

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
		B. WING:	

NAME OF PROVIDER OR SUPPLIER
BRIGHTER DAYZ LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**837 LYNHAVEN DRIVE
GASTONIA, NC 28052**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 13, 2020. The complaint was substantiated (Intake #NC00170978). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000	<p style="text-align: center; color: blue; font-size: 1.2em;">DHSR - Mental Health</p> <p style="text-align: center; color: blue; font-size: 1.2em;">Lic. & Cert. Section</p>	
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105	<p>V 105 Pursuant to 27G .0201 (A) (1-7) Brighter Dayz will ensure pertinent client records are always secure and assessable. Specifically, the agency will take the following actions:</p> <p>A copy of critical records and other information is now secured in a locked cabinet in a locked room. At least one staff on duty has the keys to the room and cabinet at all times.</p> <p>Staff have been educated that medication administration records are confidential and are to secured and accessible in the same manner as the above client records.</p> <p>The agency has purchased a lock box for the company van. All documents that contain confidentially information are now locked in the box.</p> <p>Staff have been educated about the security and accessibility of records.</p> <p>The Qualified Professional will inspect for compliance with the POC on every occasion s/he is onsite.</p>	

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

TITLE

(X6) DATE

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on interview, record review, and observation, the facility failed to implement their policy on client record management including assurance of record accessibility to authorized users at all times and assurance of confidentiality of records. The findings are:</p> <p>Review on 11/10/20 of the undated facility policy entitled Record Storage revealed: -"The primary location for staff and client records is an offsite office. The current location is [local address]. Files are kept in an office that only the Executive Director and CEO (Chief Executive Officer) have Access to. Certain client records will also be stored in a locked van/agency vehicle in lockbox. These documents can include but are not limited to PCP (Person Centered Plan)/CCA(Comprehensive Clinical Assessment)/ Consent to Treatment/Placement letter."</p> <p>Finding #1 Interview on 11/2/20 with the Police Officer from the local law enforcement agency revealed: -Responded to the facility during the early morning hours of 10/25/20 regarding two run-away juveniles; -While at the facility, there was one Caucasian juvenile (Client #3) present who assisted the officers with information. She was able to locate work related personal documents in the bedrooms of the missing juveniles. She was the only source of information the officers had to obtain personal information on the run-away juveniles. Staff #3 did not have any identifying information on the missing juveniles.</p> <p>Finding #2 Observation on 10/28/20 at approximately 1:00pm of the facility revealed: -A binder containing client Medication</p>	V 105		
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V 105	<p>Continued From page 3</p> <p>Administration Records (MARs) was located unlocked and unattended on the dining room table.</p> <p>Interviews on 10/28/20 with Staff #3 and Staff #4 revealed: -They were unaware that the MARs needed to be secured.</p> <p>Finding #3 Observation on 10/28/20 at approximately 1:15pm of the facility revealed: -No client records were available for review inside the facility; -Staff #4 went to the facility vehicle and took a plastic accordion folder from the vehicle; -The plastic accordion folder was not secured in a lockbox or by any other means; -Inside the plastic accordion folder were three treatment plans; -The treatment plans were for Clients #1, #2, and #3; -There was nothing else located in the plastic accordion folder.</p> <p>Interview on 10/28/20 with Staff #4 revealed: - Treatment plans for Clients #1, #2, and #3 were the only client records at the facility; -He did not have any paperwork on Client #4 but would contact Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director for documents.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.</p>	V 105		

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V 293	Continued From page 4	V 293		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to 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</p>	V 293	<p>V293</p> <p>The root cause of this citation was an incident where 2 staff were on duty at the facility and a client(s) eloped. One staff looked for the client in the neighborhood while the other staff stayed with the remaining clients in the facility.</p> <p>In the event this scenario was to reoccur both staff on duty will stay at the facility and notify the QP (Qualified Professional) immediately. The QP (or designee) will either 1) replace one of the staff on duty in the facility so that staff may look for the eloped client; or) the QP will look for the client and the 2 staff on duty will remain at the facility.</p> <p>The agency will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that: a. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all time b. The minimum number of direct care staff required when children or adolescents are present and awake is as follows: 1. Two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer.</p> <p>The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.</p>	

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V 293	<p>Continued From page 5</p> <p>gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide individualized supervision, minimize the occurrence of behaviors, ensure safety, assist in the acquisition of adaptive functioning, and support the adolescent in gaining the skills needed to step-down to a less intensive treatment setting affecting 4 of 4 clients (Clients #1, #2, #3, and #4). Furthermore, the facility failed to coordinate care with other individuals and agencies within the adolescent's system of care affecting 1 of 4 clients (Client #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients #1, #2, #3, and #4).</p> <p>Finding #1 Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client</p>	V 293	<p>With regard to specific issues cited by DHSR the agency will take the following actions:</p> <p>The agency will designate a supervisory level staff that will be available 24/7/365 by telephone to respond to staff inquiries & coordinate care. To ensure compliance with this standard the agency will conduct at least quarterly tests of the on call system.</p> <p>The agency will immediately contact a client's guardian, law enforcement and DSS worker if a client elopes and does not return within 20 minutes.</p> <p>The management of the agency will conduct documented spot checks of overnight staff to ensure they are awake. This will be done live or via onsite video cameras. Staff that are found to be asleep will be terminated.</p> <p>Staff on overnight shift will document wellness checks of clients every 15 minutes</p>	

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V 293	<p>Continued From page 6</p> <p>#2's DSS legal guardian dated 10/25/20 at 10:20am revealed: -"Hello [Client #2] AWOL (absence without leave) last night. Please call us Monday. I am also issuing a 30 notice to discharge services. As of today 10/25/2020." Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client #2's DSS legal guardian dated 10/30/20 at 5:30pm revealed: -"Hello everyone, Today makes 5 days since [Client #2] AWOL. I tried calling [DSS legal guardian] a few times today, To do a quick follow up meeting. If [Client #2] is not found by the 10 day we will discharge on the 10th day. I would like to have a meeting Monday if possible." Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client #2's DSS legal guardian dated 11/1/20 at 9:59am revealed: -"Hello police found [Client #2]. In the middle of the night last night. We asked that she be taken to the hospital for a full evaluation. Call me when you get a chance." Review on 11/10/20 of call logs from the weekend on-call DSS worker from Client #2's home county revealed: -Call log dated 11/1/20 at 6:22pm revealed: "...Caller reported the child (Client #2) was brought to the hospital after running off ...The child is ready for discharge now; cleared from a psych (psychiatric) standpoint and to follow up with outpatient services ...Brighter Days (facility) is willing to take her back. She can continue with the same care prior to hospitalization ...permission was granted (from Client #2's home county DSS office) for the minor to return to Brighter Dayz ...would call Brighter Dayz to arrange pickup and transport ...;" -Call log dated 11/1/20 at 8:17pm revealed: DSS</p>	V 293		

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V 293	Continued From page 7 worker called to "speak with [direct care staff] who is the worker there (at the facility) and her supervisor ...is not present ...[direct care staff] would not provide the supervisors phone number ...[direct care staff] who reported she has not received permission from her supervisor for the child to return (to the facility). She reported that she has called and messaged her supervisor several times with no answer or return calls/message. [Direct care staff] reported that she cannot just leave because someone calls and tells her that [Client #2] is ready to be picked up. She stated that she does not have any say over whether the child can return or not. She further stated that they need to speak with [Client #2]'s SW (social worker) ...[Direct care staff] further stated that they were under the impression that [Client #2] was supposed to be going to a lockdown facility. [Direct care staff] stated, 'as a matter of fact can you just call me back. I'm going to see if I can reach my supervisor again' and she hung up the phone ...called Brighter Dayz back, there was no answer and the voicemail was not setup ...called Brighter Dayz several more times: still no answer ...[home county DSS worker] called [hospital social worker] who reported the facility stopped answering his calls as well ..." The home county DSS worker and the hospital social worker arranged a plan for Client #2. Review on 11/4/20 of Client #2's hospital records from 11/1/20-11/2/20 hospital visit revealed: -Psychiatric consultation dated 11/1/20 revealed: "Patient (Client #2) run away from group home and they require a psychiatric evaluation before she can return ...ran away from her group home seven days ago and stayed with some friends of another group home member she ran away with ...patient states that she ran away because she doesn't like living in group homes ...she runs away from group homes all the time ...no	V 293		
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V 293	Continued From page 8 current/acute psychiatric symptoms/signs elicited or exhibited ...consequently patient is psychiatrically cleared for return to establish outpatient provider ...group home indicated she could return when psychiatrically cleared of acute psychiatric issues ..." Client #2 cleared for discharge on 11/1/20 at 4:07pm; -Clinical note dated 11/1/20 at 6am revealed Client #2 presented to the emergency department via emergency medical services for a psychiatric evaluation after running away. "...Patient (Client #2) was found by police today, they attempted to return her to the group home, but group home requested patient be brought for psychiatric evaluation ...;" -Clinical note dated 11/1/10 at 5:59pm revealed: "...Consult to assist in returning pt (patient) (Client #2) to Group Home at Brighter Dayz in Gastonia, NC. Call placed to Brighter Days and spoke with staff ...[Client #2's DSS legal guardian] would need to be spoken to prior to make arrangements as pt will possibly need PRTF (psychiatric residential treatment facility). Recommendation from SOC (system of care) report indicate pt does not require a PRTF and can continue with outpatient services prior to ED (emergency department) admission; -Clinical note dated 11/1/20 at 6:18pm revealed called Client #2's home DSS on-call worker reported Client #2 was authorized to return to Brighter Dayz. "...Called Brighter Dayz [direct care staff] and worker attempted to contact her supervisor with no answer. She was given instructions to not accept the child back until cleared by [home DSS] and her supervisor. Will return call;" -Clinical note dated 11/1/20 at 7:13pm revealed: "...Checked back in with staff at Brighter Dayz facility. [Direct care staff] reported that her supervisor has still not answered her calls. She	V 293		

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V 293	<p>Continued From page 9</p> <p>will call her again and attempt to get a hold of her to authorize pt to return. Current staff worker ends her shift at 8pm and requested a return call in 15 mins (minutes);"</p> <p>-Clinical note dated 11/1/20 at 7:35pm revealed: " ...Return call to Brighter Dayz ...and spoke with staff. She spoke with her supervisor ...has not heard from the Program Manager about pt returning to the facility ...:"</p> <p>-Clinical note dated 11/1/20 at 7:47pm revealed: "Return call from [home DSS] and they will call Brighter Dayz again and confirm that pt is authorized to return to the facility. She will have staff come to pick up the pt;"</p> <p>-Clinical note dated 11/1/20 at 8:03pm revealed: "Return call from [home DSS worker] ...She has spoken to Brighter Dayz facility and they are currently refusing to take pt back ...[home DSS] is staffing with supervisor to attempt to come up with a plan for pt as placement has fallen through ...Brighter Dayz is not currently answering [home DSS] calls to discuss further options for pt ..."</p> <p>Interview on 11/3/20 and 11/10/20 with Client #2's DSS legal guardian revealed:</p> <p>-Client #2 turned herself over to a local police officer during the early morning hours of 11/1/20 and was transported to a local emergency department for a psychiatric evaluation upon request of Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director;</p> <p>-Nobody from the facility went to the local emergency department to meet Client #2; - Client #2 was not accepted back to the facility after receiving a psychiatric evaluation on 11/1/20;</p> <p>-Licensee #2/Executive Director had sent a 30-day notice of emergency discharge on 10/26/20 after Client #2 ran away;</p>	V 293		

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V 293	<p>Continued From page 10</p> <p>-Had a phone call with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 10/30/20 to discuss how to proceed after Client #2 ran away. It was decided that if Client #2 was not found within 10 days of running away, she would not return to the facility. If Client #2 was found within 10 days of running away, she would be taken to the hospital for an evaluation prior to returning to the facility;</p> <p>-Client #2 remained in the local emergency department alone during assessment and then for almost 30 hours post-discharge prior to being picked up by the DSS legal guardian at approximately 8:45pm on 11/2/20 and transported to a level 4 facility arriving just minutes prior to midnight on 11/2/20.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: - There were two staff at the facility when Clients #1 and #2 ran away;</p> <p>-Client #3 was awake and was assisting the officers with information;</p> <p>-Licensee #2/Executive Director revealed Client #4 was on a home visit but Licensee #1/Director/Qualified Professional #1 revealed Client #4 was in the facility;</p> <p>-Licensee #2/Executive Director questioned the evidence to support the findings that only one staff was in the facility and then reported Staff #4 was "out in the street" looking for Clients #1 and #2;</p> <p>-Denied only one staff was working the shift; - Licensee #2/Executive Director revealed: "Not true. We will deal with it at an informal (conference hearing with the Division of Health Service Regulation);"</p> <p>-Spoke with Client #2's legal guardian and</p>	V 293		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 11</p> <p>decided on 10/30/20 that it would not be safe for Client #2 to return to the facility if she was located.</p> <p>Finding #2 Interview on 10/28/20 with Staff #4 revealed: -Client #3 worked part-time in a local fast food restaurant; -Client #1 was scheduled to start work at a local fast food restaurant before she ran away; -Facility staff did not stay with clients while they worked at their part-time jobs but did provide transportation to the clients to and from their part-time jobs.</p> <p>Interview on 10/30/20 with the investigating Department of Social Services (DSS) worker revealed: -Concerned about the lack of supervision at the facility when Clients #1 and #2 ran away from the facility in the middle of the night and did not report the incident for well over one hour; -Concerned about Client #1 being released from a level 4 facility to a level 3 facility with a significant history of running away and sex trafficking during periods of elopement and the level 3 facility encouraging her to seek job placement at a local fast food restaurant two days after admission to the facility.</p> <p>Interview on 10/28/20 and 11/2/20 with Client #1's mother/legal guardian revealed: -Staff at the facility had assisted Client #1 in obtaining a job at a local fast food restaurant despite her history of running away; -Was against the placement at the facility as she believed her daughter required a higher level of supervision, but the Care Coordinator from the local management entity pushed the placement; - Was informed by Licensee #2/Executive Director</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/13/2020
		A. BUILDING:	
		B. WING	

NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 293	<p>Continued From page 12</p> <p>that her daughter would be placed with younger clients who did not have a history of running away and that there would be adequate staff supervision and alarms on the doors and windows to alert staff should her daughter attempt to run away;</p> <p>-Does not know why the facility allowed her daughter to seek employment after being at the facility for only two days.</p> <p>Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>The agency will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that:</p> <p>a. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all time</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>The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer</p> <p>The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.</p> <p>Describe your plans to ensure the above happens.</p>	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
	MHL036-331	B. WING:	

NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 293	<p>Continued From page 13</p> <p>The root cause of this citation was an incident where 2 staff were on duty at the facility and a client eloped. One staff looked for the client in the neighborhood while the other staff stayed with the remaining clients in the facility.</p> <p>In the event this scenario were to reoccur both staff on duty will stay at the facility and notify the QP (Qualified Professional) immediately. The QP (or designee) will either 1) replace one of the staff on duty in the facility so that staff may look for the eloped client; or) the QP will look for the client and the 2 staff on duty will remain at the facility."</p> <p>Clients #1, #2, #3, and #4 range in age from 15 years to 17 years. They were diagnosed with a variety of mental health needs including, but not limited to, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. Clients #1, #2, and #3 had significant histories of elopement, sex trafficking and sexual assault during times of elopement, and substance abuse while on the run. Client #4 recently took her mother's keys and tried to get into the car and drive away. It took two people to stop client #4 and bring her back into the house. Additionally, the clients had histories of physical assault, property destruction, breaking windows, impulsivity and risky behaviors. Clients #1, #2, #3, and #4 did not receive the level of supervision required to meet their needs. Staff #3 worked the overnight shift alone on 10/24/20 and fell asleep. While sleeping, Clients #1 and #2 stole Staff #3's cell phone and three credit cards, left the facility through a bedroom window, and ran away. The police were not notified for close to an hour and a</p>	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 293	Continued From page 14 half. Upon arrival of the police, Staff #3 did not have access to the necessary records to provide identifying information about Clients #1 and #2. Staff #3 depended on Client #3 to search through Clients #1 and #2's belongings for this information. Furthermore, Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director did not coordinate care for Client #2 upon Client #2 surrendering to police after one week on the run. Client #2 was transported via emergency services to the local hospital upon request of the licensees. Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director were not responsive to calls from the hospital staff. Client #2 was left unattended in the hospital waiting room for up to 30 hours post-discharge before she was picked up by her legal guardian for transport to another facility. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present	V 296	V296 Cross reference to response to V293	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 296	<p>Continued From page 15</p> <p>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> <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 interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 296	<p>Continued From page 16</p> <p>#1, #2, #3, and #4). The findings are:</p> <p>Review on 10/28/20 and 11/05/20 of Client #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Cannabis Use Disorder, and Other Trauma and Stressor Disorder; -16 years old; -History of impulsivity, risky behaviors, running away, substance abuse, and human trafficking.</p> <p>Client #1 could not be interviewed as she had run away. She was still on the run and had not been located.</p> <p>Review on 10/28/20 and 11/05/20 of Client #2's record revealed: -Admitted 10/15/20; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Conduct Disorder; -15 years old; -History of breaking windows, property destruction, running away, substance abuse, and sexual assaults during times for elopement.</p> <p>Interview on 11/4/20 with Client #2 revealed: - Staff #3 was the only staff present at the facility on the overnight shift on 10/24/20 into 10/25/20 when Clients #1 and #2 ran away; -Staff #3 was asleep on the couch when Clients #1 and #2 left the facility; -Clients #1 and #2 left the facility through a bedroom window; -Clients #1 and #2 took Staff #3's cell phone and credit cards when they left the facility.</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 296	<p>Continued From page 17</p> <p>Review on 10/28/20 and 11/5/20 of Client #3's record revealed: -Admitted 10/15/20; -Diagnosed with Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Cannabis Use Disorder Mild, and Depressive Disorder NOS; -17 years old; -History of running away, human trafficking, substance abuse, low frustration tolerance, risky community behaviors, and negative peer associations.</p> <p>Interview on 10/28/20 with Client #3 revealed: - Staff #3 and #4 were both working the overnight shift on 10/24/20 into 10/25/20 but she slept through the entire incident of Clients #1 and #2 running away.</p> <p>Review on 10/28/20 and 11/5/20 of Client #4's record revealed: -Admitted 10/16/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism, and Language Disorder; -15 years old; -History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self, and physical assault. -Comprehensive Clinical Assessment written by the Licensed Professional dated 9/15/20 revealed in mid-summer, 2020, Client #4 took her mother's keys and tried to get into the car to drive away taking two people to stop her and bring her back into the house. " ...[Client #4] is a moderate risk to herself and others because she will become aggressive when she cannot have the things she desires and she demonstrates impulsive acts such as walking out of the house."</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 296	<p>Continued From page 18</p> <p>Attempted interview on 10/28/20 with Client #4 revealed: -Client #4 was a poor historian and the interview was unsuccessful.</p> <p>Interview on 11/2/20 with the Police Officer from the local law enforcement agency revealed: -Responded to the facility during the early morning hours of 10/25/20 regarding two run-away juveniles; -Staff #3 was the only staff present at the facility when he responded regarding the runaway juveniles; -Staff #3 was on the telephone the majority of the time the officers were at the facility; -Was certain there were no other staff members at the facility because he walked through the entire facility. He entered through the covered porch, into the facility through the kitchen, into the dining room, through the front living room and down the hall into the bedrooms; -"There was definitely no other staff on the premises."</p> <p>Interview on 10/28/20 with Staff #3 revealed: - Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #4 when Clients #1 and #2 ran away; -Staff #3 did not identify where Staff #4 was working; -Was in the bathroom and when she returned from the bathroom, she noticed her cell phone and credit cards were missing; -Checked on all clients every 5-10 minutes throughout the night but there was no documentation required for the checks.</p> <p>Interview on 10/28/20 with Staff #4 revealed: - Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #3 when Clients #1 and #2 ran</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020
NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 19 away; -Was in the kitchen washing dinner dishes when Clients #1 and #2 ran away; -Woke up Clients #3 and #4 in the middle of the night and had them get dressed and get in the van to go looking for Clients #1 and #2 but could not locate them. Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: - There were two staff at the facility when Clients #1 and #2 ran away; -Client #3 was awake and was assisting the officers with information; -Licensee #2/Executive Director revealed Client #4 was on a home visit but Licensee #1/Director/Qualified Professional #1 revealed Client #4 was in the facility; -Licensee #2/Executive Director questioned the evidence to support the findings that only one staff was in the facility and then reported Staff #4 was "out in the street" looking for Clients #1 and #2; -Denied only one staff was working the shift; - Licensee #2/Executive Director revealed: "Not true. We will deal with it at an informal (conference hearing with the Division of Health Service Regulation)." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) Scope for a Failure to Correct Type A1 rule violation.	V 296		
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	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020
NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 20 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 interview, record review, and observation, the facility was not maintained in a clean, safe, and attractive manner. The findings are: Observation on 10/28/20 at approximately 9:45am of the front of the facility revealed: - Broken glass window in the front of the house; -Hole in the window was roughly the size of a baseball; -There were jagged edges around the hole in the window; -Broken glass shards lay strewn on the front porch of the facility; -There was no broken glass or foreign debris on the inside of the window sill. Review on 10/28/20 and 11/05/20 of Client #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Cannabis Use Disorder, and Other Trauma and Stressor Disorder; -16 years old; -History of impulsivity, risky behaviors, running away, substance abuse, and human trafficking. Review on 10/28/20 and 11/05/20 of Client #2's record revealed: -Admitted 10/15/20;	V 736	V 736 The cause of the broken window appears to be a rock that was thrown by the lawnmower of the landscaping company that mows the facility lawn. Should a similar event happen the facility will take the following actions: Immediately contact supervisor on duty. Immediately clean up the broken glass. Safely remove any remaining glass from the frame of the window. Board up the window Call a glazier or other qualified repair service to make the repair as soon as possible. The facility will conduct at least monthly documented self-inspections of the facility including inspecting broken/cracked glass.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 736	<p>Continued From page 21</p> <p>-Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Conduct Disorder; -15 years old; -History of breaking windows, property destruction, running away, substance abuse, and sexual assaults during times for elopement.</p> <p>Review on 10/28/20 and 11/5/20 of Client #3's record revealed: -Admitted 10/15/20; -Diagnosed with Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Cannabis Use Disorder Mild, and Depressive Disorder NOS; -17 years old; -History of running away, human trafficking, substance abuse, low frustration tolerance, risky community behaviors, and negative peer associations.</p> <p>Review on 10/28/20 and 11/5/20 of Client #4's record revealed: -Admitted 10/16/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism, and Language Disorder; -15 years old; -History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self, and physical assault.</p> <p>Interview on 10/28/20 with Staff #4/Observation on 10/28/20 at approximately 1:00pm during the physical plant walkthrough of the facility revealed: -Staff #4 did not know the front window was broken; -Used the front door throughout the work week to get mail from the mailbox attached to the front of</p>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 736	<p>Continued From page 22</p> <p>the facility next to the front door; -Suggested the window was broken by someone passing the facility; -The facility is located quite far from the road; - The glass is strewn on the outside of the window on the front porch and not inside of the window jam; -Immediately after walking the facility, Staff #4 cleaned up the broken glass from the front porch but did not secure the front window in any manner.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Had no knowledge the window was broken and would look into the matter; -Upon request of the Plan of Protection (POP), Licensee #2/Executive Director revealed: "You are not going to be getting the forms (POP) back because I am getting ready to get on a plane;" - Licensee #1/Director/Qualified Professional #1 revealed he would be traveling with Licensee #2/Executive Director; -Licensee #2/Executive Director revealed the POPs would be submitted "by midnight."</p> <p>Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>To address the immediate issue of a broken window and shards of glass in the facility, the company has picked up all glass shards, removed the broken glass from the window pane and securely covered the window pane with wood. The glass pane will be replaced within the</p>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 11/13/2020
NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 23 next 48 hours or sooner depending on the availability of a glazier. Describe your plans to ensure the above happens. In the event the facility lawn mowing service were to accidentally break a window in the future, or if a window is broken for any reason, the company will immediately pick up all glass shards, remove the broken glass from the window pane and securely cover the window pane with wood until such time as a glazier can be onsite to replace the window pane." Clients #1, #2, #3, and #4 range in age from 15 years to 17 years. They were diagnosed with a variety of mental health needs including, but not limited to, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. They had histories of physical assault, property destruction, breaking windows, impulsivity and risky behaviors. The presence of a broken window with jagged edges at the entry to the facility, along with multiple shards of glass strewn on the front porch, for an undetermined amount of time was detrimental to the health, safety, and welfare of Clients #1, #2, #3, and #4. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-331	A. BUILDING: B. WING	

NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 738	<p>Continued From page 24</p> <p>EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility was not kept free from insects. The findings are:</p> <p>Observation on 10/28/20 at approximately 9:45am of the front of the facility; -Numerous insect carcasses in the window sill of the two front windows overlooking the front porch furthest from the front door.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.</p>	V 738	<p>V738</p> <p>The facility will conduct at least monthly documented self-inspections of the facility including inspecting for insect carcasses.</p> <p>Any carcasses will be removed.</p>	

SMITH, ANDERSON, BLOUNT,
DORSETT, MITCHELL & JERNIGAN, L.L.P.

LAWYERS

OFFICES
Wells Fargo Capitol Center
150 Fayetteville Street, Suite 2300
Raleigh, North Carolina 27601

ROBERT W. SHAW
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December 18, 2020

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P.O. Box 2611
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TELEPHONE: (919) 821-1220
FACSIMILE: (919) 821-6800

VIA EMAIL Robin.Sulfridge@dhhs.nc.gov
and FEDEX

DHSR - Mental Health

Ms. Eileen Sanchez, MA
Facility Compliance Consultant
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Lic. & Cert. Section

Re: ***Request for Reconsideration of Statement of Deficiencies; Brighter Dayz, LLC
MHL # 036-331***

Dear Ms. Sanchez:

I write on behalf of Brighter Dayz, LLC (MHL # 036-331) ("Brighter Dayz"), pursuant to N.C. Gen. Stat. § 150B-3(b), to respectfully request that NC Division of Health Service Regulation ("NC DHSR") reconsider its Statement of Deficiencies and assessment of additional Type A1 Administrative Penalties, for Brighter Dayz's facility on Lynhaven Drive, dated December 1, 2020. Brighter Dayz previously submitted to you its Plan of Corrections via an email transmission from Carl Noyes, dated December 11, 2020 at 11:05 AM. That email is attached hereto as **Exhibit 1**, and represents Brighter Dayz's formal appeal and submission of its Plan of Corrections, pursuant to the terms described in the Statement of Deficiencies letter. This letter is intended to clarify the intent of that email and ensure that Brighter Dayz's Plan of Corrections reaches you.

NC DHSR based its decision on the Agency's finding that Brighter Dayz failed to show compliance with the following rules and statutes:

- Continued violation of Type A1 rules, for 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) cross referenced to 10A NCAC 27G .1701 Scope (V293)
- Type B rules, for 10A NCAC 27G .0303 Location and Exterior Requirements (V736)

Brighter Dayz disagrees with these findings by NC DHSR. It is our belief that the complaint survey completed on November 13, 2020 did not give Brighter Dayz a full and fair

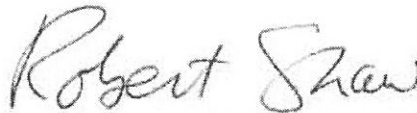
Ms. Robin Sulfridge
October 29, 2020
Page 2

opportunity to present the full extent of its efforts to comply with applicable laws and regulations, and otherwise rendered incorrect conclusions. At the moment the surveyors arrived, the staff of the Lynhaven Facility were responding to an ongoing crisis with a patient. Brighter Dayz's temporary emergency response measures were not, and were not intended to be, representative of its usual functioning within the scope of applicable statutes and rules.

Despite our general disagreement with the findings, and the impracticality of rebutting each of the allegations within the ten-day time frame required by DHSR, we are cognizant of NC DHSR's concerns and want to make every effort to ensure that the State is satisfied that the care provided by Brighter Dayz is compliant with relevant statutes and regulations. To that end, our client's comprehensive Plan of Correction, previously transmitted by email on December 11, is enclosed herewith for your review and approval. (See Enclosed Exhibits 1 and 2). The Plan of Correction demonstrates Brighter Dayz's compliance with all lawful requirements for operation, and outlines additional steps Brighter Dayz has taken or will take to correct any noted deficiencies. Additionally, the Plan of Correction identifies the individuals who will monitor these identified issues going forward, to ensure that any problems do not re-occur. In lieu of the assessed \$11,500 Type A1 administrative penalties, Brighter Dayz proposes to incur expenses for staff training and compliance monitoring, as described in the Plans of Correction.

Brighter Dayz takes its responsibilities to the State and its residents very seriously and appreciates the opportunity to provide such services. If you have additional questions, or if Brighter Dayz can provide any additional information or documentation, please do not hesitate to contact me. Brighter Dayz would appreciate the opportunity to discuss this proposal via an informal conference in order to resolve this matter to the satisfaction of NC DHSR.

Sincerely,



Robert Shaw
Counsel for Brighter Dayz

cc: Michele Elliott, Acting Chief, Michiele.Elliott@dhhs.nc.gov
Stacy Silvia, Licensure & Training Team Leader, Stacy.Silvia@dhhs.nc.gov
Bryson Brown, South Piedmont MH Team Leader, Bryson.Brown@dhhs.nc.gov
Pam Pridgen, Administrative Assistant, Pam.Pridgen@dhhs.nc.gov
Lynn Grier, Foothills MH Team Leader, Lynn.Grier@dhhs.nc.gov

Enclosures: Exhibit 1: Email from Mr. Noyes, transmitting POC
Exhibit 2: POC for MHL # 036-331

-----Original Message-----

From: Carl Noyes [mailto:carln@retrospectconsultinggroup.com]

Sent: Friday, December 11, 2020 11:05 AM

To: lynn.grier@dhhs.nc.gov; eileen.sanchez@dhhs.nc.gov

Cc: Emilio <efblasse@gmail.com>; Cassie Miller <cassie.brighterdayz@gmail.com>

Subject: POC for Brighter Dayz -MHL-036-331

Please find attached POC for Brighter Dayz -MHL-036-331

DHSR - Mental Health

DEC 9 2020

Lic. & Cert. Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020

NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 000	INITIAL COMMENTS A complaint survey was completed on November 13, 2020. The complaint was substantiated (Intake #NC00170978). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	DHSR - Mental Health DEC 10 2020 Lic. & Cert. Section	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105	V 105 Pursuant to 27G .0201 (A) (1-7) Brighter Dayz will ensure pertinent client records are always secure and assessable. Specifically, the agency will take the following actions: A copy of critical records and other information is now secured in a locked cabinet in a locked room. At least one staff on duty has the keys to the room and cabinet at all times. Staff have been educated that medication administration records are confidential and are to be secured and accessible in the same manner as the above client records. The agency has purchased a lock box for the company van. All documents that contain confidentially information are now locked in the box. Staff have been educated about the security and accessibility of records. The Qualified Professional will inspect for compliance with the POC on every occasion s/he is onsite.	

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

TITLE **Owner**

(X6) DATE **12/11/20**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020

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V 105	Continued From page 1 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

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	MHL036-331	B. WING	

11/13/2020

NAME OF PROVIDER OR SUPPLIER
BRIGHTER DAYZ LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**837 LYNHAVEN DRIVE
GASTONIA, NC 28052**

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V 105

Continued From page 2

Based on interview, record review, and observation, the facility failed to implement their policy on client record management including assurance of record accessibility to authorized users at all times and assurance of confidentiality of records. The findings are:

Review on 11/10/20 of the undated facility policy entitled Record Storage revealed:
-"The primary location for staff and client records is an offsite office. The current location is [local address]. Files are kept in an office that only the Executive Director and CEO (Chief Executive Officer) have Access to. Certain client records will also be stored in a locked van/agency vehicle in lockbox. These documents can include but are not limited to PCP (Person Centered Plan)/CCA(Comprehensive Clinical Assessment)/ Consent to Treatment/Placement letter."

Finding #1
Interview on 11/2/20 with the Police Officer from the local law enforcement agency revealed: -Responded to the facility during the early morning hours of 10/25/20 regarding two run-away juveniles;
-While at the facility, there was one Caucasian juvenile (Client #3) present who assisted the officers with information. She was able to locate work related personal documents in the bedrooms of the missing juveniles. She was the only source of information the officers had to obtain personal information on the run-away juveniles. Staff #3 did not have any identifying information on the missing juveniles.

Finding #2
Observation on 10/28/20 at approximately 1:00pm of the facility revealed:
-A binder containing client Medication

V 105

Division of Health Service Regulation

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V 105	<p>Continued From page 3</p> <p>Administration Records (MARs) was located unlocked and unattended on the dining room table.</p> <p>Interviews on 10/28/20 with Staff #3 and Staff #4 revealed: -They were unaware that the MARs needed to be secured.</p> <p>Finding #3 Observation on 10/28/20 at approximately 1:15pm of the facility revealed: -No client records were available for review inside the facility; -Staff #4 went to the facility vehicle and took a plastic accordion folder from the vehicle; -The plastic accordion folder was not secured in a lockbox or by any other means; -Inside the plastic accordion folder were three treatment plans; -The treatment plans were for Clients #1, #2, and #3; -There was nothing else located in the plastic accordion folder.</p> <p>Interview on 10/28/20 with Staff #4 revealed: - Treatment plans for Clients #1, #2, and #3 were the only client records at the facility; -He did not have any paperwork on Client #4 but would contact Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director for documents.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.</p>	V 105		

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V 293	Continued From page 4	V 293		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to 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</p>	V 293	<p>V293</p> <p>The root cause of this citation was an incident where 2 staff were on duty at the facility and a client(s) eloped. One staff looked for the client in the neighborhood while the other staff stayed with the remaining clients in the facility.</p> <p>In the event this scenario was to reoccur both staff on duty will stay at the facility and notify the QP (Qualified Professional) immediately. The QP (or designee) will either 1) replace one of the staff on duty in the facility so that staff may look for the eloped client; or) the QP will look for the client and the 2 staff on duty will remain at the facility.</p> <p>The agency will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that:</p> <p>a. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all time</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>The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer.</p> <p>The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020

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V 293	<p>Continued From page 5</p> <p>gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide individualized supervision, minimize the occurrence of behaviors, ensure safety, assist in the acquisition of adaptive functioning, and support the adolescent in gaining the skills needed to step-down to a less intensive treatment setting affecting 4 of 4 clients (Clients #1, #2, #3, and #4). Furthermore, the facility failed to coordinate care with other individuals and agencies within the adolescent's system of care affecting 1 of 4 clients (Client #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients #1, #2, #3, and #4).</p> <p>Finding #1 Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client</p>	V 293	<p>With regard to specific issues cited by DHR the agency will take the following actions:</p> <p>The agency will designate a supervisory level staff that will be available 24/7/365 by telephone to respond to staff inquiries & coordinate care. To ensure compliance with this standard the agency will conduct at least quarterly tests of the on call system.</p> <p>The agency will immediately contact a client's guardian, law enforcement and DSS worker if a client elopes and does not return within 20 minutes.</p> <p>The management of the agency will conduct documented spot checks of overnight staff to ensure they are awake. This will be done live or via onsite video cameras. Staff that are found to be asleep will be terminated.</p> <p>Staff on overnight shift will document wellness checks of clients every 15 minutes</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 293	<p>Continued From page 6</p> <p>#2's DSS legal guardian dated 10/25/20 at 10:20am revealed: -"Hello [Client #2] AWOL (absence without leave) last night. Please call us Monday. I am also issuing a 30 notice to discharge services. As of today 10/25/2020." Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client #2's DSS legal guardian dated 10/30/20 at 5:30pm revealed: -"Hello everyone, Today makes 5 days since [Client #2] AWOL. I tried calling [DSS legal guardian] a few times today, To do a quick follow up meeting. If [Client #2] is not found by the 10 day we will discharge on the 10th day. I would like to have a meeting Monday if possible." Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client #2's DSS legal guardian dated 11/1/20 at 9:59am revealed: -"Hello police found [Client #2]. In the middle of the night last night. We asked that she be taken to the hospital for a full evaluation. Call me when you get a chance." Review on 11/10/20 of call logs from the weekend on-call DSS worker from Client #2's home county revealed: -Call log dated 11/1/20 at 6:22pm revealed: "...Caller reported the child (Client #2) was brought to the hospital after running off ...The child is ready for discharge now; cleared from a pysch (psychiatric) standpoint and to follow up with outpatient services ...Brighter Days (facility) is willing to take her back. She can continue with the same care prior to hospitalization ...permission was granted (from Client #2's home county DSS office) for the minor to return to Brighter Dayz ...would call Brighter Dayz to arrange pickup and transport ...;" -Call log dated 11/1/20 at 8:17pm revealed: DSS</p>	V 293		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020

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V 293	Continued From page 7 worker called to "speak with [direct care staff] who is the worker there (at the facility) and her supervisor ...is not present ...[direct care staff] would not provide the supervisors phone number ...[direct care staff] who reported she has not received permission from her supervisor for the child to return (to the facility). She reported that she has called and messaged her supervisor several times with no answer or return calls/message. [Direct care staff] reported that she cannot just leave because someone calls and tells her that [Client #2] is ready to be picked up. She stated that she does not have any say over whether the child can return or not. She further stated that they need to speak with [Client #2]'s SW (social worker) ...[Direct care staff] further stated that they were under the impression that [Client #2] was supposed to be going to a lockdown facility. [Direct care staff] stated, 'as a matter of fact can you just call me back. I'm going to see if I can reach my supervisor again' and she hung up the phone ...called Brighter Dayz back, there was no answer and the voicemail was not setup ...called Brighter Dayz several more times: still no answer ...[home county DSS worker] called [hospital social worker] who reported the facility stopped answering his calls as well ..." The home county DSS worker and the hospital social worker arranged a plan for Client #2. Review on 11/4/20 of Client #2's hospital records from 11/1/20-11/2/20 hospital visit revealed: -Psychiatric consultation dated 11/1/20 revealed: "Patient (Client #2) run away from group home and they require a psychiatric evaluation before she can return ...ran away from her group home seven days ago and stayed with some friends of another group home member she ran away with ...patient states that she ran away because she doesn't like living in group homes ...she runs away from group homes all the time ...no	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/13/2020
		A. BUILDING:	
		B. WING	

NAME OF PROVIDER OR SUPPLIER
BRIGHTER DAYZ LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**837 LYNHAVEN DRIVE
GASTONIA, NC 28052**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	Continued From page 8 current/acute psychiatric symptoms/signs elicited or exhibited ...consequently patient is psychiatrically cleared for return to establish outpatient provider ...group home indicated she could return when psychiatrically cleared of acute psychiatric issues ..." Client #2 cleared for discharge on 11/1/20 at 4:07pm; -Clinical note dated 11/1/20 at 6am revealed Client #2 presented to the emergency department via emergency medical services for a psychiatric evaluation after running away. " ...Patient (Client #2) was found by police today, they attempted to return her to the group home, but group home requested patient be brought for psychiatric evaluation ...;" -Clinical note dated 11/1/10 at 5:59pm revealed: " ...Consult to assist in returning pt (patient) (Client #2) to Group Home at Brighter Dayz in Gastonia, NC. Call placed to Brighter Days and spoke with staff ...[Client #2's DSS legal guardian] would need to be spoken to prior to make arrangements as pt will possibly need PRTF (psychiatric residential treatment facility). Recommendation from SOC (system of care) report indicate pt does not require a PRTF and can continue with outpatient services prior to ED (emergency department) admission; -Clinical note dated 11/1/20 at 6:18pm revealed called Client #2's home DSS on-call worker reported Client #2 was authorized to return to Brighter Dayz. " ...Called Brighter Dayz [direct care staff] and worker attempted to contact her supervisor with no answer. She was given instructions to not accept the child back until cleared by [home DSS] and her supervisor. Will return call;" -Clinical note dated 11/1/20 at 7:13pm revealed: " ...Checked back in with staff at Brighter Dayz facility. [Direct care staff] reported that her supervisor has still not answered her calls. She	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
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V 293	<p>Continued From page 9</p> <p>will call her again and attempt to get a hold of her to authorize pt to return. Current staff worker ends her shift at 8pm and requested a return call in 15 mins (minutes);"</p> <p>-Clinical note dated 11/1/20 at 7:35pm revealed: "...Return call to Brighter Dayz ...and spoke with staff. She spoke with her supervisor ...has not heard from the Program Manager about pt returning to the facility ..."</p> <p>-Clinical note dated 11/1/20 at 7:47pm revealed: "Return call from [home DSS] and they will call Brigher Dayz again and confirm that pt is authorized to return to the facility. She will have staff come to pick up the pt;"</p> <p>-Clinical note dated 11/1/20 at 8:03pm revealed: "Return call from [home DSS worker] ...She has spoken to Brighter Dayz facility and they are currently refusing to take pt back ...[home DSS] is staffing with supervisor to attempt to come up with a plan for pt as placement has fallen through ...Brighter Dayz is not currently answering [home DSS] calls to discuss further options for pt ..."</p> <p>Interview on 11/3/20 and 11/10/20 with Client #2's DSS legal guardian revealed:</p> <p>-Client #2 turned herself over to a local police officer during the early morning hours of 11/1/20 and was transported to a local emergency department for a psychiatric evaluation upon request of Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director;</p> <p>-Nobody from the facility went to the local emergency department to meet Client #2; - Client #2 was not accepted back to the facility after receiving a psychiatric evaluation on 11/1/20;</p> <p>-Licensee #2/Executive Director had sent a 30-day notice of emergency discharge on 10/26/20 after Client #2 ran away;</p>	V 293		

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V 293	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Had a phone call with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 10/30/20 to discuss how to proceed after Client #2 ran away. It was decided that if Client #2 was not found within 10 days of running away, she would not return to the facility. If Client #2 was found within 10 days of running away, she would be taken to the hospital for an evaluation prior to returning to the facility; -Client #2 remained in the local emergency department alone during assessment and then for almost 30 hours post-discharge prior to being picked up by the DSS legal guardian at approximately 8:45pm on 11/2/20 and transported to a level 4 facility arriving just minutes prior to midnight on 11/2/20. <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -</p> <ul style="list-style-type: none"> - There were two staff at the facility when Clients #1 and #2 ran away; -Client #3 was awake and was assisting the officers with information; -Licensee #2/Executive Director revealed Client #4 was on a home visit but Licensee #1/Director/Qualified Professional #1 revealed Client #4 was in the facility; -Licensee #2/Executive Director questioned the evidence to support the findings that only one staff was in the facility and then reported Staff #4 was "out in the street" looking for Clients #1 and #2; -Denied only one staff was working the shift; - Licensee #2/Executive Director revealed: "Not true. We will deal with it at an informal (conference hearing with the Division of Health Service Regulation);" -Spoke with Client #2's legal guardian and 	V 293		
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V 293	<p>Continued From page 11</p> <p>decided on 10/30/20 that it would not be safe for Client #2 to return to the facility if she was located.</p> <p>Finding #2 Interview on 10/28/20 with Staff #4 revealed: -Client #3 worked part-time in a local fast food restaurant; -Client #1 was scheduled to start work at a local fast food restaurant before she ran away; -Facility staff did not stay with clients while they worked at their part-time jobs but did provide transportation to the clients to and from their part-time jobs.</p> <p>Interview on 10/30/20 with the investigating Department of Social Services (DSS) worker revealed: -Concerned about the lack of supervision at the facility when Clients #1 and #2 ran away from the facility in the middle of the night and did not report the incident for well over one hour; -Concerned about Client #1 being released from a level 4 facility to a level 3 facility with a significant history of running away and sex trafficking during periods of elopement and the level 3 facility encouraging her to seek job placement at a local fast food restaurant two days after admission to the facility.</p> <p>Interview on 10/28/20 and 11/2/20 with Client #1's mother/legal guardian revealed: -Staff at the facility had assisted Client #1 in obtaining a job at a local fast food restaurant despite her history of running away; -Was against the placement at the facility as she believed her daughter required a higher level of supervision, but the Care Coordinator from the local management entity pushed the placement; - Was informed by Licensee #2/Executive Director</p>	V 293		

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V 293	<p>Continued From page 12</p> <p>that her daughter would be placed with younger clients who did not have a history of running away and that there would be adequate staff supervision and alarms on the doors and windows to alert staff should her daughter attempt to run away; -Does not know why the facility allowed her daughter to seek employment after being at the facility for only two days.</p> <p>Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>The agency will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that:</p> <ol style="list-style-type: none"> a. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all time b. The minimum number of direct care staff required when children or adolescents are present and awake is as follows: <ol style="list-style-type: none"> 1. Two direct care staff shall be present for one, two, three or four children or adolescents; <p>The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer</p> <p>The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.</p> <p>Describe your plans to ensure the above happens.</p>	V 293		

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V 293	<p>Continued From page 13</p> <p>The root cause of this citation was an incident where 2 staff were on duty at the facility and a client eloped. One staff looked for the client in the neighborhood while the other staff stayed with the remaining clients in the facility.</p> <p>In the event this scenario were to reoccur both staff on duty will stay at the facility and notify the QP (Qualified Professional) immediately. The QP (or designee) will either 1) replace one of the staff on duty in the facility so that staff may look for the eloped client; or) the QP will look for the client and the 2 staff on duty will remain at the facility."</p> <p>Clients #1, #2, #3, and #4 range in age from 15 years to 17 years. They were diagnosed with a variety of mental health needs including, but not limited to, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. Clients #1, #2, and #3 had significant histories of elopement, sex trafficking and sexual assault during times of elopement, and substance abuse while on the run. Client #4 recently took her mother's keys and tried to get into the car and drive away. It took two people to stop client #4 and bring her back into the house. Additionally, the clients had histories of physical assault, property destruction, breaking windows, impulsivity and risky behaviors. Clients #1, #2, #3, and #4 did not receive the level of supervision required to meet their needs. Staff #3 worked the overnight shift alone on 10/24/20 and fell asleep. While sleeping, Clients #1 and #2 stole Staff #3's cell phone and three credit cards, left the facility through a bedroom window, and ran away. The police were not notified for close to an hour and a</p>	V 293		

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V 293	Continued From page 14 half. Upon arrival of the police, Staff #3 did not have access to the necessary records to provide identifying information about Clients #1 and #2. Staff #3 depended on Client #3 to search through Clients #1 and #2's belongings for this information. Furthermore, Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director did not coordinate care for Client #2 upon Client #2 surrendering to police after one week on the run. Client #2 was transported via emergency services to the local hospital upon request of the licensees. Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director were not responsive to calls from the hospital staff. Client #2 was left unattended in the hospital waiting room for up to 30 hours post-discharge before she was picked up by her legal guardian for transport to another facility. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present	V 296	V296 Cross reference to response to V293	

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V 296	<p>Continued From page 15</p> <p>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> <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 interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients</p>	V 296		

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V 296	<p>Continued From page 16</p> <p>#1, #2, #3, and #4). The findings are:</p> <p>Review on 10/28/20 and 11/05/20 of Client #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Cannabis Use Disorder, and Other Trauma and Stressor Disorder; -16 years old; -History of impulsivity, risky behaviors, running away, substance abuse, and human trafficking.</p> <p>Client #1 could not be interviewed as she had run away. She was still on the run and had not been located.</p> <p>Review on 10/28/20 and 11/05/20 of Client #2's record revealed: -Admitted 10/15/20; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Conduct Disorder; -15 years old; -History of breaking windows, property destruction, running away, substance abuse, and sexual assaults during times for elopement.</p> <p>Interview on 11/4/20 with Client #2 revealed: - Staff #3 was the only staff present at the facility on the overnight shift on 10/24/20 into 10/25/20 when Clients #1 and #2 ran away; -Staff #3 was asleep on the couch when Clients #1 and #2 left the facility; -Clients #1 and #2 left the facility through a bedroom window; -Clients #1 and #2 took Staff #3's cell phone and credit cards when they left the facility.</p>	V 296		

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V 296	<p>Continued From page 17</p> <p>Review on 10/28/20 and 11/5/20 of Client #3's record revealed: -Admitted 10/15/20; -Diagnosed with Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Cannabis Use Disorder Mild, and Depressive Disorder NOS; -17 years old; -History of running away, human trafficking, substance abuse, low frustration tolerance, risky community behaviors, and negative peer associations.</p> <p>Interview on 10/28/20 with Client #3 revealed: - Staff #3 and #4 were both working the overnight shift on 10/24/20 into 10/25/20 but she slept through the entire incident of Clients #1 and #2 running away.</p> <p>Review on 10/28/20 and 11/5/20 of Client #4's record revealed: -Admitted 10/16/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism, and Language Disorder; -15 years old; -History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self, and physical assault. -Comprehensive Clinical Assessment written by the Licensed Professional dated 9/15/20 revealed in mid-summer, 2020, Client #4 took her mother's keys and tried to get into the car to drive away taking two people to stop her and bring her back into the house. " ...[Client #4] is a moderate risk to herself and others because she will become aggressive when she cannot have the things she desires and she demonstrates impulsive acts such as walking out of the house."</p>	V 296		

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V 296	<p>Continued From page 18</p> <p>Attempted interview on 10/28/20 with Client #4 revealed: -Client #4 was a poor historian and the interview was unsuccessful.</p> <p>Interview on 11/2/20 with the Police Officer from the local law enforcement agency revealed: -Responded to the facility during the early morning hours of 10/25/20 regarding two run-away juveniles; -Staff #3 was the only staff present at the facility when he responded regarding the runaway juveniles; -Staff #3 was on the telephone the majority of the time the officers were at the facility; -Was certain there were no other staff members at the facility because he walked through the entire facility. He entered through the covered porch, into the facility through the kitchen, into the dining room, through the front living room and down the hall into the bedrooms; -"There was definitely no other staff on the premises."</p> <p>Interview on 10/28/20 with Staff #3 revealed: - Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #4 when Clients #1 and #2 ran away; -Staff #3 did not identify where Staff #4 was working; -Was in the bathroom and when she returned from the bathroom, she noticed her cell phone and credit cards were missing; -Checked on all clients every 5-10 minutes throughout the night but there was no documentation required for the checks.</p> <p>Interview on 10/28/20 with Staff #4 revealed: - Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #3 when Clients #1 and #2 ran</p>	V 296		
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V 296	Continued From page 19 away; -Was in the kitchen washing dinner dishes when Clients #1 and #2 ran away; -Woke up Clients #3 and #4 in the middle of the night and had them get dressed and get in the van to go looking for Clients #1 and #2 but could not locate them. Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: - There were two staff at the facility when Clients #1 and #2 ran away; -Client #3 was awake and was assisting the officers with information; -Licensee #2/Executive Director revealed Client #4 was on a home visit but Licensee #1/Director/Qualified Professional #1 revealed Client #4 was in the facility; -Licensee #2/Executive Director questioned the evidence to support the findings that only one staff was in the facility and then reported Staff #4 was "out in the street" looking for Clients #1 and #2; -Denied only one staff was working the shift; - Licensee #2/Executive Director revealed: "Not true. We will deal with it at an informal (conference hearing with the Division of Health Service Regulation)." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) Scope for a Failure to Correct Type A1 rule violation.	V 296		
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	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED 11/13/2020
		B. WING	

NAME OF PROVIDER OR SUPPLIER
BRIGHTER DAYZ LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**837 LYNHAVEN DRIVE
GASTONIA, NC 28052**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 20</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained in a clean, safe, and attractive manner. The findings are:</p> <p>Observation on 10/28/20 at approximately 9:45am of the front of the facility revealed: - -Broken glass window in the front of the house; -Hole in the window was roughly the size of a baseball; -There were jagged edges around the hole in the window; -Broken glass shards lay strewn on the front porch of the facility; -There was no broken glass or foreign debris on the inside of the window sill.</p> <p>Review on 10/28/20 and 11/05/20 of Client #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Cannabis Use Disorder, and Other Trauma and Stressor Disorder; -16 years old; -History of impulsivity, risky behaviors, running away, substance abuse, and human trafficking.</p> <p>Review on 10/28/20 and 11/05/20 of Client #2's record revealed: -Admitted 10/15/20;</p>	V 736	<p>V 736</p> <p>The cause of the broken window appears to be a rock that was thrown by the lawnmower of the landscaping company that mows the facility lawn.</p> <p>Should a similar event happen the facility will take the following actions:</p> <p>Immediately contact supervisor on duty.</p> <p>Immediately clean up the broken glass.</p> <p>Safely remove any remaining glass from the frame of the window.</p> <p>Board up the window</p> <p>Call a glazier or other qualified repair service to make the repair as soon as possible.</p> <p>The facility will conduct at least monthly documented self-inspections of the facility including inspecting broken/cracked glass.</p>	

Division of Health Service Regulation

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V 736	<p>Continued From page 21</p> <p>-Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Conduct Disorder; -15 years old; -History of breaking windows, property destruction, running away, substance abuse, and sexual assaults during times for elopement.</p> <p>Review on 10/28/20 and 11/5/20 of Client #3's record revealed: -Admitted 10/15/20; -Diagnosed with Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Cannabis Use Disorder Mild, and Depressive Disorder NOS; -17 years old; -History of running away, human trafficking, substance abuse, low frustration tolerance, risky community behaviors, and negative peer associations.</p> <p>Review on 10/28/20 and 11/5/20 of Client #4's record revealed: -Admitted 10/16/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism, and Language Disorder; -15 years old; -History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self, and physical assault.</p> <p>Interview on 10/28/20 with Staff #4/Observation on 10/28/20 at approximately 1:00pm during the physical plant walkthrough of the facility revealed: -Staff #4 did not know the front window was broken; -Used the front door throughout the work week to get mail from the mailbox attached to the front of</p>	V 736		

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V 736	<p>Continued From page 22</p> <p>the facility next to the front door; -Suggested the window was broken by someone passing the facility; -The facility is located quite far from the road; - The glass is strewn on the outside of the window on the front porch and not inside of the window jam; -Immediately after walking the facility, Staff #4 cleaned up the broken glass from the front porch but did not secure the front window in any manner.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Had no knowledge the window was broken and would look into the matter; -Upon request of the Plan of Protection (POP), Licensee #2/Executive Director revealed: "You are not going to be getting the forms (POP) back because I am getting ready to get on a plane;" - Licensee #1/Director/Qualified Professional #1 revealed he would be traveling with Licensee #2/Executive Director; -Licensee #2/Executive Director revealed the POPs would be submitted "by midnight."</p> <p>Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>To address the immediate issue of a broken window and shards of glass in the facility, the company has picked up all glass shards, removed the broken glass from the window pane and securely covered the window pane with wood. The glass pane will be replaced within the</p>	V 736		

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V 736	<p>Continued From page 23</p> <p>next 48 hours or sooner depending on the availability of a glazier.</p> <p>Describe your plans to ensure the above happens.</p> <p>In the event the facility lawn mowing service were to accidently break a window in the future, or if a window is broken for any reason, the company will immediately pick up all glass shards, remove the broken glass from the window pane and securely cover the window pane with wood until such time as a glazier can be onsite to replace the window pane."</p> <p>Clients #1, #2, #3, and #4 range in age from 15 years to 17 years. They were diagnosed with a variety of mental health needs including, but not limited to, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. They had histories of physical assault, property destruction, breaking windows, impulsivity and risky behaviors. The presence of a broken window with jagged edges at the entry to the facility, along with multiple shards of glass strewn on the front porch, for an undetermined amount of time was detrimental to the health, safety, and welfare of Clients #1, #2, #3, and #4. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 736		
V 738	27G .0303(d) Pest Control	V 738		
	10A NCAC 27G .0303 LOCATION AND			

SMITH, ANDERSON, BLOUNT,
DORSETT, MITCHELL & JERNIGAN, L.L.P.

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December 18, 2020

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VIA EMAIL Robin.Sulfridge@dhhs.nc.gov
and FEDEX

Ms. Eileen Sanchez, MA
Facility Compliance Consultant
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: ***Request for Reconsideration of Statement of Deficiencies; Brighter Dayz, LLC
MHL # 036-331***

Dear Ms. Sanchez:

I write on behalf of Brighter Dayz, LLC (MHL # 036-331) (“Brighter Dayz”), pursuant to N.C. Gen. Stat. § 150B-3(b), to respectfully request that NC Division of Health Service Regulation (“NC DHSR”) reconsider its Statement of Deficiencies and assessment of additional Type A1 Administrative Penalties, for Brighter Dayz’s facility on Lynhaven Drive, dated December 1, 2020. Brighter Dayz previously submitted to you its Plan of Corrections via an email transmission from Carl Noyes, dated December 11, 2020 at 11:05 AM. That email is attached hereto as **Exhibit 1**, and represents Brighter Dayz’s formal appeal and submission of its Plan of Corrections, pursuant to the terms described in the Statement of Deficiencies letter. This letter is intended to clarify the intent of that email and ensure that Brighter Dayz’s Plan of Corrections reaches you.

NC DHSR based its decision on the Agency’s finding that Brighter Dayz failed to show compliance with the following rules and statutes:

- Continued violation of Type A1 rules, for 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) cross referenced to 10A NCAC 27G .1701 Scoope (V293)

Ms. Robin Sulfridge
October 29, 2020
Page 2

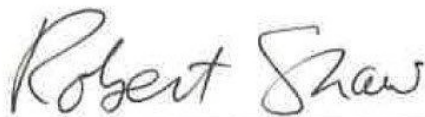
- Type B rules, for 10A NCAC 27G .0303 Location and Exterior Requirements (V736)

Brighter Dayz disagrees with these findings by NC DHSR. It is our belief that the complaint survey completed on November 13, 2020 did not give Brighter Dayz a full and fair opportunity to present the full extent of its efforts to comply with applicable laws and regulations, and otherwise rendered incorrect conclusions. At the moment the surveyors arrived, the staff of the Lynhaven Facility were responding to an ongoing crisis with a patient. Brighter Dayz's temporary emergency response measures were not, and were not intended to be, representative of its usual functioning within the scope of applicable statutes and rules.

Despite our general disagreement with the findings, and the impracticality of rebutting each of the allegations within the ten-day time frame required by DHSR, we are cognizant of NC DHSR's concerns and want to make every effort to ensure that the State is satisfied that the care provided by Brighter Dayz is compliant with relevant statutes and regulations. To that end, our client's comprehensive Plan of Correction, previously transmitted by email on December 11, is enclosed herewith for your review and approval. (See Enclosed Exhibits 1 and 2). The Plan of Correction demonstrates Brighter Dayz's compliance with all lawful requirements for operation, and outlines additional steps Brighter Dayz has taken or will take to correct any noted deficiencies. Additionally, the Plan of Correction identifies the individuals who will monitor these identified issues going forward, to ensure that any problems do not re-occur. In lieu of the assessed \$11,500 Type A1 administrative penalties, Brighter Dayz proposes to incur expenses for staff training and compliance monitoring, as described in the Plans of Correction.

Brighter Dayz takes its responsibilities to the State and its residents very seriously and appreciates the opportunity to provide such services. If you have additional questions, or if Brighter Dayz can provide any additional information or documentation, please do not hesitate to contact me. Brighter Dayz would appreciate the opportunity to discuss this proposal via an informal conference in order to resolve this matter to the satisfaction of NC DHSR.

Sincerely,



Robert Shaw
Counsel for Brighter Dayz

cc: Michele Elliott, Acting Chief, Michiele.Elliott@dhhs.nc.gov
Stacy Silvia, Licensure & Training Team Leader, Stacy.Silvia@dhhs.nc.gov

Ms. Robin Sulfridge
October 29, 2020
Page 3

Bryson Brown, South Piedmont MH Team Leader, Bryson.Brown@dhhs.nc.gov
Pam Pridgen, Administrative Assistant, Pam.Pridgen@dhhs.nc.gov
Lynn Grier, Foothills MH Team Leader, Lynn.Grier@dhhs.nc.gov

Enclosures: Exhibit 1: Email from Mr. Noyes, transmitting POC
Exhibit 2: POC for MHL # 036-331

-----Original Message-----

From: Carl Noyes [<mailto:carln@retrospectconsultinggroup.com>]

Sent: Friday, December 11, 2020 11:05 AM

To: lynn.grier@dhhs.nc.gov; eileen.sanchez@dhhs.nc.gov

Cc: Emilio <efblasse@gmail.com>; Cassie Miller <cassie.brighterdayz@gmail.com>

Subject: POC for Brighter Dayz -MHL-036-331

Please find attached POC for Brighter Dayz -MHL-036-331

Division of Health Service Regulation

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V 000	INITIAL COMMENTS A complaint survey was completed on November 13, 2020. The complaint was substantiated (Intake #NC00170978). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105	V 105 Pursuant to 27G .0201 (A) (1-7) Brighter Dayz will ensure pertinent client records are always secure and assessable. Specifically, the agency will take the following actions: A copy of critical records and other information is now secured in a locked cabinet in a locked room. At least one staff on duty has the keys to the room and cabinet at all times. Staff have been educated that medication administration records are confidential and are to be secured and accessible in the same manner as the above client records. The agency has purchased a lock box for the company van. All documents that contain confidential information are now locked in the box. Staff have been educated about the security and accessibility of records. The Qualified Professional will inspect for compliance with the POC on every occasion s/he is onsite.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 105	Continued From page 1 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

Division of Health Service Regulation

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	MHL036-331	A. BUILDING: B. WING	

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V 105	<p>Continued From page 2</p> <p>Based on interview, record review, and observation, the facility failed to implement their policy on client record management including assurance of record accessibility to authorized users at all times and assurance of confidentiality of records. The findings are:</p> <p>Review on 11/10/20 of the undated facility policy entitled Record Storage revealed: -"The primary location for staff and client records is an offsite office. The current location is [local address]. Files are kept in an office that only the Executive Director and CEO (Chief Executive Officer) have Access to. Certain client records will also be stored in a locked van/agency vehicle in lockbox. These documents can include but are not limited to PCP (Person Centered Plan)/CCA(Comprehensive Clinical Assessment)/ Consent to Treatment/Placement letter."</p> <p>Finding #1 Interview on 11/2/20 with the Police Officer from the local law enforcement agency revealed: -Responded to the facility during the early morning hours of 10/25/20 regarding two run-away juveniles; -While at the facility, there was one Caucasian juvenile (Client #3) present who assisted the officers with information. She was able to locate work related personal documents in the bedrooms of the missing juveniles. She was the only source of information the officers had to obtain personal information on the run-away juveniles. Staff #3 did not have any identifying information on the missing juveniles.</p> <p>Finding #2 Observation on 10/28/20 at approximately 1:00pm of the facility revealed: -A binder containing client Medication</p>	V 105		
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Division of Health Service Regulation

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V 105	<p>Continued From page 3</p> <p>Administration Records (MARs) was located unlocked and unattended on the dining room table.</p> <p>Interviews on 10/28/20 with Staff #3 and Staff #4 revealed: -They were unaware that the MARs needed to be secured.</p> <p>Finding #3 Observation on 10/28/20 at approximately 1:15pm of the facility revealed: -No client records were available for review inside the facility; -Staff #4 went to the facility vehicle and took a plastic accordion folder from the vehicle; -The plastic accordion folder was not secured in a lockbox or by any other means; -Inside the plastic accordion folder were three treatment plans; -The treatment plans were for Clients #1, #2, and #3; -There was nothing else located in the plastic accordion folder.</p> <p>Interview on 10/28/20 with Staff #4 revealed: - Treatment plans for Clients #1, #2, and #3 were the only client records at the facility; -He did not have any paperwork on Client #4 but would contact Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director for documents.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.</p>	V 105		

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V 293	Continued From page 4	V 293		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to 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</p>	V 293	<p>V293</p> <p>The root cause of this citation was an incident where 2 staff were on duty at the facility and a client(s) eloped. One staff looked for the client in the neighborhood while the other staff stayed with the remaining clients in the facility.</p> <p>In the event this scenario was to reoccur both staff on duty will stay at the facility and notify the QP (Qualified Professional) immediately. The QP (or designee) will either 1) replace one of the staff on duty in the facility so that staff may look for the eloped client; or) the QP will look for the client and the 2 staff on duty will remain at the facility.</p> <p>The agency will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that:</p> <p>a. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all time</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>The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer.</p> <p>The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 5</p> <p>gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide individualized supervision, minimize the occurrence of behaviors, ensure safety, assist in the acquisition of adaptive functioning, and support the adolescent in gaining the skills needed to step-down to a less intensive treatment setting affecting 4 of 4 clients (Clients #1, #2, #3, and #4). Furthermore, the facility failed to coordinate care with other individuals and agencies within the adolescent's system of care affecting 1 of 4 clients (Client #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients #1, #2, #3, and #4).</p> <p>Finding #1 Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client</p>	V 293	<p>With regard to specific issues cited by DHSR the agency will take the following actions:</p> <p>The agency will designate a supervisory level staff that will be available 24/7/365 by telephone to respond to staff inquiries & coordinate care. To ensure compliance with this standard the agency will conduct at least quarterly tests of the on call system.</p> <p>The agency will immediately contact a client's guardian, law enforcement and DSS worker if a client elopes and does not return within 20 minutes.</p> <p>The management of the agency will conduct documented spot checks of overnight staff to ensure they are awake. This will be done live or via onsite video cameras. Staff that are found to be asleep will be terminated.</p> <p>Staff on overnight shift will document wellness checks of clients every 15 minutes</p>	

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V 293	<p>Continued From page 6</p> <p>#2's DSS legal guardian dated 10/25/20 at 10:20am revealed: -"Hello [Client #2] AWOL (absence without leave) last night. Please call us Monday. I am also issuing a 30 notice to discharge services. As of today 10/25/2020." Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client #2's DSS legal guardian dated 10/30/20 at 5:30pm revealed: -"Hello everyone, Today makes 5 days since [Client #2] AWOL. I tried calling [DSS legal guardian] a few times today, To do a quick follow up meeting. If [Client #2] is not found by the 10 day we will discharge on the 10th day. I would like to have a meeting Monday if possible." Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client #2's DSS legal guardian dated 11/1/20 at 9:59am revealed: -"Hello police found [Client #2]. In the middle of the night last night. We asked that she be taken to the hospital for a full evaluation. Call me when you get a chance." Review on 11/10/20 of call logs from the weekend on-call DSS worker from Client #2's home county revealed: -Call log dated 11/1/20 at 6:22pm revealed: "...Caller reported the child (Client #2) was brought to the hospital after running off ...The child is ready for discharge now; cleared from a psych (psychiatric) standpoint and to follow up with outpatient services ...Brighter Days (facility) is willing to take her back. She can continue with the same care prior to hospitalization ...permission was granted (from Client #2's home county DSS office) for the minor to return to Brighter Dayz ...would call Brighter Dayz to arrange pickup and transport ...;" -Call log dated 11/1/20 at 8:17pm revealed: DSS</p>	V 293		

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V 293	Continued From page 7 worker called to "speak with [direct care staff] who is the worker there (at the facility) and her supervisor ...is not present ...[direct care staff] would not provide the supervisors phone number ...[direct care staff] who reported she has not received permission from her supervisor for the child to return (to the facility). She reported that she has called and messaged her supervisor several times with no answer or return calls/message. [Direct care staff] reported that she cannot just leave because someone calls and tells her that [Client #2] is ready to be picked up. She stated that she does not have any say over whether the child can return or not. She further stated that they need to speak with [Client #2]'s SW (social worker) ...[Direct care staff] further stated that they were under the impression that [Client #2] was supposed to be going to a lockdown facility. [Direct care staff] stated, 'as a matter of fact can you just call me back. I'm going to see if I can reach my supervisor again' and she hung up the phone ...called Brighter Dayz back, there was no answer and the voicemail was not setup ...called Brighter Dayz several more times: still no answer ...[home county DSS worker] called [hospital social worker] who reported the facility stopped answering his calls as well ..." The home county DSS worker and the hospital social worker arranged a plan for Client #2. Review on 11/4/20 of Client #2's hospital records from 11/1/20-11/2/20 hospital visit revealed: -Psychiatric consultation dated 11/1/20 revealed: "Patient (Client #2) run away from group home and they require a psychiatric evaluation before she can return ...ran away from her group home seven days ago and stayed with some friends of another group home member she ran away with ...patient states that she ran away because she doesn't like living in group homes ...she runs away from group homes all the time ...no	V 293			

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V 293	Continued From page 8 current/acute psychiatric symptoms/signs elicited or exhibited ...consequently patient is psychiatrically cleared for return to establish outpatient provider ...group home indicated she could return when psychiatrically cleared of acute psychiatric issues ..." Client #2 cleared for discharge on 11/1/20 at 4:07pm; -Clinical note dated 11/1/20 at 6am revealed Client #2 presented to the emergency department via emergency medical services for a psychiatric evaluation after running away. "...Patient (Client #2) was found by police today, they attempted to return her to the group home, but group home requested patient be brought for psychiatric evaluation ...;" -Clinical note dated 11/1/10 at 5:59pm revealed: "...Consult to assist in returning pt (patient) (Client #2) to Group Home at Brighter Dayz in Gastonia, NC. Call placed to Brighter Days and spoke with staff ...[Client #2's DSS legal guardian] would need to be spoken to prior to make arrangements as pt will possibly need PRTF (psychiatric residential treatment facility). Recommendation from SOC (system of care) report indicate pt does not require a PRTF and can continue with outpatient services prior to ED (emergency department) admission; -Clinical note dated 11/1/20 at 6:18pm revealed called Client #2's home DSS on-call worker reported Client #2 was authorized to return to Brighter Dayz. "...Called Brighter Dayz [direct care staff] and worker attempted to contact her supervisor with no answer. She was given instructions to not accept the child back until cleared by [home DSS] and her supervisor. Will return call;" -Clinical note dated 11/1/20 at 7:13pm revealed: "...Checked back in with staff at Brighter Dayz facility. [Direct care staff] reported that her supervisor has still not answered her calls. She	V 293		

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V 293	<p>Continued From page 9</p> <p>will call her again and attempt to get a hold of her to authorize pt to return. Current staff worker ends her shift at 8pm and requested a return call in 15 mins (minutes);"</p> <p>-Clinical note dated 11/1/20 at 7:35pm revealed: " ...Return call to Brighter Dayz ...and spoke with staff. She spoke with her supervisor ...has not heard from the Program Manager about pt returning to the facility ..."</p> <p>-Clinical note dated 11/1/20 at 7:47pm revealed: "Return call from [home DSS] and they will call Brigher Dayz again and confirm that pt is authorized to return to the facility. She will have staff come to pick up the pt;"</p> <p>-Clinical note dated 11/1/20 at 8:03pm revealed: "Return call from [home DSS worker] ...She has spoken to Brighter Dayz facility and they are currently refusing to take pt back ...[home DSS] is staffing with supervisor to attempt to come up with a plan for pt as placement has fallen through ...Brighter Dayz is not currently answering [home DSS] calls to discuss further options for pt ..."</p> <p>Interview on 11/3/20 and 11/10/20 with Client #2's DSS legal guardian revealed:</p> <p>-Client #2 turned herself over to a local police officer during the early morning hours of 11/1/20 and was transported to a local emergency department for a psychiatric evaluation upon request of Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director;</p> <p>-Nobody from the facility went to the local emergency department to meet Client #2; - Client #2 was not accepted back to the facility after receiving a psychiatric evaluation on 11/1/20;</p> <p>-Licensee #2/Executive Director had sent a 30-day notice of emergency discharge on 10/26/20 after Client #2 ran away;</p>	V 293		

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V 293	<p>Continued From page 10</p> <p>-Had a phone call with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director on 10/30/20 to discuss how to proceed after Client #2 ran away. It was decided that if Client #2 was not found within 10 days of running away, she would not return to the facility. If Client #2 was found within 10 days of running away, she would be taken to the hospital for an evaluation prior to returning to the facility;</p> <p>-Client #2 remained in the local emergency department alone during assessment and then for almost 30 hours post-discharge prior to being picked up by the DSS legal guardian at approximately 8:45pm on 11/2/20 and transported to a level 4 facility arriving just minutes prior to midnight on 11/2/20.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: - There were two staff at the facility when Clients #1 and #2 ran away;</p> <p>-Client #3 was awake and was assisting the officers with information;</p> <p>-Licensee #2/Executive Director revealed Client #4 was on a home visit but Licensee #1/Director/Qualified Professional #1 revealed Client #4 was in the facility;</p> <p>-Licensee #2/Executive Director questioned the evidence to support the findings that only one staff was in the facility and then reported Staff #4 was "out in the street" looking for Clients #1 and #2;</p> <p>-Denied only one staff was working the shift; - Licensee #2/Executive Director revealed: "Not true. We will deal with it at an informal (conference hearing with the Division of Health Service Regulation);"</p> <p>-Spoke with Client #2's legal guardian and</p>	V 293		

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V 293	<p>Continued From page 11</p> <p>decided on 10/30/20 that it would not be safe for Client #2 to return to the facility if she was located.</p> <p>Finding #2 Interview on 10/28/20 with Staff #4 revealed: -Client #3 worked part-time in a local fast food restaurant; -Client #1 was scheduled to start work at a local fast food restaurant before she ran away; -Facility staff did not stay with clients while they worked at their part-time jobs but did provide transportation to the clients to and from their part-time jobs.</p> <p>Interview on 10/30/20 with the investigating Department of Social Services (DSS) worker revealed: -Concerned about the lack of supervision at the facility when Clients #1 and #2 ran away from the facility in the middle of the night and did not report the incident for well over one hour; -Concerned about Client #1 being released from a level 4 facility to a level 3 facility with a significant history of running away and sex trafficking during periods of elopement and the level 3 facility encouraging her to seek job placement at a local fast food restaurant two days after admission to the facility.</p> <p>Interview on 10/28/20 and 11/2/20 with Client #1's mother/legal guardian revealed: -Staff at the facility had assisted Client #1 in obtaining a job at a local fast food restaurant despite her history of running away; -Was against the placement at the facility as she believed her daughter required a higher level of supervision, but the Care Coordinator from the local management entity pushed the placement; - Was informed by Licensee #2/Executive Director</p>	V 293		

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V 293	<p>Continued From page 12</p> <p>that her daughter would be placed with younger clients who did not have a history of running away and that there would be adequate staff supervision and alarms on the doors and windows to alert staff should her daughter attempt to run away; -Does not know why the facility allowed her daughter to seek employment after being at the facility for only two days.</p> <p>Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>The agency will comply with all requirements of 10A NCAC 27G .1704 including: Enforcing the requirements that: a. A qualified professional shall be available by telephone or page. A direct care staff will be able to reach the facility within 30 minutes at all time b. The minimum number of direct care staff required when children or adolescents are present and awake is as follows: 1. Two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community with staff that two staff shall be present with the consumer</p> <p>The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.</p> <p>Describe your plans to ensure the above happens.</p>	V 293		

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V 293	<p>Continued From page 13</p> <p>The root cause of this citation was an incident where 2 staff were on duty at the facility and a client eloped. One staff looked for the client in the neighborhood while the other staff stayed with the remaining clients in the facility.</p> <p>In the event this scenario were to reoccur both staff on duty will stay at the facility and notify the QP (Qualified Professional) immediately. The QP (or designee) will either 1) replace one of the staff on duty in the facility so that staff may look for the eloped client; or) the QP will look for the client and the 2 staff on duty will remain at the facility."</p> <p>Clients #1, #2, #3, and #4 range in age from 15 years to 17 years. They were diagnosed with a variety of mental health needs including, but not limited to, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. Clients #1, #2, and #3 had significant histories of elopement, sex trafficking and sexual assault during times of elopement, and substance abuse while on the run. Client #4 recently took her mother's keys and tried to get into the car and drive away. It took two people to stop client #4 and bring her back into the house. Additionally, the clients had histories of physical assault, property destruction, breaking windows, impulsivity and risky behaviors. Clients #1, #2, #3, and #4 did not receive the level of supervision required to meet their needs. Staff #3 worked the overnight shift alone on 10/24/20 and fell asleep. While sleeping, Clients #1 and #2 stole Staff #3's cell phone and three credit cards, left the facility through a bedroom window, and ran away. The police were not notified for close to an hour and a</p>	V 293		

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V 293	Continued From page 14 half. Upon arrival of the police, Staff #3 did not have access to the necessary records to provide identifying information about Clients #1 and #2. Staff #3 depended on Client #3 to search through Clients #1 and #2's belongings for this information. Furthermore, Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director did not coordinate care for Client #2 upon Client #2 surrendering to police after one week on the run. Client #2 was transported via emergency services to the local hospital upon request of the licensees. Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director were not responsive to calls from the hospital staff. Client #2 was left unattended in the hospital waiting room for up to 30 hours post-discharge before she was picked up by her legal guardian for transport to another facility. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present	V 296	V296 Cross reference to response to V293	

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V 296	<p>Continued From page 15</p> <p>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> <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 interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED 11/13/2020

NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 296	<p>Continued From page 16</p> <p>#1, #2, #3, and #4). The findings are:</p> <p>Review on 10/28/20 and 11/05/20 of Client #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Cannabis Use Disorder, and Other Trauma and Stressor Disorder; -16 years old; -History of impulsivity, risky behaviors, running away, substance abuse, and human trafficking.</p> <p>Client #1 could not be interviewed as she had run away. She was still on the run and had not been located.</p> <p>Review on 10/28/20 and 11/05/20 of Client #2's record revealed: -Admitted 10/15/20; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Conduct Disorder; -15 years old; -History of breaking windows, property destruction, running away, substance abuse, and sexual assaults during times for elopement.</p> <p>Interview on 11/4/20 with Client #2 revealed: - Staff #3 was the only staff present at the facility on the overnight shift on 10/24/20 into 10/25/20 when Clients #1 and #2 ran away; -Staff #3 was asleep on the couch when Clients #1 and #2 left the facility; -Clients #1 and #2 left the facility through a bedroom window; -Clients #1 and #2 took Staff #3's cell phone and credit cards when they left the facility.</p>	V 296		

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V 296	<p>Continued From page 17</p> <p>Review on 10/28/20 and 11/5/20 of Client #3's record revealed: -Admitted 10/15/20; -Diagnosed with Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Cannabis Use Disorder Mild, and Depressive Disorder NOS; -17 years old; -History of running away, human trafficking, substance abuse, low frustration tolerance, risky community behaviors, and negative peer associations.</p> <p>Interview on 10/28/20 with Client #3 revealed: - Staff #3 and #4 were both working the overnight shift on 10/24/20 into 10/25/20 but she slept through the entire incident of Clients #1 and #2 running away.</p> <p>Review on 10/28/20 and 11/5/20 of Client #4's record revealed: -Admitted 10/16/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism, and Language Disorder; -15 years old; -History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self, and physical assault. -Comprehensive Clinical Assessment written by the Licensed Professional dated 9/15/20 revealed in mid-summer, 2020, Client #4 took her mother's keys and tried to get into the car to drive away taking two people to stop her and bring her back into the house. "...[Client #4] is a moderate risk to herself and others because she will become aggressive when she cannot have the things she desires and she demonstrates impulsive acts such as walking out of the house."</p>	V 296		

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V 296	<p>Continued From page 18</p> <p>Attempted interview on 10/28/20 with Client #4 revealed: -Client #4 was a poor historian and the interview was unsuccessful.</p> <p>Interview on 11/2/20 with the Police Officer from the local law enforcement agency revealed: -Responded to the facility during the early morning hours of 10/25/20 regarding two run-away juveniles; -Staff #3 was the only staff present at the facility when he responded regarding the runaway juveniles; -Staff #3 was on the telephone the majority of the time the officers were at the facility; -Was certain there were no other staff members at the facility because he walked through the entire facility. He entered through the covered porch, into the facility through the kitchen, into the dining room, through the front living room and down the hall into the bedrooms; -"There was definitely no other staff on the premises."</p> <p>Interview on 10/28/20 with Staff #3 revealed: - Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #4 when Clients #1 and #2 ran away; -Staff #3 did not identify where Staff #4 was working; -Was in the bathroom and when she returned from the bathroom, she noticed her cell phone and credit cards were missing; -Checked on all clients every 5-10 minutes throughout the night but there was no documentation required for the checks.</p> <p>Interview on 10/28/20 with Staff #4 revealed: - Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #3 when Clients #1 and #2 ran</p>	V 296		

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V 296	Continued From page 19 away; -Was in the kitchen washing dinner dishes when Clients #1 and #2 ran away; -Woke up Clients #3 and #4 in the middle of the night and had them get dressed and get in the van to go looking for Clients #1 and #2 but could not locate them. Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: - There were two staff at the facility when Clients #1 and #2 ran away; -Client #3 was awake and was assisting the officers with information; -Licensee #2/Executive Director revealed Client #4 was on a home visit but Licensee #1/Director/Qualified Professional #1 revealed Client #4 was in the facility; -Licensee #2/Executive Director questioned the evidence to support the findings that only one staff was in the facility and then reported Staff #4 was "out in the street" looking for Clients #1 and #2; -Denied only one staff was working the shift; - Licensee #2/Executive Director revealed: "Not true. We will deal with it at an informal (conference hearing with the Division of Health Service Regulation)." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) Scope for a Failure to Correct Type A1 rule violation.	V 296		
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	V 736		

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V 736	<p>Continued From page 20</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained in a clean, safe, and attractive manner. The findings are:</p> <p>Observation on 10/28/20 at approximately 9:45am of the front of the facility revealed: - Broken glass window in the front of the house; -Hole in the window was roughly the size of a baseball; -There were jagged edges around the hole in the window; -Broken glass shards lay strewn on the front porch of the facility; -There was no broken glass or foreign debris on the inside of the window sill.</p> <p>Review on 10/28/20 and 11/05/20 of Client #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Cannabis Use Disorder, and Other Trauma and Stressor Disorder; -16 years old; -History of impulsivity, risky behaviors, running away, substance abuse, and human trafficking.</p> <p>Review on 10/28/20 and 11/05/20 of Client #2's record revealed: -Admitted 10/15/20;</p>	V 736	<p>V 736</p> <p>The cause of the broken window appears to be a rock that was thrown by the lawnmower of the landscaping company that mows the facility lawn.</p> <p>Should a similar event happen the facility will take the following actions:</p> <p>Immediately contact supervisor on duty.</p> <p>Immediately clean up the broken glass.</p> <p>Safely remove any remaining glass from the frame of the window.</p> <p>Board up the window</p> <p>Call a glazier or other qualified repair service to make the repair as soon as possible.</p> <p>The facility will conduct at least monthly documented self-inspections of the facility including inspecting broken/cracked glass.</p>	

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V 736	<p>Continued From page 21</p> <p>-Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Conduct Disorder; -15 years old; -History of breaking windows, property destruction, running away, substance abuse, and sexual assaults during times for elopement.</p> <p>Review on 10/28/20 and 11/5/20 of Client #3's record revealed: -Admitted 10/15/20; -Diagnosed with Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Cannabis Use Disorder Mild, and Depressive Disorder NOS; -17 years old; -History of running away, human trafficking, substance abuse, low frustration tolerance, risky community behaviors, and negative peer associations.</p> <p>Review on 10/28/20 and 11/5/20 of Client #4's record revealed: -Admitted 10/16/20; -Diagnosed with Intermittent Explosive Disorder, Intellectual Developmental Disability Mild, Autism, and Language Disorder; -15 years old; -History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self, and physical assault.</p> <p>Interview on 10/28/20 with Staff #4/Observation on 10/28/20 at approximately 1:00pm during the physical plant walkthrough of the facility revealed: -Staff #4 did not know the front window was broken; -Used the front door throughout the work week to get mail from the mailbox attached to the front of</p>	V 736		

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V 736	<p>Continued From page 22</p> <p>the facility next to the front door; -Suggested the window was broken by someone passing the facility; -The facility is located quite far from the road; - The glass is strewn on the outside of the window on the front porch and not inside of the window jam; -Immediately after walking the facility, Staff #4 cleaned up the broken glass from the front porch but did not secure the front window in any manner.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -Had no knowledge the window was broken and would look into the matter; -Upon request of the Plan of Protection (POP), Licensee #2/Executive Director revealed: "You are not going to be getting the forms (POP) back because I am getting ready to get on a plane;" - Licensee #1/Director/Qualified Professional #1 revealed he would be traveling with Licensee #2/Executive Director; -Licensee #2/Executive Director revealed the POPs would be submitted "by midnight."</p> <p>Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>To address the immediate issue of a broken window and shards of glass in the facility, the company has picked up all glass shards, removed the broken glass from the window pane and securely covered the window pane with wood. The glass pane will be replaced within the</p>	V 736		

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V 736	Continued From page 23 next 48 hours or sooner depending on the availability of a glazier. Describe your plans to ensure the above happens. In the event the facility lawn mowing service were to accidentally break a window in the future, or if a window is broken for any reason, the company will immediately pick up all glass shards, remove the broken glass from the window pane and securely cover the window pane with wood until such time as a glazier can be onsite to replace the window pane." Clients #1, #2, #3, and #4 range in age from 15 years to 17 years. They were diagnosed with a variety of mental health needs including, but not limited to, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. They had histories of physical assault, property destruction, breaking windows, impulsivity and risky behaviors. The presence of a broken window with jagged edges at the entry to the facility, along with multiple shards of glass strewn on the front porch, for an undetermined amount of time was detrimental to the health, safety, and welfare of Clients #1, #2, #3, and #4. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND	V 738		

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V 738	<p>Continued From page 24</p> <p>EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility was not kept free from insects. The findings are:</p> <p>Observation on 10/28/20 at approximately 9:45am of the front of the facility; -Numerous insect carcasses in the window sill of the two front windows overlooking the front porch furthest from the front door.</p> <p>Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.</p>	V 738	<p>V738</p> <p>The facility will conduct at least monthly documented self-inspections of the facility including inspecting for insect carcasses.</p> <p>Any carcasses will be removed.</p>	