

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2020
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NAME OF PROVIDER OR SUPPLIER BLOSSOM COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1911 WILLIMAX AVENUE GASTONIA, NC 28054
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{V 000}	<p>INITIAL COMMENTS</p> <p>A follow-up survey was completed on 10-26-20. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	{V 000}		
{V 109}	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	{V 109}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{V 109}	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, 1 of 1 Qualified Professional(QP) failed to demonstrate competency for the population served. The findings are:</p> <p>Review on 10/21/20 of the QP's personnel record revealed: -hire date of 7/23/20 with the job title of Qualified Professional; -documentation of required completed trainings in the record; -documentation of completed training in Clinical Coverage and Staffing Requirements dated 7/23/20.</p> <p>Finding #1: Interview on 10/19/20 with client #1 revealed: -the QP picked her up from work on 10/18/20; -after the QP picked her up, they went to the hospital and picked up client #4.</p> <p>Interview on 10/19/20 with client #4 revealed she went to church with staff #1 on Sunday(10/18/20).</p> <p>Interview on 10/15/20 with staff #1 revealed she took client #4 to church on Sunday(10/18/20).</p>	{V 109}		

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{V 109}	<p>Continued From page 2</p> <p>Interview on 10/19/20 with staff #3 revealed one staff took two clients on outings.</p> <p>Interview on 10/19/20 with staff #4 revealed: -she took client #1 to work; -sometimes staff #3 took client #1 to work.</p> <p>Review on 10/19/20 of client #1, #2, #3 and #4's treatment plans revealed no documentation of approved one to one staffing.</p> <p>Interviews on 10/20/20 and 10/21/20 with the QP revealed: -started working at the facility in July 2020; -started in the Quality Assurance/Quality Improvement role in August 2020; -responsible for staff schedules, staff trainings, treatment plans and treatment team meetings; -never been out of compliance with staffing; -always have 2-3 staff per shift; -"try our best to keep overstaffed;" -she took one client out with her to the store; -one staff went to get client #1 from work; -she took client #1 to work; -third shift staff went by and picked up client #1 from work on their way to work their shift at the facility.</p> <p>Refer to V296 for examples of failure to meet staffing requirements.</p> <p>Finding #2: Review on 10/19/20 of client #2's and client #3's records revealed: -histories of inpatient psychiatric hospitalizations for self-harm and suicidal ideation within the last 7 months; -treatment goals to address self-harm behaviors.</p> <p>Review on 10/20/20 of the facility's incident</p>	{V 109}		

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{V 109}	<p>Continued From page 3</p> <p>reports revealed:</p> <ul style="list-style-type: none"> -9/16/20 a former client busted the glass out of a television placed in the facility's front yard by the road for trash pick-up; -10/1/20 a former client used a large brick to throw at the facility's windows and broke the glass. <p>Observation on 10/15/20 at 1:53pm revealed the following:</p> <ul style="list-style-type: none"> -in the left side yard of the facility: approximately 35 pieces of glass ranging in size from approximately 1/2 inch to 6 inches; -in the fenced-in backyard: approximately 50 pieces of glass approximately 1/2 inch to 6 inches by window on the right side of the air conditioning unit; -a broken window pane in top of a garage window on the right side of the garage, bottom pane, jagged hole in right side of the glass pane; -approximately 75 pieces of glass 1/2 inches to 4 inches by the top of the drive-way spread several feet. <p>Interview on 10/15/20 with client #2 revealed:</p> <ul style="list-style-type: none"> -the glass has been in the yard for two months; -"There's glass everywhere;" -one time, she dug her fingernail in her arm while at this facility; -she was in a depressed mood; -"I start cutting myself." <p>Interview on 10/15/20 with client #3 revealed:</p> <ul style="list-style-type: none"> -have a history of self-injurious behaviors; -used anything to cut on herself; -did not cut on herself anymore. <p>Interview on 10/19/20 with client #4 revealed:</p> <ul style="list-style-type: none"> -was admitted on 10/14/20; -when she was admitted, the glass was in the 	{V 109}		

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{V 109}	<p>Continued From page 4</p> <p>yard.</p> <p>Interview on 10/15/20 with staff #1 revealed: -been employed at the facility for three weeks; -since she started working at the facility, the glass has been by the drive-way. -on the third day she worked here, client #2 scratched herself with her fingernail; -she saw scratch marks on client #2's arm.</p> <p>Interview on 10/15/20 with staff #2 revealed: -worked at the facility 3-4 weeks; -the glass by the drive-way had been here since since she was employed at the facility; -client #2 told her(staff #2) she scratched her forearm with her fingernail.</p> <p>Interview on 10/19/20 with staff #3 revealed: -worked at the facility since the end of 8/2020; -a former client busted the glass out of the windows; -after it happened, staff swept up the pieces of glass in the drive-way and the garage; -client #2 scratched herself with her fingernail and showed the scratches to staff.</p> <p>Additional interviews on 10/20/20 and 10/21/20 with the QP revealed: -she "ensures facility safe with all consumers;" -a former client busted a lot of the facility's windows with rocks and bricks; -four windows with several panes of glass were busted; -a television was out by the road for trash pick-up; -a former client found a pole and busted the television and windows; -a yard guy came out to pick up the glass and did not return to finish cleaning up; -had another guy come and clean the yard up; -clients used to have self-injurious behaviors and</p>	{V 109}		

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{V 109}	Continued From page 5 self-harm "way before we got them;" -since clients have been at the facility, she had not observed any clients engage in self-harm. Refer to V736 for examples of failure to maintain the facility and grounds in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation.	{V 109}		
{V 110}	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;	{V 110}		

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{V 110}	<p>Continued From page 6</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, 1 of 1 Chief Executive Officer(CEO)/Licensee failed to demonstrate competency for the population served. The findings are:</p> <p>Review on 10/20/20 of the following trainings and supervisions from 8/26/20-10/20/20 completed by the CEO/Licensee revealed: -8/25/20 Grievance Concerns/Audit by Qualified Professional(QP); -9/1/20 group training in Special Populations, Cognitive Behavioral Therapy Techniques, Quality Assurance/Quality Improvement and Compliance by Licensed Professional Counselor(LPC) and QP; -9/1/20 Clinical Coverage and Staffing; -9/1/20 individualized supervision by Consulting QP addressing the following topics: communication skills, listen effectively, maintain professionalism, technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, clinical skills; -10/1/20 individualized supervision by Consulting QP addressing the following topics: running the</p>	{V 110}		

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{V 110}	<p>Continued From page 7</p> <p>facility effectively, communicating well, listen effectively, maintain professionalism, technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, clinical skills;</p> <p>-10/9/20 Professional Development/Managerial Training by Executive Coach.</p> <p>Finding #1: Review on 10/19/20 of client #2's and client #3's records revealed: -histories of inpatient psychiatric hospitalizations for self-harm and suicidal ideation within the last 7 months; -treatment goals to address self-harm behaviors.</p> <p>Review on 10/20/20 of the facility's incident reports revealed: -9/16/20 a former client busted the glass out of a television placed in the facility's front yard by the road for trash pick-up; -10/1/20 a former client used a large brick to throw at the facility's windows and broke the glass.</p> <p>Observation on 10/15/20 at 1:53pm revealed the following: -in the left side yard of the facility: approximately 35 pieces of glass ranging in size from approximately 1/2 inch to 6 inches; -in the fenced-in backyard: approximately 50 pieces of glass approximately 1/2 inch to 6 inches by window on the right side of the air conditioning unit; -a broken window pane in top of a garage window on the right side of the garage, bottom pane, jagged hole in right side of glass pane; -approximately 75 pieces of glass 1/2 inches to 4 inches by the top of the drive-way spread several feet.</p>	{V 110}		

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{V 110}	<p>Continued From page 8</p> <p>Interview on 10/15/20 with client #2 revealed: -the glass in the yard had been there for two months; -"There's glass everywhere."</p> <p>Interview on 10/19/20 with client #4 revealed: -was admitted on 10/14/20; -when she was admitted, the glass was in the yard.</p> <p>Interview on 10/15/20 with staff #1 revealed: -been employed at the facility for three weeks; -when she first started working here, the glass was in the facility yard by the street.</p> <p>Interview on 10/15/20 with staff #2 revealed: -worked at the facility 3-4 weeks; -since she started working at the facility, the glass has been by the drive-way.</p> <p>Interview on 10/19/20 with staff #3 revealed: -worked at the facility since the end of 8/2020; -a former client busted the glass out of the facility windows; -after it happened, staff swept up the pieces of glass in the drive-way and the garage.</p> <p>Interview on 10/15/20 with the CEO/Licensee revealed: -fixed all the broken windows; -stated she "didn't know how it got like this" in response to all the glass in the yard; -she stated she will get someone to clean the glass up.</p> <p>Refer to V736 for examples of failure to maintain the facility and grounds in a safe, clean, attractive and orderly manner.</p>	{V 110}		

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{V 110}	<p>Continued From page 9</p> <p>Finding #2: Review on 10/19/20 of staff personnel records revealed the following: -staff #1 was hired on 9/29/20 with the job title of Direct Care Paraprofessional. A certificate for completed training in NCI(North Carolina Interventions) Plus dated 9/29/20 for staff #1 was present in the record; -staff #2 was hired on 9/28/20 with the job title of Direct Care Paraprofessional. There was no documentation of completed training in NCI Plus present in the record; -staff #4 was hired on 10/2/20 with the job title of Direct Care Paraprofessional. Two certificates for completed training for NCI Plus were present in the record. One certificate was dated 10/2/20. One certificate was dated 10/3/20 with staff #4's first name written in the certificate; -FAP(Former Associate Professional)#2 was hired on 10/7/20 with the job title of AP(Associate Professional). A certificate for completed training in NCI Plus dated 10/6/20 was present in the record.</p> <p>Interviews on 10/15/20 and 10/20/20 with staff #1 revealed: -not had her training yet; -she has been asking for it; -the CEO/Licensee told her that she(CEO/Licensee) "has someone coming;" -the CEO/Licensee had not provided her with NCI training; -she did not know who the NCI instructor was; -the name of the NCI instructor on the NCI certificate did not train her in NCI; -the CEO/Licensee had her sign a paper to say she had experience in NCI; -she had NCI training at another facility; -she stated the NCI certificate was "not true, did not take it."</p>	{V 110}		

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{V 110}	<p>Continued From page 10</p> <p>Interviews on 10/19/20 and 10/22/20 with staff #4 revealed: -had prior experience and prior trainings in Level 3 group homes in Virginia; -she did not get her training at this facility; -she had not been trained in NCI; -she went over the NCI test part, took the test and read up on NCI in a pamphlet; -the CEO/Licensee gave the NCI test and NCI pamphlet to her; -the CEO/Licensee said once she got enough people, she would have the NCI instructor come to do training.</p> <p>Interview on 10/21/20 with FAP#2 revealed: -worked at the facility for one week from 10/7/20-10/14/20; -she did not have NCI Plus training on 10/6/20; -she stated, "I'm not gonna lie;" -she was there every single day for a week and never saw a man there doing NCI training; -she overheard the CEO/Licensee tell direct care staff they got paid minimum wage until they got all their trainings; -direct care staff working there without all their trainings.</p> <p>Interview on 10/21/20 with the CEO/Licensee revealed: -have the NCI booklet; -the NCI Instructor goes over it(the NCI booklet) with staff; -not sure if the NCI Instructor did the restraint part with the staff; -she planned to get the NCI Instructor to come out and do the training/retraining on restraints with staff; -stated she did not have a response when the authenticity of the NCI certificates was</p>	{V 110}		

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{V 110}	Continued From page 11 questioned. Refer to V536 and V537 for examples of failure to ensure staff completed training and demonstrated competency in alternatives to restrictive interventions and physical restraints. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation.	{V 110}		
{V 293}	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to	{V 293}		

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{V 293}	<p>Continued From page 12</p> <p>facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure services were designed to minimize the occurrence of behaviors related to functional deficits and ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint affecting 4 of 4 current clients(#1, #2, #3, #4). The findings are:</p>	{V 293}		

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NAME OF PROVIDER OR SUPPLIER BLOSSOM COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1911 WILLIMAX AVENUE GASTONIA, NC 28054
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{V 293}	<p>Continued From page 13</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS V109 Based on records review, observations and interviews, 1 of 1 Qualified Professional(QP) failed to demonstrate competency for the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS V110 Based on records review, observations and interviews, 1 of 1 Chief Executive Officer(CEO)/Licensee failed to demonstrate competency for the population served.</p> <p>Cross Reference: 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS V295 Based on records review and interviews, the facility failed to ensure there was at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional(AP).</p> <p>Cross Reference: 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS V296 Based on records review, observations and interviews, the facility failed to ensure staffing requirements affecting 4 of 4 clients(#1, #2, #3, #4).</p> <p>Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS V536 Based on records review and interviews, the facility failed to ensure prior to providing services, staff successfully completed training in alternatives to restrictive interventions for 3 of 4 staff (#1, #2, #4) and 1 of 2 Former Associate Professionals(FAP#2).</p>	{V 293}		

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{V 293}	<p>Continued From page 14</p> <p>Cross Reference: 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT V537 Based on records review, observations and interviews, the facility failed to ensure staff completed training in restrictive interventions for 3 of 4 staff (#1, #2, #4) and 1 of 2 Former Associate Professionals(FAP#2).</p> <p>Cross Reference: 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS V736 Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Review on 10/15/20 of a Plan of Protection dated 10/15/20 completed by the CEO addressing the glass in the facility's yard revealed the following documented: -"What immediate action will the facility take to ensure the safety of the consumers in your care? We have called our person that maintaince the yard to come out by within 24 hours;" -"Describe your plans to make sure the above happens: I called the lawn services to come and pick up the glass. I will keep the kids in the home so that they will be safe. Wet Vac today."</p> <p>Review on 10/22/20 and 10/26/20 of the Plan of Protection dated 10/22/20 and 10/26/20 completed by the Licensed Professional(LP) and CEO revealed the following documented: -"What immediate action will the facility take to ensure the safety of the consumers in your care? We will ensure the QP and AP are supervised and trained by the license professional. License professional will meet weekly with paraprofessionals to ensure competencies are discussed and acknowledged. Training tomorrow</p>	{V 293}		

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{V 293}	<p>Continued From page 15</p> <p>10/23/20 on staffing requirements, restrictive interventions, seclusion physical restraint, and isolation time-out. Upon arrival staff will complete a walk-through of the facility to ensure safety of clients;"</p> <p>-"Describe your plans to make sure the above happens: Training 10/23/20. Weekly follow-ups. Monthly staff meetings. NCI instructor, LP and consultants will complete training 10/23/20. Sing-in sheets will be provided for each training. All staff will be retrained or will receive intial NCI training. A walk-through will be done on exterior of group home upon arrival of all staff. A check-list will be completed to ensure safety. LP will work individually with CEO to discuss and ensure compliance with state licensing rules. Clients will be assessed to receive 1 on 1 in community and information will be included in client's treatment plan. Date of correction-10/28/20. We will be doing a check for safety 3 times a day for every shift. Direct care staff will be responsible for completing the walk through and completing a safety form-QP, CEO, LP. Weekly meeting with paraprofessionals-we will document by having them sign supervision forms. The LP will supervise weekly and it started on 10/23/2020. The documentation that we have is supervision forms with goals identifying what the QP and CEO would like to work on while being supervised."</p> <p>Client #2 had the diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder with a history of suicidal ideation and self-harm. Client #3 had the diagnoses of Reactive Attachment Disorder, Oppositional Defiant Disorder, ADHD, Post Traumatic Stress Disorder and Schizoaffective Disorder with a history of self-harm behaviors, high levels of suicidal ideation, multiple instances</p>	{V 293}		

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{V 293}	<p>Continued From page 16</p> <p>of physical aggression with peers and had required physical holds due to aggression towards staff and peers. Client #4 had the diagnoses of Depressive Disorder and Conduct Disorder, was on probation for assault with a deadly weapon and had a history of negative interactions with peers, a fascination with knives and homicidal ideation. On 10/15/20, approximately 160 pieces of glass ranging in size from 1/2 inch to 6 inches were located throughout the facility yard. The glass had been in the yard for at least 3 weeks. The Qualified Professional(QP) and the Chief Executive Officer(CEO)/Licensee did not recognize the significant safety issue regarding the glass and allowed the glass to remain in the yard accessible to client #2 and client #3. Staff #1 and staff #4 had not been trained in alternatives to restrictive interventions and physical restraints. On 10/18/20, staff #1 and staff #4 did not use appropriate techniques to de-escalate a situation involving client #3 and client #4. As a result, client #3 and client #4 engaged in a physical altercation. Staff #1 conducted an inappropriate restraint on client #3 face down on the couch. Client #4 was injured during the physical altercation and required six stitches for a laceration above her eye. The CEO/Licensee was aware staff #1 and staff #4 not been trained in alternatives to restrictive interventions and physical restraints by a certified NCI(North Carolina Interventions) Instructor yet allowed staff to work with clients who had histories of aggression. Clients were transported by one staff in the community without documented approval in the treatment plans, and only one staff was at the facility with clients on more than one occasion. The facility did not have a current Associate Professional(AP). The lack of competencies of the QP and CEO/Licensee, the lack of required</p>	{V 293}		

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{V 293}	Continued From page 17 staff training, the safety issues of the facility grounds, the face down restraint, the lack of required staffing and the lack of an AP constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect and serious harm. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	{V 293}		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by:	V 295		

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V 295	<p>Continued From page 18</p> <p>Based on records review and interviews, the facility failed to ensure there was at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional(AP). The findings are:</p> <p>Review on 10/15/20 of the facility staff roster revealed there was no staff name listed for the AP role.</p> <p>Interview on 10/20/20 with Former Associate Professional(FAP)#1 revealed: -no longer worked at the facility; -the last day she worked was 9/28/20; -she was there for three months.</p> <p>Interview on 10/21/20 with FAP#2 revealed: -started work at the facility on 10/7/20; -she did not know she was hired for the role of the AP; -she was told she was being hired as the Qualified Professional(QP) Supervisor; -she was told she would share the role with the other QP; -worked at the facility for one week; -was trying to get the CEO(Chief Executive Officer)/Licensee compliant with the state; -CEO/Licensee provided her with her job description; -she saw it read AP/Direct Care; -told CEO/Licensee that was not what she was hired for; -had a discussion with the CEO/Licensee back and forth about this; -been in the field for 20 years as a QP; -last day she worked at the facility was on 10/14/20; -heard the CEO/Licensee tell the clients, "you know how this stuff goes, they come and go, they come and go."</p>	V 295		

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V 295	<p>Continued From page 19</p> <p>Interview on 10/19/20 with the CEO/Licensee revealed: -in the process of looking for an AP; -she let FAP#1 go; -FAP#2 quit; -did not currently have a staff who qualified for the role of the AP; -in the process of interviewing some potential new staff.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation.</p>	V 295		
{V 296}	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p>	{V 296}		

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{V 296}	<p>Continued From page 20</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure staffing requirements affecting 4 of 4 clients(#1, #2, #3, #4). The findings are:</p> <p>Observation on 10/15/20 at approximately 12:00pm revealed: -one car was in the drive-way of the facility; -a white SUV(Sports Utility Vehicle) pulled into the drive-way a few seconds later; -a female(later identified as staff #2) got out of</p>	{V 296}		

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{V 296}	<p>Continued From page 21</p> <p>the white SUV; -staff #2 proceeded to enter the facility.</p> <p>Interview on 10/15/20 with staff #2 in the drive-way before she entered the facility revealed: -there were clients at the facility; -"I just left to get a drink, we can't have drinks in front of kids."</p> <p>Observation on 10/15/20 at approximately 12:08pm revealed: -entered the facility; -the female who arrived in the white SUV identified herself as staff #2; -a second female identified herself as staff #1; -three clients were at the facility(client #2, client #3 and client #4); -no other staff were on site.</p> <p>Interview on 10/19/20 with client #1 revealed: -been at the facility since 6/2020; -worked at a local fast food restaurant; -staff take her back and forth to work; -was at work yesterday(10/18/20); -the Qualified Professional(QP) picked her up from work; -after the QP picked her up, they went to the hospital and picked up client #4; -just her, client #4 and the QP were in the car; -if two clients leave, one staff goes with them; -other staff stays at the facility with two clients.</p> <p>Interview on 10/15/20 with client #3 revealed: -came to the facility on 9/25/20; -when she wakes up in the mornings, there are one to two staff at the facility; -when she goes to bed at night, one to two staff are at the facility; -this week, she did not remember what day, one staff was at the facility with her and client #2;</p>	{V 296}		

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{V 296}	<p>Continued From page 22</p> <p>-client #1 was at work, and she and client #2 were at the facility with one staff; -yesterday, she and client #2 were at the facility with staff #1.</p> <p>Interview on 10/19/20 with client #4 revealed: -came to facility on 10/14/20; -went to church with staff #1 on Sunday(10/18/20); -went with staff #1 shopping and to get Chinese take-out food.</p> <p>Interview on 10/15/20 with staff #1 revealed: -came to the facility on her day off; -took client #4 to church on Sunday(10/18/20).</p> <p>Interview on 10/19/20 with staff #3 revealed: -one staff takes two clients on outings; -one staff stays at the facility with two clients; -one staff per two clients.</p> <p>Interview on 10/19/20 with staff #4 revealed: -she takes client #1 to work; -sometimes staff #3 takes client #1 to work; -sometimes they all go.</p> <p>Review on 10/19/20 of client #1, #2, #3 and #4's treatment plans revealed no documentation of approved one to one staffing.</p> <p>Interview on 10/21/20 with the CEO(Chief Executive Officer)/Licensee revealed: -talked to staff #2 about her leaving the facility on 10/15/20; -staff #2 told her(CEO/Licensee) she never left the facility; -staff #2 told her she(staff #2) was in the drive-way in her vehicle drinking a soda.</p> <p>This deficiency constitutes a re-cited deficiency.</p>	{V 296}		

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{V 296}	Continued From page 23 This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation.	{V 296}		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by	V 536		

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V 536	<p>Continued From page 24</p> <p>the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training</p>	V 536		

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V 536	<p>Continued From page 25</p> <p>Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor</p>	V 536		

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V 536	<p>Continued From page 26</p> <p>training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure prior to providing services, staff successfully completed training in alternatives to restrictive interventions for 3 of 4 staff (#1, #2, #4) and 1 of 2 Former Associate Professionals(FAP#2). The findings are:</p> <p>Finding #1 Review on 10/19/20 of staff personnel records revealed the following: -staff #1 was hired on 9/29/20 with the job title of Direct Care Paraprofessional. A certificate for completed training in NCI(North Carolina</p>	V 536		

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V 536	<p>Continued From page 27</p> <p>Interventions) Plus dated 9/29/20 for staff #1 was present in the record; -staff #2 was hired on 9/28/20 with the job title of Direct Care Paraprofessional. There was no documentation of completed training in NCI Plus present in the record; -staff #4 was hired on 10/2/20 with the job title of Direct Care Paraprofessional. Two certificates for completed training for NCI Plus were present in the record. One certificate was dated 10/2/20. One certificate was dated 10/3/20 with staff #4's first name written on the certificate; -FAP#2 was hired on 10/7/20 with the job title of AP(Associate Professional). A certificate for completed training in NCI Plus dated 10/6/20 was present in the record.</p> <p>Interviews on 10/15/20 and 10/20/20 with staff #1 revealed: -not had her training yet; -she has been asking for it; -the Chief Executive Officer(CEO)/Licensee told her that she(CEO/Licensee) "has someone coming;" -the CEO/Licensee had not provided her with NCI training; -she did not know who the NCI instructor was; -the name of the NCI instructor on the NCI certificate did not train her in NCI; -the CEO/Licensee had her sign a paper to say she had experience in NCI; -she had NCI training at another facility; -she stated the NCI certificate was "not true, did not take it."</p> <p>Interviews on 10/19/20 and 10/22/20 with staff #4 revealed: -had prior experience and prior trainings in Level 3 group homes in Virginia; -she did not get her training at this facility;</p>	V 536		

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V 536	<p>Continued From page 28</p> <ul style="list-style-type: none"> -she had not been trained in NCI; -she went over the NCI test part, took the test and read up on NCI in a pamphlet; -the CEO/Licensee gave the NCI test and NCI pamphlet to her; -the CEO/Licensee said once she got enough people, she would have the NCI instructor come to do training. <p>Interview on 10/21/20 with FAP#2 revealed:</p> <ul style="list-style-type: none"> -worked at the facility for one week from 10/7/20-10/14/20; -she did not have NCI Plus training on 10/6/20; -she stated, "I'm not gonna lie;" -she was there every single day for a week and never saw a man there doing NCI training; -she overheard the CEO/Licensee tell direct care staff they got paid minimum wage until they got all their trainings; -direct care staff working there without all their trainings. <p>Finding #2</p> <p>Interview on 10/21/20 with client #3 revealed:</p> <ul style="list-style-type: none"> -she had finished cleaning at the facility and staff #1 came in; -staff #1 "nitpick" her about some furniture she had rearranged; -she had to move back the furniture; -staff #1 was arguing with her; -staff #1 started it; -she(client #3) then got in a fight with client #4; <p>Interview on 10/19/20 with client #4 revealed:</p> <ul style="list-style-type: none"> -went on an outing with staff #1; -returned to the facility; -staff #3 and staff #4 were at the facility with the other clients; -the facility furniture had been moved around; -staff #1 went to ask the other staff who 	V 536		

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V 536	<p>Continued From page 29</p> <p>authorized the movement of the furniture; -staff #3 stated she authorized client #3 to move the furniture; -staff #1 discussed why the furniture can't be moved; -client #3 started arguing with staff #1; -client #3 cussed staff #1 and went outside; -client #4 went outside and told client #3 not to be disrespectful to her "mommy," -client #4 got mad; -client #3 was rude to staff #1 about the television remote; -staff #1 told client #3 to go to her room for being rude; -client #3 got mad and talked back to staff #1; -client #3 and client #4 then got in a fight.</p> <p>Further interview on 10/20/20 with staff #1 revealed: -asked staff #3 who authorized the change of the desk and the table; -the Qualified Professional(QP) and CEO/Licensee did not like the desk or the table to be moved; -staff #3 was on the couch with client #3; -staff #3 got upset because she(staff #1) asked about the movement of the furniture; -client #3 got upset; -client #3 changed back the furniture; -client #3 cussed staff #1; -client #4 got upset and told client #3 not to disrespect her(staff #1); -client #4 referred to staff #1 as her mom; -client #3 was yelling, and staff #1 told client #3 to go to her room; -client #3 refused to go to her room; -client #3 looked like she was going to fight staff #1; -staff #1 told client #3 she was going to call the police on client #3;</p>	V 536		

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V 536	<p>Continued From page 30</p> <ul style="list-style-type: none"> -staff #4 told client #3 and staff #1 they both needed to control their emotions; -staff #4 told staff #1 she was mad at client #3; -staff #1 stated "staff not on same accord." <p>Interview on 10/19/20 with staff #3 revealed:</p> <ul style="list-style-type: none"> -she worked with staff #4 the day of the incident; -"it started up, provoked by [staff #1];" -staff #1 took client #4 to church, got her clothes and Chinese food; -the other clients saw client #4 "come in with all this stuff" and it triggered them; -client #3 had done a deep cleaning and rearranged some furniture; -staff #1 asked who authorized the move of the furniture; -client #3 got upset and went outside; -client #4 was yelling not to disrespect her "momma;" -she talked to client #3 and got her calmed down; -staff #3 had to leave the facility at 5:00pm; -found out later staff #1 kept telling client #3 to go to her room, told client #3 her own kids did not disrespect her and she(staff #1) was going to call the police on client #3. <p>Interview on 10/19/20 with staff #4 revealed:</p> <ul style="list-style-type: none"> -other clients got jealous of staff #1 giving client #4 food; -there was tension between client #4, the other clients and staff #1; -staff #1 prompted client #3 to go to her room; -client #3 refused; -staff #1 threatened to call the police on client #3 because client #3 refused to go to her room; -she(staff #4) stepped in because this was the first time staff #1 had worked at a Level 3 group home; -she(staff #4) got client #3 calmed down; -staff #1 said something to client #3 again, and 	V 536		

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V 536	Continued From page 31 client #3 lashed out verbally at staff #1; -staff #1 was client #4's favorite staff, and client #4 attacked client #3. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct 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 the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 537		

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V 537	<p>Continued From page 32</p> <p>behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p>	V 537		

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V 537	<p>Continued From page 33</p> <p>(B) when and where they attended; and (C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(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.</p> <p>(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.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures.</p> <p>(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</p>	V 537		

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V 537	<p>Continued From page 34</p> <p>Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure staff</p>	V 537		

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V 537	<p>Continued From page 35</p> <p>completed training in restrictive interventions for 3 of 4 staff (#1, #2, #4) and 1 of 2 Former Associate Professionals(FAP#2). The findings are:</p> <p>Finding #1: Review on 10/19/20 of staff personnel records revealed the following: -staff #1 was hired on 9/29/20 with the job title of Direct Care Paraprofessional. A certificate for completed training in NCI(North Carolina Interventions) Plus dated 9/29/20 for staff #1 was present in the record; -staff #2 was hired on 9/28/20 with the job title of Direct Care Paraprofessional. There was no documentation of completed training in NCI Plus present in the record; -staff #4 was hired on 10/2/20 with the job title of Direct Care Paraprofessionals. Two certificates for completed training for NCI Plus were present in the record. One certificate was dated 10/2/20. One certificate was dated 10/3/20 with staff #4 ' s first name written in the certificate; -FAP#2 was hired on 10/7/20 with the job title of AP. A certificate for completed training in NCI Plus dated 10/6/20 was present in the record.</p> <p>Interviews on 10/15/20 and 10/20/20 with staff #1 revealed: -not had her training yet; -she has been asking for it; -the Chief Executive Officer(CEO)/Licensee told her that she(CEO/Licensee) "has someone coming;" -the CEO/Licensee had not provided her with NCI training; -she did not know who the NCI instructor was; -the name of the NCI instructor on the NCI certificate did not train her in NCI; -the CEO/Licensee had her sign a paper to say she had experience in NCI;</p>	V 537		

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V 537	<p>Continued From page 36</p> <p>-she had NCI training at another facility; -she stated the NCI certificate was "not true, did not take it."</p> <p>Interviews on 10/19/20 and 10/22/20 with staff #4 revealed: -had prior experience and prior trainings in Level 3 group homes in Virginia; -she did not get her training at this facility; -she had not been trained in NCI; -she went over the NCI test part, took the test and read up on NCI in a pamphlet; -the CEO/Licensee gave the NCI test and NCI pamphlet to her; -the CEO/Licensee said once she got enough people, she would have the NCI instructor come to do training.</p> <p>Interview on 10/21/20 with FAP#2 revealed: -worked at the facility for one week from 10/7/20-10/14/20; -she did not have NCI Plus training on 10/6/20; -she stated, "I'm not gonna lie;" -she was there every single day for a week and never saw a man there doing NCI training; -she overheard the CEO/Licensee tell direct care staff they got paid minimum wage until they got all their trainings; -direct care staff working there without all their trainings.</p> <p>Finding #2: Review on 10/19/20 of client #3's record revealed: -admission date of 9/25/20; -diagnoses of Reactive Attachment Disorder, Oppositional Defiant Disorder, ADHD, Post Traumatic Stress Disorder and Schizoffective Disorder; -age 17 years;</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2020
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NAME OF PROVIDER OR SUPPLIER BLOSSOM COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1911 WILLIMAX AVENUE GASTONIA, NC 28054
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V 537	<p>Continued From page 37</p> <p>-treatment plan dated 2/6/20 updated 8/21/20 documented client #3 had a history of multiple instances of physical aggression with peers and had required physical holds due to aggression towards staff and peers.</p> <p>Review on 10/19/20 of client #4's record revealed: -admission date of 10/14/20; -diagnoses of Depressive disorder and Conduct Disorder; -age 17 years old; -a residential services intake form dated 10/14/20 documented client #4 was on probation for assault with a deadly weapon that occurred in 4/2020; -treatment plan dated 10/12/20 documented client #4 had a history of negative interactions with peers, a fascination with knives and homicidal ideation.</p> <p>Interview on 10/21/20 with client #3 revealed: -was upset and cursing at staff #1; -she walked outside, and client #4 followed her; -client #4 told her not to talk to staff #1 disrespectful; -client #3 climbed a tree, cooled down and went back inside; -client #4 ran up on her, pulled her hair and they started fist fighting; -she(client #3) had rings on her fingers; -client #4 got stitches as result of the fight; -staff #1 and staff #4 tried to break the fight up; -staff pulled them off of each other; -"[staff #1] had me on my face, I couldn't breathe;" -client #3's head was in the pillows on the couch and her arms were behind her; -"like cop arresting you and putting you on cop car;"</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2020
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V 537	<p>Continued From page 38</p> <p>-staff #1 finally got off of her.</p> <p>Interview on 10/19/20 with client #4 revealed:</p> <ul style="list-style-type: none"> -happened yesterday; -client #3 got upset and was cussing staff #1; -client #3 went outside, and she followed client #3; -she told client #3 not to talk to staff #1 disrespectful; -client #3 went back inside the facility; -she and client #3 got into a verbal altercation; -she and client #3 began to fight; -"staff tried to restrain, hold us back;" -staff #1 grabbed client #3; -staff #4 grabbed client #4; -staff #1 was in front of client #3, holding her and pushing her back; -staff #4 was holding client #4 from behind, standing behind client #4; -staff #4's arms were under client #4's armpits; -client #4's arms were free, wiggling and swinging staff #4 back and forth; -client #3 and client #4 got close enough to hit each other; -she kicked client #3 in the stomach; -client #3 hit her in the back of the head; -staff #1 and staff #4 were still trying to break the fight up; -she grabbed client #3's hair, swung her by the door and punched client #3 in the face; -staff #4 got client #4 in the hall; -she still heard client #3 calling her(client #4) names; -staff #1 had client #3 down on the couch with her(client #3's)knees bent and her belly on the couch; -"like get arrested on police car;" -staff #1 had client #3's arms behind her back; -she ran into the room and hit client #3 twice; -staff #1 and staff #4 traded places; 	V 537		

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V 537	<p>Continued From page 39</p> <ul style="list-style-type: none"> -staff #1 was holding her(client #4) down on the couch; -she was laying on the couch with her legs straight out, and staff #1 was on top of her, holding her hands; -staff #4 let client #3 go, and she hit client #4; -client #4 kicked client #3 in the face and got client #3's hair; -client #3 got a rock and threw it at client #4; -the rock hit her(client #4) in the eye; -her eye was bleeding bad; -staff called EMS(Emergency Medical Services) and they checked her out; -she went to the ED(Emergency Department); -the rock or the rings caused the cut above her eye; -she got six stitches; -her swollen eye hurts. <p>Observation on 10/19/20 at 10:03am revealed:</p> <ul style="list-style-type: none"> -laceration above client #4's right eyebrow with stitches; -swelling at the outer corner and underneath client #4's left eye. <p>Review on 10/19/20 of a form titled "After Visit Summary" dated 10/18/20 from a local hospital documented the following:</p> <ul style="list-style-type: none"> -reason for visit: assault victim; -diagnosis: cut on face, abrasions of multiple sites, facial laceration with stitches. <p>Interview on 10/19/20 with staff #4 revealed:</p> <ul style="list-style-type: none"> -happened yesterday; -client #3 got upset with staff #1 and verbally lashed out; -staff #1 was client #4's favorite staff; -client #4 attacked client #3 while client #3 was sitting on the couch; -she grabbed client #4, and staff #1 grabbed 	V 537		

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V 537	<p>Continued From page 40</p> <p>client #3; -client #3 and client #4 were kicking, punching and pulling each other's hair; -client #3 and client #4 were running in circles; -she tried to defuse the situation; -she was standing in front of client #4; -she directed client #3 to go outside; -she did not restrain client #3 or client #4; -client #4 had a gash on her forehead.</p> <p>Interview on 10/20/20 with staff #1 revealed: -came in on her day off; -client #3 got upset with her(staff #1); -client #3 was yelling, and staff #1 told client #3 to go to her room; -client #3 refused to go to her room and cussed staff #1; -client #4 got upset; -client #4 said she was going to fight client #3; -"did a basket hold on [client #3] three times;" -not sure if staff #4 had NCI training; -staff #4 just blocked; -staff #4 didn't do any type of hold; -client #4 kept getting loose and hitting her and client #3; -client #3 and client #4 fought three times; -client #3 was struggling to get loose; -staff #4 let client #4 go; -staff #4 supposed to take client #4 back to her room; -client #3 had a sharp ring on; -client #4 had a "gaping hole;" -"blood everywhere;" -"blood all over the floor;" -"freaked me out so bad;" -"got out of control;" -"it was a mess;" -"should have never happened."</p> <p>This deficiency is cross referenced into 10A</p>	V 537		

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V 537	Continued From page 41 NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Review on 10/19/20 of client #2's record revealed: -admission date of 8/14/20; -diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder; -15 years old; -treatment plan dated 8/10/20 documented client #2 had an inpatient psychiatric hospitalization on 7/4/20 for suicidal ideation and lack of emotional regulation. Client #2 had a treatment goal to decrease depressive symptoms, use effective coping skills and appropriate release of feelings to address self-harm. Review on 10/19/20 of client #3's record	V 736		

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V 736	<p>Continued From page 42</p> <p>revealed:</p> <ul style="list-style-type: none"> -admission date of 9/25/20; -diagnoses of Reactive Attachment Disorder, Oppositional Defiant Disorder, ADHD, Post Traumatic Stress Disorder and Schizoffective Disorder; -age 17 years; -treatment plan dated 2/6/20 updated 8/21/20 documented client #3 had an inpatient psychiatric hospitalization on 3/16/20 for self-harm behaviors and reported high levels of suicidal ideation. Client #3 had a treatment goal to eliminate all self-harm behaviors and suicidal ideation. <p>Review on 10/20/20 of an incident report dated 9/16/20 regarding a former client revealed:</p> <ul style="list-style-type: none"> -was throwing glass she got from busting out a television set placed in the facility's front yard by the side of the road for trash pick-up; -throwing bricks at the facility's garage door. <p>Review on 10/20/20 of an incident report dated 10/1/20 regarding a former client revealed:</p> <ul style="list-style-type: none"> -was breaking out the windows in the facility; -used a large brick to throw at the facility's windows and broke the glass. <p>Observation on 10/15/20 at 1:53pm revealed the following:</p> <ul style="list-style-type: none"> -painted rocks along the sidewalk leading to the front door of the facility; -torn screen on the window on the front of the facility nearest the garage; -in the left side yard of the facility: approximately 35 pieces of glass ranging in size from approximately 1/2 inch to 6 inches; -in the fenced-in backyard: approximately 50 pieces of glass approximately 1/2 inch to 6 inches by window on the right side of the air conditioning unit; 	V 736		

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V 736	<p>Continued From page 43</p> <ul style="list-style-type: none"> -old shed in the back yard with an unlocked, open door allowing access to tall wooden boards; -laying around in the back yard: loose bricks, wooden boards, a wooden drawer, a cinder block, a light bulb filament, plastic cups, plastic bottles, a spoon and numerous large sticks; -by the backdoor on the cement patio: wooden thin boards in a plastic bag and a metal stick approximately 3 feet long; -tiny pieces of glass in the garage at the entrance to the left; -broken glass in the garage window on the right, jagged hole in the second glass pane from the top, pieces of glass in the inner window sill; -approximately 75 pieces of glass 1/2 inches to 4 inches by the top of the drive-way spread several feet; -big tree in front yard: loose bricks and piece of concrete around the tree. <p>Interview on 10/15/20 with the CEO(Chief Executive Officer)/Licensee revealed:</p> <ul style="list-style-type: none"> -fixed all the broken windows; -stated she "didn't know how it got like this" in response to all the glass in the yard; -will get someone to clean it up. <p>Interview on 10/19/20 with client #1 revealed:</p> <ul style="list-style-type: none"> -noticed the glass in the yard; -one girl who left the facility threw bricks through a window; -then another girl also did it; -happened on two separate occasions. <p>Interview on 10/15/20 with client #2 revealed:</p> <ul style="list-style-type: none"> -two former clients busted out the facility windows; -the garage window was not fixed; -the glass in the yard has been there for two months; 	V 736		

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V 736	<p>Continued From page 44</p> <p>- "There's glass everywhere;" - one time while at this facility, she dug her fingernail in her arm; - she was in a depressed mood; - "I start cutting myself."</p> <p>Interview on 10/15/20 with client #3 revealed: - a former client broke all the windows with rocks from the yard; - one window in the garage was not fixed; - she has a history of self-injurious behaviors; - used anything to cut on herself; - she didn't cut on herself anymore.</p> <p>Interview on 10/19/20 with client #4 revealed: - was admitted to the facility on 10/14/20; - when admitted, the glass was in the yard; - heard staff talking about the glass in the yard; - client #2 and client #3 went outside, and staff told them not to play in the glass; - yesterday(10/18/20) she got mad and broke her window with her hand.</p> <p>Interview on 10/15/20 with staff #1 revealed: - been employed at the facility for three weeks; - when she first started working here, the glass was in the yard by the street; - third day she worked here, client #2 scratched herself with her fingernail; - saw scratch marks on client #2's arm.</p> <p>Interview on 10/15/20 with staff #2 revealed: - worked at the facility 3-4 weeks; - the glass by the drive-way has been here since she started employment at the facility; - client #2 told her(staff #2) she scratched her forearm with her fingernail; - try to remove anything clients can self-harm with.</p> <p>Interview on 10/19/20 with staff #3 revealed:</p>	V 736		

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V 736	<p>Continued From page 45</p> <ul style="list-style-type: none"> -worked at the facility since the end of 8/2020; -a former client busted the glass out of the facility windows; -after it happened, staff swept up the pieces of glass in the drive-way and the garage; -"got somebody finally, thank God, to get it up;" -an old television was out there(by road); -a former client took an old metal pole from the trash and banged the television; -client #2 scratched herself with her fingernail and showed staff. <p>Further observation on 10/19/20 at 9:40am revealed:</p> <ul style="list-style-type: none"> -missing glass window pane in the window on the right side of the back of the facility; -some small pieces of glass underneath the window; -a small piece of glass in the backyard. <p>Further interview on 10/19/19 at 9:40am with the CEO/Licensee revealed the CEO/Licensee's response to the pieces of glass still in the backyard, "just happened."</p> <p>Interview on 10/19/20 with staff #4 revealed:</p> <ul style="list-style-type: none"> -was working yesterday; -client #3 and client #4 got into a fight; -client #4 busted out a window; -she just now picked up the visible glass in the backyard; -remember someone saying glass was in the front of the facility but didn't really see it. <p>Interview on 10/2/20 with Former Associate Professional(FAP)#1 revealed:</p> <ul style="list-style-type: none"> -last worked at the facility on 9/28/20; -the glass came from clients busting out the facility windows; -one time, she swept up the glass; 	V 736		

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V 736	<p>Continued From page 46</p> <p>-a client busted out old appliances at the road for trash pick-up.</p> <p>Interview on 10/21/20 with FAP#2 revealed: -worked at the facility one week; -last day worked at the facility was 10/14/20; -"glass everywhere;" -"two girls there are cutters;" -came in day after it happened; -never changed.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation.</p>	V 736		