Division of Health Service Regulation

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE S	
		MUI 0444404	B. WING		C	
		MHL0411184	J		11/04	4/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	FNTFR	UFFINE MILI BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	The complaint was NC00170491). A de	sed for the following service C 27G .1900 Psychiatric				
V 315	10A NCAC 27G .19 (a) Each facility shaphysician board-eligpsychiatry or a gene experience in the tradolescents with m (b) At all times, at I members shall be por adolescents in eact) If the PRTF is his pecifically assigner esponsibilities sepan acute medical unit (d) A psychiatrist si consultation to revie or adolescent admit	all be under the direction a gible or certified in child eral psychiatrist with eatment of children and ental illness. east two direct care staff present with every six children ach residential unit. Hospital based, staff shall be d to this facility, with arate from those performed on hit or other residential units. Hospital based, staff shall be d to this facility, with arate from those performed on hit or other residential units. Hospital based, staff shall be did to the residential units. Hospital based, staff shall be did to the residential units. Hospital based, staff shall be did to the facility. Hospital based, staff shall be did to the facility. Hospital based in child the provide 24 hour on-site				
	observations the fa	et as evidenced by: eview, interviews and cility failed to ensure that two re always present for every 6				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
					C	
		MHL0411184	D. WING		11/0	4/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	FNTFR	JFFINE MILL			
		GREENSE	BORO, NC 2	7405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 315	Continued From pa	ge 1	V 315			
	-	ng 12 of 12 clients (Client's #1				
	revealed: - Admission Date: 1 - Diagnoses: Disrup Disorder, Generaliz Adjustment Disorde	O of Client #1's record 10/1/20 otive Mood Dysregulation red Anxiety Disorder, er and Attention Deficit der (ADHD) combined type				
	revealed: - Goal: Will decreas and behaviors - bet decreased resistar ability to accept no property destruction responsibility for ac 10/19/20 review: Cl categories (disciplin good behavior and compliance and op complied to simple as waking up on tin room clean and bei scheduled activities - Goal: Will improv feelings and demor of difficult thoughts and verbal aggress and label underlying increase ability to re feelings in a produce	see defiant and angry episodes ter interactions with adults, noce to guidance - increased as an answer - decreased and increased ability to take tions. ient#1 has received several ne structured system based on negative behavior) for non-positional defiance. He has not tasks and daily routine such ne, daily hygiene, keeping ng on time for known see expression of thoughts and extrate effective management - decrease incidents of threats ion, increase ability to identify gemotions and feelings, ecognize label and verbalize ctive manner.				
	with expressing and has displayed aggre	ient #1 continues to struggle d rationalizing his thoughts. He essive behavior by arguing rs. His inability to think of				

Division of Health Service Regulation

STATE FORM 6899 10IC11 If continuation sheet 2 of 10

Division of Health Service Regulation

AND DUAN OF CODDECTION DENTIFICATION AND DED		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A. BUILDING.		С		
		MHL0411184	B. WING			4/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	ENTER	JFFINE MILL BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 315	Continued From pa	ge 2	V 315			
	consequences during moments of conflict or after his behavior is non-existent as he must be restrained several times due to his inability to self-calm/correct.					
	revealed: - Admission Date: - Diagnoses: Disrup Disorder, ADHD, in combined type, Car moderate, Alcohol (otive Mood Dysregulation attentive and compulsive nnabis use disorder mild to use disorder mild to moderate c Stress Disorder (PTSD)				
	revealed: - Goal 1: Will increate healthy relationship with others. Client #5 says shere Residential Treatme back into foster car to be a ward of the the state that her may parent 8/11/20 review of wants out of the PE don't need to be he putting me here." - Goal 2: Will improve response to adult a episodes. Client #5 to adults and not ar -9/15/20 review of congoing. Client #5 to wards authority figure with the state of the stat	ase her ability to engage in and pro-social interactions wants out of the Psychiatric ent Facility (PRTF) and to go e. Client #5 states she wants state and wants to prove to other (adoptive) is not a fit goals: Client #5 says she RTF. "I don't need to be here. I re. And I hate my parents for ve acceptance of and uthority and decrease angry says, "I will work on listening				

Division of Health Service Regulation

STATE FORM 6899 10IC11 If continuation sheet 3 of 10

Division of Health Service Regulation

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL0411184	B. WING		11/0	4/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	FNTFR	JFFINE MILL BORO, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
V 315	Continued From pa	ge 3	V 315			
	refused therapy and the therapist wante sessions. She has refused therapy10/13/20 review of ongoing. Client #5 of time listening and a adults/staff. She are take responsibly for others especially he wants to prove her a ward of the state department of socia - Goal 3. Will increase healthy relationship with others10/13/20 Goal 3 is demonstrated signishe has destroyed walls) has engaged female peer to creanight, turning up more	s been demanding and has d she didn't want to do it when d to. Not getting up for her been demanding and has Goals 1 & 2: Goals are continues to have a difficult accepting direction from gues, gets loud, refuses to rher actions and blames er mother. She is stating she mother is unfit so she can be and is requesting to talk to the all services to get this done. The assence her ability to engage in so and pro social interaction ongoing: Client #5 has ficant incidents of impulsivity, property (kicked holes in the lin partnering with another attended in the discount of the usic loudly and running down laughing loudly. She also has o agitate him.				
	revealed: - Admission Date: 1 - Diagnoses: Disru Disorder, Mood Dis	ptive Mood Dysregulation order Unspecified, PTSD derate, history of Mild				
	revealed: -Client #11 cycles v	of Client #11's ion Plan dated 7/14/20 vithin the program doing very ng down. Periods of not eating				

Division of Health Service Regulation

STATE FORM 6899 10IC11 If continuation sheet 4 of 10

Division of Health Service Regulation

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	
					C	;
		MHL0411184	B. WING		11/0	4/2020
NAME OF PRO	VIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RESIDENTIA	AL TREATMENT C	FNTFR	JFFINE MILL BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
arr CI us - 9 se - 0 fee - 8 joli dis - 9 to sta fru - 0 GCI re lyi dis er be - 1 liv - 9 er gef lnt - T (But - "	ses them when she of 22/20 review of 6 of tharming behaviors and demon of 3/3/20, 8/27/20 review of 6 of the sendaging in the scharge and anxieo of 22/20 review of 6 of the sendaging in the sen	get out of bed. Bloped good coping skills and e chooses. Goals: Client #11 engaged in iors. We expression of thoughts and strate effective feelings. Wiew of Goals: doing a better herapy and is discussing bety with this. Goals: Client #11 has chosen posed to seeking out sist her in managing er we her Oppositional Defiant need by following directions 27/20 and 9/22/20 review of en a tough reporting period for been placed on peer violated this, has been caught nown a significant level of incited others to act and has oppositional and defiant ase ability to practice healthy Goal: Goal 3 is ongoing - has a behaviors and has not used sed her coping skills to her thoughts. 20 with Client #5 revealed: Behavioral Health Counselors gistered Nurse (RN) working	V 315			

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0411184			11/0	; 4/2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	11/0	4/2020
		1601-B HI	JFFINE MILL			
RESIDE	NTIAL TREATMENT C	FNTFR	BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 315	Continued From pa	ge 5	V 315			
	-There are only two during sleep hours - "[BHC#1] and [BH more than that, and - For sleeping that i Review on 10/26/20 - Hire date: 10/19/1 - Therapeutic Crisis date: 10/18/19 Review on 10/26/20 - Hire date: 10/05/1 - TCI training date:	IC#2] are the staff working. No I a nurse (R.N.). s all there is." O of BHC #1's record revealed: 7 s Intervention (TCI) training O of BHC #2's revealed: 999 10/18/19 O of the RN's record revealed:				
	-TCI training date: 1000 of the left Client #5 and #11' end of hallway and working at the end desk area. on boys unit Nursing office is led doors down on opp #5 and #11 Cameras are more both ends of the union the hallways. Review on 10/27/20 revealed:	11/20/19 23/20 of the hallway of Client				

Division of Health Service Regulation

STATE FORM 6899 10IC11 If continuation sheet 6 of 10

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		С	
		MHL0411184	B. WING	<u>-</u>		4/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	ENTER	JFFINE MILL BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 315	Continued From pa	ge 6	V 315			
	staff on the third sh the name of previou	ift. The Waiver was also under us facility's license.				
	The facility staffs or shift. - The units have a text of the control of the aggressivener manipulation by the situation difficult to consumers safe with the situation of the consumers of the situation of the situation of the consumers of the situation of the s	20 with the R.N. revealed: hly two direct care staff on 3rd total of twelve children. twelve children since staff can that the consumers can table to the point that only two le to keep things under the consumers can make a control and it's hard to keep th only two staff. 20 with BHC #1 revealed: hly two direct care staff on 3rd				
	shift "I was working on 11:00PM, boy's hall They were having is (Client #1) yelling a room. He is attemp almost seems like It trying to make it senightmare. However his gym shoes on a - It is concerning to situation if there are would never be able restraint for safety volume. Interview on 10/26/. The facility staffs or shift "When I got to wo	the other hall (10/10/20,). ssues there. I had one boy nd screaming 'fire, fire' in his ting to pull fire alarm and ne is faking a nightmare or em like he is having a er, he is fully clothed and has at 12:00 a.m. not be able to handle a e behaviors on both halls. We e to do a three-person				

Division of Health Service Regulation

STATE FORM 6899 10IC11 If continuation sheet 7 of 10

Division of Health Service Regulation

AND BUAN OF CODDECTION IDENTIFICATION AND DED			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		MHL0411184	B. WING			4/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	FNTFR	JFFINE MILL BORO, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 315	Continued From pa	ge 7	V 315			
	me who was workin (Client #5 and Client and just being disrushare the same becondered to the same same becondered to the same same same same same same same sam	nt #11 were dressed in street history of AWOL (absent pulling fire alarms to create consumers requiring atment. ff and a nurse (3rd shift				
	revealed: - She thought the fashift staffing which direct care staff. Aft to locate the waiver facility person responded not apply for the period. Interview on 10/27/2. Officer revealed: - "We have 4 staff of Nurse on days, plus and school On the second shounselors and one some reason, seem significantly more in	acility had a waiver for third would reduce staffing to two ter several moments of trying it, it was discovered that the possible for the waiver request e waiver at licensing renewal 20 with the Chief Clinical counselors and one Registered is staff that are here for groups iff we have five staff - four it is to be our shift that there are incidents. There is a higher is during the day and on the				

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0411184	B. WING			C 04/2020
	PROVIDER OR SUPPLIER	FNTER 1601-B HI	DRESS, CITY, S UFFINE MILL BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 315	- We hadn't had an Based on the perceshift, we want to rectwo staff and one R - Until the waiver is assign two addition Review on 11/4/20 Protection written on Director revealed: What immediately a ensure the safety or - "The facility will staff the approval of our ensure clients are son Describe you plans happens: - "The scheduler wistaff immediately. We this way with properapproved, it has all license." This facility serves have diagnoses of Adjustment Disorded Dysregulation Disorded Dysregulatio	y incidents on the third shift. ent of incidents we get on third quest a waiver for staff to be at N. in place, we will immediately al staff on our third shift." of the facility's Plan of n 11/3/20 by the Executive action will the facility take to f the consumers in your care: aff the ratio of staff of 4 until waiver request for third shift to	V 315			

Division of Health Service Regulation

STATE FORM 6899 10IC11 If continuation sheet 9 of 10

Division of Health Service Regulation

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			B. WING			0
		MHL0411184	B. WING		11/0)4/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RESIDE	NTIAL TREATMENT C	FNIFR	UFFINE MILI BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 315	of the only two staff made it difficult to p to their needs. This safety and welfare of Type B rule violation corrected within 45 penalty of \$200.00	ge 9 f working on 3rd shift and properly supervise and attend is detrimental to the health, of the clients and constitutes and it is not days, an administrative per day will be imposed for a is out of compliance beyond	V 315			

Division of Health Service Regulation STATE FORM