified only Former Client #A2's presence. Review on 9/11/20 of email correspondence to Division of Health Regulation (DHSR) surveyor from the Licensed Professional/Qualified Professional #2 dated 9/10/20 at 6:54pm revealed: "Good evening, I'm wanted to follow up per our conversation on this afternoon. I still currently at work and do not foresee being able to get you the requested documentation this evening. However, I will have this information to you no later than tomorrow night when I come in from work as I do not have access to these files." Review on 9/14/20 of email correspondence to DHSR surveyor from the Licensed Professional/Qualified Professional #2 dated 9/11/20 at 8:09pm revealed: -Licensed Professional/Qualified Professional #2's notes on Former Clients #A1, #A2, #A3 and #A4 were sent via an attachment to a secure and encrypted email; -No documentation of Licensed Professional/Qualified Professional #2 services provided to Former Clients #1, #2, #3, and #4. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -The Licensed Professional/Qualified Professional #2 was at the facility weekly. Sessions were conducted virtually during the start of the pandemic and then returned to in-person sessions.	V 297		

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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
V 297	Continued From page 81 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 297		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;	V 364		

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V 364	Continued From page 82 (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client	V 364		

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V 364	Continued From page 83 who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the	V 364		

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V 364	Continued From page 84 time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the	V 364		

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V 364	Continued From page 85 qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure communication and consultation with parents or guardian or the agency or individual having legal custody without restriction by the facility affecting 1 of 4 audited former clients (Former Client #1). The findings are: Review on 8/11/20 and 8/12/20 of Former Client #1's record revealed: -Admitted 7/19/20; -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive	V 364		

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V 364	Continued From page 86 Mood Dysregulation Disorder; -13 years old. Interview on 8/13/20 with Former Client #1 revealed: -Was allowed to make phone calls at the facility but there were no private calls allowed because "they (staff) had to monitor what I was talking about;" -Staff would hang up the phone if they did not like what was said. Interview on 9/11/20 with Staff #5 revealed: -Clients were allowed to make phone calls for 10 to 15 minutes with staff monitoring all calls via speaker phone; -Clients were only allowed to call individuals on their personalized list approved by their legal guardian. Interview on 9/21/20 with Associate Professional revealed: -Clients were allowed to make phone calls if their legal guardian approved of the individuals called; -Phone calls were monitored on a client by client basis by placing the calls on speaker phone for staff to listen. Interview on 9/11/20 with Staff #8 revealed: -Clients were allowed to make phone calls to individuals on their list of contacts approved by the legal guardian; -Calls were monitored; -Had clients place the phone on speaker phone and staff sat next to the clients and listened to the calls. Interview on 9/22/20 with Former Staff #12 revealed: -The clients were allowed to use the telephone	V 364		

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V 364	Continued From page 87 but all calls needed to be monitored with the telephone on speaker phone. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Denied the clients had their phone calls monitored by staff; -Denied clients were directed to put all personal calls on speaker phone; -Former Client #1's Social Worker requested Former Client #1's calls with her mother be monitored; -There was no documentation Former Client#1's Social Worker requested Former Client #1's calls with her mother be monitored; -Was not "running a bootcamp" with not allowing privacy on phone calls; -Clients were allowed to use the phone when they wanted, but calls were based upon their approved call list. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 364		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective	V 366		

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measures according to provider specified timeframes not to exceed 45 days;
(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or

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V 366	Continued From page 89 with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;	V 366		

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V 366	Continued From page 90 (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all incidents were reported as outlined in their policy and procedure. The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 7/19/20; -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -13 years old; -Undated Universal Residential Application revealed a history of running away; -Discharge Summary dated 8/5/20 written by Licensee #1/Director/Qualified Professional #1 revealed Former Client #1 engaged in running away several times, aggression with peers, and communicating threats to her mother. Review on 9/2/20 of email correspondence dated 7/31/20 between Licensee #2/Executive Director and Former Client #1's Department of Social Services Social Worker revealed: -Licensee #2/Executive Director revealed there was a 30-day notice to terminate services for Former Client #1 as "She needs a higher level of	V 366		

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care. On yesterday she threatened me as well as the QP (Qualified Professional). She also stated she wants to kill her mother. She told the QP that she was going to chock him with a knife. She told me that she is going to kill me. She attacked a client as well earlier this week."

Interviews on 8/13/20 and 9/1/20 with Former Client #1 revealed:
-Recalled running away from the facility at least twice.

Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed:
-Admitted 4/16/19;
-Discharged 8/6/20;
-Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism Spectrum Disorder, Developmental Disorder of Speech and Language;
-15 years old;
-Treatment plan progress update dated 7/23/20 revealed: " ...Client continues to hide her diapers in different places in her room, and attempts not too have staff enter her room to find them ... Client has attempted to destroy group home property several times within the past month. Client has thrown a chair and has punched the wall on multiple occasions. Client has an outburst when she is not allowed to go to the store ...;"
-Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed explosive behaviors with foul language, aggression twice weekly, communicating threats, urinating on self, and destroying property;
-Treatment Plan update dated 8/7/20 revealed Former Client #2 punched 3 holes in the walls.

Review on 8/11/20, 8/12/20 and 8/18/20 of

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V 366	Continued From page 92 Former Client #3's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Discharge Summary dated 8/6/20 written by Licensee #1/Director/Qualified Professional #1 revealed incidents of physical aggression weekly. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/15/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder; -17 years old; -Discharge Summary written by the Licensee #1/Director/Qualified Professional dated 8/6/20 revealed incidents of verbal and physical aggression weekly. Requests to the Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director for all incident reports were made on 8/10/20 at approximately 10:40am via phone call and on 8/10/20 at 11:22am and 8/11/20 at 10:17am via email correspondence. Review on 8/13/20 of the facility's Incident Report from 7/1/20 - 8/7/20 revealed: -Only one incident report was submitted for Former Client #1; -No incident reports were submitted for Former Clients #2, #3, and #4. Requests to the Licensee #1/Director/Qualified Professional #2 and Licensee #2/Executive Director for the Incident Reporting Policy was made on 9/10/20 at 12:31pm via email correspondence. Licensee #1/Director/Qualified Professional #1 sent an email in response to the	V 366		

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V 366	Continued From page 93 request. Review on 9/10/20 of the email correspondence sent by Licensee #1/Director/Qualified Professional #2 revealed: - " ...In regard to your request for the other information (including Incident Reporting Policy), we can provide when we return to Charlotte next week. It is my understanding that [Licensee #2/Executive Director] has reached out to you several times during this investigation in order to determine what you needed so you would have everything without delay. Unfortunately there will be a delay now being that both of us are out of town. I hope you understand." Review on 9/15/20 of email correspondence sent by the Licensee #2/Executive Director on 9/14/20 at 8:12pm revealed: -"I reached out to you several times today to inform you that we will return to work later this afternoon in order go/ get you the information you requested (including Incident Reporting Policy). I could not reach you so I contacted [Division of Health Service Regulation (DHSR) Western Branch Manager], in order to get clarification on ...documents requested ...please see the attached ..." Review on 9/18/20 of the DHSR's surveyor's telephone upon return of the DHSR surveyor from being off from 9/15/20 - 9/17/20 revealed two calls from the Licensee #2/Executive Director were received on 9/14/20. One call was received at 2:02pm with no voicemail message being left and one call was received on 3:33pm with a request for a return call. Review on 9/18/20 of the facility's undated Incident Reporting Policy revealed:	V 366		

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V 366	Continued From page 94 -"Any incident ...regarding clients shall be reported, using the approved incident Report Form, within twenty-four hours of the incident ...an incident ...is defined as any event which is not consistent with the routine operation of the facility or the routine care of a client ..." -Level II incident reports will be completed in NC IRIS (North Carolina Incident Response Improvement System) within 24 hours. Interviews on 9/2/20 and 9/22/20 with Former Staff #12 revealed: -Worked at the facility and Sister Facility A; -Clients from the facility and Sister Facility A often intermingled and spent time together; -On 7/6/20 during her last shift at Sister Facility A she was working alone. She was asked to take Former Client #A3 with Former Client #2 to pick up Former Clients #A1 and #A4 and Client #1 from camp. After picking up the clients from camp, a fight ensued in the van which involved all five clients while Former Staff #12 was driving. Former Staff #12 called for assistance, but none was readily available. Former Staff #12 did the best she could to maintain order. Later that evening at 11:18pm, Former Staff #12 received a phone call from Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director and was told they were on a recorded line and were investigating Former Staff #12. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment regarding the lack of incident reports. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 366		

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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: (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.	V 367		

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V 367	Continued From page 96 (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; (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	V 367		

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V 367	Continued From page 97 (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents to the LME (local management entity) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 7/19/20; -Discharged 8/5/20; -Diagnosed with Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder; -13 years old; -Undated Universal Residential Application revealed a history of running away. Review on 8/25/20 of the North Carolina Incident Response Improvement System (NC IRIS) for period 7/1/20 - 8/25/20 revealed: -No incident reports for period 7/1/20 - present; -Searched website by county, facility name, licensee name, and each client name. No incident reports were located. Review on 8/26/20 of email correspondence dated 8/26/20 between DHSR surveyor and NC IRIS staff revealed:	V 367		

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V 367	Continued From page 98 -One incident report which was completed in NC IRIS but was not submitted; -The incident involved Former Client #1 on 7/27/20; -"The client became non-compliant with staff instructions to complete her daily journal. Client threatened to runaway from the facility and to harm herself. Client attempted to locate scissors but all scissors have been locked up and used only at request. Client made an attempt to lick a lamp to electrocute herself. Staff unplugged the lamp before client made contact. The client attempted to use the cord from the lamp to choke herself. Staff held the onto the cord from the lamp to prevent the client from harming herself. Client became upset, threw the television on the floor, then ran to her room. Staff picked up the television, went to the clients room and observed her jumping out the window. Staff jumped out the window behind the client. Client ran to a neighbors home claiming to not know the staff that was following her. Neighbor decided to call the police being unaware of the situation. Staff stayed back to not startle the neighbor and called EMT. Staff requested that the neighbor did not allow the client in his home and suggested we all wait for the police. EMT arrived and staff updated them and informed them of the suicidal ideations. Client was transported to the hospital." Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment regarding the lack of incident reports. This deficiency constitutes a recited deficiency, with previous citations on 9/13/19 and 6/23/20. This deficiency is cross referenced into 10A	V 367		

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V 367	Continued From page 99 NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the	V 536		

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V 536	Continued From page 100 following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program	V 536		

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V 536	Continued From page 101	V 536		

aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the

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V 536	Continued From page 102 outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff were trained in alternatives to restrictive interventions affecting 1 of 10 audited staff members (Staff #6). The findings are: Attempted review on 9/4/20 and 9/8/20 of Staff #6's records was unsuccessful as no records were made available for review. Requests for the staff records were sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 9/4/20 at 9:53am for the records to be sent via fax and again on 9/8/20 at 1:34pm for the records to be sent via secured and encrypted email.	V 536		

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V 536	Continued From page 103 Interview on 9/11/20 at 12:36pm with Staff #6 revealed: -Not a good time for an interview because she was working at her other job; -"I start my Brighter Dayz (Licensee/Facility) shift after so call me at 2(pm)." Attempted interview 9/11/20 at 2:10pm with Staff #6 was unsuccessful. There was no answer and the mailbox was full. A text message was sent to the phone 2:11pm which was read at 2:12pm. A series of text messages between Staff #6 and the DHSR surveyor continued and Staff #6 was informed she would be contacted as needed. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with	V 537		

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V 537	Continued From page 104 disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety	V 537		

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V 537	Continued From page 105 interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the	V 537		

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V 537	Continued From page 106 service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation	V 537		

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V 537	Continued From page 107 requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff were trained in seclusion, physical restraint and isolation time-out affecting 1 of 10 audited staff members (Staff #6). The findings are: Attempted review on 9/4/20 and 9/8/20 of Staff #6's records was unsuccessful as no records were made available for review. Requests for the staff records were sent to Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 9/4/20 at 9:53am for the records to be sent via fax and again on 9/8/20 at 1:34pm for the records to be sent via secured and encrypted email. Interview on 9/11/20 at 12:36pm with Staff #6 revealed: -Not a good time for an interview because she was working at her other job; -"I start my Brighter Dayz (Licensee/Facility) shift after so call me at 2(pm)." Attempted interview 9/11/20 at 2:10pm with Staff #6 was unsuccessful. There was no answer and the mailbox was full. A text message was sent to	V 537		

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V 537	Continued From page 108 the phone 2:11pm which was read at 2:12pm. A series of text messages between Staff #6 and the DHSR surveyor continued and Staff #6 was informed she would be contacted as needed. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 537		