Division of Health Service Regulation

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
	MHL079-73	B. WING		C 10/21/2020
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	
FAITH HOUSE		SEMONT DE		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
(Intake ID # NC001 and complaint Intak substantiated). A d This facilty is licens category: 10A NCA Treatment Staff Ser Adolescents.	was completed on 10/21/20. 70302 was unsubstantiated to ID# NC00170690 was eficiency was cited. ed for the following service C 27G .1700 Residential cure for Children and	V 000	1. A Residential St. meeting will be he can 12/5/20 to add the following: *Utilize video foo quincident on 10/1 unvolving staff and	eld ress tage 120 rd
SUPERVISION OF (a) There shall be reparaprofessionals. (b) Paraprofessionals. (b) Paraprofessionals. (c) Paraprofessional as spesional as spesio	04 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an nal or by a qualified cified in Rule .0104 of this als shall demonstrate in a competency-based is established by rulemaking, is established by rul		clients to edition autemative ways intervene, de is and supervise of while in this se while in this se and logic" to be utilized in each the residential facilities to se additional resources in dealing and treated additional who and the additional resources in dealing and treated additional with a dealing and treated additional and allowers with	calate, heints thing.

DHSR - Mental Health

If continuation sheet 1 of 8

STATE FORM

WTJ411

Lic. & Cert. Section

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Division of Health Service Regulation

STATEME	NT OF DEFICIENCIES	(V4) PROMPER/CURRUED/CLIA	(VO) MULTI	DI E COMOTOURE		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 10	PLE CONSTRUCTION	(X3) DATE SURVEY	
			A. BUILDING:		COMPLETED	
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		MHE079-73	0. ,,,,,		10/21/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
FAITH H	OUSE		EMONT DE			
(X4) ID	SHMMADV STA	TEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	
V 110	Continued From pa	ge 1	V 110	- 1 - 1 - 1		
•		5)	V 110	Challenging De	haviors.	
		ne individualized supervision		0 0		
	plan upon hiring each	ch paraprofessional.		and stauto	À	
				· CPI unstructo		
				well be presen	V 10	
				complete a CPI		
				romesher for a	rel	
	This Rule is not me	t as evidenced by:				
	Based on observation, interviews and records review the facility staff failed to demonstrate the			stapp.		
				00		
	knowledge, skills an	d ability for the population		an love Vlaat II	xo kly	
	served for 1 of 8 sta findings are:	ff (Former Staff (FS) #6). The		anjoin fra a	reckly	
	•	of Forman Client /FO\#31-		monitoring of u	deo	
	revealed:	of Former Client (FC)#3's		Contana in the he		
	- Admission date: 9/	17/20		Hoorage was	A D.	
	- Age: 17 - Diagnoses: Oppos	sitional Defiant Disorder, Post		completed of la	in	
	Traumatic Stress Sy	ndrome (PTSD)		suft to ensur		
		of FC#3's Person Centered		assignate vob		
	Plan (PCP) dated 10 revealed:	/12/20 - last revised		CONTRACTOR CONTRACTOR	e met.	
		ntinues to struggle in the		an poterious		
	· · · · · · · · · · · · · · · · · · ·	y setting. [FC#3] lacks a		•		
	stable environment (home area environment)		1		
	engage in treatment,	enroll in school and to build		Residential Dere	ctoi	
		. [FC#3] was involuntarily		Kesia Maria		
		nental health unit] due to ards staff and property		Resident Slade as		
	destruction. She (FC			DINOCTO	N	
	psychiatrically ready	for discharged as of 9/15/20.		(Vuality)		
	Continued behavior p	problems include: verbal and		Malane lugle		
	physical aggression,	property destruction,		The stand	7	
	impulsivity, anger out	burst and placement		Will Mass	- 1	
		amily association continues		mosting and M	autor	
1	to be a barrier to trea	tment."		The of the		

WTJ411

PRINTED: 10/21/2020 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL079-73 10/21/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1115 ROSEMONT DRIVE **FAITH HOUSE** REIDSVILLE, NC 27320 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 110 | Continued From page 2 V 110 9/23/20 - "Department of Social Services (DSS) Social Worker for [FC#3] came to group home to be present for [FC#3's] initial medication management appointment with [Primary Practitioner]. [FC#3] told PCP that she was not going to comply with her medication change and was not going to take her new medication (Lamictal). [FC#3] communicated with her Social Worker that she is being disrespected and does not like her current placement at Youth Haven Services Faith Home." 10/12/20 - FC#3 and another Faith House peer stole a Faith House members car and drove to near by city. FC#3 was arrested and transported to neighboring county department of Juvenile Justice and is awaiting court. Recommend that [FC#3] be linked and transitioned to a Psychiatric Residential Treatment Facility (PRTF) per Youth Haven Therapist Licensed Clinical Social Worker." Goals: 1. decrease disruptive behaviors 4 out of 7 days of the week at the group home and school setting, FC#3 will build a therapeutic relationship with the team, the client will try to implement agreed upon interventions throughout the week and communicate with the team about progress. 2. Increase effective communication as evidenced by identifying thoughts and feelings that trigger angry feelings, FC#3 will share their thoughts and feelings and emotions honestly and appropriately with the team, Staff will provide

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If continuation sheet 3 of 8

Signed! Mely

structured 24/7 residential services with rules, routine and structure. 3. FC#3 will increase emotional regulation as evidences by a decrease in physical/verbal aggression, Outpatient therapy

once a week, medication management a minimum of once a month. 4. DSS Guardian will manage contact with FC#3's family as evidence by monitoring the clients communication with

p Slade.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL079-73	B. WING			C 21/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, 8	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	family members, de for the group home Review on 1/14/20 or record revealed: Date of Hire: 5/8/18 Job Description date Training in Mental H Abuse/Development dated: Crisis Prevention Int 2/19/20 Review on 1/14/20 or (AP) record revealed Hire Date 7/14/17 Job Description date Training in mh/sa/do Cpi training in mh/sa/do Cpi training date: 1/8 Review on 10/13/20 surveillance dated 1/6-3:30 pm verbal conbetween FC#3 and FS#6 stated 'Your (F and 'nobody wants to -4:02 pm of video re Residential Director unbelievable." - 4:45 pm through 5: threatening back and FS#6. FC#3 threatened to or FC#3 telephoned he what sounds like a hit take care of this prob FS#6 threatens to 'w your eighteen' 5:02 pm FS#6 is see	evelop a approved contact list to identify healthy supports. of Former Staff (FS) #3's ed: 5/4/18 lealth/Substance tal Disabilities (mh/sa/dd) tervention (Cpi) training date: of the Associate Professionals d: ed: 7/17/14 I dated: 5/4/18 8/20 of the facility's video 0/1/20 from revealed: nments go back and forth FS#6. C#3) headed for destruction' o smell your diseased cat.' eveals FS#6 telephoned stating that "this girl (FC#3) is 02 pm reveals verbally d forth between FC#3 and cdamage FS#6's car and r [family member] and places it (asking a family member to	V 110				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	E SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED		
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		MHL079-73	B. WING			21/2020		
NAME OF	PROVIDER OR SUPPLIER	STREET AN	INDESS CITY	STATE, ZIP CODE	1 10/	2112020		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		T	TION			
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V 110	Continued From page	ge 4	V 110					
	standing. Remainder of footagre-entering group here. FS#6 states to FC#3 Interview on 10/13/2 - "I had been out from months and returned (9/30/20) I believe. I PCP and medication that day (9/30/20). I will be fair and ask structure is followed would be available if needed something. and introduced herse The next morning (hours. [FC#3] was a seemed to have been each other I left and then return (3:00 pm) for the next staff updated us (Asswhat the day was like everyone's patience. had been running aw lying since she basic - [FC#3] then told [AI [FC#3] said I tried to (10/1/20) I'm sitting in the living distance from [FC#3]	ge does not show FC#6 ome. 3 'stupid ass b***h'. 20 with FS #6 revealed: m work for a couple of d on September thirty had a chance to review her as and then I met her (FC#3) remember telling [FC#3] that that house rules and by everyone. And that I she should need to talk or She (FC#3) seemed calm elf and it seemed just fine. 10/1/20) I came in for a few ggressive towards staff and in trying to turn staff against med around three o'clock at shift (10/1/20). The day sociate Professional (AP)) on e. [FC#3] had been trying I also learned that [FC#3] //ay from the group home and ally was admitted. P] that she is afraid of me. fight her this morning	V 110					
	going to listen to me. and tells that family n That sort of sounded - Then she says she This just kept going o -The [AP] was also w	reats, telling me she is not She calls a family member nember to take care of me. like a threat to my life. is going to damage my car. on and on. rorking with me and he had Residential Director] what						

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			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL079-73 NAME OF PROVIDER OR SUPPLIER STREET AD FAITH HOUSE 1115 ROS	EMONT DE							
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		was happening that - I don't feel proud a ashamed but I had I did say something a other things. I'm sur - No matter what she should have just ren I went out of the gro left the grounds until It was the next morn my job." Interview on 10/16/2 -"[FC#6] kept threate going to kick my a*s So, I went back and threaten me. She (FS#6) left the f anything. But when skicked me in the back calves area. There we I wasn't gonna listen listen to anyone that I actually can do what the group home, I wo Observation on 10/14/20 - "I came into work the updated by the other throughout the day[FC#3] had been halistening and not beir pretty much did what her to come out of ar wouldn't. [FC#3] wou	to bring in another staff. Ibout what I said, and I feel had enough. It seemed and I bout her mother, and some e they are on the video. e (FC#3) said to me I know I hoved myself earlier. up home to my car and never I [Staff #1] arrived. hing that I was dismissed from O with FC#3 revealed: ening me saying she was forth with her. No one gonna irst time and didn't do she left the second time she sk of the legs, around the vas a red mark. to her (FS#6). I don't have to disrespects me. at I want. If I wanted to leave ould leave and I did." 6/20 at approximately 12:30 ad right calf areas did not healing bruises. O with the AP revealed: hat day (10/1/20) and was staff on what was going on ving a typically day of not ag able be redirected. [FC#3] she wanted. I tried to ask hother peer's room and she ldn't do chores for me either.	V 110				

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	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		MHL079-73	B. WING		1	C 21/2020	
NAME	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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	occurrence control of the control of		LE, NC 273	320			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V -	10 Continued From pa	ge 6	V 110				
	said, 'I don't feel sai said [FS#6] tried to tried to fight her. - I could see she (Fi something. - I continually tried to (FC#3) about reaso this (start an alterca - The verbal back an [FS#6] and [FC#3]. [FC#3] was near the entrance door. [FS# room. - I had texted [the Ri was going on. I didn use the house phone [Staff #1] came in to deescalate what was I'm not sure why [FS a verbal altercation]	nd forth began between I was between them both. kitchen door and front 6] was sitting in the living esidential Director] with what 't want to leave the area to e. Then around five thirty relieve [FS#6] and					
	revealed: - FC#3 has been a d - It was appropriate t difficult to help her fit managing her emotic - FC#3 would test ea be able to form a rela FC#3 didn't have any group home structure others property - "[FS#6] has been w and was a good staff through some health to work (9/30/20) and	o with the Facility Director difficult client to manage to admit her but then it was not ways to help herself in on and behaviors such staff. FC#3 didn't seem to ationship with anyone. The respect or concern for the expect of according to the expect of according to the expect of the respect of the expect of the respect of the expect of the respect of the respect of the respect of the expect of the respect of					

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	OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY	, STATE, ZIP CODE		21/2020	
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			LE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 110	and [FS#6] just didn have. All the staff kr verbal altercations v - After we learned th altercation between [FS#6] kicking [FC# footage and discove touch [FC#3], [FS#6 however, say some inappropriate and sh	o't not respond as she should now not to be dragged into with any of the clients. Here had been verbal the two and a allegation of 3] we reviewed the video wred [FS#6] did not physically	V 110				