Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: / B. WING	(X3) DATE SURVEY COMPLETED
	MHL036-336		09/29/2020

NAME OF PROVIDER OR SUPPLIER
FRESH NEW START

STREET ADDRESS, CITY, STATE, ZIP CODE
4460 HUNTINGTON DRIVE
GASTONIA, NC 28056

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V 000	INITIAL COMMENTS A complaint survey was completed on September 29, 2020. The complaint was unsubstantiated (Intake #NC168184). 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	DHSR-Mental Health NOV 0 2 2020 Lic. & Cert. Section	

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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	V108 The agency will comply with all requirements of 10A NCAC 27G .0202 including the requirement that all staff are trained in: ; 1. general organizational orientation 2. training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and10A NCAC 26B. 3. training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan. training in infectious diseases	10/22/220

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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 staff members (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 #2's Grandmother and Former Staff #12). The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 12/27/19; -Discharged 8/6/20;	V 108	V108 Con't 4. training in human sexuality or sexually aggressive youth. 5. training in client specific treatment plans. 6. First aid/CPR. 7. Medication Administration 8. Alternative to seclusion and restraint i.e. CPI. Specifically, the agency will require all staff to complete the above competency-based trainings above prior to starting work. To ensure compliance with this standard the agency will 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 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 staff about this 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. See last page for Certified Forensic Health Care Auditor credentials	

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V 108	Continued From page 3 -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old; -Undated Residential Application revealed a history of sexual abuse; -Initial Assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 12/26/19 revealed: " ...From therapist: Walking ball of trauma. Mom was a drug attic, mental health issues. Mom would set her in the swing all day. Possible sexualized behaviors in the past ..." Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old; -Treatment plan update 7/11/20 revealed Former Client #2 may have been sexually molested at the age of 5 or 6 years old. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old; -Undated Residential Application revealed a history of sexually inappropriate behaviors with " ...increased sexualized behavior as she has gotten older and frequently talks about sex ...;" -Historical information from Treatment Plan dated 7/16/20 revealed a recent increase in sexualized behaviors by frequently talking about sex and	V 108		

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V 108	Continued From page 4 reporting she is having sex with peers. " ...Client is not able to maintain appropriate boundaries and will touch others and will 'smell' others. Client feels that this is a great personality trait ..." -Discharge Summary completed by the Licensee #1/Director/Qualified Professional #1 dated 8/4/20 revealed: " ...sexual assault allegation was filed against client and unsubstantiated ...;" - Comprehensive Clinical Assessment (CCA) addendum completed by the Licensed Professional/Qualified Professional #2 dated 8/17/20 revealed: " ...has no understanding of boundaries and she touches people inappropriately often rubbing on them and hugging without permission ..." Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old; -Initial Assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 4/23/20 revealed: " ...[Former Client #4] was caught kissing her room mate in previous placements..;" -CCA Addendum completed by the Licensed Professional/Qualified Professional #2 dated 8/1/20 revealed client has difficulty with sexual intimacy, sexual abuse/rape, and displays sexually inappropriate behaviors and " ...[Former Client #4] makes sexual comments to peers and displays sexual gestures ...;" -Treatment plan dated 8/6/20 revealed Former Client #4 was discharged due to being the alleged perpetrator of a sexual assault allegation involving another peer;	V 108		

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V 108	Continued From page 5 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, sexually aggressive youth, or sexual trauma; -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 for initial licensure dated 12/30/19 and on the license issued on 4/10/20. Review on 9/8/20 of Initial Licensure Application with DHSR for Sister Facility A 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, sexually aggressive youth, or sexual trauma; -No documentation of training in client specific treatment plans. Review on 9/9/20 of Associate Professional's	V 108		

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V 108	Continued From page 6 record revealed: -Hire date of 7/1/19; -No documentation of training in human sexuality, sexually aggressive youth, or sexual trauma; -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, sexually aggressive youth, or sexual trauma; -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, sexually aggressive youth, or sexual trauma; -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, sexually aggressive youth, or sexual trauma; -No documentation of training in client specific treatment plans. Review on 9/8/20 and 9/9/20 of Staff #9's record	V 108		

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V 108	Continued From page 7 revealed: -Hire date of 12/27/19; -No documentation of training in human sexuality, sexually aggressive youth, or sexual trauma; -No documentation of training in client specific treatment plans. Review on 9/8/20 of Former Staff #11/Former Client #2's Grandmother's record revealed: -No hire date recorded; -No documentation of training in human sexuality, sexually aggressive youth, or sexual trauma; -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, sexually aggressive youth, or sexual trauma; -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. Interview/Observation on 9/11/20 at approximately 2:15pm with Staff #5 revealed:	V 108		

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V 108	Continued From page 8 -Was trained on 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 on 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/Sister Facility A) 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. Interviews on 9/2/20 and 9/22/20 with Former Staff #12 revealed:	V 108		

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V 108	Continued From page 9 -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; (3) analytical skills; (4) decision-making;	V 109	V109 The agency will comply with all requirements of 10A NCAC 27G .0203 including ensuring the competency of the Qualified Professional. Specifically, the Qualified Professional will receive training by a qualified trainer in: 1. technical knowledge; 2. cultural awareness; 3. analytical skills; 4. decision-making; 5. interpersonal skills; 6. communication skills; and 7. clinical skills. In addition the Qualified Professional will be trained by a qualified instructor in: 1. cultural competency 2. client rights and confidentiality 3. crisis management and planning 4. Person-Centered Planning conducting admission assessments	10/22/220

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V 109	Continued From page 10 (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 Client #1, Former Client #2, Former Client #3, Former Client #4, and Former Client #5's records revealed: -The initial assessments completed by the Licensee #1/Director/Qualified Professional #1	V 109	V109 Con't To ensure compliance with standards around Clinical (admission) assessments and person-centered planning the agency's Licensed Mental Health Professional will review and approve all admission assessment and person-centered plans prior to implementation. The plans will be reviewed for completeness and clinical appropriateness. To ensure compliance with standards around staffing the agency will maintain a database of all current and former staff that includes name, position , date of hire and separation, and telephone number. The database will be available for inspection by DHSR. To ensure compliance with standards around supervision the Qualified Professional will conduct documented one on one or group supervision of Associate and Para Professionals 1 time per month. To ensure compliance with standards around background checks to agency will conduct criminal record and healthcare registry checks on all staff prior to starting work. A historical record will be kept in perpetuity of all checks. To ensure compliance with standards around supervision and background checks the agency will contract with a Certified Forensic Healthcare Auditor to review and approve all personnel/training records prior to staff working and at the 3 month mark.	

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V 109	Continued From page 11 and Licensee #2/Executive Director 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 8/6/20 did not include treatment strategies to address hygiene issues, sexualized comments, anger outbursts including property destruction and physical aggression, and the use of a summer day camp; -Former Client #2's treatment plan dated 7/11/20 did not include treatment strategies to address property destruction and desire for self-harm; -Former Client #3's treatment plan dated 7/16/20 did not include treatment strategies to address running away, sexualized behaviors, and the use of a summer day camp; -Former Client #4's treatment plan dated 8/6/20 did not include treatment strategies to address sexualized behaviors, bullying, false allegations, and the use of a summer day camp; 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 8/10/20 - 9/25/20 with Licensee #1/Director/Qualified Professional #1 failed to	V 109		

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V 109	Continued From page 12 identify all current and former staff upon requests made by the Division of Health Service Regulation (DHSR). 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, sexually aggressive youth, or sexual trauma; -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 on individualized treatment plans or topics to meet the needs of the clients; -Was not aware treatment strategies needed to	V 109		

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V 109	Continued From page 13 be developed and implemented to address the needs of the former clients; -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; -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; -Failed to acknowledge Former Client #3 was not protected after an allegation of abuse against Staff #8; -Denied there was a delay and/or failure in returning personal property of Former Client #1 and Former Client #4; -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:	V 109		

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V 109	Continued From page 14 -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 Sister Facility A was 9/2/20 when she saw Former Client #2 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 #2, 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 #2 was the only client at Sister Facility A; -Will send copies of Licensed Professional/Qualified Professional #2's notes via a secured and encrypted email for all clients at both facilities from 7/1/20-present by 9pm on 9/10/20. Based upon record reviews of Former Clients #1, #2, #3, #4, and #5 and their respective discharge dates, there were no clients in the facility on 9/2/20 although the Licensed	V 109		

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V 109	Continued From page 15 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 #2's presence. Review on 9/11/20 of email correspondence to 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: -Clinical notes on Former Clients #1, #2, #3 and #4 (Former Client #5 was only at the facility for two days) were sent via an attachment to a secure and encrypted email; -No documentation of clinical services provided to Former Clients #A1, #A2, #A3, and #A4. Interviews on 8/12/20 - 9/14/20 with Former Clients #1, #2, #3, and #4 revealed: -The Licensed Professional/Qualified Professional #2 did not provide weekly sessions at the facility. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed:	V 109		

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V 109	Continued From page 16 -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 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;	V 109		

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V 109	Continued From page 17 -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	**V110** The agency will comply with all requirements of 10A NCAC 27G .0202 including the requirement that all staff are trained in: ; 1. general organizational orientation 2. training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and10A NCAC 26B. 3. training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan. 4. training in infectious diseases and bloodborne pathogens 5. training in human sexuality or sexually aggressive youth. 6. training in client specific treatment plans. 7. First aid/CPR. 8. Medication Administration 9. Alternative to seclusion and restraint i.e. CPI. Specifically, the agency will require all staff to complete the above competency-based trainings above prior to starting work. To ensure compliance with standards around supervision and background checks the agency will contract with a Certified Forensic Healthcare Auditor to review and approve all personnel/training records prior to staff working and at the 3 month mark. When the Certified Forensic Health Care Auditor contract expires a qualified agency staff will assume the duties of monitoring compliance with this POC. The Certified Forensic Health Care Auditor will train his replacement in standards and audit practices.	10/22/220
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 18 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 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,	V 110	V 110 Con't To ensure compliance with standards around admission assessments and person-centered planning the agency's Licensed Mental Health Professional will review and approve all admission assessment and person-centered plans prior to implementation. The plans will be reviewed for completeness and clinical appropriateness.	

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V 110	Continued From page 19 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 Client #1, Former Client #2, Former Client #3, Former Client #4, and Former Client #5's records revealed: -The initial assessments completed by the Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director 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 8/6/20 did not include treatment strategies to address hygiene issues, sexualized comments, anger outbursts including property destruction and physical aggression, and the use of a summer day camp; -Former Client #2's treatment plan dated 7/11/20 did not include treatment strategies to address property destruction and desire for self-harm; -Former Client #3's treatment plan dated 7/16/20 did not include treatment strategies to address running away, sexualized behaviors, and the use of a summer day camp; -Former Client #4's treatment plan dated 8/6/20 did not include treatment strategies to address sexualized behaviors, bullying, false allegations, and the use of a summer day camp; 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	V 110		

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V 110	Continued From page 20 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 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 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 on 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;	V 110		

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V 110	Continued From page 21 -Was not aware treatment strategies needed to be developed and implemented to address the needs of the former 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; -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's although evidence was contradictory; -Denied there was lack of privacy on calls to legal guardians although evidence was contradictory; -Failed to acknowledge Former Client #3 was not protected after an allegation of abuse against Staff #8; -Denied there was a delay and/or failure in returning personal property of Former Client #1 and Former Client #4; -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	V 111		

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V 111	Continued From page 22 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 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	V 111	V 111 To ensure appropriate admission assessments the agency will only utilize comprehensive clinical assessments that meets DHSR standards and APSM 45-2 requirements. The comprehensive clinical assessment will be completed by a licensed mental health professional e.g. LPC, LCSW or LMFT. If the comprehensive clinical assessment was not authored by an agency licensed professional the agency's licensed professional will review the assessment for completeness and conformance with DHSR and APSM 45-2 requirements. If necessary, an addendum will be completed to bring the assessment to standard. To ensure compliance with standards around admission assessments and person-centered planning the agency's licensed mental health professional will review and approve all clinical (admission) assessments and person-centered plans prior to implementation. The plans will be reviewed for compliance with DHSR standards and APSM 45-2 requirements and clinical appropriateness.	10/22/220

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V 111	Continued From page 23 prior to the delivery of services and assessments included presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history affecting 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). 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 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	V 111		

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V 111	Continued From page 24 CCA) ..." Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #1's record revealed: -Admitted 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old; -Initial Assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 12/26/19 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 #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old; -No initial assessment was available for review. 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	V 111		

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V 111	Continued From page 25 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 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; - 13 years old; -Initial Assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 6/11/20 did not include presenting problem, 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 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old; -Initial Assessment completed by the Licensee #2/Executive Director dated 4/23/20 did not include needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #5's record revealed: -Admitted 8/5/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder,	V 111		

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V 111	Continued From page 26 Disruptive Mood Dysregulation Disorder, and Unspecified Trauma; -10 years old; -Initial Assessment with unclear signature dated 8/5/20 did not include needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history. 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 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	V 111		

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V 111	Continued From page 27 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 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.	V 112	V 112 To ensure compliance with standards around admission assessments and person-centered planning the agency's licensed mental health professional will review and approve all clinical (admission) assessments and person-centered plans prior to implementation. The plans will be reviewed for compliance with DHSR standards and APSM 45-2 requirements and clinical appropriateness. In addition, the Qualified Professional will be trained by a qualified instructor in Person Centered Planning elements. Documentation will be kept on file.	10/22/220

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V 112	Continued From page 28	V 112		
	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 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old; -Undated Residential Application revealed assaultive, " ...extreme aggression ...rage will hit and kick things throw things ...does not like to shower ..." -Initial Assessment completed by the Licensee #1/Director/Qualified Professional #1 dated 12/26/19 revealed: " ...Possible sexualized behaviors in the past ...;" -Discharge Summary completed by the Licensee #1/Director/Qualified Professional #1 dated 8/6/20 revealed difficulty with respecting boundaries and personal space, struggles with poor hygiene, and incidents of profanity, property destruction, and verbal and physical aggression; -Treatment Plan update for July, 2020 revealed Former Client #1 made up stories while attending			

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V 112	Continued From page 29 a summer day camp about having sexual intercourse in the past. Anger outbursts including property destruction had increased as well as physical aggression towards staff. Unspecified concerns were reported by camp staff. Client had behaviors of being unable to control her impulses resulting in property destruction, disrespect, and defiance at least 4 to 5 times per week; -Treatment plan update 8/6/20 did not include treatment strategies for hygiene issues, sexualized comments, or anger outbursts including property destruction and physical aggression. Furthermore, there were no treatment strategies regarding placement at a summer day camp. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old; -Treatment plan update 7/11/20 revealed a history of property destruction and desire for self-harm but did not include strategies to address property destruction and self-harm. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old; -Undated Residential Application revealed a history of running away and sexually inappropriate behaviors with " ...increased sexualized behavior as she has gotten older and	V 112		

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V 112	Continued From page 30 frequently talks about sex ...;" -Initial Assessment completed by the Licensee #1/Director/Qualified Professional dated 6/11/20 revealed Former Client #3 had a history of running away; -Discharge Summary completed by the Licensee #1/Director/Qualified Professional #1 dated 8/4/20 revealed Former Client #3 walked away from the facility premises several times and a " ...sexual assault allegation was filed against client and unsubstantiated ...;" -Comprehensive Clinical Assessment (CCA) addendum completed by the Licensed Professional/Qualified Professional #2 dated 8/17/20 revealed: " ...has no understanding of boundaries and she touches people inappropriately often rubbing on them and hugging without permission ..." -Treatment Plan dated 7/16/20 revealed a history of running away requiring reports to law enforcement. In June, 2020, she ran away and got into the car of a stranger and left for a "long period of time" requiring police intervention. She has had a recent increase in sexualized behaviors by frequently talking about sex and reporting she is having sex with peers. " ...Client is not able to maintain appropriate boundaries and will touch others and will 'smell' others. Client feels that this is a great personality trait ...Client storms out of the home when she is upset, yelling and using foul language ...Client also demonstrates difficulty respecting appropriate boundaries and the personal space of staff and peers ..." Treatment plan did not include strategies to address running away and sexualized behaviors. Furthermore, there were no treatment strategies regarding placement at a summer day camp. Review on 8/11/20, 8/12/20 and 8/18/20 of	V 112		

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V 112	Continued From page 31 Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old; -Initial Assessment completed by the Licensee #2/Executive Director dated 4/23/20 revealed: " ... [Former Client #4] has destroyed property of other peers ...[Former Client #4] lies daily and will not take responsibility for her action. [Former Client #4] was caught kissing her room mate in previous placements ...[Former Client #4] creates stories and tell them to her mom, wanting her mom to file reports against others when she wants to move to a new placement..." -CCA Addendum completed by the Licensed Professional/Qualified Professional #2 dated 8/1/20 revealed client has difficulty with sexual intimacy, sexual abuse/rape, and displays sexually inappropriate behaviors and " ...[Former Client #4] makes sexual comments to peers and displays sexual gestures ...[Former Client #4] is physically and verbally aggressive towards staff and peers at group home ...[Former Client #4] bullies younger peers in the group home ...She constantly lies on staff and peers in her attempt to be sent home ...;" -Discharge Summary completed by Licensee #1/Director/Qualified Professional #1 dated 8/6/20 revealed a history of stealing peers' clothing, struggles with telling the truth, physical assault by pushing a peer off the couch, and a sexual assault allegation; -Treatment Plan update 8/6/20 revealed Former Client #4 manifested several stories that are not factual and continues to be untruthful, physically pushed a client off a couch, and took another client's personal pictures and ripped the pictures up and threw them in the garbage. Treatment	V 112		

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V 112	Continued From page 32 plan did not include strategies to address sexualized behaviors, bullying, and false allegations. Furthermore, there were no treatment strategies regarding placement at a summer day camp. Interviews on 8/14/20 and 9/14/20 with Former Client #1 revealed: -The former clients attended summer day camps; -Attended a summer day camp at a local recreational facility with Former Client #A1; -Behaved herself while at summer day camp; -Engaged in physical fights with peers at the facility; -Former Clients played in each other's rooms and there was at least one incident of sexualized behaviors between Former Client #2 and Former Client #4. 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 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;" -Cannot 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 #A1 "physically assaulted" Former Client #1 and "the girls were in a violent fight;" -"We just had very limited information about the girls (Former Client #1 and Former Client #A1);	V 112		

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V 112	Continued From page 33 -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 campers. Interview on 8/12/20 with Former Client #2 revealed: -Former Clients played in each other's rooms and there was at least one incident of sexualized behaviors between Former Client #2 and Former Client #4. Interview on 9/3/20 with Former Client #3 revealed: -Attended a summer cheerleading camp; -Was transported to the summer day camp by Associate Professional, Staff #5 and Staff #9 on different days; -Was not allowed to stay in camp all summer when the director of the summer camp discovered Former Client #3 was in a physical altercation with Former Client #A1 which led to Former Client #A1 stabbing Former Client #3 in the throat; -" ...I could not go back (to camp) because a girl stabbed me in the throat and choked me and I fought her back ...;" -Witnessed Former Client #4 punch Former Client #1 in the face;	V 112		

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V 112	Continued From page 34 -Former Client #4 engaged in sexualized behaviors with peers; -Former Client #3 once ran away from the facility and went down the road. She met a man who asked her questions and asked how old she was. She told him she was 13-years-old and the man said "f**k on!" Former Client #3 walked away from the man and walked back to the facility. The police were not involved in the incident. Interview on 8/19/20 with Former Client #3's Department of Social Services Social Worker revealed: -Had multiple concerns with the facility; -Former Client #3 had a history of sexualized behaviors. She liked to talk about sex all the time and was sexually active with her boyfriend. There was a history of sexualized conversations but no history of inappropriate touching. Facility staff allowed former clients to listen to songs with highly sexualized lyrics and dance a contemporary dance consisting of sexualized gestures; -Former Client #3 attended a cheerleading camp which the DSS Social Worker found out about in the middle of July, 2020. Former Client #3 was informed she could not return to camp due to a verbal altercation with staff at the camp; -Never received documentation regarding what happened at the camp. Interview on 8/25/20 with Former Client #3's Adoption Recruiter revealed: -Former Client #3 attended three different camps because she was moved from camp to camp due to her behaviors. Interview on 8/12/20 with Former Client #4 revealed: -Former Client #3 was kicked out of summer day	V 112		

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V 112	Continued From page 35 camp because of her behaviors; -Former Client #4 was kicked out of summer day camp for kissing boys; -Former Client #1 attended summer day camp; -Was in a peer's bedroom and engaged in sexualized behaviors with Former Client #2. Interview on 8/12/20 with Former Client #4's DSS Social Worker revealed: -Many clients from the facility were sent to summer day camps. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Was not aware treatment strategies needed to be developed and implemented to address the needs of the clients; -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 (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	V 118	V 118 To ensure compliance with this standard ALL staff that pass medication will have training by a by a registered nurse, pharmacist, or other legally qualified person prior to working. All staff that currently have medication administration training and pass medication will be required to re-take the training. To ensure compliance with standards around this training the agency will contract with a Certified Forensic Healthcare Auditor to review and approve all personnel/training records prior to staff working and at the 3 month mark	10/22/220

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V 118	Continued From page 36 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 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	V 118	V 118 Con't When the Certified Forensic Health Care Auditor contract expires a qualified agency staff will assume the duties of monitoring compliance with this POC. The Certified Forensic Health Care Auditor will train his replacement in standards and audit practices.	

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V 118	Continued From page 37 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 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	V 118		

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V 118	Continued From page 38 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. 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	V 118		

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V 118	Continued From page 39 because of the multiple trainings they received; - All staff were trained in medication administration by a Registered Nurse. 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 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 #2's Grandmother and Former Staff #12). The findings are: Review on 9/8/20 and 9/9/20 of Licensee	V 131	V 131 To ensure compliance with standards around background checks to agency will conduct healthcare registry checks on all staff prior to starting work. A historical record will be kept in perpetuity of all checks. To ensure compliance with standards around healthcare registry checks the agency will contract with a Certified Forensic Healthcare Auditor to review and approve all personnel/training records prior to staff working and at the 3 month mark. When the Certified Forensic Health Care Auditor contract expires a qualified agency staff will assume the duties of monitoring compliance with this POC. The Certified Forensic Health Care Auditor will train his replacement in standards and audit practices.	10/22/220

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V 131	Continued From page 40 #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 (DHSR) for the facility revealed: -Licensee #1/Director/Qualified Professional #1 was identified on the application for initial licensure dated 12/30/19 and on the license issued on 4/10/20. Review on 9/8/20 of Initial Licensure Application with DHSR for Sister Facility A 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 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	V 131		

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V 131	Continued From page 41 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 #2'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 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.	V 131		

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V 131	Continued From page 42 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 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to	V 132		

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V 132	Continued From page 43 any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on interview and record review, the facility	V 132	V 132 The agency ensure that DHSR is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed below: a. Neglect or abuse of a resident. b. Misappropriation of the property of a resident c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a the agency or to a client. e. Fraud against a health care facility or against a client for whom the employee is providing services. The agency will investigate all such allegation an maintain evidence that all alleged acts are investigated and must make every effort to protect clients from harm while the investigation is in progress. Specifically, the staff in question will be suspended until la determination is made.	10/22/220

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V 132	Continued From page 44 failed to report all allegations of abuse to the Department and failed to protect clients from harm during the investigation affecting 1 of 10 audited current staff (Staff #8). The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old. Review on 9/8/20 and 9/9/20 of Staff #8's record revealed: -Hire date of 6/5/20. Review on 8/12/20 and 8/13/20 of the facility's Incident Reports dated 7/1/20 - 8/7/20 revealed: -No incident reports regarding an allegation of abuse involving Staff #8 choking Former Client #3. Interview on 8/10/20 with Licensee #1/Director/Qualified Professional #1 revealed: -The local Department of Social Services (DSS) was in process of investigating an allegation of abuse involving Staff #8 choking Former Client #3; -Did not believe there was any truth to the allegation. Interview on 8/14/20 with Former Client #1 revealed: -Never witnessed anybody being choked by a staff. Interview on 9/3/20 with Former Client #3 revealed:	V 132	V 132 Con't The agency will report all such allegations to the DHSR Health Care Personnel Registry within 24 hour of the allegation and will subsequently report the results of all investigations within five working days of the initial notification to DHSR.	

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V 132	Continued From page 45 -" ...One day [Staff #8] got really mad and put her hands on my throat but did not really choke me. I was in the van at [Sister Facility A] ...Cannot remember who was driving the van ..." Interview on 8/19/20 with Former Client #3's DSS Social Worker revealed: -Upon arrival at the facility to pick up Former Client #3 on 8/4/20, Former Client #3 was away from the facility with Staff #8, a second staff member, and other clients; -Was deeply concerned that Former Client #3 was in the presence of the same staff member who had allegedly choked her. Interview on 8/13/20 with Former Client #4 revealed: -Staff #8 put her hands around Former Client #3's throat and tried to choke her; -The incident occurred on the driveway of Sister Facility A; -Staff #8 and Former Client #3 were cursing at each other; -Former Client #3 later denied the incident because she liked Staff #8. Interview on 9/11/20 with Staff #8 revealed: -Denied putting her hands around Former Client #3's neck. 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 132		

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V 133	Continued From page 46	V 133	V 133	10/22/220
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN 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	V 133	To ensure compliance with standards around background checks to agency will conduct criminal records checks in accordance with G.S. §122C-80 on all staff prior to starting work. A historical record will be kept in perpetuity of all checks. To ensure compliance with standards around criminal record checks the agency will contract with a Certified Forensic Healthcare Auditor to review and approve all personnel/training records prior to staff working and at the 3 month mark. When the Certified Forensic Health Care Auditor contract expires a qualified agency staff will assume the duties of monitoring compliance with this POC. The Certified Forensic Health Care Auditor will train his replacement in standards and audit practices.	

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V 133	Continued From page 47 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, 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:	V 133		

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V 133	Continued From page 48 (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. (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	V 133		

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V 133	Continued From page 49 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 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.	V 133		

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V 133	Continued From page 50 (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 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 #2's Grandmother and Former Staff #12). The findings are:	V 133		

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V 133	Continued From page 51 Review on 9/8/20 and 9/9/20 of Licensee #1/Director/Qualified Professional #1's record revealed: -Hire date not recorded; -Criminal background check completed on 1/30/19. Review on 9/8/20 of Initial Licensure Application with the Division of Health Service Regulation (DHSR) for the facility revealed: -Licensee #1/Director/Qualified Professional #1 was identified on the application for initial licensure dated 12/30/19 and on the license issued on 4/10/20. Review on 9/8/20 of Initial Licensure Application with DHSR for Sister Facility A 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:	V 133		

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V 133	Continued From page 52 -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. Review on 9/8/20 of Former Staff #11/Former Client #2'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;	V 133		

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V 133	Continued From page 53 -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 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	V 293	Cross reference to response to V108 , 109,110,111,112.118,131,132, 133, 296,297,364,366.367,536,& 537	10/22/220

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V 293	Continued From page 54 shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (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.	V 293		

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V 293	Continued From page 55 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 treatment setting affecting 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). 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 staff members (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 #2'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,	V 293		

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V 293	Continued From page 56 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 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 assessments included presenting problem, needs and strengths, provisional or admitting diagnosis, and pertinent social, family, and medical history affecting 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). 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	V 293		

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V 293	Continued From page 57 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 staff (Former Staff #11/Former Client #2's Grandmother and Former Staff #12). CROSS REFERENCE: General Statute 131E-256 Health Care Personnel Registry (V132) Based on interview and record review, the facility failed to report all allegations of abuse to the Department and failed to protect clients from harm during the investigation affecting 1 of 10 audited current staff (Staff #8). 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 #2's Grandmother and Former Staff #12). CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview, record review, and	V 293		

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V 293	Continued From page 58 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 5 of 5 former clients (Former Clients #1, #2, #3, #4, and #5). 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 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). 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 III 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.	V 293		

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V 293	Continued From page 59 CROSS REFERENCE: 10A NCAC 27E .0101 Least Restrictive Alternative (V513) Based on interview and record review, the facility failed to ensure a respectful environment affecting 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). 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). CROSS REFERENCE: 10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions (V541) Based on interview and record review, the facility failed to protect clients' personal possessions affecting 3 of 5 audited former clients (Former Clients #1, #3, and #4). Finding #1 Interview on 8/14/20 with Former Client #1 revealed: -Former clients were allowed to play in each other's rooms until " ...[Former Client #4] started raping [Former Client #2] ...;" -Former Clients #2 and #4 both had their clothes on; -" ...It (the sexualized behavior) is hard to explain	V 293		

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V 293	Continued From page 60 ...;" -Former Client #4 put Former Client #2 up in the air and threw Former Client #2 onto the bed; -Former Clients #2 and #4 had their clothes on and did not touch each other's " ...private parts ..." while Former Client #1 was in the room; -Former Client #1 left the room to tell Staff #6; -Staff #6 was in the living room with another staff. Interview on 8/12/20 with Former Client #2 revealed: -Former Clients #1, #2, and #3 were in the room playing dolls when Former Client #4 snuck into the room; -Former Client #4 began " ...acting like a boy ...;" -Former Client #4 bent Former Client #2 over the bed; -Former Client #4 was behind Former Client #2 and Former Client #4 told Former Client #2 she would flip her over; -Former Client #4 " ...did inappropriate stuff she had no business doing ...she grabbed my leg ...she was trying to hump me ...;" -Denied any fondling under clothes; -Former Client #3 told Former Client #4 to stop but Former Client #4 would not stop; -There were two staff in the house but the staff were in the living room. Interview on 9/3/20 with Former Client #3 revealed: -On 8/3/20, Former Client #4 put Former Client #2 in a sexual position; -Both Former Clients #2 and #4 were fully clothed; -Former Client #3 told Former Client #4 to stop; -Staff #6 and another staff were in the living room " ...minding their own business ..." Interview on 8/13/20 with Former Client #4	V 293		

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V 293	Continued From page 61 revealed: -Former Clients #1, #2, #3, and #4 were not allowed out of their bedrooms until 10am so they would play in each other's rooms while staff were in the living room; -On 8/3/20, the former clients were playing dolls a bedroom; -Staff #6 was in the living room. A second staff was present but she was not certain who the second staff was but believes it may have been Staff #8. Both staff were sleeping; -Former Client #4 told Former Client #2 she would help her do a headstand on the bed; -Former Client #4 pushed Former Client #2 over the bed and started a " ...humping action ...;" -Former Client #4 did not mean for it to seem sexual. 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 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	V 293		

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V 293	Continued From page 62 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 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	V 293		

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V 293	Continued From page 63 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; 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	V 293		

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V 293	Continued From page 64 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 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	V 293		

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4460 HUNTINGTON DRIVE
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V 293	Continued From page 65 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. 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	V 293		

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V 293	Continued From page 66 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 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	V 293		

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V 293	Continued From page 67 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 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	V 293		

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V 293	Continued From page 68 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; 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	V 293		

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V 293	Continued From page 69 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 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	V 293		

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V 293	Continued From page 70 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, Fresh New Start (Facility) does not 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: 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	V 293		

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V 293	Continued From page 71 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) 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 (Licensee/Sister Facility A) will comply with all requirements of 10A NCAC 27G .0203 including 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	V 293		

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V 293	Continued From page 72 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: Fresh New Start 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 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).	V 293		

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V 293	Continued From page 73 V118: Brighter Dayz will comply with all requirements of 10A NCAC 271g .0209 including ensuring newly hired or returning 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: Fresh New Start will comply with all 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: Fresh New Start will comply with all requirements of GS 122C-80 including the requirement that all staff have a criminal record	V 293		

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V 293	Continued From page 74 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 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: Fresh New Start 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. V297: Fresh New Start 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	V 293		

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V 293	Continued From page 75 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: 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 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	V 293		

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V 293	Continued From page 76 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: e. Ensuring that all Level II and III incidents are reported to DHSR and the LME/MCO as required by the prevailing NC DHHS (North Carolina 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 file for inspection for governmental authorities. g. New hires and returning staff will be retrained in incident reporting prior to hire/return and annually thereafter. h. 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.	V 293		

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V 293	Continued From page 77 V536: Fresh New Start will comply with all requirements of 10A NCAC 27E .0107 including: d. 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 (Department of Mental Health/Intellectual Developmental Disability/Substance Abuse Services) on their list of approved curricula. e. The agency will ensure all newly hired and returning staff have valid Training On Alternatives To Restrictive Interventions certificate on file before prior to working and annually thereafter. f. 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; c. 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; 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	V 293		

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V 293	Continued From page 78 f. designed to insure dignity and respect during and after the intervention. These include: g. using the intervention as a last resort; and d. 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 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	V 293		

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V 293	Continued From page 79 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 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 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 Masters in Humans Services Administration and thirty plus years of experience in behavioral healthcare at local, state and private provider	V 293		

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V 293	Continued From page 80 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]'s contract expires the Qualified Professional will assume the duties of monitoring compliance with this POPC and any subsequent POC. 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 receive all required training PRIOR to working." Former Client #1 was 11 years old and was diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder. She had a history of assault, property	V 293		

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V 293	Continued From page 81 destruction, rage, poor hygiene, discussing sexualized activity while at day camp and possible sexualized behaviors in the past, with 4 to 5 behavioral outbursts weekly. Former Client #2 was 9 years old and was diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder. She had a history of property destruction, self-harm, and had been sexually molested at the age of 5 or 6 years old. Former Client #3 was 13 years old and was diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, and Depression. She had a history of running away, getting in the car with unknown males, increased sexual behaviors, and aggression. Former Client #4 was 13 years old and was diagnosed with Oppositional Defiant Disorder and Unspecified Trauma. She had a history of property destruction, physical assault, sexualized behaviors, sexual abuse/rape, and false allegations of abuse. Former Client #5 was 10 years old and was diagnosed with Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Unspecified Trauma. She had a history of anger, aggression, and auditory commands. 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, #4, and #5. 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	V 293		

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V 293	Continued From page 82 behavior, or displayed sexually inappropriate behaviors. Former Clients #1, #3, and #4 attended various summer day camps but there were no treatment strategies to reflect the use of these camps. Former Clients #1, #3, and #4 all failed to maintain placement at the day camps due to their assaultive or sexualized behaviors. The facility did not ensure proper training for the 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 been trained 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. Furthermore, Former Client #3 was not protected after an allegation of abuse committed by Staff #8. The facility was not operated in a respectful manner. Staff used profanity and derogatory terms toward the former clients. Additionally, Staff #8 placed her hand around the throat of Former Client #3. The facility did not allow clients privacy on telephone calls with their legal guardians. There were inconsistencies regarding the services of the Licensed Professional/Qualified Professional #2. 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 #2, a victim of sexual molestation at an early age, was sexually victimized by Former Client #4 during playtime in a bedroom. Former Clients #1 and #3, both having their own history of sexually inappropriate behaviors, witnessed the assault.	V 293		

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V 293	Continued From page 83 At the time of the assault, both staff members were in the common area of the home and were not providing proper supervision. Incident reporting was not completed. Former clients' personal property was not protected and returned to them immediately at discharge. 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 harm and neglect. An administrative penalty of $2,000.00 is imposed.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff	V 296	V 296 The agency 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	10/22/220

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V 296	Continued From page 84 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 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 5 of 5 former clients (Former Clients #1, #2, #3, #4, and #5). The findings are: Review on 8/11/20, 8/12/20 and 8/18/20 of	V 296	V 296 Con't The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.	

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V 296	Continued From page 85 Former Client #1's record revealed: -Admitted 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old; -History of assault, property destruction, rage, poor hygiene, discussing sexualized activity while at day camp and possible sexualized behaviors in the past, with 4 to 5 behavioral outbursts weekly. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old; -History of property destruction and self-harm. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old; -History of running away, getting in the car with unknown males, increased sexual behaviors, and aggression. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old;	V 296		

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V 296	Continued From page 86 -History of property destruction, physical assault, sexualized behaviors, sexual abuse/rape, and false allegations of abuse. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #5's record revealed: -Admitted 8/5/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Unspecified Trauma; -10 years old; -History of anger, aggression, and auditory commands. Review on 8/13/20 of the facility's Incident Reports dated 7/1/20 - 8/7/20 revealed: -Level I Incident Report dated 7/22/20 involved a physical altercation between Former Client #3 and Former Client #A1 witnessed by Staff #5 while in the park. There was no documentation of a second staff present. Interviews on 8/14/20 with Former Client #1 revealed: -Attended a summer day camp at a local recreational facility in a neighboring town with Former Client #A1; -There was one staff present at the facility most times. There was supposed to be two staff present but so many staff quit because of the clients' behaviors. Interviews on 9/2/20-9/4/20 with management members at the local recreational facility Former Client #1 and Former Client #A1 attended summer day camp revealed: -Group home staff did not stay with the campers during the day.	V 296		

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V 296	Continued From page 87 Interview on 8/12/20 with Former Client #2 revealed: -There was one to two staff working on 1st or 2nd shift. Interview on 9/3/20 with Former Client #3 revealed: -Attended a summer cheerleading camp; -Was not allowed to stay in camp all summer when the director of the summer camp discovered that Former Client #3 was in a physical altercation with Former Client #A1 which led to Former Client #A1 stabbing Former Client #3 in the throat; -"I could not go back (to camp) because a girl stabbed me in the throat and choked me and I fought her back;" -One or two staff worked in the mornings, two staff worked at lunch and dinner time and only one staff worked at night. Knows that only one staff worked at night because the night shift started at 7pm before the former clients would go to bed. Interview on 8/19/20 with Former Client #3's Department of Social Services (DSS) Social Worker revealed: -Had multiple concerns with the facility; -Former Client #3 attended a cheerleading camp which the DSS Social Worker found out about in the middle of July, 2020. Former Client #3 was informed she could not return to camp due to a verbal altercation with staff at the camp; -Never received documentation regarding what happened at the camp. Interview on 8/25/20 with Former Client #3's Adoption Recruiter revealed: -Former Client #3 attended three different camps	V 296		

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V 296	Continued From page 88 because she was moved from camp to camp due to her behaviors. Interview on 8/12/20 with Former Client #4 revealed: -Former Client #3 was kicked out of summer day camp because of her behaviors; -Former Client #4 was kicked out of summer day camp for kissing boys; -Former Client #1 attended summer day camp; -Was in a peer's bedroom and engaged in sexualized behaviors with Former Client #2; -Staff usually worked alone; -90% of the time there was just one staff at the facility; -Staff would get fired or quit or would not come to work. Interview on 8/12/20 with Former Client #4's DSS Social Worker revealed: -Many clients from the facility were sent to summer day camps. Interview on 8/25/20 with Former Client #5 revealed: -There were two staff in the daytime and only one staff during the overnight. Knows this because she would wake up on the overnight shift. 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.	V 296		

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V 296	Continued From page 89 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 is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 296		
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.	V 297	V 297 The agency 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, LPC, LMFT, 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.	10/22/220

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V 297	Continued From page 90 (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 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old; -History of assault, property destruction, rage, poor hygiene, discussing sexualized activity while at day camp and possible sexualized behaviors in the past, with 4 to 5 behavioral outbursts weekly. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder;	V 297	V 297 Continued 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 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)." The agency will maintain all work logs, payroll records, and staffing calendars in perpetuity for DHSR inspection.	

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V 297	Continued From page 91 -9 years old; -History of property destruction and self-harm. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old; -History of running away, getting in the car with unknown males, increased sexual behaviors, and aggression. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old; -History of property destruction, physical assault, sexualized behaviors, sexual abuse/rape, and false allegations of abuse. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #5's record revealed: -Admitted 8/5/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Unspecified Trauma; -10 years old; -History of anger, aggression, and auditory commands. Interview on 8/14/20 with Former Client #1 revealed: -The Licensed Professional/Qualified	V 297		

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V 297	Continued From page 92 Professional #2 came to the facility "every other two weeks" for group and individual sessions. Interview on 8/12/20 with Former Client #2 revealed: -The Licensed Professional/Qualified Professional #2 would complete sessions on Mondays and sometimes on other days of the week but Former Client #2 could not remember how often the sessions took place. Interview on 9/3/20 with Former Client #3 revealed: -Would meet with the Licensed Professional/Qualified Professional #2 but could not identify how often the sessions would occur; -"She (Licensed Professional/Qualified Professional #2) was a nice lady." Interview on 8/13/20 with Former Client #4 revealed: -Met with Licensed Professional/Qualified Professional #2 for sessions; -There was a total of 5 sessions and then therapy ended. 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 the beginning of July; -Last time at Sister Facility A was 9/2/20 when she saw Former Client #2 who was the only client at the facility; -Upon confirming with the Licensed	V 297		

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V 297	Continued From page 93 Professional/Qualified Professional #2 that the last date of service was 9/2/20 to Former Client #2, 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 #2 was the only client at Sister Facility A; -Will send copies of Licensed Professional/Qualified Professional #2's notes via a secured and encrypted email for all clients at both facilities from 7/1/20-present by 9pm on 9/10/20. Based upon record reviews of Former Clients #1, #2, #3, #4, and #5 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 #2's presence. Review on 9/11/20 of email correspondence to Division of Health Regulation (DHSR) surveyor from the Licensed Professional/Qualified	V 297		

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V 297	Continued From page 94 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 #1 and #4 were sent via an attachment to a secure and encrypted email; -No documentation of Licensed Professional/Qualified Professional #2 services provided to Former Clients #A1, #A2, #A3, and #A4. 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 with the Licensed Professional/Qualified Professional #2 were conducted virtually during the start of the pandemic and then returned to in-person sessions. 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	V 364		

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V 364	Continued From page 95 § 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; (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	V 364	V 364 The agency will comply with all requirements of GS 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 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.	10/22/220

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V 364	Continued From page 96 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 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,	V 364	V 364 Con't The agency will maintain Committee minutes for perpetuity for DHSR inspection.	

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V 364	Continued From page 97 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 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	V 364		

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V 364	Continued From page 98 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 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	V 364		

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V 364	Continued From page 99 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 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). The findings are: Review on 8/11/20 and 8/12/20 of Former Client #1's record revealed: -Admitted 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old. Review on 8/11/20 and 8/12/20 of Former Client #2's record revealed:	V 364		

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V 364	Continued From page 100 -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old. Review on 8/11/20 and 8/12/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old. Review on 8/11/20 and 8/12/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old. Review on 8/11/20 and 8/12/20 of Former Client #5's record revealed: -Admitted 8/5/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Unspecified Trauma; -10 years old. Interview on 8/14/20 with Former Client #1 revealed: -Could make calls to her grandparents but staff had to be present in the room so there was no discussing peers; -Was able to call her Social Worker but Licensee #1/Director/Qualified Professional #1 or Licensee #2/Executive Director had to be in the room	V 364		

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V 364	Continued From page 101 during the calls. Interview on 8/13/20 with Former Client #1's Department of Social Services (DSS) Social Worker revealed: -Would have facetime calls with Former Client #1; -Former Client #1 would speak independent of staff involvement but staff would always keep "popping into the room" and it was obvious the staff were in close proximity. Interview on 9/3/20 with Former Client #3 revealed: -Did not have privacy during telephone calls; -Staff listened to all telephone calls; -" ...They (staff) were being nosey ..." Interview on 8/19/20 with Former Client #3's DSS Social Worker revealed: -Staff almost always supervised the calls when Former Client #3 and the Social Worker spoke to each other. Interview on 8/25/20 with Former Client #3's Adoption Recruiter revealed: -There was no privacy on telephone calls. Interview on 9/1/20 with Former Client #3's Foster Mother revealed: -Former Client #3 would call almost daily but the calls were always on speaker phone and Former Client #1 could be heard yelling in the background; -Two to three times the calls were terminated by staff when staff would say to Former Client #3 "Oh, we are not going to allow that!" Interview on 8/13/20 with Former Client #4 revealed: -Calls with her mother were monitored (due to a	V 364		

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V 364	Continued From page 102 court order); -Calls with her DSS worker were monitored as staff would stay in the area and listen. Interview on 8/12/20 with Former Client #4's DSS Social Worker revealed: -Would make calls to Former Client #4 when she was at the summer day camp as there was no privacy on calls when she was at the facility; -" ...Brighter Dayz (Licensee) staff would not allow fully private conversations. The staff would listen to conversations and would hang up the phone when [Former Client #4] said she was upset ..." -Was informed by Licensee #2/Executive Director policy was for all calls to be monitored; -The facility never put anything in writing about monitoring phone calls; -Could hear kids screaming and staff speaking hatefully during calls with Former Client #4; -Had a video chat with Former Client #4 which took place at the home of Licensee #2/Executive Director's home and thought that was highly unusual. 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.	V 364		

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V 364	Continued From page 103 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 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 #4's phone calls with her biological mother needed to be monitored per court order; -Was not "running a bootcamp" with not allowing privacy on phone calls; -Clients were allowed to use the phone when they wanted to 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	V 366		

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V 366	Continued From page 104 (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 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;	V 366	V 366 The agency will comply with all requirements of 10A NCAC 27g .0603 including: a. Ensuring that all Level II and III incidents are reported to DHSR and the LME/MCO as required by the prevailing NC DHHS Incident Reporting System (IRIS) within the IRIS and 10A NCAC 27g .0604 stipulated timeframes. b. The agency will keep all incident reports on 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. The agency will contract with a Certified Forensic Healthcare Auditor to conduct at least quarterly self-audits to ensure this standard is met including cross walking Level I,II, & III progress notes to incident reports. When the Certified Forensic Health Care Auditor contract expires a qualified agency staff will assume the duties of monitoring compliance with this POC. The Certified Forensic Health Care Auditor will train his replacement in standards and audit practices.	10/22/220

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V 366	Continued From page 105 (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 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	V 366		

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V 366	Continued From page 106 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; (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 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old; -Discharge Summary completed by the Licensee #1/Director/Qualified Professional #1 dated 8/6/20 revealed difficulty with respecting boundaries and personal space, struggles with poor hygiene, and incidents of profanity, property destruction, and verbal and physical aggression; -Treatment Plan update for July, 2020 revealed	V 366		

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V 366	Continued From page 107 Former Client #1 made up stories while attending a summer day camp about having sexual intercourse in the past. Anger outbursts including property destruction had increased as well as physical aggression towards staff. Unspecified concerns were reported by camp staff. Client had behaviors of being unable to control her impulses resulting in property destruction, disrespect, and defiance at least 4 to 5 times per week. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old; -Comprehensive Clinical Assessment (CCA) addendum completed by the Licensed Professional/Qualified Professional #2 dated 8/17/20 revealed: " ...has no understanding of boundaries and she touches people inappropriately often rubbing on them and hugging without permission ..." -Treatment Plan dated 7/16/20 revealed: " ...Client is not able to maintain appropriate boundaries and will touch others and will 'smell' others. Client feels that this is a great personality trait ...Client storms out of the home when she is upset, yelling and using foul language ...Client also demonstrates difficulty respecting	V 366		

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V 366	Continued From page 108 appropriate boundaries and the personal space of staff and peers ..." Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old; -CCA Addendum completed by the Licensed Professional/Qualified Professional #2 dated 8/1/20 revealed: client has difficulty with sexual intimacy, sexual abuse/rape, and displays sexually inappropriate behaviors and " ...[Former Client #4] makes sexual comments to peers and displays sexual gestures ...[Former Client #4] is physically and verbally aggressive towards staff and peers at group home ...[Former Client #4] bullies younger peers in the group home ...She constantly lies on staff and peers in her attempt to be sent home ...;" -Discharge Summary completed by Licensee #1/Director/Qualified Professional #1 dated 8/6/20 revealed stealing peers' clothing, struggling with telling the truth, physical assault by pushing a peer off the couch, and a sexual assault allegation; -Treatment Plan update 8/6/20 revealed Former Client #4 manifested several stories that are not factual and continues to be untruthful, physically pushed a client off a couch, and took another client's personal pictures and ripped the pictures up and threw them in the garbage. 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	V 366		

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V 366	Continued From page 109 10:17am via email correspondence. Review on 8/12/20 of the facility's Incident Report from 7/1/20 - 8/7/20 revealed: -Only one incident report submitted on Former Client #3; -No incident reports were submitted for Former Clients #1, #2, #4, and #5. 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 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	V 366		

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V 366	Continued From page 110 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: -"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 ..." 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	V 366		

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V 366	Continued From page 111 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		
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	V 367	V 367 Cross reference to response to V 366	10/22/220

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V 367	Continued From page 112 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. (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	V 367		

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V 367	Continued From page 113 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 (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 III 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 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old.	V 367		

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V 367	Continued From page 114 Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #3's record revealed: - Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; - 13 years old. Review on 8/11/20, 8/12/20 and 8/18/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old. Interview on 8/10/20 with Licensee #1/Director/Qualified Professional #1 revealed: - On 7/31/20, 8/1/20, and 8/3/20, the local Department of Social Services was investigating multiple allegations of abuse involving Former Clients #1, #2, #3, and #4. The allegations included, but were not limited to, staff forcibly stripping Former Client #1 and scrubbing her body in the shower, sexual assault of Former Client #2 by Former Client #4, and Former Client #3 choked by Staff #8. Review on 8/25/20 of the North Carolina Incident Response Improvement System (NC IRIS) for	V 367		

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V 367	Continued From page 115 period 7/1/20 - 8/25/20 revealed: -Incident report submitted on 8/9/20 regarding an incident on 8/3/20 for a "consumer allegation" made by Former Client #1. The incident report did not mention the nature of the allegation other than Former Client #1 reported she felt threatened by a local Department of Social Services Social Worker who was investigating the facility; -Incident report submitted on 8/4/20 regarding an incident on 8/3/20 for Former Client #2 alleging she was the victim of inappropriate touching by Former Client #4. There was no incident report completed on Former Client #4 even though she was involved in the incident. -Incident report submitted on 7/22/20 regarding an incident on 7/21/20 for Former Client #1 when she ran away and was missing for 45 minutes. Local law enforcement was involved. -Searched website by county, facility name, licensee name, and each client name. No other incident reports were located. 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 367		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports	V 513		

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V 513	Continued From page 116 that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a respectful environment affecting 5 of 5 audited former clients (Former Clients #1, #2, #3, #4, and #5). The findings are: Review on 8/11/20 and 8/12/20 of Former Client #1's record revealed: -Admitted 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old. Review on 8/11/20 and 8/12/20 of Former Client	V 513	V 513 The agency will ensure it promotes a promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use Specifically, the agency will take the following steps to ensure a respectful environment: 1. Train staff in professional boundaries 2. Train staff in person-centered thinking 3. Make this topic a standing item on staff supervision 4. Enforce disciplinary procedures if it is substantiated a staff was disrespectful to a client.	10/22/220

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NAME OF PROVIDER OR SUPPLIER: FRESH NEW START

STREET ADDRESS, CITY, STATE, ZIP CODE: 4460 HUNTINGTON DRIVE, GASTONIA, NC 28056

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V 513	Continued From page 117 #2's record revealed: -Admitted 7/10/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder; -9 years old. Review on 8/11/20 and 8/12/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old. Review on 8/11/20 and 8/12/20 of Former Client #4's record revealed: -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old. Review on 8/11/20 and 8/12/20 of Former Client #5's record revealed: -Admitted 8/5/20; -Discharged 8/7/20; -Diagnosed with Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Unspecified Trauma; -10 years old. Interview on 9/3/20 with Former Client #3 revealed: -" ...One day [Staff #8] got really mad and put her hands on my throat but did not really choke me. I was in the van at [Sister Facility A] ...Cannot remember who was driving the van ...;" -Staff #8 had called Former Client #3 " ...b***h	V 513		

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V 513	Continued From page 118 ...fat ...stinky ...p***y ..." and said Former Client #3"..could not stop running her mouth ..." Interview on 8/19/20 with Former Client #3's Department of Social Services Social Worker revealed: -Upon arrival at the facility to pick up Former Client #3 on 8/4/20, Former Client #3 was in the presence of the same staff member who had allegedly choked her. Interview on 8/13/20 with Former Client #4 revealed: -Staff #8 put her hands around Former Client #3's throat and tried to choke her; -The incident occurred on the driveway of Sister Facility A; -Staff #8 and Former Client #3 were cursing at each other; -Former Client #3 later denied the incident because she liked Staff #8; -Staff #8 called Former Client #3 " ...a b***h ...ugly ...fat ..." -Staff #9 called a local DSS worker a " ...b***h ...;" -Licensee #2/Executive Director, Staff #5, Staff #8, and Former Staff #12 had all cursed at Former Client #4; -Former Clients were not allowed out of their bedrooms until 10am. Interview on 8/12/20 with Former Client #4's DSS Social Worker revealed: -Could hear kids screaming and staff speaking hatefully during calls with Former Client #4; Interview on 8/25/20 with Former Client #5 revealed: -Staff would be mean to Former Client #1. They would pull her shirt and drag her to her room. Former Client #1 " ...really didn't do nothing ...they	V 513		

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V 513	Continued From page 119 just treated her differently ...they put her in her room ...; -" ...We had to sit in our bedrooms all the time..." Interview on 9/11/20 with Staff #5 revealed: -Denied witnessing staff put their hands on any former clients; -Denied witnessing staff curse at any former clients. Interview on 9/11/20 with Staff #8 revealed: -Denied putting her hands around Former Client #3's neck. Interview on 9/22/20 with Former Staff #12 revealed: -Denied witnessing Staff #8 choke Former Client #3; -Denied cursing at any former clients; -Denied witnessing staff curse at any former clients. 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 513		
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	V 536		

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V 536	Continued From page 120 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 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	V 536	V 536 The agency will comply with all requirements of 10A NCAC 27E .0107 including: 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. The agency will ensure all staff have valid Training On Alternatives To Restrictive Interventions certificate on file prior to working and annually thereafter. To ensure compliance with standards around this training the agency will contract with a Certified Forensic Healthcare Auditor to review and approve all personnel/training records prior to staff working and at the 3 month mark. When the Certified Forensic Health Care Auditor contract expires a qualified agency staff will assume the duties of monitoring compliance with this POC. The Certified Forensic Health Care Auditor will train his replacement in standards and audit practices.	10/22/220

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V 536	Continued From page 121 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 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.	V 536		

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V 536	Continued From page 122 (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 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	V 536		

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V 536	Continued From page 123 competence by completion of coaching or train-the-trainer instruction. (I) 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. 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/Sister Facility A) 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	V 536		

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V 536	Continued From page 124 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 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	V 537	V 537 Cross reference to response to V 536	10/22/220

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V 537	Continued From page 125 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 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	V 537		

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V 537	Continued From page 126 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 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.	V 537		

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V 537	Continued From page 127 (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 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.	V 537		

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V 537	Continued From page 128 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/Sister Facility A) 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	V 537		

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V 537	Continued From page 129 NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 537		
V 541	27F .0104 Client Rights - Stor. & Protect of Cloth/Poss 10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to protect clients' personal possessions affecting 3 of 5 audited former clients (Former Clients #1, #3, and #4). The findings are: Finding #1 Review on 8/11/20 and 8/12/20 of Former Client #1's record revealed: -Admitted 12/27/19; -Discharged 8/6/20; -Diagnosed with Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder; -11 years old. Interview on 8/14/20 with Former Client #1 revealed: -Was upset her electronic tablet was not returned	V 541	V 541 The agency will make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, 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. Specifically, the agency will inventory all client possessions upon admission and upon discharge. Any items that were lost or discarded as well as any new items will be accounted for. This will be documented and kept in the record. If an item is found after discharge, for example, a shirt found under the bed, the item will be delivered or mailed to the clients at the new address within 48 hours.	10/22/220

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: / B. WING	(X3) DATE SURVEY COMPLETED
	MHL036-336		09/29/2020

NAME OF PROVIDER OR SUPPLIER
FRESH NEW START

STREET ADDRESS, CITY, STATE, ZIP CODE
4460 HUNTINGTON DRIVE
GASTONIA, NC 28056

(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 541	Continued From page 130 to her upon discharge from the facility. Interview on 9/3/20 with Former Client #1's Department of Social Services (DSS) Social Worker revealed: -Former Client #1 still has not received her electronic tablet from the facility despite requests. Review on 9/4/20 of Email Correspondence from Former Client #1's DSS Social Worker dated 9/4/20 at 2:52pm to Division of Health Service Regulation Surveyor revealed: -Former Client #1's electronic tablet was finally returned (29 days after discharge). Finding #2 Review on 8/11/20 and 8/12/20 of Former Client #3's record revealed: -Admitted 6/12/20; -Discharged 8/4/20; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression; -13 years old. Interview on 8/19/20 with Former Client #3's DSS Social Worker revealed: -Upon discharge, Former Client #3 was not provided with her P-EBT (Pandemic Electron Benefit Transfer) card. The card was pinned by the facility on 7/21/20 after the facility had given a 30-day notice of discharge for Former Client #3; -Called Food Stamps Office and officially canceled the card and requested a new card. -There was no activity on the card from the facility. Finding #3 Review on 8/11/20 and 8/12/20 of Former Client #4's record revealed:	V 541		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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V 541	Continued From page 131 -Admitted 4/24/20; -Discharged 8/6/20; -Diagnosed with Oppositional Defiant Disorder and Unspecified Trauma; -13 years old; Interview on 8/13/20 with Former Client #4 revealed: -Had a cell phone when she moved to the facility; -Licensee #2/Executive Director took the phone; -A clothing voucher made out to Licensee #2/Executive Director was sent by her DSS Social Worker; -The clothing voucher was sent in late June or early July; -Former Client #4 was never taken shopping and never received the clothing voucher money. Interview on 9/18/20 with Former Client #4's DSS Social Worker revealed: -The cell phone and clothing money was never returned by the facility. Interview on 9/25/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Licensee #2/Executive Director revealed Former Client #4's DSS Social Worker told Former Client #4 she could not keep the cell phone so it was taken away and mailed to Former Client #4's biological mother; -Licensee #2/Executive Director voided Former Client #4's clothing voucher and threw it in the garbage. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation.	V 541		