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	MHL011-398	A. BUILDING: _____ B. WING _____	R-C 02/19/2021

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{V 000}	INITIAL COMMENTS A follow up survey was completed on 2/19/21. The Type A1 in 10A NCAC 27G .0209 Medication Requirements (v118) was corrected. The Type A1 in 10A NCAC 27E.0101 Least Restrictive Alternative (v513) was abated, however cross reference tags: 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (v112); §122C-62 Additional Rights in 24-hour facilities (v364);and 10A NCAC 27F.0102 Living Environment (v539) were recited as a Type B. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	{V 000}		
{V 112}	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or	{V 112}		

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{V 112}	Continued From page 1 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement treatment strategies for 5 of 5 current audited (Clients #1, #2, #3, #6, and #7) and 1 of 1 former clients (FC #4). The findings are: CROSS REFERENCE: 10A NCAC 27F .0102 Living Environment (V539) Based on record review and interview, the facility failed to provide an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours for 1 of 5 current clients audited (Client #3), 2 of 2 current clients added to survey but not audited (Client #14 and Client #34) and 1 of 1 former clients (FC #4). CROSS REFERENCE:NCGS§ 122C-62 Additional Rights in 24-hour facilities (364) Based on record review and interviews, the facility failed to ensure each minor client who received treatment in a 24-hour facility had the right to communicate and consult with her legal guardian(s) for 5 of 5 current clients audited (Clients #1, #2, #3, #6, and #7) and failed to include explanation(s) for each client right restriction(s) in each client record for 5 of 5 current audited (Clients #1, #2, #3, #6, and #7)	{V 112}		

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{V 112}	Continued From page 2 and 1 of 1 former clients (FC #4). Review on 2/10/21 of the facility's written treatment phases called "The Hero's Journey" revealed: -six steps or "phases" each client was expected to individually transition into to complete the their treatment program; -each individual phase included a set of written expectations, written privileges, and written restrictions; -completion of assignments in one phase was expected before a client transitioned to a next phase; -the Orientation Phase provided a client with program orientation activities (student handbook, basic rules, written safety contract, resident orientation checklist) that oriented them to the treatment program; -each client in Orientation was restricted to "always" remaining at arm's length of staff, prohibited from entering the kitchen, not allowed to wear make-up or jewelry, had non-use of technology (iPods, disc players, televisions, movies) and board games, and "all" their conversations were required to be staff supervised; -the Separation Phase, the 1st of 6 formal treatment phases, included expectations that a client was required to complete all phase assignments (unspecified) before they were eligible for the next phase, Threshold; -each client on Separation was required to remain within 10 feet and in eyesight of staff, not allowed to wear jewelry or makeup, not allowed off campus for any reason or activity without written approval from their primary therapist, and no technology use; -there was no written indication whether a client was allowed or restricted phone calls with their	{V 112}		

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{V 112}	Continued From page 3	{V 112}		

parents while in Separation, or whether their phone calls were monitored by staff.

Review on 2/11/21 of Client #6's record revealed:
-Date of Admission: 11/9/20
-Diagnoses: Major Depressive Disorder, Generalized Anxiety Disorder, Post-traumatic Stress Disorder
-Age:15
-her treatment plan dated 11/9/20 revealed:
  -she was on a pre-treatment phase called "Orientation Phase" which started at her admission, on 11/9/20, and had an end date of "2108;"
  -no documentation that indicated when she had moved from the Orientation Phase to her first treatment phase of "Separation;"
  -she was on her 2nd treatment phase of "Threshold;"
  -no documentation that indicated when she moved from the Separation Phase to Threshold Phase;
-no written evaluations or notes were found in her record from a Qualified Professional (QP) and/or Therapist that provided explanation(s) about her restrictions on her use of technology, the reason she was required to remain in eyesight of staff "at all times," and the reason(s) her phone calls to her guardians had to be monitored by staff.

Review on 2/11/21 of Client #7's record revealed:
-Date of admission: 12/21/20
-Diagnoses: Major Depressive Disorder, Other Specified Anxiety Disorder; Other Specified Trauma and Stressor-Related Disorder, Social (Pragmatic) Communication Disorder (communication disorder), and Attention-Deficit/Hyperactivity Disorder,
-Age:16
-her treatment plan dated 12/21/20 revealed:

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{V 112}	Continued From page 4 -she was on her 2nd formal treatment phase of Threshold; -no documentation that indicated when she had moved from the Orientation Phase to her first treatment phase of "Separation;" -no documentation that indicated when she moved from the Separation Phase to Threshold Phase; -no written evaluations or notes were found in her record from a Qualified Professional (QP) and/or Therapist that provided explanation(s) about her restrictions on her use of technology, the reason she was required to remain in eyesight of staff "at all times," and the reason(s) her phone calls to her guardians had to be monitored by staff. Interview on 2/11/21 with Client #6 revealed: -she was admitted to the program 3 months ago; -she had moved up to Threshold 1 and ½ months ago; -she was on Orientation phase 1 week. Interview on 2/11/21 with Client #7 revealed: -in 3/2021 would be her 3rd month since she was admitted to the program; -she moved to Threshold 2 to 3 weeks ago; -before Threshold, she was on Separation Phase. Review on 2/18/21 of an initial Plan of Protection dated on 2/17/21 and completed by the Founder, Executive Director, Operations Director, Clinical Director, and Program Director revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "1. 10A NCAC 27F.0102 Living Environment (V539) : Continuing from our POP (Plan of Protection) on 12/03/2020, it is the intention of Solstice East to provide residents with an atmosphere conducive to uninterrupted sleep during sleep hours. Under certain circumstances,	{V 112}		

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{V 112}	Continued From page 5 it is imperative that a resident receive more direct supervision than is afforded in his or her own bedroom (high risk of harm to self or others, or sexual acting out). Sleeping in their own room is not an option. Please consider the following examples: 1. A resident is harming themselves in a disruptive manner (banging head, thrashing about, cutting, etc.) which can be loud and is scary to roommates causing disruption to their sleep. 2. A resident is threatening harm to other residents which often causes fear for roommates and disrupts their sleep. 3. A resident has been attempting to sexually act out with another resident in the room, which would increase risk of potential abuse and disrupt the sleep of other residents. In the above cases, if we allow the resident to continue sleeping in his/her own room, we violate the right of the other three residents in the room to uninterrupted sleep. A suggestion that was presented to us is, "why don't you just have a staff member supervise the resident in their room?" If we positioned a night staff in the room with the unsafe resident to supervise them throughout the night, we would violate the privacy and dignity of the other three residents in the room, and very likely also violate their right to uninterrupted sleep because they don't feel comfortable with someone sitting in their room watching them sleep. Therefore, in order to not violate the rights of the other roommates, we must remove the student who is posing harm to him/herself or others from their room and require them to sleep elsewhere. The safest place for students in the above circumstances to sleep in a common area so that they can be in direct supervision of staff members at all times. Safety is our number one priority. When we asked questions in our exit interview for clarification and support, we were informed that	{V 112}		

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{V 112}	Continued From page 6 we could pose those questions to [the DHSR Branch Manager] and [the Acting DHSR Chief] next week in our informal appeal. This is what we intend to do. Between now and our informal appeal on 02/23/2021, we intend to do the following: The treatment team (including resident's responsible professional and qualified professional) may, under circumstances defined below, determine that it is temporarily inappropriate for a resident to maintain the above rights. In this situation, a resident may be required to sleep in a separate bedroom used for sleep observation purposes, which will be documented in the Crisis Intervention Note found in the resident's clinical file. The circumstances under which treatment team may deem it temporarily inappropriate for a resident to maintain the above rights are high risk of: a. Self-harm b. Harm to others c. Sexual acting out Staff are currently trained to contact therapists for approval before a client ever sleeps out of their room. Starting tonight, a separate room will be made available should this intervention need to be implemented. Program Director or qualified designee will inservice residential on-call staff on 02/18/2021 that includes the above details. Cross reference with V112 in #3 for updates to Master Treatment Plan. 2. 122C-62 Additional Rights in 24-hour facilities (V364) : In our Plan of Protection dated 12/3/2020, which was accepted by DHHS, we stated that "residents should communicate weekly with their families-even in the first few weeks following admission-during family therapy .... which will fulfill their right to 'communicate and consult with his/her parents or guardian' and	{V 112}		

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{V 112}	Continued From page 7 'make and receive telephone calls. "This is not a restriction-it is a minimum. It is a space holder to ensure that a resident has the opportunity to experience these rights throughout the program-beginning from their first week of admission. In the event that a client is denied the right to communicate and consult with their parents in any given week, the therapist will document the request and its denial and reason(s) therefor in the client record and reevaluate the situation within 7 days. We have reviewed our records back to the first of the year and there have not been any instances in which a student was denied the right to communicate and consult with, or make a phone call to his/her parents. Clinical Director or qualified designee will retrain therapists on 02/18/2021 on documentation process for when a restriction is placed on client rights. 3. 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (V112) - Cross Reference V539 and V364: a. Admitting clients' Master Treatment Plans will reflect changes to sleeping arrangements, whereby a resident may be moved to a private bedroom in the event of self-harm, harm to others, or sexually acting out. b. Admitting clients' Master Treatment Plans will reflect monitored phone calls. c. No later than 2/18/21, clinical staff will be notified of the changes noted hereunder. d. No later than 2/21/21, the above changes will be amended in Solstice East's clinical manual, student handbook, mentor manual, and parent manual. e. The clinical director will facilitate an inservice with the clinical team on 2/18/21 pertaining to "making and receiving telephone calls" and 'sleeping arrangements.'"	{V 112}		

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{V 112}	Continued From page 8 Review on 2/19/21 of a 2nd Plan of Protection dated on 2/18/21 and completed by the Founder, Executive Director, Operations Director, Clinical Director, and Program Director revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "1. 10A NCAC 27F.0102 Living Environment (V539) : In the case that a client is identified to be at high risk of harm to self, harm to others or sexual acting out, a qualified professional involved in a client's care and treatment planning may require that the client sleep in a separate bedroom used for sleep observation purposes. The qualified professional will document this limitation/restriction in the client's record including a detailed reason for the restriction. This restriction will be re-evaluated by the qualified professional within seven days and documented if the restriction is extended. The restriction will not last for more than 30 days. Beginning 02/17/21, a separate room was made available should this intervention need to be implemented. Program Director inserviced residential on-call staff on the above details on 02/18/21. 2. 122C-62 Additional Rights in 24-hour facilities (V364) : Clients are provided the opportunity to weekly with their families-even in the first few weeks following admission-during family therapy. Additional social calls may begin upon admission at therapist discretion, but are available as a phase privilege to all clients beginning on Threshold phase. These calls are not monitored for content. Social calls take place as a group in the Phone Call Room. A staff member is present in this room to verify student safety and verify if a student becomes upset or needs support during their phone call. In the event that a client's social call is limited or	{V 112}		

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{V 112}	Continued From page 9 restricted (including canceling a phone call or requiring that it be monitored for content) the qualified professional will document this limitation/restriction in the client's record including a detailed reason for the restriction. This restriction will be re-evaluated by the qualified professional within seven days and documented if the restriction is extended. The restriction will not last for more than 30 days. Clinical Director or qualified designee will retrain therapists on 02/18/21 on documentation process for when a restriction is placed on client rights. In "The Six Phases of the Hero's Journey: -Changed "Restrictions" to "Expectations" -"All conversations must be supervised" changed to "Conversations with other students must be supervised." -Placed asterisk next to each reference to student social calls and added statement at the end of the section that reads: "Unless on Atonement or Return Phase, social calls take place as a group in the Phone Call Room. A staff member is present in this room to verify student safety and observe if a student becomes upset or needs support during their social call. Staff do not monitor the content of calls." -In-Service for staff including the following to be completed by 02/26/21: -Call Room Observation (non-monitored) involves: Observing for: safety issues, dysregulation, behavioral responses, raising voice, standing up to leave. -How to intervene if any of the above items are observed. 3. 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (V112) - Cross Reference V539 and V364: a. Restrictions or limitations to a client's sleeping in their room or social calls will be documented by	{V 112}		

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{V 112}	Continued From page 10 the qualified professional in the client's record including a detailed reason for the restriction. This restriction will be re-evaluated by the qualified professional within seven days and documented if the restriction is extended. The restriction will not last for more than 30 days. b. No later than 2/22/21, clinical staff will be notified of the changes noted herein. c. No later than 2/22/21, the above changes will be amended in Solstice East's clinical manual, student handbook, mentor manual, and parent manual." Describe your plans to make sure the above happens (Each number correlates to above number.) "1. 10A NCAC 27F.0102 Living Environment (v539): The Program Director or qualified designee will review any limitations to clients sleeping in their bedroom via a documented weekly audit to assess for compliance for 45-days, or up until substantial compliance is demonstrated, and/or as directed by the governing body. Executive Director has confirmed that inservice was completed on 2/18/21. 2. 122C-62 Additional Rights in 24-hour facilities (v364) : The program director or qualified designee will review any limitations to social calls via a documented weekly audit to assess for compliance for 45-days, or up until substantial compliance is demonstrated, and/or as directed by the governing body. Executive Director or qualified designee will review that individual inservices have been completed by 2/26/21. 3. 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (v112) - Cross Reference V539 and V364 : Executive Director or qualified designee will review that training has taken place in Clinical Inservice on 2/22/21. Executive Director or qualified designee	{V 112}		

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{V 112}	Continued From page 11 will review weekly completion of audits conducted by Clinical Director and Program Director, or designees for a period of 45-days or until substantial compliance is demonstrated, and/or as directed by the governing body." Review on 2/19/21 of a 3rd Plan of Protection that was submitted at the request of the provider (Founder), dated on 2/19/21, and completed by the Founder, Executive Director, Operations Director, Clinical Director, and Program Director revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "1. 10A NCAC 27F.0102 Living Environment (V539) : In the case that a client is identified to be at high risk of harm to self, harm to others or sexual acting out, a qualified professional involved in a client's care and treatment planning may require that the client sleep in a separate bedroom used for sleep observation purposes. The qualified professional will document this limitation/restriction in the client's record including a detailed reason for the restriction. This restriction will be re-evaluated by the qualified professional within seven days and documented if the restriction is extended. The restriction will not last for more than 30 days. Beginning 02/17/21, a separate bedroom was made available should this intervention need to be implemented. Program Director inserviced residential on-call staff on the above details on 02/18/21. 2. 122C-62 Additional Rights in 24-hour facilities (V364) : Within the next 72 hours, each client will be given the opportunity to make a phone call to their parents. On Monday 02/22/21, the Solstice East Leadership team will meet to discuss how to provide access for clients to communicate and consult with their parents or guardian at	{V 112}		

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{V 112}	Continued From page 12 reasonable times. On Monday 02/22/21, members of the leadership team will meet with the Resident Council to solicit recommendations on how to best support additional phone calls in the milieu. A plan will be created by 02/24/21 and implemented as of 02/26/21 to allow increased access to unmonitored parent phone calls. In servicing on approved plan will begin as of 02/24/21. In the event that a client's parent call is limited or restricted (including canceling a phone call or requiring that it be monitored for content) the qualified professional will document this limitation/restriction in the client's record including a detailed reason for the restriction. This restriction will be re-evaluated by the qualified professional within seven days and documented if the restriction is extended. The restriction will not last for more than 30 days. 3. 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (V112) - Cross Reference V539 and V364: a. No later than 2/24/21, clinical staff will be notified of the changes noted herein. b. No later than 2/24/21, the above changes will be amended in Solstice East's clinical manual, student handbook, mentor manual, and parent manual." Describe your plans to make sure the above happens (Each number correlates to above number.) "1. 10A NCAC 27F.0102 Living Environment (v539): The Program Director or qualified designee will review limitations to clients sleeping in their bedroom via a documented weekly audit to assess for compliance for 45-days, or up until substantial compliance is demonstrated, and/or as directed by the governing body. Executive Director has confirmed that inservice was	{V 112}		

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{V 112}	Continued From page 13 completed on 02/18/21. 2. 122C-62 Additional Rights in 24-hour facilities (v364): The program director or qualified designee will review any limitations to social calls via a documented weekly audit to assess for compliance for 45-days, or up until substantial compliance is demonstrated, and/or as directed by the governing body. Executive Director or qualified designee will review that individual inservices have been completed by 02/26/21. 3. 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (v112) - Cross Reference V539 and V364 : Executive Director or qualified designee will review that training has taken place in Clinical Inservice on 02/24/21. Executive Director or qualified designee will review weekly completion of audits conducted by Clinical Director and Program Director, or designees for a period of 45-days or until substantial compliance is demonstrated, and/or as directed by the governing body." Solstice East is a residential treatment facility licensed for 96 adolescent females whose diagnoses included Persistent Depressive Disorder, Generalized Anxiety Disorder, Attention-Deficit Hyperactivity Disorder, Unspecified Neurocognitive Disorder, Developmental Coordination Disorder, Cannabis Use Disorder, and Disruptive Mood Dysregulation Disorder, and Parent-Child Relational Problems. Behavioral incidences included self-harm, suicidal ideation, an attempted elopement, physical and verbal aggression and violence toward peers and staff. Sleeping in a common area or a group room were two sleeping arrangements offered to clients by staff if a therapist deemed a client to be unsafe to sleep in their own bedroom where there were 3 to	{V 112}		

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{V 112}	Continued From page 14 4 other peers who slept in the same bedroom. There was no indication of any other alternative sleeping accommodations made available for these clients except for being offered pre-packaged eye masks and ear plugs to wear overnight to enhance their sleep while they were staff-supervised. There was a client who had de-escalated in her behaviors and staff expectations continued that she would sleep outside her bedroom. Client social phone calls with their guardians continued to be monitored by staff presence in the client phone call room There were no indications in each of the client treatment plans or record of the clients audited of a written evaluation and/or explanation from a Qualified Professional (QP) and/or Therapist that provided reason(s) for the monitoring of the client-guardian social calls. Each client admitted to the facility was placed on a progressive treatment phase system that included assignments and treatment expectations a client had to complete before they could transition to their next treatment phase. Included with each treatment phase were written expectations, privileges and either ongoing limitations or loosening of previous phase limitations (e.g., wearing makeup, increased social phone call time with family). Two current clients audited had treatment plans that were dated with their admission date and lacked documentation about their individual treatment progress which made it difficult to determine when each client transitioned to their next treatment phase. This deficiency constitutes a Type B rule violation, which is detrimental to the health, safety and	{V 112}		

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{V 112}	Continued From page 15 welfare of clients. 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 112}		
{V 364}	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence	{V 364}		

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{V 364}	Continued From page 16 over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S.	{V 364}		

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{V 364}	Continued From page 17 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long	{V 364}		

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{V 364}	Continued From page 18 distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of	{V 364}		

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{V 364}	Continued From page 19 each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each minor client who received treatment in a 24-hour facility had the right to communicate and consult with her legal guardian(s) for 5 of 5 current clients audited (Clients #1, #2, #3, #6, and #7) and failed to include explanation(s) for each client right restriction(s) in each client record for 5 of 5 current audited (Clients #1, #2, #3, #6, and #7) and 1 of 1 former clients (FC #4). The findings are:	{V 364}		

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{V 364}	Continued From page 20 Review on 2/5/21 of the facility's Phone Call Policy updated 12/29/20 in the Parent Manual revealed: -"Your teen will begin making social calls to you after the therapist gives approval that your teen and you are ready. This is determined during the process of your first family therapy session, which they will be present for, and begins within the first week of your child's enrollment." -" ...Contact with your child prior to approval of social calls will occur in family sessions and through letter writing..." -" ...Once your teen is given permission to make social calls, they will call on a weekly basis in the same designated time frame. The length of time of these calls ranges from 10 minutes on the initial phases, and up to an hour at higher phrases..." Review on 2/8/21 of Client #1's record revealed: -17 years old and admitted on 5/25/20. -diagnoses of Recurrent Major Depression Disorder; Post-Traumatic Stress Disorder (PTSD) and Generalized Anxiety Disorder (GAD); -no indication of a written evaluation or an explanation of a reason her social calls to her guardians were limited to twice a week; -no indication of a written explanation of the reason her social calls to her guardians were monitored. Interview on 2/3/21 with Client #1 revealed: -she had more privileges now that she had moved up a phase in the program. -she had more social phone calls and could call her family two times a week. -she could not call them any other time. -the only other time she spoke to her family socially was a few minutes prior to their family therapy session when the therapist was present.	{V 364}		

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{V 364}	Continued From page 21 Review on 2/8/21 of Client #2's record revealed: -17 years old and admitted on 3/6/20. -diagnoses of Autism Spectrum Disorder, without intellectual impairment; Major Depressive Disorder, recurrent, moderate, with moderate anxious distress; GAD; Attention-Deficit/Hyperactivity Disorder (ADHD), combined type; Parent-Child Relational Problem; Unspecified Learning Disorder, difficulties with executive functioning and nonverbal reasoning and Excoriation (skin picking) Disorder; -no indication of a written evaluation or an explanation of a reason her social calls to her guardians were limited to twice a week; -no indication of a written explanation of the reason her social calls to her guardians were monitored. Interview on 2/3/21 with Client #2 revealed: -she could not call her parents whenever she wanted- there were set times and staff monitored her and her peers when they called their family; -she could call them 2 times a week - Wednesday for 20 minutes and Sunday for 30 minutes. -when she moved up a phase in the program, she could call them anytime she wanted. Review on 2/8/21 and 2/9/21 of Client #3's record revealed: -14 years old and admitted on 8/18/20. -diagnoses of Persistent Depressive Disorder; GAD; Parent-Child Relational Disorder; ADHD and Unspecified Neurocognitive Disorder; -no indication of a written evaluation or an explanation of a reason her social calls to her guardians were limited to once a week. -no indication of a written explanation of the reason her social conversation with her guardians were monitored by her therapist at the beginning	{V 364}		

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{V 364}	Continued From page 22 of family therapy sessions. Interview on 2/3/21 with Client #3 revealed: -she was allowed 20-minute phone calls with each of her parents on Saturdays only. -at the beginning of the family therapy session she may get to talk with them "a little" prior to therapy starting. Review on 2/11/21 of Client #6's record revealed: -15 years old and admitted on 11/9/20. -diagnoses of Major Depressive Disorder, recurrent episode, moderate; GAD and PTSD; -no indication of a written evaluation or an explanation of a reason her social calls to her guardians were initially restricted and then limited to once a week; -no indication of a written explanation of the reason her social calls to her guardians were monitored. Interview on 2/11/21 with Client #6 revealed: -she made social calls to her parents every Friday in the phone room where a group of her peers made their calls; -she indicated a staff was present when they called their parents in the phone room; -when she first came no social calls were allowed until she reached the third phase of the program. -she was not sure why this was the case. -she was able to see her parents during family sessions with the therapist - but this was not a social call. Interview on 2/12/21 with Client #6's guardian revealed: -they were made aware of the different phases and phone restrictions during admission and "...we made it clear it doesn't work for us ...we were not o.k. with that..."	{V 364}		

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{V 364}	Continued From page 23 -we "...broke the rules a little bit so to speak..." as we were able to talk with her. -as we expressed our concerns of these restrictions during the admission process the facility said they were reconsidering how often the clients get to speak to their parents/guardians. Review on 2/11/21 of Client #7's record revealed: -16 years old and admitted on 12/21/20. -diagnoses of Major Depressive Disorder, recurrent episode, moderate; Other specified Anxiety Disorder; Other specified trauma and stressor-related disorder; Social (pragmatic) communication Disorder and ADHD, predominantly inattentive presentation; -no indication of a written evaluation or an explanation of a reason her social calls to her guardians were initially restricted during her 1st two treatment phases and then limited to twice a week; -no indication of a written explanation of the reason her social calls to her guardians were monitored. Interview on 2/11/21 with Client #7 revealed: -she was on a phase right now where she could call her parents once a week. -during the first two phases of the program she was not allowed to call them unless it was her birthday or a holiday week. Interview on 2/11/21 with Client #7's guardian revealed: -they were not allowed a social phone call with the client until about 2-3 weeks after she was admitted. Interview on 2/4/21 with Staff #1 revealed: -although she did not work the shift in which students made their social calls with parents, she	{V 364}		

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{V 364}	Continued From page 24 was aware phone calls were made only so many times and for so many minutes a week. -in the higher phases of the program she did not think there were limits to phone calls in these phases. Interview on 2/4/21 with Therapist #1 revealed: -each phase in a client's treatment had different amounts of time for social phone calls to their guardians. -each team had different days they allowed clients to make their social calls. -social calls were made at least once a week where residential staff were present. -the clients were also able to speak to their guardian's once a week during family therapy sessions. This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (V112) for a Type B rule violation and must be corrected within 45 days.	{V 364}		
{V 539}	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.	{V 539}		

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{V 539}	Continued From page 25 (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours for 1 of 5 current clients audited (Client #3), 2 of 2 current clients added to survey but not audited (Client #14 and Client #34) and 1 of 1 former clients (FC #4). The findings are: Review on 2/8/21 of Client #3's record revealed: -Date of admission: 8/18/20 -Diagnoses: Persistent Depressive Disorder, Generalized Anxiety Disorder, Parent-Child Relational Disorder, Attention-Deficit Hyperactivity Disorder, Unspecified Neurocognitive Disorder -Age: 14 -her 1/25/21 treatment plan included the use of the following (safety) precautions if she verbalized urges or suicide ideations-remain at arm's length of staff, sleep in common area with ear plugs and eye mask to support her goal of reduced depression symptoms. Review on 2/3/21 of a written facility incident report (IR) dated 1/22/21 at 3:30 pm for Client #3 revealed: -her IR was completed by Staff #2 who worked as a direct care staff; -she notified Staff #2 she had been self-harming with a sharp object for the past 5 days;	{V 539}		

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	MHL011-398	A. BUILDING: _____ B. WING _____	R-C 02/19/2021

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{V 539}	Continued From page 26 -she turned the sharp object over to Staff #2 and her cuts were assessed by medical staff; -her primary therapist was notified by Staff #2 about her self-harming behavior; -her therapist recommended she be placed on (safety) precautions, which were not specified in this report; -she slept in a group room "by choice," (choice between a group room and a common area) which was indicated by Staff #2 as a room with no sharps available and Client #3 would be kept in eyesight of overnight staff. Review on 2/8/21 of two written staff shift notes for Client #3 revealed: -the 1st note was an evening (PM) shift note dated 1/22/21 and was electronically signed by Staff #44; -staff who were identified as working this PM shift were Staff #2 and Staff #44; -Staff #44 confirmed the above IR; -prior to Client #3's having went into the group room to sleep, she was in her bedroom where she became verbally escalated toward a peer when she saw two peers in an argument; -she was asked to leave her bedroom and one of the two staff (unidentified) followed her into the common area and asked her if she wanted to sleep in a group room for her "safety after reporting self-harm." -she had de-escalated when she agreed to sleep in a group room and was given an eye mask and ear plugs to sleep while in eyesight supervision of overnight staff; -the 2nd note was a morning (AM) shift note dated 1/23/21 and electronically signed by Staff #11; -around 1:00 PM, she was informed by Staff #11 her safety precautions were removed; -when she told Staff #11 she was going to take	{V 539}		

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{V 539}	Continued From page 27 a nap instead of participating in a group activity, she was asked by this staff to take her nap in the common area and not her bedroom; -she was assisted by Staff #11 in moving her mattress and bedsheets from the group room where she slept the night prior to the common area for her naptime; -no documentation as to the reason she was unsafe to nap in her bedroom. Review on 2/8/21 of Former Client (FC #4)'s record revealed: -Date of admission: 7/28/20 -Diagnoses: Attention-deficit Hyperactivity Disorder (ADHD), Developmental Coordination Disorder, Cannabis Use Disorder, Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, Parent-Child Relational Problem, Other Specified Feeding or Eating Disorder -Age: 16 -her 12/30/20 treatment plan indicated no alternative sleep arrangement(s) should she have demonstrated unsafe behavior(s) toward herself and/or others. Review on 2/3/21 of written facility IRs for FC #4 revealed: -she had a total of 6 documented IRs between the period of 1/12/21 and 1/15/21; -her 1st IR dated 1/12/21 indicated she was asked by Staff #10 to sleep in a group room which was located in a separate building from her bedroom; -she had self-harmed (cut her wrists several times) and engaged in property destruction (she had torn up books and videos in the common area) before she de-escalated and turned over the sharps in her clothing to staff;	{V 539}		

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{V 539}	Continued From page 28 -about 45 minutes prior to the above incident, she was informed by her therapist she was placed on "self-focus" (isolated time out); -she had de-escalated with staff assistance before she was moved to her overnight sleeping arrangement; -her 2nd IR dated 1/13/21 indicated she chose to remain in the same group room as her overnight sleeping arrangement although her therapist told her at 9:30 am on 1/13/21 she was no longer confined to the room but continued the same sleeping arrangement as 1/12/21 (see above); -she had 3 IRs dated 1/14/21 with escalated behaviors that began at 8:45AM and included verbal threats toward staff and peers and property destruction and continued into the afternoon and evening hours (3:30 PM-11:58 PM) with an elopement attempt, self-harm and actual harm to staff-all which resulted in multiple restrictive interventions that included continued isolated time-out in a group room; -on 1/15/21, her IR indicated local law enforcement was contacted and she was transported to a local hospital for stabilization and assessment. Review on 2/5/21 of written Individual Therapy notes for FC #4 between the period of 1/5/21 and 1/18/21 revealed: -on 1/12/21 at 5:00 PM, her therapist gave her a choice to sleep in the common area, allow staff to search her bed for sharp objects and sleep in her bedroom, or sleep in a group room (see IR dated 1/12/21 above); -at 4:00 PM (one hour prior), she was placed on (safety) precautions by her therapist that included- "snaps," she snapped her bra before entering the bathroom to release hidden weapons that might be used for self-harm, "sweeps," which meant the staff checked her bathroom before she	{V 539}		

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{V 539}	Continued From page 29 entered and removed any possible objects she might use to self-harm, "cracked and counting," where she had to leave the bathroom door cracked while she counted out loud for safety purposes; -she refused to comply with the above precautions; -on 1/13/21, FC#4 met with her therapist at 9:30 AM, told she was not confined to the group room any longer but had the option to sleep in the same group room overnight, sleep in the common area, or let staff check her personal belongings for sharps; -she chose to maintain her overnight sleeping in the group room on 1/13/21; -she was placed on Safety Phase on 1/14/21 by her therapist which included secluded time-out in a group room and due to multiple incidences of escalated behaviors (see IRs above). Review on 2/17/21 of an electronic email dated 2/17/21 at 1:42 PM from the Operations Director to state surveyors #1and #2 and the surveyors' Team Lead about clients who had sleeping arrangements outside their bedrooms between the dates of 12/31/20 through 2/11/21 revealed: -1 current client (Client #14) who slept "by client's choice" in a common area; -1 former client (FC #4) who slept in a group room for refocus (isolated time-out); -2 clients- Client #3 and Client #34 who slept in a group room, on separate occasions, by their choice. Interview on 2/3/21 with Client #3 revealed: -she turned in the sharp she had used to self-harm to Staff #2 and she had a fallout with her roommate the same day; -she was asked questions by Staff #2 about suicide and whether she had a plan to kill herself	{V 539}		

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{V 539}	Continued From page 30 which she did not; -she was asked by Staff #2 and Staff #66 if she wanted to sleep in a group room and she indicated she agreed to; -she slept in the group room alone for one night and overnight staff was there to check on her; -she was given an eye mask and ear plugs to wear to help with sleep if she wanted to wear them; -she slept in her bedroom the next night. Attempted interviews with FC #4 and her legal guardians on 2/5/21 and 2/9/21 revealed: -no responses to voice mail messages left requesting a return call. Interview on 2/3/21 with Staff #2 revealed: -she was an Assistant Lead Mentor with direct care job responsibilities that included client supervision and redirection, assistance with client behavioral and emotional regulation, and medication administration; -Client #3 slept in a different room, a "group room" because she self-harmed with a sharp object and where overnight staff could watch her; -she notified Client #3's therapist about her having used a sharp to cut herself and that she hid both the sharp and her behavior from staff for about 5 days; -the decision for Client #3 to sleep in a different room was her therapist's decision. -she had staff training in 12/2020 in which she understood anytime a client slept in a common area or group room, the decision had to be made by a therapist and the client was to be given pre-packaged eye masks and ear plugs to "help them better sleep;" -staff conducted searches and seizures when clients returned from their home visits to ensure no contraband (e.g., weapons or drugs) had been	{V 539}		

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{V 539}	Continued From page 31 brought into the facility and clients did not have significant physical injuries. Interview on 2/9/21 with Therapist #5 and the Residential Director revealed: -he was Client #3's primary therapist; -he confirmed he was notified on 1/22/21 about Client #3's self-harming behavior; -he collaborated with Client #3 and Staff #2 and agreed she needed at least overnight precaution of a sleeping arrangement outside her bedroom and he would reassess her the next morning which he did; -he did not know where she (Client #3) slept overnight but he wanted her in a group where she had access to individualized staff monitoring and privacy to ensure her safety; -he admitted he could not provide a general description of what individualized staff monitoring looked like in the context of a client placed in a group room for an overnight sleeping arrangement; -the Residential Director was conferenced in on this interview and provided the following description: -one cot was placed inside the group room at the doorway; -the client was told to bring their mattress and bedding for the cot; -one staff was positioned outside the group room, approximately 15-20 feet from the client; -staff had more eyesight advantage with the client in the group room than if the client stayed in their own bed because clients slept in bunkbeds and were not in "easy" eyesight of staff. Interview on 2/11/21 with the Facility Owner revealed: -there were 3-4 female clients and 2 sets of bunkbeds to each bedroom;	{V 539}		

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{V 539}	Continued From page 32 -if one student had unsafe behaviors (e.g., self-harming behaviors), the other 3 students' privacy would be violated by staff presence in the room for the 1 client. This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G.0205(c) Assessment and Treatment/Habilitation or Service Plan (V112) for a Type B rule violation and must be corrected within 45 days.	{V 539}		