Division o	of Health Service Regul	lation			PRINTED: 11/23/202 FORM APPROVI
STATEMEN	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		MHL036-331	B. WING		11/13/2020
CONTROL PROPERTY AND ADDRESS OF THE	ROVIDER OR SUPPLIER	837 LY	ADDRESS, CITY, S NHAVEN DRIVE ONIA, NC 28052	TATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
V 000	A complaint survey wa 13, 2020. The compla (Intake #NC00170978) The facility is licensed category: 10A NCAC: Treatment Staff Secur Adolescents.	as completed on November int was substantiated by Deficiencies were cited. for the following service 27G .1700 Residential re for Children or	V 000	DHSR - Mental Heal Lic. & Cert. Section V 105 Pursuant to 27G .0201 (A) (1-7) Brighter	n · Davz
	facility or service shall written policies for the (1) delegation of manathe operation of the fa (2) criteria for admission (3) criteria for discharge (4) admission assessor (A) who will perform (B) time frames for (5) client record manathem (A) persons author (B) transporting record (C) safeguard of retampering, defacement (D) assurance of reauthorized users at all	y responsible for each develop and implement following: agement authority for cility and services; on; ge; ments, including: m the assessment; and completing assessment. gement, including: ized to document; cords; cords against loss, t or use by unauthorized		will ensure pertinent client records are a secure and assessable. Specifically, the will take the following actions: A copy of critical records and other informow secured in a locked cabinet in a locked room. At least one staff on duty has the lither oom and cabinet at all times. Staff have been educated that medication administration records are confidential at to secured and accessible in the same reas the above client records. The agency has purchased a lock box for company van. All documents that contain confidentially information are now locked box. Staff have been educated about the securaccessibility of records. The Qualified Professional will inspect for	mation is ked keys to n and are nanner r the n in the irity and

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(6) screenings, which shall include:

presenting problem or need;

individual's needs; and

an assessment of the individual's

an assessment of whether or not the facility can provide services to address the

the disposition, including referrals and

TITLE

compliance with the POC on every occasion

(X6) DATE

s/he is onsite.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY	
		MHL036-331	B. WING		11/1	13/2020
	ROVIDER OR SUPPLIER	837 LY	ADDRESS, CITY, STAT NHAVEN DRIVE ONIA, NC 28052	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
	activities, including: (A) composition and a assurance and quality (B) written quality quality improvement p (C) methods for monithe quality and appropincluding delineation outilization of services; (D) professional or cliral requirement that staff professionals and provisable be supervised by that area of service; (E) strategies for imprecedity for review of staff quality determination made to treatment/habilitation p (G) review of all fatality were being served in an residential programs at (H) adoption of standal operational and program meeting applicable starpurpose, "applicable starpurpose, "applicable starpurpose, and the degrecare exercised by other	activities of a quality improvement committee; assurance and lan; toring and evaluating riateness of client care, f client outcomes and nical supervision, including f who are not qualified ide direct client services a qualified professional in coving client care; diffications and a grant rivileges: es of active clients who rea-operated or contracted the time of death; rds that assure mmatic performance and ards of practice. For this andards of practice established with ing and accepted ee of knowledge, skill and repractitioners in the field;	V 105			
	This Rule is not met as	evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			MHL036-331	B. WING		11	/13/2020
	NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
	BRIGHTER	DAYZ LLC		NIA, NC 28052			
	(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
		policy on client record assurance of record assurance of record ausers at all times and a of records. The finding Review on 11/10/20 of entitled Record Storag-"The primary location is an offsite office. The address]. Files are kep Executive Director and Officer) have Access to also be stored in a lock lockbox. These docum not limited to PCP (Per Plan)/CCA(Comprehen Consent to Treatment/Finding #1 Interview on 11/2/20 wifrom the local law enforevealed: -Responded early morning hours of run-away juveniles; -While at the facility, the juvenile (Client #3) presofficers with information work related personal dedoctions of the missing only source of information batain personal information than the properties of the missing only source of information on the missing only source of information on the missing of the facility of	cord review, and y failed to implement their management including cessibility to authorized assurance of confidentiality is are: the undated facility policy is revealed: for staff and client records current location is [local it in an office that only the CEO (Chief Executive in cents can include but are son Centered sive Clinical Assessment)/Placement letter." the Police Officer or or cement agency to the facility during the facility during the facility during the facility during the ment who assisted the management in the ma	V 105			
	12.5	A binder containing of	ment wedication	1			1

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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
	MHL036-331	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, ZIP CODE	
DDIOUTED DAYZII O	837 LY	NHAVEN DRIVE	

BRIGHTER DAYZ LLC		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) COMPLET DATE
V 105	REGULATORY OR LSC IDENTIFYING INFORMATION)	N. CONSERVATION	CROSS-REFERENCED TO THE APPROPRIATE	
	-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. Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and			
1	Licensee #2/Executive Director revealed: -No comment.			

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE :	SURVEY
		MHL036-331	B. WING		11/1	3/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
BRIGHTER	R DAYZ LLC	837 LYN	IHAVEN DRIVE			
DICIONIE	DATE ELO	GASTO	NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE
V 293	Continued From page	e 4	V 293			
V 293		al Tx. Child/Adol - Scope	V 293	V293		
V 255	10A NCAC 27G .170 (a) A residential treatic children or adolescen standing residential faintensive, active there interventions within a shall not be the primal individual who is not at (b) Staff secure mean awake during client sl shall be continuous as this Section. (c) The population ser adolescents who have mental illness, emotion substance-related disco-occurring disorders disabilities. These chill not meet criteria for in (d) The children or act shall require the follor (1) removal from community-based rest of facilitate treatment (2) treatment in (e) Services shall be (1) include individual structure of daily (2) minimize the behaviors related to for	1 SCOPE ment staff secure facility for ts is one that is a free- acility that provides apeutic treatment and system of care approach. It ry residence of an a client of the facility. It is staff are required to be eep hours and supervision as set forth in Rule .1704 of It is a primary diagnosis of anal disturbance or orders; and may also have a including developmental dren or adolescents shall patient psychiatric services. Itolescents served wing: In home to a sidential setting in order a staff secure setting. It designed to: idualized supervision living; It occurrence of unctional deficits; It and deescalate out of		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. In the event this scenario was to reoccue 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 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 the facility. The agency will comply with all require 10A NCAC 27G .1704 including: Enforcing the requirements that: a. A qualified professional shall be avail telephone or page. A direct care staff vable to reach the facility within 30 minuall time b. The minimum number of direct care serequired when children or adolescents present and awake is as follows: 1. Two direct care staff shall be presone, two, three or four children or adolescents; The agency will interpret 10A NCAC 276.1704(b) to include a requirement that if	r al) r in e at ments of lable by will be utes at taff are sent for	

(5)

control behaviors including frequent crisis

management with or without physical restraint;

acquisition of adaptive functioning in self-control,

communication, social and recreational skills; and

support the child or adolescent in

assist the child or adolescent in the

consumer.

DHSR inspection.

(singular) consumer is in the community with

The agency will maintain all work logs, payroll

records and staffing calendars in perpetuity for

staff that two staff shall be present with the

STATEMENT OF DEFICIENT AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION G:	(X3) DATE COMP	SURVEY
		MHL036-331	B. WING		11/1	3/2020
NAME OF PROVIDER OR S	SUPPLIER	837 LYN	DDRESS, CITY, S			372020
	CH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIOTE DEFICIENCY)	BE	(X5) COMPLETE DATE
gaining the intensive (f) The refacility shand agen system of system of alled to prominimize the safety, assignment functioning gaining the intensive the (Clients #1 facility failed individuals system of the finding Cross Refaminimum Stased on it facility failed for up to facil	s not met as interview and agencial to coordinate in the accurrent sist in the accurrent sist in the accurrent and agenciare affectings are: erence: 10A Staffing Required to ensure affectings are:	ded to step-down to a less etting. atment staff secure te with other individuals he child or adolescent's decord review, the facility dualized supervision, ce of behaviors, ensure quisition of adaptive out the adolescent in ed to step-down to a less ting affecting 4 of 4 clients decord with the adolescent in eate care with other es within the adolescent's g 1 of 4 clients (Client #2). NCAC 27G .1704 uirements (V296) decord review, the two staff were present ents affecting 4 of 4 clients	V 293	With regard to specific issues cited by I agency will take the following actions: The agency will designate a supervisor staff that will be available 24/7/365 by to respond to staff inquiries & coordinated To ensure compliance with this standard agency will conduct at least quarterly te on call system. The agency will immediately contact a coguardian, law enforcement and DSS work client elopes and does not return within minutes. The management of the agency will condocumented spot checks of overnight stensure they are awake. This will be donvia onsite video cameras. Staff that are be asleep will be terminated. Staff on overnight shift will document with the checks of clients every 15 minutes.	y level elephone e care. d the ests of the elient's orker if a 20 aduct eaff to e live or found to	

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STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY
MHL036-331 B. WING					11/	13/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE		
BRIGHTE	R DAYZ LLC	837 LY	NHAVEN DRIVE			
		GAST	ONIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ЗE	(X5) COMPLETE DATE
V 293	Continued From page	e 6	V 293			
	leave) last night. Plea also issuing a 30 notines As of today 10/25/202 Review on 11/10/20 or correspondence from Director to Client #2's dated 10/30/20 at 5:30 at the light of the light	/OL (absence without ase call us Monday. I am ce to discharge services. 20." f email Licensee #2/Executive DSS legal guardian Opm revealed: ay makes 5 days since ed calling [DSS legal today, To do a quick follow #2] is not found by the 10 on the 10th day. I would Monday if possible." f email correspondence cutive Director to Client an dated 11/1/20 at Client #2]. In the middle of e asked that she be taken Il evaluation. Call me e." call logs from the weekend m Client #2's home county at 6:22pm revealed: " hild (Client #2) was				

is willing to take her back. She can continue with

-Call log dated 11/1/20 at 8:17pm revealed: DSS

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 ...;"

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE

BRIGHTE	R DAYZ LLC GAST	ONIA, 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 7	V 293		
	worker called to "speak with [direct care staff] who			
	is the worker there (at the facility) and her			
	supervisoris 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 phonecalled Brighter Dayz back,			
	there was no answer and the voicemail was not			
	setupcalled 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			
	returnran away from her group home seven			
1	days ago and stayed with some friends of another			
	group home member she ran away withpatient			
	states that she ran away because she doesn't like			
	living in group homesshe runs away from group			
	homes all the timeno			

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC BY SUMMARY STATEMENT OF DEPICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 37 L YNHAVEN DRIVE CASTONIA, NC 28952 CASTONIA, NC 28952 V 293 Continued From page 8 Current/acute psychiatric symptoms/signs elicited or exhibitedconsequently patient is psychiatric lay cleared for return to establish outpatient providergroup home indicated she could return when psychiatrically cleared of acute psychiatric lays phome, but group home indicated she could return when psychiatrically cleared of acute psychiatric also seems "Client 22 cleared for discharge on 111/1/20 at 647pm; "Clinical note dated 111/1/20 at 647pm; evaluation" -Clinical note dated 111/1/10 at 55.59pm revealed: "Consult to assist in returning pt (patient) (Client #2) to Group home at Brighter Days and spoke with staff(Client #2) ESS legal guardian) would need to be spoken to prior to make arrangements as pt will possibly need PRTF (psychiatric residential teatment facility). Recommendation from SCC (system of care) report indicate process not require a PRTF and can continue with outpatient services prior to ED (emergency department) admission; -Clinical note dated 111/1/10 at 5:75 pm revealed called Client #2* home DSS on-call worker reported Client #2* submit and the subm	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION G:	(X3) DATE	SURVEY PLETED	
BRIGHTER DAYZ LLC (74] ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX FAG CEDIATORY OR LOCK DEFINITIVING NORMATION) V 293 Continued From page 8 Continu			MHL036-331	B. WING		11/	13/2020
SUBJACATION OF THE DESTRICT OF DESCRIPTION OF THE PROCEDED BY PULL PROPERTY OF DESCRIPTION OF THE PROCEDED BY PULL PROPERTY OF DESCRIPTION OF THE PROCEDED BY PULL PROPERTY OF DESCRIPTION OF THE APPROPRIATE OF DESCRIPTION OF THE APPROPRIATE O	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE, ZIP CODE	-	
SUMMARY STATEMENT OF DEFICIENCES PREFIX FAG SEQUILATORY OR LISC IDENTIFYING INFORMATION) V 293 Continued From page 8 current/acute psychiatric symptoms/signs elicited or exhibitedconsequently patient is psychiatric providergroup home indicated she could return when psychiatrically cleared for return to establish outpatient providergroup 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 4-07pm; -Clinical note dated 11/1/20 at 5am revealed Client #2 proportion in the proportion of the proporti	BRIGHTER	R DAYZ LLC	837 LYN	HAVEN DRIVE			
PREFIX TAG CREGULATORY OR LSC IDENTIFYING INFORMATION) V 293 Continued From page 8 current/acute psychiatric symptoms/signs elicited or exhibitedconsequently patient is psychiatrically cleared for return to establish outpatient providergroup home indicated she could return when psychiatrically cleared of acute psychiatrically cleared of acute psychiatrically cleared of acute psychiatrically cleared of acute psychiatric assume" Clinical note dated 11/1/20 at 4:07 pm; -Clinical note dated 11/1/10 at 4:07 pm; -Clinical note dated 11/1/10 at 5:59pm revealed Client #2 presented to the emergency department via emergency medical services for a psychiatric evaluation" -Clinical note dated 11/1/10 at 5:59pm revealed: "Consult to assist in returning pt (patient) (Client #2) to Scroup Home at Brighter Dayz in Gastonia, NC. Call placed to Brighter Days and spoke with staff(Elient #2's SS 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 preported that her			GASTO	NIA, NC 28052			
current/acute psychiatric symptoms/signs elicited or exhibitedconsequently patient is psychiatrically cleared for return to establish outpatient providergroup home indicated she could return when psychiatrically cleared of acute psychiatric issues" Clinical rote dated 11/1/20 at 4:07pm; -Clinical note dated 11/1/20 at 6:am 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 Dayx in Gastonia, NC. Call placed to Brighter Dayx 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 6:19pm revealed called Client #2* home DSS on-call worker reported Client #2 was authorized to return to Brighter Dayz. "Claed 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 [direct care staff] ported back to that her will revealed: "Checked back in with staff at Brighter Dayz [direct care staff] ported back to that her bayer [direct care staff] ported back to that her bayer [direct care staff] ported back or with staff at Brighter Dayz [direct care staff] ported back or with staff at Brig	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
		current/acute psychiat or exhibitedconseque psychiatrically cleared outpatient providerg could return when psychiatric issued discharge on 11/1/20 a -Clinical note dated 11/2 Client #2 presented to via emergency medical evaluation after running #2) was found by police return her to the group requested patient be brevaluation;" -Clinical note dated 11/2 "Consult to assist in (Client #2) to Group Hogastonia, NC. Call place spoke with staff[Client guardian] would need to make arrangements as PRTF (psychiatric reside Recommendation from report indicate pt does in can continue with outpate (emergency department and continue with outpate (emergency department) called Client #2's home reported Client #2 was as Brighter Dayz. "Calle care staff] and worker a supervisor with no answinstructions to not acception and continue with outpate care staff] and worker as supervisor with no answinstructions to not acception call;" Clinical note dated 11/1Checked back in with acility. [Direct care staff]	ric symptoms/signs elicited pently patient is for return to establish group home indicated she chiatrically cleared of es" Client #2 cleared for at 4:07pm; /1/20 at 6am revealed the emergency department it services for a psychiatric graway. "Patient (Client et today, they attempted to home, but group home rought for psychiatric or at 4:05pm revealed: returning pt (patient) ome at Brighter Dayz in the dots are provided in the services prior to pt will possibly need dential treatment facility). SOC (system of care) not require a PRTF and attent services prior to ED to admission; 1/20 at 6:18pm revealed DSS on-call worker authorized to return to design and the supervisor. Will work of the child back until and her supervisor. Will /20 at 7:13pm revealed: a staff at Brighter Dayz reported that her	V 293			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	ECONSTRUCTION	(X3) DATE	SURVEY
		MHL036-331	B, WING		11/	13/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BRIGHTER	R DAYZ LLC	837 LYI	NHAVEN DRIVE			
		GASTO	ONIA, NC 28052			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
V 293	Continued From page	e 9	V 293		122	
	will call her again and to authorize pt to reture ends her shift at 8pm in 15 mins (minutes);" -Clinical note dated 1 "Return call to Brig with staff. She spoke not heard from the Properturning to the facility -Clinical note dated 11 "Return call from [home Brigher Dayz again an authorized to return to staff come to pick up the -Clinical note dated 11. "Return call from [home spoken to Brighter Dayz currently refusing to take staffing with supervisor a plan for pt as placemBrighter Dayz is not con DSS] calls to discuss full the review on 11/3/20 a #2's DSS legal guardia -Client #2 turned herse	attempt to get a hold of her m. Current staff worker and requested a return call 1/1/20 at 7:35pm revealed: hter Dayzand spoke with her supervisorhas ogram Manager about pt /:" 1/1/20 at 7:47pm revealed: hter DSS] and they will call donfirm that pt is the facility. She will have he pt;" 1/1/20 at 8:03pm revealed: her DSS worker]She has be pt back[home DSS] is not attempt to come up with her has fallen through currently answering [home purther options for pt" 1/1/20 with Client an revealed: her or a local police morning hours of 11/1/20 a local emergency intrice evaluation upon Director/Qualified bensee #2/Executive her to meet Client #2; -				

on 11/1/20;

facility after receiving a psychiatric evaluation

-Licensee #2/Executive Director had sent a 30-day notice of emergency discharge on 10/26/20 after Client #2 ran away;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZILC

837 LYNHAVEN DRIVE

BRIGHTER	DAYZ LLC GAST	ONIA, 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 10 -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	V 293	DETICITY	
	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. 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			
ion of Healt	Health Service Regulation);" -Spoke with Client #2's legal guardian and			

Division of Health Service Regulation

6899 PY5J11 If continuation sheet 11 of 25 STATE FORM

Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC		837 LYNHAVEN DRIVE			
	G	ASTONIA, 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) COMPLET DATE	
V 293	Continued From page 11	V 293			
	decided on 10/30/20 that it would not be safe for Client #2 to return to the facility if she was located.				
	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.				
	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.				
- - - t	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 ocal management entity pushed the placement; -Was informed by Licensee #2/Executive Director				

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	T OF DEFICIENCIES DF CORRECTION			(X3) DATE S COMPL		
		MHL036-331	B. WING		11/13	3/2020
	ROVIDER OR SUPPLIER	837 LY	ADDRESS, CITY, STA NHAVEN DRIVE ONIA, NC 28052	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	clients who did not he away and that there is supervision and alarm windows to alert staff attempt to run away; -Does not know why daughter to seek emithe facility for only two Review on 11/13/20 of completed by the Lice Professional #1 dated "What immediate active ensure the safety of the The agency will compare the safety of the The agency will compare a. A qualified professional the require a. A qualified professional the require a. A qualified professional the require a. The minimum nurrequired when children present and awake is 1. Two direct care is two, three or four child the agency will interpt to include a requirement.	uld be placed with younger ave a history of running would be adequate staff as on the doors and should her daughter. The facility allowed her ployment after being at o days. If the Plan of Protection ansee #1/Director/Qualified 11/13/20 revealed: In will the facility take to be consumers in your care? In will the facility take to be consumers in your care? In will the facility take to be a vailable by direct care staff will be able thin 30 minutes at all time and of direct care staff as follows: It aff shall be present for one, dren or adolescents;	V 293			

Division of Health Service Regulation

PY5J11

MANUAL CONTRIBUTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
BRIGHTER DAYZ LLC BRIGHTER DAYZ LLC STATUNHAVEN DRIVE GENERAL DEPRICENCY MUST BE PRECEDED BY TILL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED From page 13 V 293 Continued From page 13 V 293 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. In the event this scenario were to reoccur both staff on duty will stay at the facility and notify the QP (our designee) will either 1) replace one of the staff on duty will replace one of the staff on duty will remain at the facility. 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 Dropostional Defiant Disorder, and Dopostional Defiant Disorder, and Dopostional Defiant Disorder, Conduct Disorder, and Oppositional Defiant Disorder, Conduct Disorder, and propositional Defiant Disorder, Post Disorder, Disruptive Mood Dysregulation Disorder, Post Disorder, All propositional Defiant Disorder, Post Disorder, Disruptive Mood Dysregulation Disorder, Post Disorder, All propositional Defiant Disorder, and of the facility of the propositional Defiant Disorder. Conduct Disorder, and of the facility of the propositional Defiant Disorder, Post Disorder, Post Disorder, All propositional Defiant Disorder, Post Disorder, All propositional Defiant Disorder, Post Disorder, Post Disorder, All propositions 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, properly destruction, breaking windows, impulsivity and risky behaviors. Clients #1, #2, #3, and #4 did not receive the level of supervision required to meet their new #2.5 staff *3 worked the overnight shift alone on 10/24/20		MHL036-331	B. WING		11/13/2020	
CASTONIA, NC 28652 DAY PROVIDERS PLAN OF CORRECTION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY TAG PROVIDERS PLAN OF CORRECTION CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMMENT TAG V 293 Continued From page 13 V 293 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. In the event this scenario were to reoccur both staff on duty will stay at the facility and notify the OP (Gualified 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.* Clients #1, #2, #3, and #4 range in age from 15 years 117 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. Post Traumatic Stress Disorder, Districtional post of the company of th	NAME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE		
CASTONIA, NC 28052 PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCES COMMET TAG PREFIX	BRIGHTER DAYZII C	837 LY	NHAVEN DRIVE			
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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. 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." 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, Council 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	V 293 Continued From pag	ge 13	V 293			
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our priorio and tribe distalt sales, left trib facility	years to 17 years. The variety of mental healt limited to, Major Depre Mood Dysregulation D Stress Disorder, Atten Disorder, Conduct Dis Defiant Disorder. Clier significant histories of and sexual assault du substance abuse while recently took her moth into the car and drive a stop client #4 and brin Additionally, the clients assault, property destr impulsivity and risky be and #4 did not receive required to meet their overnight shift alone of While sleeping, Clients	ety were diagnosed with a th needs including, but not essive Disorder, Disruptive Disorder, Post Traumatic ation Deficit Hyperactivity forder, and Oppositional ents #1, #2, and #3 had elopement, sex trafficking ring times of elopement, and e on the run. Client #4 er's keys and tried to get away. It took two people to g her back into the house. It is had histories of physical ruction, breaking windows, ehaviors. Clients #1, #2, #3, the level of supervision needs. Staff #3 worked the in 10/24/20 and fell asleep.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	LE CONSTRUCTION 5:	(X3) DATE SURVEY COMPLETED	
		MHL036-331	B. WING		11/	13/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
BRIGHTER	R DAYZ LLC	837 LYNI	HAVEN DRIVE			
		GASTO	NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	half. Upon arrival of the have access to the neighbor identifying information Staff #3 depended on Clients #1 and #2's be information. Furtherm #1/Director/Qualified Fuicensee #2/Executive care for Client #2 upon police after one week transported via emerghospital upon request #1/Director/Qualified Fuicensee #2/Executive responsive to calls from #2 was left unattended room for up to 30 hours she was picked up by transport to another faconstitutes a Failure to	ne police, Staff #3 did not ecessary records to provide a about Clients #1 and #2. Client #3 to search through elongings for this ore, Licensee Professional #1 and e Director did not coordinate in Client #2 surrendering to on the run. Client #2 was ency services to the local of the licensees. Licensee Professional #1 and e Director were not im the hospital staff. Client in the hospital waiting its post-discharge before her legal guardian for cility. This deficiency of Correct the Type A1 rule in the following regions of \$500.00 per day is	V 293			
V 296	by telephone or page. be able to reach the fat all times. (b) The minimum num staff required when chare present and awake (1) two direct care one, two, three or four cone, the cone of t	MINIMUM MENTS ional shall be available A direct care staff shall acility within 30 minutes ber of direct care ildren or adolescents	V 296	V296 Cross reference to response to V293		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL036-331	B. WING		11/	13/2020
	ROVIDER OR SUPPLIER	837 LYN	DDRESS, CITY, STAT	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE
	for nine, ten, eleven of adolescents. (c) The minimum number during child or adolescents follows: (1) two direct case and one shall be awake children or adolescents (2) two direct case and both shall be awake children or adolescents (3) three direct of which two shall be as be asleep for nine, ten or adolescents. (d) In addition to the meare staff set forth in PRule, more direct care the facility based on the individual needs as spendian. (e) Each facility shall be supervision of children are away from the facility child or adolescent's incomeds as specified in the supervision of children are away from the facility child or adolescent's incomeds as specified in the supervision of children are away from the facility child or adolescent's incomeds as specified in the supervision of children are away from the facility children are away from the	are staff shall be present twelve children or ber of direct care staff sent sleep hours is as as a staff shall be present to for one through four signs, and sare staff shall be present to for five through eight signal sare staff shall be present twake and the third may seleven or twelve children staff shall be required in the child or adolescent's ecified in the treatment to eresponsible for ensuring or adolescents when they try in accordance with the dividual strengths and the treatment plan.	V 296			
	failed to ensure two sta	evidenced by: record review, the facility ff were present for up to ng 4 of 4 clients (Clients				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL036-331	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, ZIP CODE	

837 LYNHAVEN DRIVE

BRIGHTER	DAYZ LLC	YNHAVEN DRIVE		
DICIONILIC		STONIA, 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 16	V 296		
	#1, #2, #3, and #4). The findings are:			
	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.			
	Client #1 could not be interviewed as she had			
	run away. She was still on the run and had not been located.			
	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. 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.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-331	B. WING		11/13/2020
NAME OF PROVIDER OR SUPPLIER BRIGHTER DAYZ LLC	837 LY	ADDRESS, CITY, STAT NHAVEN DRIVE ONIA, NC 28052	TE, ZIP CODE	
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
#3's record reveal -Admitted 10/15/21 -Diagnosed with P Disorder, Oppositing Cannabis Use Disorder NOS; -17 -History of running substance abuse, risky community be associations. Interview on 10/28/2 Staff #3 and #4 we shift on 10/24/20 in through the entire in running away. Review on 10/28/2 #4's record reveals -Admitted 10/16/20 -Diagnosed with Information Intellectual Develot Autism, and Languals -15 years old; -History of impulsive breaking windows, physical aggression biting self, and physical aggression biting self,	20 and 11/5/20 of Client ed: 0; cost-Traumatic Stress conal Defiant Disorder, corder Mild, and Depressive years old; away, human trafficking, low frustration tolerance, chaviors, and negative peer 20 with Client #3 revealed: - re both working the overnight to 10/25/20 but she slept incident of Clients #1 and #2 0 and 11/5/20 of Client ed: 0; termittent Explosive Disorder, comental Disability Mild, age Disorder; e and explosive behaviors, property destruction, in toward self by hitting and sical assault. inical Assessment written by sional dated 9/15/20 revealed 0, Client #4 took her mother's to into the car to drive away is stop her and bring her back client #4] is a moderate risk to ecause she will become e cannot have the things she monstrates impulsive acts such	V 296		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL036-331	B. WING		11/13/2020)
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
BRIGHTER	R DAYZ LLC		NHAVEN DRIVE			
()(1) 15	SUMMADV ST		ONIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMP	(5) PLETE ATE
V 296	Continued From page	e 18	V 296			
	Attempted interview of #4 revealed: -Client #4 was a poor interview was unsucced. Interview on 11/2/20 of from the local law enf	on 10/28/20 with Client historian and the essful. with the Police Officer forcement agency				
	early morning hours of run-away juveniles; -Staff #3 was the only facility when he responding runaway juveniles; -Staff #3 was on the te	elephone the majority of the				
	at the facility because entire facility. He enter porch, into the facility t	re no other staff members he walked through the red through the covered through the kitchen, into gh the front living room and bedrooms;				
	Interview on 10/28/20 Worked the overnight 10/25/20 with Staff #4 ran away; -Staff #3 did not identif working; -Was in the bathroom a from the bathroom, she and credit cards were r -Checked on all clients throughout the night bu documentation required	when Clients #1 and #2 by where Staff #4 was and when she returned be noticed her cell phone missing; every 5-10 minutes by there was no differ the checks.				
	Worked the overnight	with Staff #4 revealed: - t shift on 10/24/20 into hen Clients #1 and #2 ran				

Division of Health Service Regulation FORM AF						RM APPROVE
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	0-06	MHL036-331	B. WING		11/1	13/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST.	ATE, ZIP CODE		
BRIGHTER	DAYZ LLC	837 LYN	NHAVEN DRIVE			
		GASTO	ONIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL 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
	when Clients #1 and -Woke up Clients #3 the night and had the the van to go looking could not locate them Interview on 11/13/20 #1/Director/Qualified Licensee #2/Executiv There were two staff a Clients #1 and #2 ran -Client #3 was awake officers with informatic -Licensee #2/Executiv Client #4 was on a ho #1/Director/Qualified I Client #4 was in the fa -Licensee #2/Executive evidence to support th staff was in the facility #4 was "out in the stre and #2; -Denied only one staff Licensee #2/Executive "Not true. We will deal	m washing dinner dishes #2 ran away; and #4 in the middle of em get dressed and get in for Clients #1 and #2 but n. D with Licensee Professional #1 and re Director revealed: - at the facility when a away; and was assisting the on; re Director revealed me visit but Licensee Professional #1 revealed acility; re Director questioned the me findings that only one re and then reported Staff eet" looking for Clients #1 T was working the shift; - ee Director revealed: I with it at an informal	V 296			
	the night and had the the van to go looking could not locate them literally and had the the van to go looking could not locate them literally and locate	em get dressed and get in for Clients #1 and #2 but in. D with Licensee Professional #1 and re Director revealed: - at the facility when away; and was assisting the on; we Director revealed one visit but Licensee Professional #1 revealed recility; we Director questioned the refindings that only one or and then reported Staff reet" looking for Clients #1 T was working the shift; - re Director revealed: I with it at an informal with the Division of				

This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) Scope for a Failure to Correct Type A1 rule violation.

V 736 27G .0303(c) Facility and Grounds Maintenance

10A NCAC 27G .0303 LOCATION AND

(c) Each facility and its grounds shall be

EXTERIOR REQUIREMENTS

PY5J11

V 736

Division of Health Service Regulation

0.0000000000000000000000000000000000000						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 100.000 (100.000) (100.000 (100.000 (100.000 (100.000 (100.000 (100.000 (100.000) (100.000 (100.000 (100.000 (100.000 (100.000 (100.000 (100.0000 (100.000 (100.000 (100.000 (100.000 (100.000 (100.000 (100.0000	LE CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING	5;	COMP	LLILD
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NAME OF P	ROVIDER OR SUPPLIER		DDDESS SITV S		11/1	3/2020
			DDRESS, CITY, S [.] IHAVEN DRIVE	TATE, ZIP CODE		
BRIGHTER	R DAYZ LLC		NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIOED TO THE APPROPRIATE TO THE A	3E	(X5) COMPLETE DATE
	maintained in a safe, of manner and shall be knodor. This Rule is not met as Based on interview, re observation, the facility clean, safe, and attractionare: Observation on 10/28/29:45am of the front of the safe, and attractionare.	elean, attractive and orderly ept free from offensive s evidenced by: cord review, and was not maintained in a tive manner. The findings 20 at approximately he facility revealed: - in the front of the house; as roughly the size of a ges around the hole in ay strewn on the front		V 736 The cause of the broken window appear ock that was thrown by the lawnmower landscaping company that mows the facility and a similar event happen the facility take the following actions: Immediately contact supervisor on duty. Immediately clean up the broken glass. Safely remove any remaining glass from frame of the window. Board up the window Call a glazier or other qualified repair semake the repair as soon as possible. The facility will conduct at least monthly documented self-inspections of the facility including inspecting broken/cracked glass.	ty will the	
	on the inside of the win Review on 10/28/20 and #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Disruptive Mood Dysreg Cannabis Use Disorder; and Stressor Disorder; -16 years old; -History of impulsivity, riaway, substance abuse	dow sill. d 11/05/20 of Client Depressive Disorder, gulation Disorder, , and Other Trauma				

-Admitted 10/15/20;

Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL036-331	B. WING			/13/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		***************************************
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BRIGHTER	DAYZ LLC	GAST	ONIA, NC 28052			
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	Disorder, Post Traum Attention Deficit Hype Conduct Disorder; -15 years old; -History of breaking w destruction, running a sexual assaults during Review on 10/28/20 a #3's record revealed: -Admitted 10/15/20;	ractivity Disorder, and rindows, property way, substance abuse, and g times for elopement.				
	Disorder NOS; -17 ye -History of running av substance abuse, low	ll Defiant Disorder, er Mild, and Depressive				
	Intellectual Developm Autism, and Language -15 years old; -History of impulsive a breaking windows, pro	mittent Explosive Disorder, ental Disability Mild, e Disorder; nd explosive behaviors, perty destruction, ward self by hitting and				
		with Staff #4/Observation imately 1:00pm during the bugh of the facility				

was broken;

revealed: -Staff #4 did not know the front window

-Used the front door throughout the work week to get mail from the mailbox attached to the front of

The state of the s	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, ST HAVEN DRIVE	ATE, ZIP CODE		
BRIGHTER	R DAYZ LLC		NIA, NC 28052			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	e 22	V 736			
V 736	the facility next to the -Suggested the windorpassing the facility; -The facility is located. The glass is strewn or window on the front provindow jam; -Immediately after was cleaned up the broken porch but did not seed any manner. Interview on 11/13/20 #1/Director/Qualified I Licensee #2/Executive nor knowledge the windown would look into the massive to the Function of the Funce of the Func	front door; w was broken by someone d quite far from the road; - in the outside of the orch and not inside of the liking the facility, Staff #4 in glass from the front ure the front window in with Licensee Professional #1 and e Director revealed: -Had dow was broken and etter; Plan of Protection (POP), e Director revealed: "You sting the forms (POP) back eady to get on a plane;" - Qualified Professional #1	V 736			
	#2/Executive Director;	traveling with Licensee				
	The first figure and the reserved of the control of	e Director revealed the ted "by midnight."				
	Review on 11/13/20 of completed by the Licer Professional #1 dated	nsee #1/Director/Qualified				
		on will the facility take to consumers in your care?				
	and securely covered the	plass in the facility, the part of all glass shards, ass from the window pane				

6899

PRINTED: 11/23/2020 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 11/13/2020 MHL036-331 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC GASTONIA, NC 28052 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 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 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." 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.

Division of Health Service Regulation

V 738 27G .0303(d) Pest Control

10A NCAC 27G .0303 LOCATION AND

V 738

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	ECONSTRUCTION	COMPLETED	
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BRIGHTE	T DATE LLC	GASTO	NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 738	Continued From page	24	V 738	V738		
V 765	EXTERIOR REQUIRE	EMENTS		The facility will conduct at least monthl documented self-inspections of the facincluding inspecting for insect carcass Any carcasses will be removed.	cility	
	EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interview and observation, the facility was not kept free from insects. The findings are: 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. Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.					

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 DIRECT DIAL: (919) 821-6779 E-Mail: rshaw@smithlaw.com December 18, 2020

MAILING ADDRESS P.O. Box 2611 Raleigh, North Carolina 27602-2611

TELEPHONE: (919) 821-1220 FACSIMILE: (919) 821-6800

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

DHSR - Mental Health

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 Scoope (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

Robert Show

cc: Michele Elliott, Acting Chief, Michiele.Elliott@dhhs.nc.gov

Stacy Silvia, Licensure & Training Team Leader, <u>Stacy.Silvia@dhhs.nc.gov</u> Bryson Brown, South Piedmont MH Team Leader, <u>Bryson.Brown@dhhs.nc.gov</u>

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

Lic. & Cert. Section

PRINTED: 11/23/2020 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL036-331 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC GASTONIA, NC 28052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 **INITIAL COMMENTS** V 000 A complaint survey was completed on November DHSR - Mental Health 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 Lic. & Cert. Section Treatment Staff Secure for Children or Adolescents. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 V 105 Pursuant to 27G .0201 (A) (1-7) Brighter Dayz 10A NCAC 27G .0201 GOVERNING will ensure pertinent client records are always **BODY POLICIES** secure and assessable. Specifically, the agency will take the following actions: (a) The governing body responsible for each facility or service shall develop and implement A copy of critical records and other information is written policies for the following: now secured in a locked cabinet in a locked (1) delegation of management authority for room. At least one staff on duty has the keys to the operation of the facility and services; the room and cabinet at all times. (2) criteria for admission; (3) criteria for discharge; Staff have been educated that medication (4) admission assessments, including: ladministration records are confidential and are (A) who will perform the assessment; and to secured and accessible in the same manner (B) time frames for completing assessment. as the above client records. (5) client record management, including: (A) The agency has purchased a lock box for the persons authorized to document; company van. All documents that contain (B) transporting records; confidentially information are now locked in the (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; Staff have been educated about the security and (D) assurance of record accessibility to accessibility of records.

Division of Health Seamon Regulations:

STATE FORM

(A)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

authorized users at all times; and

(6) screenings, which shall include:

presenting problem or need:

individual's needs; and

assurance of confidentiality of records.

an assessment of whether or not the facility can provide services to address the

the disposition, including referrals and

an assessment of the individual's

TITLE 7)lover

The Qualified Professional will inspect for

s/he is onsite.

compliance with the POC on every occasion

Division o	f Health Service Regul	ation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 105	activities, including: (A) composition and assurance and quality (B) written quality quality improvement (C) methods for more the quality and approximate including delineation utilization of services (D) professional or or a requirement that st professionals and proshall be supervised by that area of service; (E) strategies for im (F) review of staff of determination made treatment/habilitatio (G) review of all fata were being served in residential programs (H) adoption of star operational and programs a level of coreference to the premethods, and the discourance in the discourance of the premethods, and the discourance in the discourance in the premethods.	and quality improvement activities of a quality y improvement committee; assurance and plan; nitoring and evaluating priateness of client care, of client outcomes and s; clinical supervision, including aff who are not qualified by a qualified professional in approving client care; qualifications and a to grant n privileges: alities of active clients who a area-operated or contracted at the time of death;	V 105		

This Rule is not met as evidenced by:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL036-331 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE **BRIGHTER DAYZ LLC** GASTONIA, NC 28052 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 105 Continued From page 2 V 105 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

PRINTED: 11/23/2020 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION 11/13/2020 B. WING MHL036-331 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC GASTONIA, NC 28052 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 105 Continued From page 3 V 105 Administration Records (MARs) was located unlocked and unattended on the dining room table. Interviews on 10/28/20 with Staff #3 and Staff #4 revealed: -They were unaware that the MARs needed to be secured. 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. 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.

-No comment.

Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed:

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION G:	(X3) DATE COMF	SURVEY
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V 293	Continued From page	2 4	V 293			
V 293	27G .1701 Residentia	al Tx. Child/Adol - Scope	V 293	V293		
	10A NCAC 27G .170* (a) A residential treatmochildren or adolescent standing residential facintensive, active therapinterventions within as shall not be the primar who is not a client of the (b) Staff secure means awake during client slesshall be continuous as this Section. (c) The population servadolescents who have mental illness, emotions substance-related disor co-occurring disorders in disabilities. These childnot meet criteria for inpaction of the community-based residual require the follow (1) removal from community-based residual treatment; and (2) treatment in and (e) Services shall be decented to functional decented to funct	nent staff secure facility for s is one that is a free- cility that provides be utic treatment and system of care approach. It y residence of an individual ne facility. Is staff are required to be seep hours and supervision set forth in Rule .1704 of led shall be children or a primary diagnosis of all disturbance or orders; and may also have including developmental ren or adolescents shall attent psychiatric services. In order and staff secure setting. Seigned to: Italized supervision ving; occurrence of behaviors ficits; and deescalate out of ng frequent crisis		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. 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 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. The agency will comply with all requirem 10A NCAC 27G .1704 including: Enforcing the requirements that: a. A qualified professional shall be availatelephone or page. A direct care staff wable to reach the facility within 30 minutal time b. The minimum number of direct care staff required when children or adolescents a present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is a follows: 1. Two direct care staff shall be present and awake is a follows: 1. Two direct care staff shall be present and escents; The agency will interpret 10A NCAC 27G .1704(b) to include a requirement that if a (singular) consumer is in the community of staff that two staff shall be present with the consumer. The agency will maintain all work logs, parecords and staffing calendars in perpeture.	in at ments of able by ill be es at aff are ent for with ne	

Division of Health Service Regulation

communication, social and recreational skills; and support the child or adolescent in

DHSR inspection.

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION 11/13/2020 B. WING MHL036-331 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC **GASTONIA, NC 28052** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG With regard to specific issues cited by DHSR the V 293 agency will take the following actions: Continued From page 5 V 293 gaining the skills needed to step-down to a The agency will designate a supervisory level less intensive treatment setting. staff that will be available 24/7/365 by telephone to respond to staff inquiries & coordinate care. (f) The residential treatment staff secure To ensure compliance with this standard the facility shall coordinate with other individuals agency will conduct at least quarterly tests of the and agencies within the child or adolescent's on call system. system of care. 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. 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. This Rule is not met as evidenced by: Staff on overnight shift will document wellness Based on interview and record review, the facility checks of clients every 15 minutes 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: Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the

Finding #1

facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients

Review on 11/10/20 of email correspondence from Licensee #2/Executive Director to Client

(Clients #1, #2, #3, and #4).

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Division	of Health Service Regu	ılation			FO	RM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY
		MHL036-331	B. WING		11/13/20	20
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	ATE, ZIP CODE		
BRIGHTER	R DAYZ LLC	837 LYI	NHAVEN DRIVE			
		GAST	ONIA, NC 28052			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	Continued From page	e 6	V 293			
	#2's DSS legal guard at 10:20am revealed: -"Hello [Client #2] AW	VOL (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 Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE GASTONIA, NC 28052

BRIGHTER DAYZ LLC GASTONIA,		ASTONIA, 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
	Continued From page 7 worker called to "speak with [direct care staff] who is the worker there (at the facility) and her supervisoris 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 shung up the phonecalled Brighter Dayz back, there was no answer and the voicemail was not setupcalled Brighter Dayz several more times: still no answer[home county DSS worker] calle [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 returnran away from her group home seven days ago and stayed with some friends of anoth group home member she ran away withpatier states that she ran away because she doesn't like states that she ran away because she doesn't like states that she ran away because she doesn't like states that she ran away because she doesn't like states that she ran away because she doesn'	e s led leer nt	CROSS-REFERENCED TO THE APPROPRIATE	DATE
	living in group homesshe runs away from group homes all the timeno	up		
Division of H	lealth Service Regulation		The state of the s	continuation sheet 8 of 25

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STATEMEN	NT OF DEFICIENCIES	(V4) PROMPERIOUS					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DA	TE SURVEY	
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					11/13/2	2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE			
BRIGHTE	R DAYZ LLC	837 LY	NHAVEN DRIVE	≣			
		GAST	ONIA, NC 28052	2			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF COR	DDECTION		
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				DEFICIENCY)			
V 293	Continued From page	8	V 293				
	current/acute psychiat	ric symptoms/signs elicited					
	or exhibitedconsequ	iently patient is					
	psychiatrically cleared	for return to establish		ľ			
	outpatient providerg	roup home indicated she					
	could return when psyc	chiatrically cleared of					
	acute psychiatric issue	s" Client #2 cleared for					
	discharge on 11/1/20 a						
	-Clinical note dated 11/						
	Client #2 presented to	the emergency department					
	via emergency medical	services for a psychiatric					
	evaluation after running	g away. "Patient (Client				1	
	#2) was found by police	e today, they attempted to					
	return her to the group	home, but group home	1				
	requested patient be br	ought for psychiatric					
9	evaluation;"						
1	-Clinical note dated 11/	1/10 at 5:59pm revealed:					
1	"Consult to assist in	returning pt (patient)					
	(Client #2) to Group Ho	me at Brighter Dayz in					
	Gastonia, NC. Call place	ed to Brighter Days and					
	spoke with staff[Clier	nt #2's DSS legal					
	guardian] would need to	o be spoken to prior to					
	make arrangements as	pt will possibly need					
	PRTF (psychiatric resid	ential treatment facility).					
	Recommendation from	SOC (system of care)					
	report indicate pt does r	not require a PRTF and					
	can continue with outpa	tient services prior to ED					
	(emergency department	t) admission;	1				
	-Clinical note dated 11/	1/20 at 6:18pm revealed					
	called Client #2's home						
	reported Client #2 was a	authorized to return to					
	Brighter Dayz. " Called	d Brighter Dayz [direct					
	care staff] and worker at	ttempted to contact her					
1	supervisor with no answ	er. She was given					
Į i	nstructions to not accep	ot 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					
f	acility. [Direct care staff]	reported that her]				
S	supervisor has still not ar	nswered her calls. She					

	Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION		
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AND PLAN O	CONNECTION		7 11 00 00 1 10 00 11 1 00 11	7		
			B. WING		11/13/20	120
		MHL036-331	B. WING		11/13/20	720
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
IVAIVIL OF TH	OVIDENTAL	837 LY	NHAVEN DRIVE			
BRIGHTER	DAYZ LLC	GASTO	GASTONIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 293	Continued From page will call her again and to authorize pt to rethe ends her shift at 8prin 15 mins (minutes). -Clinical note dated "Return call to Bright with staff. She spoken to the facing of the returning to the facing of the returning to the facing of the returning to the facing of the return call from the returning to the facing of the return call from the spoken to Brighter the currently refusing to staffing with supervial plan for pt as placing	d attempt to get a hold of her urn. Current staff worker and requested a return call c;" 11/1/20 at 7:35pm revealed: ighter Dayzand spoke with her supervisorhas Program Manager about pt lity:" 11/1/20 at 7:47pm revealed: ome DSS] and they will call and confirm that pt is to the facility. She will have p the pt;" 11/1/20 at 8:03pm revealed: ome DSS worker]She has Dayz facility and they are take pt back[home DSS] is issor to attempt to come up with ement has fallen through out currently answering [home as further options for pt"	V 293			

Division of Health Service Regulation

on 10/26/20 after Client #2 ran away;

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STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	William Commence and the second	CONSTRUCTION		E SURVEY	
			A. BUILDING:		CON	MPLETED	
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PRICUTES	NAVZII A		NHAVEN DRIVE	TE, ZIP CODE			
BRIGHTER	R DAYZ LLC		ONIA, NC 28052				
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V 293	Continued From page	e 10	V 293				
	-Had a phone call wit	h Liannasa					
	#1/Director/Qualified	Professional #1 and					
		re Director on 10/30/20 to					
	discuss how to proceed						
1	away. It was decided	that if Client #2 was not					
	found within 10 days	of running away, she					
İ	would not return to the	e 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 duri	ng assessment and then for					
	nicked up by the DSS	discharge prior to being					
	picked up by the DSS approximately 8:45pm	legal guardian at					
ŀ	transported to a level	4 facility arriving just					
	minutes prior to midnig	ght on 11/2/20.					
	Interview on 11/13/20						
	#1/Director/Qualified F						
	Licensee #2/Executive						
	There were two staff a Clients #1 and #2 ran	at the facility when					
	-Client #3 was awake	away,					
	the officers with inform	and was assisting					
	-Licensee #2/Executive						
	Client #4 was on a hor						
		Professional #1 revealed					
	Client #4 was in the fac	cility;					
	-Licensee #2/Executive	e Director questioned the					
	evidence to support the findings that on	e findings that only one					
	staff was in the facility	and then reported Staff					
1	#4 was "out in the stree	et" looking for Clients #1					
1	and #2;						
	Licensee #2/Fire suff	was working the shift; -					
	true. We will deal with i	Director revealed: "Not			1		
	(conference hearing wi						
	Health Service Regulat	tion):"					
'	Spoke with Client #2's	legal guardian and					

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION B. WING 11/13/2020 MHL036-331 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 837 LYNHAVEN DRIVE **BRIGHTER DAYZ LLC** GASTONIA NC 28052

BRIGHTER DAYZ LLC		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 11 decided on 10/30/20 that it would not be safe for Client #2 to return to the facility if she was located.	V 293				
	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. 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. 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 shelieved her daughter required a higher level of	t m				
	supervision, but the Care Coordinator from the local management entity pushed the placement Was informed by Licensee #2/Executive Directors	t; - or				

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION A. BUILDING:

(X3) DATE SURVEY COMPLETED

MHL036-331

IDENTIFICATION NUMBER:

B. WING

11/13/2020

NAME OF PROVIDER OR SUPPLIER

AND PLAN OF CORRECTION

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC		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) COMPLETI DATE	
	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. Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 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; 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 The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.	V 293	DEFICIENCY)		
1	Describe your plans to ensure the above happens. Service Regulation				

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						ED: 11/23/2020 M APPROVED
STATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE S COMPL	
		MHL036-331	B. WING		11/13/202	0
NAME OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
BRIGHTER	DAYZ LLC		NHAVEN DRIVE			
			ONIA, NC 28052	PROVIDER'S PLAN OF CORRECTION	IN	(X5)
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V 293	Continued From page	ge 13	V 293			
	where 2 staff were of client eloped. One is the neighborhood with the remaining of the event this scent staff on duty will stay QP (Qualified Profestor (or designee) will either on duty in the facility eloped client; or) than the 2 staff on duty in the facility eloped client; or) than the 2 staff on duty in the facility eloped client; or) than the 2 staff on duty in the facility eloped client; or) than the 2 staff on duty in the facility eloped client; or) than the 2 staff on duty in the 2 staff on duty in the 2 staff on duty eloped client; or) the facility eloped client; or) the	nis citation was an incident on duty at the facility and a staff looked for the client in while the other staff stayed clients in the facility. In ario were to reoccur both y at the facility and notify the ssional) immediately. The QP ther 1) replace one of the staff y so that staff may look for the e QP will look for the client cuty will remain at the facility." In and #4 range in age from 15 they were diagnosed with a sealth needs including, but not pressive Disorder, Disruptive in Disorder, Post Traumatic tention Deficit Hyperactivity				
	Disorder, Conduct I Defiant Disorder. C significant histories and sexual assault substance abuse w recently took her m into the car and driv stop client #4 and b Additionally, the clie assault, property de impulsivity and risk	Disorder, and Oppositional lients #1, #2, and #3 had of elopement, sex trafficking during times of elopement, and while on the run. Client #4 tother's keys and tried to get we away. It took two people to pring her back into the house. The entry had histories of physical estruction, breaking windows, by behaviors. Clients #1, #2, #3, eive 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

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL036-331 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE **BRIGHTER DAYZ LLC** GASTONIA, NC 28052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 293 Continued From page 14 V 293 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. 27G .1704 Residential Tx. Child/Adol -V 296 V 296 V296 Min. Staffing Cross reference to response to V293 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall

Division of Health Service Regulation

(2)

at all times.

be able to reach the facility within 30 minutes

one, two, three or four children or adolescents:

two direct care staff shall be present for

three direct care staff shall be present

(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:

PRINTED: 11/23/2020 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION 11/13/2020 B. WING MHL036-331 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC **GASTONIA, NC 28052** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 296 Continued From page 15 V 296 for five, six, seven or eight children or adolescents; and four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: two direct care staff shall be present (1) and one shall be awake for one through four children or adolescents; two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and 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 (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 (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.

This Rule is not met as evidenced by:

Based on interview and record review, the facility failed to ensure two staff were present for up to four adolescents affecting 4 of 4 clients (Clients

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DA	TE SURVEY
AND PLAN	TOF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			MPLETED
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NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STA	ATE, ZIP CODE		
BRIGHTE	R DAYZ LLC		NHAVEN DRIVE ONIA, NC 28052			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 296	Continued From page	e 16	V 296			
	#1, #2, #3, and #4). T	he findings are:				
	Review on 10/28/20 #1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Disruptive Mood Dysr Cannabis Use Disorder and Stressor Disorder -16 years old; -History of impulsivity, away, substance abus Client #1 could not be run away. She was stip been located. Review on 10/28/20 #2's record revealed: -Admitted 10/15/20; -Diagnosed with Disrupt Disorder, Post Trauma Attention Deficit Hypera Conduct Disorder; -15 years old; -History of breaking windestruction, running aw sexual assaults during to the overnight shift or when Clients #1 and #2 left the dedoom window;	and 11/05/20 of Client or Depressive Disorder, regulation Disorder, er, and Other Trauma r; risky behaviors, running re, and human trafficking. interviewed as she had ill on the run and had not and 11/05/20 of Client otive Mood Dysregulation tic Stress Disorder, activity Disorder, and adows, property ay, substance abuse, and times for elopement. th Client #2 revealed: - raff present at the facility in 10/24/20 into 10/25/20 or ran away; on the couch when the facility; the facility through ok Staff #3's cell phone				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		SURVEY PLETED
		MHL036-331	B. WING		11/13/20)20
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		837 LY!	NHAVEN DRIVE			
BRIGHTER	DAYZ LLC	GASTO	ONIA, NC 28052			T
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V 296	Continued From page	ge 17	V 296			
	#3's record revealed -Admitted 10/15/20; -Diagnosed with Post Disorder, Opposition Cannabis Use Disorder NOS; -17 y -History of running a substance abuse, lorisky community be associations.	st-Traumatic Stress hal Defiant Disorder, rder Mild, and Depressive years old; away, human trafficking, by frustration tolerance, haviors, and negative peer				
	Staff #3 and #4 wer shift on 10/24/20 int	20 with Client #3 revealed: - e both working the overnight to 10/25/20 but she slept ncident of Clients #1 and #2				
	#4's record reveale -Admitted 10/16/20 -Diagnosed with In); termittent Explosive Disorder, pmental Disability Mild,				

Division of Health Service Regulation STATE FORM

-History of impulsive and explosive behaviors, breaking windows, property destruction, physical aggression toward self by hitting and biting self,

-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

and physical assault.

as walking out of the house."

Division of Health Service Regulation

OT A TELLE	T 0 = D = 1 0 - 1 - 1						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY	
		IDENTIFICATION NOWIBER.	A. BUILDING:		COI	MPLETED	
MHL036-331		B. WING		11/13/2	020		
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, ST.	ATE ZIP CODE			
BRIGHTER	R DAYZ LLC		NHAVEN DRIVE				
BRIGHTE	CDATZ ELC	GAST	ONIA, NC 28052				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION		
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146	REGOLATORTOR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE	
V/206	0	10					
V 296	Continued From page	e 18	V 296				
	Attempted interview of	on 10/28/20 with Client					
	#4 revealed:						
	-Client #4 was a poor						
	interview was unsucce	esstul.					
	Interview on 11/2/20	with the Police Officer					
	from the local law enf						
	revealed: -Responded	d to the facility during the					
		of 10/25/20 regarding two					
	run-away juveniles;						
1	-Staff #3 was the only facility when he respo	staff present at the					
	runaway juveniles;	inded regarding the					
	-Staff #3 was on the	telephone the majority of					
	the time the officers w	ere at the facility;					
		re no other staff members					
	at the facility because	he walked through the					
	entire facility. He enter	ed through the covered					
	the dining room, through	hrough the kitchen, into gh the front living room and					
	down the hall into the b	pedrooms.					
1	-"There was definitely						
	the premises."						
		with Staff #3 revealed: -	1 1				
	Worked the overnight	when Clients #1 and #2					
	ran away;	when clients #1 and #2					
	-Staff #3 did not ider	ntify where Staff #4					
	was working;	Control of the Contro					
	-Was in the bathroom a	and when she returned					
	from the bathroom, she	noticed her cell phone				1	
	and credit cards were n						
	 Checked on all clients throughout the night but 						
	documentation required	I for the checks					
		FIOT THE OFFICERS.					
	Interview on 10/28/20	with Staff #4 revealed: -					
	Worked the overnight	shift on 10/24/20 into					
	10/25/20 with Staff #3 w	hen Clients #1 and #2 ran					

Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE GASTONIA, NC 28052

BRIGHTER DAYZ LLC 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	V 296			
	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 736	27G .0303(c) Facility and Grounds Maintenance	e V 736			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be				

Division of Health Service Regulation

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MI II TID	15 00U055U055U		
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE	
			A. BOILDING	5.	- COIVIF	PLETED
			D. MANNAG			
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
BRIGHTER	R DAYZ LLC	837 LY	NHAVEN DRIVE			
DI WOM I E	CONTE ELO	GAST	ONIA, NC 28052			
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IAG	REGULATORTORT	LOC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	DATE
1/700	0			DEFICIENCY)		
V 736	Continued From page	20	V 736			
	maintained in a safe, c	lean, attractive and orderly	1	V 736		
	manner and shall be ke	ept free from offensive		The series of the backet in		
	odor.			The cause of the broken window appearock that was thrown by the lawnmower	rs to be a	
				landscaping company that mows the fac	cility	
				lawn.	J,	
				Should a similar event happen the facility	tv will	
				take the following actions:	7	
	This Rule is not met as	s evidenced by:		leans a distal		
	Based on interview, rec			Immediately contact supervisor on duty.	X .	
	clean safe and attract	was not maintained in a		Immediately clean up the broken glass.		
	are:	ive manner. The findings				
	aro.			Safely remove any remaining glass from	the	
	Observation on 10/28/2	20 at approximately		frame of the window.		
1	9:45am of the front of the	he facility revealed: -		Board up the window		
1	Broken glass window in	the front of the house;				
	-Hole in the window wa	s roughly the size of a		Call a glazier or other qualified repair ser	rvice to	
	baseball;			make the repair as soon as possible.		
	-There were jagged edg	ges around the hole in		The facility will conduct at least monthly		
	the window; -Broken glass shards la	ov otroven on the first		documented self-inspections of the facilit	tv	
	porch of the facility;	ly strewn on the front		including inspecting broken/cracked glas	s.	1
	-There was no broken g	llass or foreign debris				
	on the inside of the wind	dow sill.				
		d 11/05/20 of Client #1's				
	ecord revealed:				-	
	Admitted 10/15/20;					
-	Diagnosed with Major [Depressive Disorder,				
	Disruptive Mood Dysreg Cannabis Use Disorder,	and Other Trauma				
la	and Stressor Disorder;	and Other Hauffla				
	16 years old;					
	History of impulsivity, ris	sky behaviors, running				
а	way, substance abuse,	and human trafficking.				
F	Review on 10/28/20 and	11/05/20 of Client #2's				
	ecord revealed:	THOUSE OF OHEIR #25				
1,250	Admitted 10/15/20;					

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Division of	Health Service Regul	ation			TOWN DATE (NIDVEV
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED		
AND PLAN O	FCORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
			B. WING		11/13/202	00
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NAME OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
		837 LY	NHAVEN DRIVE			
BRIGHTER	DAYZ LLC	GAST	ONIA, NC 28052			
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V 736	Continued From page	je 21	V 736			
	Disorder, Post Traun Attention Deficit Hyp Conduct Disorder; -15 years old; -History of breaking destruction, running sexual assaults during Review on 10/28/20; -Biagnosed with Portion Disorder, Opposition Cannabis Use Disorder NOS; -17 years of running substance abuse, for isky community be associations. Review on 10/28/20; -History of running substance abuse, for isky community be associations. Review on 10/28/20; -Diagnosed with In Intellectual Develop Autism, and Languants of impulsiveness.	away, substance abuse, and ng times for elopement. and 11/5/20 of Client d: st-Traumatic Stress and Defiant Disorder, rder Mild, and Depressive years old; away, human trafficking, but frustration tolerance, haviors, and negative peer 0 and 11/5/20 of Client d: ctermittent Explosive Disorder, pmental Disability Mild,				

was broken;

aggression toward self by hitting and biting self,

Interview on 10/28/20 with Staff #4/Observation on 10/28/20 at approximately 1:00pm during the

revealed: -Staff #4 did not know the front window

-Used the front door throughout the work week to get mail from the mailbox attached to the front of

physical plant walkthrough of the facility

and physical assault.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY
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NAME OF PROVIDER OR SUPPLIER				11/13/2	020
		ADDRESS, CITY, STA	ATE, ZIP CODE		
BRIGHTER DAYZ LLC		NHAVEN DRIVE			
		ONIA, NC 28052			
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passing the facility; -The facility is located. The glass is strewn of window on the front provided window on the front provided window jam; -Immediately after was cleaned up the broker porch but did not sect any manner. Interview on 11/13/20 #1/Director/Qualified It Licensee #2/Executive no knowledge the win would look into the masure of the Facility of the Faci	e front door; by was broken by someone d quite far from the road; - in the outside of the borch and not inside of the liking the facility, Staff #4 in glass from the front fure the front window in with Licensee Professional #1 and e Director revealed: -Had dow was broken and letter; Plan of Protection (POP), e Director revealed: "You ting the forms (POP) back leady to get on a plane;" - loualified Professional #1 fraveling with Licensee e Director revealed the let "by midnight." the Plan of Protection lisee #1/Director/Qualified 11/13/20 revealed: on will the facility take to consumers in your care? ate issue of a broken lass in the facility, the hall glass shards, ss from the window pane	V 736			

(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
MHL036-331		B. WING		11/13/2020		
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NAME OF PR	OVIDER OR SUPPLIER		AVEN DRIVE			
BRIGHTER	DAYZ LLC	GASTON	IA, NC 28052			
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V 736	In the event the facilito accidently break a window is broken for will immediately pick the broken glass frosecurely cover the window pane." Clients #1, #2, #3, a years to 17 years. To variety of mental her limited to, Major De Mood Dysregulation Stress Disorder, Att Disorder, Conduct In Defiant Disorder. The assault, property desimpulsivity and risk broken window with the facility, along with the facility, along with the stream on the front amount of time was safety, and welfare This deficiency confirm the violation is not administrative pension.	oner depending on	V 736			
V 73	compliance beyond 8 27G .0303(d) Pest	d the 45th day.	V 738			
	10A NOAO 270 .C					

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

LAWYERS

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

December 18, 2020

MAILING ADDRESS P.O. Box 2611 Raleigh, North Carolina 27602-2611

TELEPHONE: (919) 821-1220 FACSIMILE: (919) 821-6800

ROBERT W. SHAW DIRECT DIAL: (919) 821-6779 E-Mail: rshaw@smithlaw.com

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, <u>Michiele.Elliott@dhhs.nc.gov</u> Stacy Silvia, Licensure & Training Team Leader, <u>Stacy.Silvia@dhhs.nc.gov</u> 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	f Health Service Regul	ation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION :	(X3) DATE SURVEY COMPLETED	
MHL036-331			B. WING		11/13/2020	
	ROVIDER OR SUPPLIER	837 LYNH	DRESS, CITY, ST	TATE, ZIP CODE		
		GASTO	NIA, NC 28052			
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V 000	INITIAL COMMENTS	8	V 000			
	13, 2020. The complete (Intake #NC0017097) The facility is licensed	as completed on November aint was substantiated B). Deficiencies were cited. If for the following service 27G .1700 Residential are for Children or				
V 105	10A NCAC 27G .020 BODY POLICIES (a) The governing bo facility or service sha written policies for the (1) delegation of marthe operation of the (2) criteria for admission assess (A) who will perform (B) time frames from (B) time frames from (C) client record man (A) persons auth (B) transporting from (C) safeguard of tampering, defacement (B) assurance of (C) authorized users at a (E) assurance of (C) screenings, which (C) an assessme presenting problem (C) (B) an assessme	dy responsible for each Il develop and implement e following: nagement authority for acility and services; sion; rge; sments, including: orn the assessment; and or completing assessment. agement, including: orized to document; ecords; records against loss, ent or use by unauthorized record accessibility to all times; and confidentiality of records. In shall include: Int of the individual's	V 105	V 105 Pursuant to 27G .0201 (A) (1-7) Brighter will ensure pertinent client records are a secure and assessable. Specifically, the will take the following actions: A copy of critical records and other information on the secured in a locked cabinet in a logonal room. At least one staff on duty has the the room and cabinet at all times. Staff have been educated that medicat administration records are confidential to secured and accessible in the same as the above client records. The agency has purchased a lock box accompany van. All documents that cont confidentially information are now locked box. Staff have been educated about the seaccessibility of records. The Qualified Professional will inspect compliance with the POC on every occis/he is onsite.	always e agency rmation is cked e keys to ion and are manner for the ain ed in the curity and	

(C)

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

the disposition, including referrals and

individual's needs; and

TITLE (X6) DATE

Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

BRIGHTER DAYZ LLC							
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 105	Continued From page 1	V 105					
sion of Ho	(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;						

Division of Health Service Regulation

STATE FORM PY5J11 6899 If continuation sheet 2 of 25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		URVEY ETED	
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	ROVIDER OR SUPPLIER	837 LYN	DDRESS, CITY, STA NHAVEN DRIVE DNIA, NC 28052	TE, ZIP CODE		
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V 105	Based on interview, re observation, the facility policy on client record ausers at all times and of records. The finding Review on 11/10/20 of entitled Record Storag-"The primary location is an offsite office. The address]. Files are ket Executive Director an Officer) have Access also be stored in a loc lockbox. These docur not limited to PCP (Per Plan)/CCA(Comprehe Consent to Treatment Finding #1 Interview on 11/2/20 of from the local law entervealed: -Responder early morning hours run-away juveniles; -While at the facility, the juvenile (Client #3) preofficers with informati work related personal bedrooms of the missionly source of information on the misting #2	cord review, and y failed to implement their I management including coessibility to authorized assurance of confidentiality gs are: the undated facility policy ge revealed: In for staff and client records to current location is [local to tin an office that only the company of the confidential company of the	V 105			

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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
	MHL036-331	B. WING	11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE

DIVIGITIES	R DAYZ LLC			
	G.	ASTONIA, 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 105	Continued From page 3	V 105		
	Administration Records (MARs) was located unlocked and unattended on the dining room table.			
	Interviews on 10/28/20 with Staff #3 and Staff #4 revealed:			
	-They were unaware that the MARs needed to be secured.			
	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.	ā		
	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.			
	Interview on 11/13/20 with Licensee #1/Director/Qualified Professional #1 and Licensee #2/Executive Director revealed: -No comment.			

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PRINTED: 11/23/2020

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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	
		MHL036-331	B. WING		11/1	3/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE		
BRIGHTER	DAYZ LLC	837 LYN	HAVEN DRIVE			
BRIGHTER	DATE LEG	GASTO	ONIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL 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 pag	ge 4	V 293			
V 293	27G .1701 Resident	ial Tx. Child/Adol - Scope	V 293	V293		
	children or adolescer standing residential fintensive, active ther interventions within a shall not be the primindividual who is not	tment staff secure facility for nts is one that is a free- facility that provides apeutic treatment and a system of care approach. It		The root cause of this citation was ar incident where 2 staff were on duty a facility and a client(s) eloped. One stallooked for the client in the neighborhowhile the other staff stayed with the remaining clients in the facility.	t the aff ood	

this Section.

(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.

awake during client sleep hours and supervision

shall be continuous as set forth in Rule .1704 of

- (d) The children or adolescents served shall require the following:
- (1) removal from home to a community-based residential setting in order to facilitate treatment; and
- (2) treatment in a staff secure setting.
- (e) Services shall be designed to:
- (1) include individualized supervision and structure of daily living;
- (2) minimize the occurrence of behaviors related to functional deficits;
- (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;
- (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and
- (5) support the child or adolescent in

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.

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;

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.

The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION :	(X3) DATE SURVEY COMPLETED	
		MHL036-331	B. WING		11/1	3/2020
NAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, S	FATE, ZIP CODE		
BRIGHTER	DAYZ LLC		IHAVEN DRIVE DNIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE RIATE	(X5) COMPLETE DATE
V 293	This Rule is not met a Based on interview a facility failed to coord individuals and agencies within system of care. This Rule is not met a Based on interview a failed to provide individuals and supproper safety, assist in the a functioning, and supproper	ded to step-down to a less setting. Exatment staff secure at the with other individuals the child or adolescent's the child or adolescent's as evidenced by: Individual record review, the facility ridualized supervision, note of behaviors, ensure equisition of adaptive port the adolescent in ded to step-down to a less etting affecting 4 of 4 clients and #4). Furthermore, the inate care with other cies within the adolescent's ing 1 of 4 clients (Client #2). ANCAC 27G .1704 equirements (V296) and record review, the re two staff were present cents affecting 4 of 4 clients	V 293	With regard to specific issues cited by agency will take the following actions: The agency will designate a supervisor staff that will be available 24/7/365 by to respond to staff inquiries & coordina To ensure compliance with this standa agency will conduct at least quarterly to concall system. The agency will immediately contact a guardian, law enforcement and DSS we client elopes and does not return within minutes. The management of the agency will condocumented spot checks of overnights ensure they are awake. This will be do via onsite video cameras. Staff that are be asleep will be terminated. Staff on overnight shift will document with checks of clients every 15 minutes.	ry level telephone te care. rd the ests of the client's orker if a n 20 onduct staff to ne live or e found to	
	Finding #1 Review on 11/10/20 o	of email correspondence				

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from Licensee #2/Executive Director to Client

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	MHL036-331	B. WING	11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE GASTONIA, NC 28052

BRIGHTER		ONIA, 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 6	V 293		
	#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: -Call log dated 11/1/20 at 6:22pm revealed: -Call sready for discharge now; cleared from a pysch (psychiatric) standpoint and to follow up with outpatient servicesBrighter Days (facility) is willing to take her back. She can continue with the same care prior to hospitalizationpermission was granted (from Client #2's home county DSS office) for the minor to return to Brighter Dayzwould call Brighter Dayz to arrange pickup and transport;" -Call log dated 11/1/20 at 8:17pm revealed: DSS			
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	MHL036-331		11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE GASTONIA, NC 28052

BRIGHTER	R DAYZ LLC	ASTONIA, 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 7	V 293		
V 293	continued From page 7 worker called to "speak with [direct care staff] who is the worker there (at the facility) and her supervisoris 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 phonecalled Brighter Dayz back, there was no answer and the voicemail was not setupcalled 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 returnran away from her group home seven days ago and stayed with some friends of another group home member she ran away withpatient states that she ran away because she doesn't like			

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

BRIGHTER DAYZ LLC 837 LYNHAVEN DRIVE				
DIGITIES		ONIA, 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	V 293		
V 293	Continued From page 8 current/acute psychiatric symptoms/signs elicited or exhibitedconsequently patient is psychiatrically cleared for return to establish outpatient providergroup 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	V 293		
	supervisor has still not answered her calls. She			
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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
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

BRIGHTER DAYZ LLC				
		ONIA, NC 28052		
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V 293	Continued From page 9	V 293		
	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);" -Clinical note dated 11/1/20 at 7:35pm revealed: "Return call to Brighter Dayzand spoke with staff. She spoke with her supervisorhas not heard from the Program Manager about pt returning to the facility:" -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;" -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 throughBrighter Dayz is not currently answering [home DSS] calls to discuss further options for pt" Interview on 11/3/20 and 11/10/20 with Client #2's DSS legal guardian revealed: -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; -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; -Licensee #2/Executive Director had sent a 30-day notice of emergency discharge on 10/26/20 after Client #2 ran away;			

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC				
	GASTO	ONIA, 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 10	V 293		
V 293	"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. 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	V 293		
	Health Service Regulation);" -Spoke with Client #2's legal guardian and			
ivision of Heal	th Service Regulation			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

BRIGHTER	DAYZ LLC	NHAVEN DRIVE		
BRIGHTER		ONIA, 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 11	V 293		
	decided on 10/30/20 that it would not be safe for Client #2 to return to the facility if she was located.			
	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.			
	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.			
Nisian - 111	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			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 293 Continued From page 12 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. Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:	DRIGHTE	DATZ LLO	GASTONIA, NC 28052				
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. Review on 11/13/20 of the Plan of Protection completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY	Y FULL PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE		
ensure the safety of the consumers in your care? 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; 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 The agency will maintain all work logs, payroll records and staffing calendars in perpetuity for DHSR inspection. Describe your plans to ensure the above happens.		that her daughter would be placed with you clients who did not have a history of running away and that there would be adequate a 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 the facility for only two days. Review on 11/13/20 of the Plan of Protectic completed by the Licensee #1/Director/Quar Professional #1 dated 11/13/20 revealed: "What immediate action will the facility take ensure the safety of the consumers in your. The agency will comply with all requirement 10A NCAC 27G .1704 including: Enforcing the requirements that: a. A qualified professional shall be available telephone or page. A direct care staff will to reach the facility within 30 minutes at all 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 and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows: 1. Two direct care staff shall be present and awake is as follows:	ounger ing taff r er at on alified eto care? ents of able by be able time taff e for one, ; 1704(b)	DEFIGIENC!)			

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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
		MHL036-331	B. WING	11/13/2020
I				

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTER DAYZ LLC

837 LYNHAVEN DRIVE GASTONIA, NC 28052

BRIGHTER		ONIA, 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 13	V 293		
	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.			
	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."			
	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			

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Division o	f Health Service Regu	lation			FOF	RM APPROVED
STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S	SURVEY LETED
		MHL036-331	B. WING		11/1	3/2020
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
BRIGHTER DAYZ LLC 837 LYN			AVEN DRIVE			
		GASTON	IA, NC 28052	T		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	Continued From pag	je 14	V 293			
	have access to the nidentifying information Staff #3 depended or Clients #1 and #2's binformation. Furthern #1/Director/Qualified Licensee #2/Executive care for Client #2 upopolice after one week transported via emerghospital upon reques #1/Director/Qualified Licensee #2/Executive responsive to calls from #2 was left unattender room for up to 30 hous she was picked up by transport to another for constitutes a Failure violation originally citical directions and the staff production originally citical staff with the staff production originally citical staff with the staff production originally citical staff productions are staff production.	Professional #1 and I/O Director did not coordinate I/O Director did not coordinate I/O Client #2 surrendering to I/O on the run. Client #2 was I/O gency services to the local I/O of the licensees. Licensee I/O Professional #1 and				
V 296	27G .1704 Residenti	ial Tx. Child/Adol -	V 296	V296		

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:
- two direct care staff shall be present for (1) one, two, three or four children or adolescents; (2) three direct care staff shall be present

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Cross reference to response to V293

Division of Health Service Regulation

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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			
	MHL036-331	B. WING	11/13/2020			
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				

837 LYNHAVEN DRIVE

BRIGHTER DAYZ LLC 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 15	V 296			
	for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.				
	This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure two staff were present for up to				
	four adolescents affecting 4 of 4 clients (Clients Ith Service Regulation				

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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
	MHL036-331	B. WING	11/13/2020
	<u>.</u>	·	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

SKIGHTEK	DAYZ LLC GAST	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 16	V 296		
	#1, #2, #3, and #4). The findings are:			
	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.			
	Client #1 could not be interviewed as she had			
	run away. She was still on the run and had not			
	been located.			
	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.			
	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.			

Division of Health Service Regulation

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	Division o	Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			MHL036-331	B. WING		11/1:	3/2020
NAME OF PROVIDER OR SUPPLIER			RESS, CITY, STA	NTE, ZIP CODE			
BRIGHTER DAYZ LLC			IA, NC 28052				
	(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	BE	(X5) COMPLETE DATE

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
V 296	Continued From page 17	V 296		
	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.			
	acceptation.			
	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.			
	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."			

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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
	MHL036-331	B. WING	11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

BRIGHTER	DAYZ LLC 837 LY	837 LYNHAVEN DRIVE		
BIGHTEI		TONIA, 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 18	V 296		
	Attempted interview on 10/28/20 with Client #4 revealed: -Client #4 was a poor historian and the interview was unsuccessful.			
	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."			
	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. Interview on 10/28/20 with Staff #4 revealed: - Worked the overnight shift on 10/24/20 into			
	Worked the overnight shift on 10/24/20 into 10/25/20 with Staff #3 when Clients #1 and #2 ran			
Division of Heal	th Service Regulation			

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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
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

J. (1.011.1.2.1)	RIGHTER DAYZ LLC 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	V 296				
	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 736	27G .0303(c) Facility and Grounds Maintenance	V 736				
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be					

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Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED		
		MHL036-331	B. WING		11/1:	3/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
BRIGHTER	R DAYZ LLC		NHAVEN DRIVE			
			ONIA, NC 28052		.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page		V 736	V 736		
		clean, attractive and orderly kept free from offensive		The cause of the broken window appearock that was thrown by the lawnmowe landscaping company that mows the falawn. Should a similar event happen the facilities.	er of the acility	
				take the following actions:		
	This Rule is not met as evidenced by: Based on interview, record review, and			Immediately contact supervisor on duty	y.	
	observation, the facili	ty was not maintained in a		Immediately clean up the broken glass		
	are:	ctive manner. The findings		Safely remove any remaining glass fro frame of the window.	m the	
		the facility revealed: -		Board up the window		
	_	in the front of the house; vas roughly the size of a		Call a glazier or other qualified repair s make the repair as soon as possible.	service to	
	the window; -Broken glass shards porch of the facility;	dges around the hole in lay strewn on the front glass or foreign debris indow sill.		The facility will conduct at least monthl documented self-inspections of the facincluding inspecting broken/cracked gla	ility	
	#1's record revealed: -Admitted 10/15/20; -Diagnosed with Major Disruptive Mood Dysic Cannabis Use Disord and Stressor Disorde -16 years old;	er, and Other Trauma r; , risky behaviors, running				

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record revealed: -Admitted 10/15/20;

Review on 10/28/20 and 11/05/20 of Client #2's

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

837 LYNHAVEN DRIVE BRIGHTER DAYZ LLC						
	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 21	V 736				
	-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.					
	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.					
	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.					
	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					

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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
	MHL036-331	B. WING	11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

837 LYNHAVEN DRIVE

SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCIES CEACH DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROPRIATE DEFICIENCY	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 22 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 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. 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." Review on 11/13/20 of the Plan of Protection	
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. 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." Review on 11/13/20 of the Plan of Protection	(X5) COMPLETE DATE
-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. 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." Review on 11/13/20 of the Plan of Protection	
-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. 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." Review on 11/13/20 of the Plan of Protection	
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." Review on 11/13/20 of the Plan of Protection	
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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." Review on 11/13/20 of the Plan of Protection	
-Licensee #2/Executive Director revealed the POPs would be submitted "by midnight." Review on 11/13/20 of the Plan of Protection	
completed by the Licensee #1/Director/Qualified Professional #1 dated 11/13/20 revealed:	
"What immediate action will the facility take to ensure the safety of the consumers in your care?	
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	

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ט vision o	f Health Service Reg	ulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-331	B. WING		11/1	3/2020	
NAME OF PE	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
BRIGHTER	DAYZ LLC	837 LY	NHAVEN DRIVE				
		GAST	ONIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 736	In the event the facil to accidently break a window is broken fo will immediately pick the broken glass fro securely cover the v such time as a glazi the window pane." Clients #1, #2, #3, a years to 17 years. T variety of mental hear	oner depending on	V 736				

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 738 27G .0303(d) Pest Control

10A NCAC 27G .0303 LOCATION AND

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V 738

Division of Health Service Regulation

DIVISION	n Health Service Regu	1811011 T	1		1	
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL036-331	B. WING		11/1	3/2020
		l				<u></u>
NAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
BRIGHTER	R DAYZ LLC	837 LYN	IHAVEN DRIVE			
		GASTO	NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 738	Continued From page	24	V 738	V738		
V 730	Continued From page	, 24	V 730			
	EXTERIOR REQUIRI	EMENTS		The facility will conduct at least month		
		kept free from insects and		documented self-inspections of the fac- including inspecting for insect carcass		
	rodents.			moduling inspecting for insect careass	C3.	
				Any carcasses will be removed.		
	This Rule is not met a	as evidenced by:				
		nd observation, the facility				
		n insects. The findings are:				
		_				
	Observation on 10/28					
	9:45am of the front of					
		casses in the window sill of				
		overlooking the front porch				
	furthest from the front	door.				
	Interview on 11/13/20	with Licensee				
	#1/Director/Qualified Professional #1 and					
	Licensee #2/Executiv					
	-No comment.					

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