

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL060-757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  02/23/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRITE HORIZON

12219 WINDY WOOD COURT  
CHARLOTTE, NC 28273

(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 000	INITIAL COMMENTS  A complaint survey was completed on 2/23/21. The complaint was unsubstantiated(Intake #NC174570). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	DHSR - Mental Health  Lic. & Cert. Section	
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110	My Brother's House Inc. Director/Administration will continue to ensure that all staff are properly trained. Staff will receive Robbette training and certificates to demonstrate competence. These trainings are documented on consumer individual supervision log which is separated from person folder. However, during surveyor visit she got ask for person folder. additional documentation is in the supervision notebook	4/1/2021

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

TITLE

(X6) DATE

STATE FORM

6899

3RTO11

If continuation sheet 1 of 7

Division of Health Service Regulation

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure paraprofessionals demonstrate competency for the population served for 1 of 1 staff (staff #1). The findings are:</p> <p>Review on 2/22/21 of staff #1's personnel record revealed: -date of hire 7/26/19 with the job title of Paraprofessional; -documentation of completed trainings in the following: Orientation 7/26/19, CPR(Cardiopulmonary Resuscitation)/First Aid 5/4/19, NCI+ (North Carolina Interventions) 7/20/20, Special Populations(Mental Health Diagnoses 7/26/19 and 2/12/21.</p> <p>Review on 2/22/21 of the facility incident reports from 11/1/20 to 2/22/21 revealed: -incident report dated 2/17/21 at 4:25pm regarding client #1; -client #1 left his room and called his prior placement; -client #1 made the statement he was getting raped on the phone call and then hung up.</p> <p>Observation on 2/22/21 at 12:25pm revealed: -brick ranch style house with the front door leading to a foyer; -to the right of the foyer was a door leading to a large front room;</p>	V 110	<p>Cont - Due to supervision plans being address biweekly or on a monthly basis the volume of documentation is large and kept in a separate folder which was told that it was not needed during personnel review. If there were questions ask regarding competency base training or additional documentation these training could have been shown in clinical supervision notebook for all staff. Director in future will seek transparency in hope of sharing all documentation prior to exit.</p>	

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-the foyer led to a hallway which lead to bedrooms on the left and to a den area on the right;</li> <li>-two bedrooms were on the left of the hallway and a bathroom and a bedroom were on the right of the hallway;</li> <li>-client #1's bedroom was the last bedroom on the left at the end of the hallway;</li> <li>-in the den was a table beside the fireplace;</li> <li>-the facility phone was located on a shelf of the table;</li> <li>-a door from the den lead to the kitchen.</li> </ul> <p>Interview on 2/22/21 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-heard client #1 use the facility phone;</li> <li>-heard client #1 say he was getting raped;</li> <li>-staff #1 was outside on his cell phone;</li> <li>-can't remember if another staff was at the facility;</li> <li>-client #1 stated he wanted to get the facility shut down;</li> <li>-client #1 said he thought it was funny to do it.</li> </ul> <p>Interview on 2/23/21 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-prank called his prior placement;</li> <li>-remembered the phone number of his prior placement;</li> <li>-was at the facility with client #2;</li> <li>-client #3 and client #4 went with the Qualified Professional (QP) to the office; <i>Physical Dr. Appt</i></li> <li>-staff #1 was at the facility with him and client #2;</li> <li>-staff #1 was outside talking on his own phone;</li> <li>-used facility phone in den to call his prior placement;</li> <li>-felt it would be fun;</li> <li>-told prior placement he was getting raped;</li> <li>-it was not true.</li> </ul> <p>Interview on 2/22/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-was around 4:15pm;</li> <li>-was quiet time for clients;</li> </ul>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-had a consultation with his professor on his personal phone;</li> <li>-stepped outside on the phone call;</li> <li>-phone call was only 6-7 minutes;</li> <li>-heard the facility phone ringing;</li> <li>-answered and a male said "are you having fun prank calling people?"</li> <li>-realized both he and male caller worked at facilities;</li> <li>-gave male caller the contact information for the Director;</li> <li>-discovered client #1 called his prior placement twice from the facility phone and alleged he was being raped.</li> </ul> <p>Interview on 2/22/21 with the QP revealed:</p> <ul style="list-style-type: none"> <li>-designated quiet time was from 4:15pm until 5:00pm for clients;</li> <li>-client #1 got the facility phone and made phone calls without permission;</li> <li>-staff #1 was completing medication counts and getting dinner ready;</li> <li>-staff #1 was at the facility with client #1 and client #2.</li> </ul> <p>Interview on 2/22/21 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-will provide more clinical oversight for staff #1;</li> <li>-had a staff meeting with staff to discuss proximity control.</li> </ul> <p>Review on 2/22/21 of documentation produced by the Director revealed:</p> <ul style="list-style-type: none"> <li>-staff meeting agenda dated 2/18/21 with attached staff signature sheet;</li> <li>-topics included clinical oversight, proximity control, abuse/neglect policy and supervision;</li> <li>-staff #1 signed the signature sheet.</li> </ul>	V 110		

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V 296	Continued From page 4	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure the required staffing affecting 4 of 4 clients (#1, #2, #3 and #4). The findings are:</p> <p>Interview on 2/23/21 with client #1 revealed: -prank called his prior placement on day; -remembered the phone number of his prior placement; -was at the facility with client #2; -client #3 and client #4 went with the Qualified Professional (QP) to the office; <i>Dr. Ant Consumer had physicals</i> -staff #1 was at the facility with him and client #2.</p> <p>Interview on 2/22/21 with client #2 revealed: -heard client #1 use the facility phone; -staff #1 was outside on his cell phone; -can't remember if another staff was at the facility.</p> <p>Interview on 2/22/21 with client #3 revealed: -two staff on all shifts; -one staff on third shift sometimes; -only one staff here last night on third; -did not remember which staff.</p> <p>Interview on 2/22/21 with client #4 revealed: -two staff on every shift;</p>	V 296	<p><i>My Brothers House Inc. Administration along w/ QA/QI has reviewed and updated PCP goals to reflect consumers may be escorted with Direct Supervision by (2) STAFF while in the community or for medical appointments, activities etc. My Brothers House will continue to maintain Direct Supervision of consumers w/ (2) STAFF on each shift.</i></p> <p><i>2/25/21</i></p> <p><i>Conti-</i></p>	

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V 296	<p>Continued From page 6</p> <p>-two staff worked third shift last night.</p> <p>Interview on 2/22/21 with the QP revealed:</p> <ul style="list-style-type: none"> <li>-designated quiet time was from 4:15pm until 5:00pm for clients;</li> <li>-client #1 got the facility phone and made phone calls without permission;</li> <li>-staff #1 was at the facility with client #1 and client #2;</li> <li>-she took client #3 and client #4 to the doctor's office.</li> </ul> <p>Review on 2/23/21 of client #3 and client #4's record revealed no approved 1:1 staff/client ratio in the community documented in the treatment plans.</p>	V 296	<p><i>HOWEVER ON THIS DAY THERE WERE (2) STAFF ON DUTY HOWEVER (2) CONSUMERS HAD ANNUAL PHYSICALS AND DUE TO COVID-19 MEDICAL OFFICES WILL NOT PERMIT ADDITIONAL STAFF TO ENTER THESE OFFICES.</i></p> <p><i>THEREFORE, an addendum to the PCP in which CONSUMER MAY BE ACCOMPANIED WITH (1) STAFF IN THE COMMUNITY WILL BE ADDED TO EACH CONSUMER PLAN.</i></p>	2/25/21