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V 000	INITIAL COMMENTS A complaint survey was completed on March 30, 2021 . The complaints were substantiated (intake #NC170006 and #NC170460). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents. This facility serves adolescent males and has a licensed capactiy for 37 clients. The facility is located on a large campus setting with multiple dorm buildings, a dining hall, gymnasium, and administrative buildings.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the	V 111		

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V 111	Continued From page 1 establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to implement treatment strategies for 1 of 2 audited former clients (FC #8). The findings are: Observation of Refocus room at 1:38pm on 3/16/21 revealed: -the basement of Winter Dorm, (Fog), housed the Refocus/Isolation room that was used; -the room was observed to have an upholstered chair, plexiglass window, and small closet area with a bathroom across from it. Observation of Refocus room at 2:50pm on 3/25/21 revealed: -Spring Dorm's existing Refocus room was immediately to the right and across from a bathroom upon entrance; -the room had brown painted plywood walls, no window, and part of a stone chimney inside, and measured approximately 90 square feet; -a piece of plywood covered an entry/exit way to the existing Refocus room inside Bedroom #2.	V 111		

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Review on 3/4/21 of Former Client (FC #8) record revealed:
-Date of admission: 1/4/21 and discharged on 1/18/21;
-Date of re-admission: 1/27/21 and discharged 1/30/21;
-Diagnoses: Persistent Depressive Disorder (dysthymia), Generalized Anxiety Disorder (GAD), Cannabis Use Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Other specified neurodevelopmental disorder, Specific learning disorders with impairment in written expression, impairment in reading, and impairment in mathematics;
-Age: 14
-his 1/4/21 facility admission assessment included:
a history of physical altercations with peers;
-reasons for admission were for him to work on his relationship with his parents, his self-esteem and depression issues, management of his anger, and management of his impulsivity and ADHD symptoms;
-his intervention strategies included "on-arms with staff" (supervised by a designated one-on-one staff at all times) and he be provided with space to "think and then talk with trusted people" while he completed his initial treatment work;
-a written, unsigned and undated note that indicated he was discharged from the facility before his 1/11/21 treatment plan was completed;
-there were no treatment strategies listed around the restriction of phone calls or mail in the written treatment plan;
-the facility failed to implement FC#8's initial treatment strategies around staff supervision and "giving space."

Review on 3/4/21 of FC#8's Discharge Plans

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dated 1/29/21 and 2/3/21 revealed:
-homicidal ideation was identified as a problem for FC#8 on 1/27/21;
-homicidal ideation was not noted in original treatment plan submitted for review.

Review on 3/4/21 of 2 of 4 documented facility incident reports for FC #8 in January 2021 revealed:
-1/14/21 at 6:00 PM report, written by Team Manager, indicated FC#8 was in the common area of his dorm where he was "grabbed" and had his leg "swept" out beneath him by Client #5, which landed him on his back and he proceeded to be placed in a "headlock" by Client #5;
-Staff #8, who went into another room to "grab" playing cards, did not witness the incident between FC #8 and Client #5;
-Staff #8 "walked up on the incident" and found FC #8 lying on the floor, eyes closed, he was breathing, and Client #5 was talking to him;
-Client #5 gave a verbal account to Staff #8 of the events of this incident that included FC #8 was unresponsive when he lifted Client #5's head;
-when FC #8 began talking, he complained of back, chest and neck pains and he was unable to get up from the floor;
-his physical condition was assessed by Staff #8 having checked his vital signs, and this staff followed the verbal instructions from a telephone call with the facility's on-call nurse about what questions to ask him and directions for checking his head for bumps and abrasions;
-he sustained "minor chest pain" with no visible injuries and returned to walking and laughing with peers that same evening.
-1/18/21 at 3:45 PM report written by Team Manager, indicated FC#8 responded to his guardian's refusal to have him discharged from

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the program by having walked out of his family session;
-he continued to walk around campus with Staff #9 and other unnamed staff having kept him in eyesight and he was repeatedly prompted to stop walking and follow staff prompts. After 45 minutes of these activities, he was told by an unnamed staff that staff were prepared to go "hands on" (physically restrain) him if he did not respond to their prompts (instructions/directions);
-FC #8 walked back to his dorm while he maintained non-verbal communication with staff;
-He was placed on Safety 2 (he went into a Refocus Room, which was in a secluded time-out) due to his non-compliance with staff prompts;
-a 2nd incident report on 1/18/21 at 7:09 PM, written by Lead Mentor, indicated FC#8 reported to an unnamed staff he had drank half of a bottle of shampoo "shortly after" he came out of the bathroom and was seen "clutching" his stomach;
-a local emergency medical service was called at 7:42 PM and FC #8 was transported to a local hospital where he was assessed as "stable" and provided a psychiatric evaluation.

Review on 3/26/21 of an email dated 3/25/21 at 4:58 PM sent to Surveyor #1, Surveyor #2 and Team Lead from the Founder/Executive Director (ED) about FC #8's discharge and readmission from the facility revealed:
-the plan was for FC #8 to be stabilized in the hospital and returned to the facility;
-his therapist (Therapist #3) communicated with hospital staff about FC #8's hospital treatment, behaviors, which included two separate incidents of dysregulation, and his discharge plan which was delayed by 2 days (from 1/25/21 to 1/27/21);
-on 1/27/21, he was discharged from the hospital and re-admitted to the facility with him placed

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back into a Refocus Room (seclusion room) to " ...safely transition him back into the milieu, and to help the other students feel safe in this transition as well ..."
-his transition to the facility on 1/27/21 included:
-goals were to self-regulate, be re-introduced to his peers, and show progress toward safety, move into same "space" as peers without his interaction with them, move out of Refocus and into activities that did not include his peers, move into a schedule with peers while he remained at arm's length of staff, and then fully engaged with his peers;
-written assignments by his therapist which he was to complete and present to his peer team with his therapist present. As a result, he was moved from one Refocus Room to another Refocus Room which was in closer proximity to his peers but continued to restrict his peer interaction;
-on 1/30/21, while on arm's length of staff in the common area of the facility, FC #8 stood up and ran out the door. Ten minutes later, he was returned to the facility where he threatened to self-harm and had escalated behaviors (threw chairs against the window and banged his head against the wall that resulted in a physical restraint), which led to his 2nd hospitalization and 2nd discharge from the facility.

Attempted interviews on 3/4/21, 3/8/21, and 3/15/21 with FC #8 and his guardians revealed:
-one of his guardians repeatedly rescheduled the interviews which resulted in FC#8 and her not being interviewed;
-his other guardian did not respond to a 3/15/21 telephone voice mail message that requested an interview.

Interview on 3/29/21 with Staff #8 revealed:

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-on 1/14/21, he was in the staff room to get playing cards FC #8 asked for when he heard a "thud" and returned to the common area where he found FC #8 lying on his side;
-he estimated the staff room was 12 to 15 feet away from the common area;
-Client #5 tried to move him and tried to get FC #8 to respond by talking to him;
-he observed FC #8 appeared "dazed and out of it ...for less than 2 ½ minutes;"
-FC #8 had his eyes closed with a "smirk on his face" which was his "resting face;"
-when asked, Client #5 told him FC #8 fell on his back and he landed on him and must have "knocked the breath out of him;"
-Staff #8 called a Team Manager (TM) for assistance and while he relayed Client #5's account of the events of the incident, Client #5 kept changing small details, but it came down to both clients had engaged in "roughhousing;"
-there were no witnesses to the incident between these two clients;
-FC #8 was assessed for injuries by Staff #8 having asked him questions and checked for injuries to the neck, shoulder and head from instructions relayed to him from the Team Manager, (TM) during a telephone call with the nurse on-call;
-he complained of pain in the body areas checked and it was about 10 minutes before he got up and walked around and laughed with his peers.

Interview on 3/22/21 with the Team Manager who completed FC#8's 1/14/21 incident report revealed:
-he was not present at the facility at the time FC #8 was placed in a headlock by Client #5;
-FC #8 was on floor and being assessed by Staff #8 when he arrived at the facility;
-Staff #8 and another staff (unnamed) were on

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duty but the other staff had taken 2 clients to the dining hall and was not present in the facility when the incident occurred.

Interview on 3/26/21 with Therapist #3 revealed:
-arm's length meant a client had a designated staff who provided one-on-one supervision throughout the day;
-FC #8 was not on arm's length on 1/14/21 as he had completed his initial treatment work;
-on 1/14/21, his supervision was 10 feet from staff and to be within staff eyesight;
-the incident on 1/14/21 was a "roughhousing incident" between him and Client #5, which got "mediated" between both clients after the incident to prevent a reoccurrence;
-on 1/18/21, after he left her office, he:
-was assessed by staff while he walked around campus and kept in staff eyesight;
-he "voluntarily" went into the Refocus Room as a "quiet room" to self-calm and he continued to be assessed by staff for what additional supports he might need to keep him safe;
-he was on arm's length of staff but he had no additional precautions (sweeps of the bathroom to remove objects to self-harm or "cracked and counting" where a client was required to leave a bathroom door cracked while he talked, counted or sang) as he had shown no intent to self-harm until he came out of the bathroom and self-reported he drank shampoo;
-when asked if he drank the shampoo, her responses were- she did not know what the hospital test results were, his stomach did not have to be pumped, and "his levels were within normal range."
-on 1/27/21, he was discharged from the hospital, re-admitted to the facility and placed into a Refocus Room to reintegrate him back into the milieu with his team through an intervention

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V 111	Continued From page 8 called "Mask of Shadows" (an intervention where he was placed on arm's length of staff and placed on communication block which was no communication with peers and needs-based communication with staff and he was restricted from interacting with his peers during parallel outdoor activities). This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation and must be corrected within 23 days.	V 111		
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 responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop and implement treatment strategies for 2 of 3 audited clients (Client #1, #3) and 1 of 2 audited former clients (FC #9). The findings are:

Review on 3/4/2021 of Client #1's record revealed:
- Admission date: 5/26/20;
- Diagnosis: Major Depressive Disorder (D/O), mild;
- Age: 18
- his 5/27/20 admission assessment included: a history of suicidal ideation, attempts, self-harm incidents, and substance use;
-his 6/26/20 written treatment plan, updated on 1/26/21, identified sleeping in a common space and use of Refocus/Secluded Time Out as a treatment strategy in regard to his Depression;
-there were no strategies listed in treatment planning around chores, cleaning of their living space, bathing areas, and kitchen for which students were responsible;
-there were no treatment strategies listed around the restriction of phone calls or mail in the written treatment plan.

Refer to V364 for additional information.

Review on 3/4/21 of documented facility incident

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reports for Client #1 from 12/1/20 to 2/24/21 revealed;
-Incident report on 1/25/21 in which Client #1 eloped from the facility and was brought back to the facility;
-there was no information in the incident report that reflected the resulting intervention for Client #1.

Review on 3/17/21, of email dated 3/16/21 at 7:34 pm from the Founder/Executive Directors revealed:
- Attachement titled: "Precautions Associated with Incident Reports (IR"s)" for dates 12/30/20-2/9/21
-The resulting intervention for Client #1 was the use of Refocus Room/Secluded Time Out on 1/25/21 after being brought back to the facility from eloping;
-1/27/21 at 6:47pm Client #1 was placed on Safety 1, after coming out of Refocus to include arms length at all times with staff, communication block, open heeled shoes, loss of privileges, point staff carrying his bag, and sleeping in common area;
-1/30/21 at 10:27pm an email reported that Client #1 completed his Safety work and may resume privileges;

Review on 3/16/21 of documented facility incident reports for Client #1 from 12/1/20 to 2/24/21 revealed;
-Information provided by the Founder/Executive Director on 3/16/21 was not on the original incident report regarding client #1.

Review on 3/4/21 of Client #3's record revealed:
-He was admitted on 1/3/20;
-Diagnoses: Attention Deficit Hyperactivity Disorder, (ADHD), Oppositional Defiant Disorder (D/O), Cannabis Use Disorder (D/O), and

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V 112	Continued From page 11 Parent-Child Relational Problem; -Age: 16 -his 1/3/20 admission assessment included: a history of military school, multiple school placements, substance use, non-compliance with school, and running away. -his 1/03/21 written treatment plan failed to address behaviors that resulted in the use of Client#3 sleeping in the common area; -there were no strategies listed in treatment planning around chores, cleaning of their living space, bathing areas, and kitchen for which students were responsible; -there were no treatment strategies listed around the restriction of phone calls or mail in the client's written treatment plan. Refer to V364 for additional information. Review on 3/4/21 of documented facility incident reports for Client #3 from 12/1/20 to 2/24/21 revealed; -No Incident Reports provided that show Client #3 had contraband and was placed on Safety 1, restricted to sleeping in the common room for the time period of 1/19/21 through 2/11/21. Interview on 3/16/21 with Client #3 revealed; -Safety 1 ...."I pulled my mattress out there myself and slept in the common area;" -"Last time I was placed on Safety 1 was about 2-3 months ago and had no privileges." Interview on 3/17/21 with Client#3's Guardian revealed; -"2 to 3 weeks ago, [Client #3's] treatment plan circulated out of the blue for me to sign." -"He didn't receive a telephone call from the therapist about the treatment plan being circulated."	V 112		

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Review on 3/26/21 of email dated 3/25/21 at 6:02pm from Founder/Executive Director (ED) revealed;
-"Program policies surrounding sleeping outside of one's room and the associated documentation have been updated since the above situation" in regard to Client #3.

Review on 3/4/21 for FC #9's record revealed:
-Date of admission:9/30/20 and discharged on 1/24/21
-Diagnoses: ADHD, Severe Generalized Anxiety Disorder (GAD), Disruptive Mood Dysregulation, and Parent-Child Relational Problem
-Age:16
-his 9/30/20 facility admission assessment included:
a history of walking away (eloped) from school, refusal to attend school, defiance and anger (struggled with persons in authority, physically fought with peers);
-"additional assessments were indicated that they may be needed during his treatment based on his needs;"
-his 9/30/20 written treatment plan did not include updated strategies following his elopement attempts and need for higher level of care;
-a 1/18/21 family therapy session in which a higher level of care that included how he would be transported to his next placement, was planned for him for 1/24/21 to an out of state facility;
-there was no documentation of what supported FC #9's need for a higher level of care in his treatment plan prior to his planned discharge on 1/24/21.

Review on 3/4/21 of documented facility incident reports for FC #9 in December 2020 and January

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V 112	Continued From page 13 2021 revealed: -on 12/2/20 at 4:08 PM, FC #9 had an elopement attempt that resulted in physical restraint and being separated from the milieu overnight; -on 1/4/21 at 4:00 PM, FC#9 had another elopement attempt, that resulted in physical restraint and being separated from the milieu by taking FC#9 to the Refocus room; -on 1/5/21 at 3:45PM, FC#9 was physically restrained for an hour while in the Refocus room for attempting to leave and self harming; -on 1/13/21 at 7:30 PM, FC #9's behaviors escalated to him to running off campus that resulted in physical restraint and use of Refocus room. -on 1/18/21 by 5:30 PM FC#9 was moved into a Refocus Room for secluded time-out to self-regulate and after he threatened to kill himself and threatened to return to the facility and "shoot this place up,"; -on 1/18/21 between 6:00 and 6:30pm, FC#9 was placed in two separate physical restraints while in Refocus after making verbal threats; -a report dated 1/20/21 at 5:10 PM, written by Lead Mentor, indicated FC#9 remained in a Refocus Room. Attempted interview on 3/25/21 with FC #9 revealed: -he was not available for an interview. Interview on 3/25/21 with FC #9's guardian revealed: -he was transferred on 1/24/21 from the facility to a higher level of care; -he stayed in a Refocus room at the facility up until the date of his discharge; -the reason he was in Refocus was due to peer conflicts and his elopements; -"the message received from [the Marketing	V 112		

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V 112	Continued From page 14 Director]" was the "timing of his elopements" was a "strain for staff" because his behavior was "off hours" and staff were not there (at the facility) for FC #9; -the Refocus Room was a "private room with a bed and restroom and not much else." Interview on 3/30/21 with Therapist #1 revealed: -he had primary responsibility for developing and updating the client treatment plans that included FC #9; -he did not update his plan as he did not consider him to be an elopement risk; -when FC #9 got overwhelmed his "go to" strategy was to walk or run toward the entrance of campus; -he did not think he intended to elope on 1/13/21; -his therapy note on 1/18/21 documented a higher level of care that was agreed to by his guardian; -he felt like his need for higher care was documented in the record. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation and must be corrected within 23 days.	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	V 364		

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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 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

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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. 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

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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 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

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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 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

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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 interview, the facility failed to ensure for 3 of 3 audited clients (Clients #1, #2 and #3) and 2 of 2 audited former clients (FC #8 and FC #9) their rights were not restricted in communication with their parent or guardian, to have mail delivered that was unopened and to have their guardian participate in shared decision-making of the facility's permissible uses of restrictive interventions (RIs). The findings are:

Review on 3/4/21 of Client #1's record revealed:
-He was admitted on 05/26/20;
- Diagnosis: Major Depressive Disorder (D/O), mild
- Age: 18
- his 5/27/20 admission assessment included:
a history of suicidal ideation, attempts, self-harm incidents, and substance use.

Review on 3/4/21 and 3/5/21 of Client #2's record revealed:
-He was admitted on 9/10/2020;
-Diagnoses: Attention Deficit Disorder (ADHD), Oppositional Defiant Disorder (ODD), Uncomplicated bereavement, Cannabis use Disorder (D/O), Alcohol Use (D/O), and Tobacco Use D/O Severe;
-Age 17

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-his 9/10/20 admission assessment included: a history of at-risk behaviors, recent loss of a parent, and sibling issues were noted.

Review on 3/4/21 of Client #3's record revealed:
-He was admitted on 1/3/20;
-Diagnoses: Attention Deficit Hyperactivity Disorder, (ADHD), Oppositional Defiant D/O, Cannabis Use D/O, and Parent-Child Relational Problem;
-Age: 16
-his 1/3/20 admission assessment included: a history of military school, multiple school placements, substance use, non-compliance with school, and running away.

Review on 3/4/21 of Former Client (FC #8's) record revealed:
-he was admitted on 1/4/21 and discharged on 1/18/21;
-he was re-admitted on 1/27/21 and discharged on 1/30/21.

Review on 3/4/21 of Former Client (FC #9's) record revealed:
-he was admitted on 9/30/21 and discharged on 1/24/21.

Review on 3/4/21 of written Power of Attorney documents for Client #1, Client #2, Client #3, Former Client (FC #8) and FC #9 revealed:
-each of the client's guardian had given the facility their decision-making powers over the clients to:
-"obtain medical treatment for and authorize a physician to perform procedures;"
-"discipline as deemed necessary by the facility;"
-"physically restrain should the client be determined by the facility to be a danger to self or others;"

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V 364	Continued From page 21 -decide what types of participation in various outdoor and experiential therapies (i.e., rope course activities) would be permissible; -decide the search and detain options related to off-campus elopement incidents; -"restrict access to telephone calls, visitors, and delivered materials... although the parent or guardian were to be notified;" -"have parent, guardian or client direct their grievance with the client's primary therapist for resolution." Review on 3/25/21 of the facility's "Parent Handbook" that was updated 2/9/21 revealed: -The facility programming, which was based on the Hero's Journey or phase program. The phases included: -Orientation-basic cooperation by and understanding from a client of program rules/requirements. Expectations included: must stay within arm's length of staff at all times and no kitchen entry, no jewelry, no off-campus activities, must remain in common area unless scheduled "in rooms," no audio or video devices, and all conversations were to be monitored by staff; -Separation- complete all phase assignments, follow daily schedule and continue basic cooperation with rules/requirements. Expectations included: must remain within 10 feet of their point staff and in line of staff, no jewelry, all conversations were to be monitored by staff, no off-campus activities, remain in the common areas unless scheduled "in rooms or lights out;" and no audio or video devices; -Threshold-must remain in eyesight of staff. Expectations included: staff must be present when a client "hangs out" in their room, no personal communication with clients on orientation, Separation or Threshold phases, and no use of audio or video devices;	V 364		

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V 364	Continued From page 22 -Initiation-occasionally slips back into old behaviors, manages emotions most of the time, beginning to accept responsibility for past, present and future actions. Expectations included: staff must be present when a client "hangs out" in their room and may not have audio or audio devices; -Transformation-accepts responsibility for placement, strong role model for peers, and working diligently on family therapy issues. Expectations included: eligible for one 30-minute phone call with parents and approved family members, may play console-based video games during designated free time, may "hang out" in bedroom alone without staff present after asking staff permission (Anytime more than 1 client is in a room, staff was required to be present). Expectation was may not have handheld gaming device or wireless hearing devices; -Atonement-high level of trust from peers and staff, displays good judgement, positive role model, and family issues have been thoroughly addressed. Expectations included: may go on unsupervised walks on campus up to 1 hour and occur during daylight hours, eligible for 60 minutes of phone call time a week (30 minutes with family and 30 minutes with anyone on approved calling list), may have personal audio devices that were approved by staff and kept in client's locked box; -Return-client has shown they have internalized changes and can be transitioned back to their family/community which was estimated to be about 6 weeks. A client in this phase had unsupervised walking and off-campus trips up to 90 minutes per day, unlimited phone calls to approved persons on a list, use of audio devices with staff random checks of music to ensure music was appropriate, unmonitored	V 364		

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conversations with peers on a client's team at staff discretion;

Continued review on 3/25/21 of the Parent Handbook revealed:
The Codes of Conduct, also in the Parent Handbook outlined expectations about hygiene, dress and grooming as well as physical and emotional safety under the Safety Code;
-violations of one or more safety codes resulted in a client being placed on "Safety Phase," which was a therapist-assigned intervention aimed at the client's correction of their behavioral safety violation was to last from 18 to 72 hours;
-"Refocus" was an increased safety intervention used if Safety Phase did not offer adequate support;
-the Resident Rights section included:
-a statement (#7) that clients were allowed to send and receive their mail from an approved mailing list. In cases where it was known to the parents, guardians or clinical staff that mail to or from particular individuals would be "clinically injurious," a client would have an individual plan developed by his treatment team;
-a statement (#8) that clients were allowed to conduct telephone calls with family and friends according to their treatment phase unless "clinically contraindicated." Additional calls to parents "may be made."

Interview on 3/16/21 with Client #1 revealed:
-his social calls to family did not begin until he moved from Separation phase to Threshold;
-there were changes in which clients were now allowed to make daily, 5-minute phone calls to their parents;
-staff were "always present" when they made their phone calls to family.

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Interview on 3/16/21 with Client #2 revealed:
-the change in clients being allowed to call their parents every day started about 1 to 1 ½ weeks ago;
-he and his peer team continued to have their scheduled social call with their family on Saturdays.

Interview on 3/16/21 with Client #3 revealed:
-he had to be on Threshold phase before he started making social calls to his parents;
-staff were present and monitored him when he made his social calls;
-he observed staff took notes on their phones during his social calls.

Interview on 3/21/21 with Client #3's guardian revealed:
-"1 to 2 weeks ago" he received an email from the facility (he did not recall who the sender was) about "increased availability of telephone calls" from clients to their families;
-he understood from the email "increased availability" meant daily telephone calls were allowed between clients and their families;
-he understood the social calls were not private- "staff were around" during these calls.

Interview on 3/25/21 with FC #9's guardian revealed:
-any time that FC #9 was placed in the Refocus Room, he lost his privilege to make social calls.

Interview on 3/24/21 with Staff#4 revealed;
-the amount of time (for phone calls) depended on the phase they were on;
-"there is a new practice where every student gets a 5 minute social call"
-regarding phone calls, "we don't listen to their conversations" but "monitor them if they start

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V 364	Continued From page 25 getting upset". Interview on 3/25/21 with Therapist #1 revealed: -he opened his assigned clients' mail when their mail arrived on campus; -each client had an approved list of individuals they were allowed to receive mail and packages from; -the purpose of opening the client mail was to ensure letters had no inappropriate language or significant content (e.g., death of a family member) which needed therapy to be front-loaded; - the purpose of opening client packages was to ensure there was no contraband inside. Interview on 3/30/21 with the Founder/Executive Director revealed: -he denied client social calls were monitored by staff. Staff dialed the number and understood they were to step away to keep from overhearing the client conversation but to keep the client within eyesight during their client's social call; -if a client escalated (got angry or upset) during their social call, staff were there to support them; -the Power of Attorney (POA) documents gave the facility authorization to seek and obtain emergency and routine medical care for each client; -he did not know the reasons the additional conditions were included in the POA document; -"sometimes we need to engage in certain actions with students ...restrain a child, authorize participation in sports where there is inherit risk issues." This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation and must be corrected within 23 days.	V 364		

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V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to design services and supports that ensured the least restrictive intervention methods to maintain client dignity and respect for 3 of 3 audited clients (Client #1, Client #2 and Client #3), 2 of 4 unaudited current clients (Client #4 and Client #6), 2 of 2 audited former clients (FC #8 and FC #9) and 2 of 3 unaudited clients (FC #11 and FC #12). The findings are:	V 513		

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V 513	Continued From page 27 Cross-Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111) Based on observation, record review, and interview, the facility failed to implement treatment strategies for 1 of 2 audited former clients (FC #8). Cross-Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interview, the facility failed to implement treatment strategies for 2 of 3 audited clients (#1, #3) and 1 of 2 audited former clients (FC #9); Cross-Reference: NCGS 122C-62 Additional Rights in 24-hour Treatment Facilities (V364) Based on record review and interview, the facility failed to ensure for 3 of 3 audited clients (Clients #1, #2 and #3) and 2 of 2 audited former clients (FC #8 and FC #9) their rights were not restricted in communication with their parent or guardian, to have mail delivered that was unopened and to have their guardian participate in shared decision-making of the facility's permissible uses of restrictive interventions (RIs). Cross-Reference: 10A NCAC 27E .0104 Seclusion, Physical Restraint, Isolation Time Out and Protective Devices used for Behavioral Control (10) (V522). Based on record reviews and interviews, the facility failed to ensure each client with a restrictive intervention (RI) of more than 15 minutes had verbal and written authorization, and physical and mental well-being assessment by a qualified professional (QP) that provided extension of the RI for 2 of 3 audited clients (Client # 1, #3), 2 of 2 audited former clients (FC #8 and FC #9) and 2 of 2 unaudited former clients (FC #11 and FC #12).	V 513		

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V 513	Continued From page 28 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 sleep hours consistent with the type of services provided and clients served for 2 of 2 unaudited current clients (Client #4 and Client #6) and 2 of 3 audited current clients (#1, #3). Review on 3/31/21 of a written Plan of Protection dated 3/30/21 and completed by the Founder/ED, Clinical Director, Program Director and Director of Business Development revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "1. 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111) - Failure to implement treatment strategies a. On 4/5/21, the Clinical Director will run a clinical in-service with therapists instructing them to identify specific interventions from each client's MTP that will be reviewed in treatment team for mentors to focus on for the upcoming week. b. Beginning on 4/5/21, Residential Leadership staff will run daily residential in-services to review the importance of implementing Master Treatment Plan (MTP) interventions and instruct on how to use form described in letter 1.c below. c. Beginning on 4/7/21, Residential Leadership staff who attend treatment team will begin using a form to track the following and will report back each treatment team on the identified items: i. Successful implementation of identified interventions. ii. Student response to interventions. 2. 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) -	V 513		

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V 513	Continued From page 29 Failure to develop strategies a. In mid-January, instruction began in Clinical Meetings on confirming the inclusion of individual strategies in MTPs. b. On 3/1/21, the Clinical Director ran an in-service with therapists on sharing "new client strategies" upon admission for each client. c. On 4/5/21, the Clinical Director will run a clinical in-service with therapists clarifying the need to add strategies to the client's MTP pertaining to specific client safety concerns (e.g., possible AWOL, harm to self or others, etc.). d. Regular MTP audits by the Clinical Director or qualified designee began 2/26/21 to confirm client specific goals and strategies were present in each client's MTP. These audits will continue until substantial compliance is demonstrated, and/or as directed by the governing body. 3. NCGS 122C-62 Additional Rights in 24-hour Treatment Facilities (V364) a. Phone calls: i. On 3/1/21, the Clinical Director ran an in-service with therapists instructing them on the policies of allowing clients to have unmonitored phone calls upon request at reasonable times. They were also informed that if this right was limited, it would need to be documented in the client's chart and reviewed every 7 days and take place for no longer than 30 days. ii. On 3/3/21, the Residential Leadership team began daily residential in services with mentors instructing them on implementation of client's right to have unmonitored phone calls upon request at reasonable times. iii. Beginning on 3/3/21, clients were allowed access to unmonitored phone calls by	V 513		

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V 513	Continued From page 30 request at any reasonable time. b. Unopened Mail: i. No later than 4/2/21, Clinical Director, Residential Director and Executive Director will finalize a plan regarding how to safely allow clients access to unopened mail and packages. ii. On 4/5/21, the Clinical Director will run a clinical in-service with therapists instructing on this new practice and implementation. iii. On 4/5/21, the Residential Leadership team will begin residential in services with mentors instructing on this new practice and implementation. 4. 10A NCAC 27E.0104 Seclusion, Physical Restraint and Isolation Time Out and Protective Devices used for Behavioral Control (10) (V522) a. On 3/1/21, the Clinical Director ran an in-service with therapists instructing them on the use and approval of Therapeutic Holds and Isolation Time-out as well as the associated clinical documentation b. On 3/3/21, the Residential Leadership team began daily residential in services with mentors instructing them on restrictive interventions and approval of their continuation past 15 minutes. c. On 3/11/21, the Program Director ran an All Mentor Meeting in which the use of restrictive interventions and their approval for continuation past 15 minutes was reiterated. In addition, mentors were instructed on the use of the new Restrictive Intervention Report. 5. 10A NCAC 27F .0102 Living Environment (V539)-failed to provide an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours a. On 3/1/21, the Clinical Director ran an in-service with therapists instructing them on clients	V 513		

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no longer sleeping in the common area. They were instructed that if it was determined that it was unsafe for the client to sleep in their own bedroom, the client would sleep in a separate bedroom created for Sleep Observation purposes. They were also informed that if the right for a client to sleep in their own bedroom was limited, this would need to be documented in the client's chart and reviewed every 7 days and take place for no longer than 30 days.
b. On 3/3/21, the Residential Leadership team began daily residential in services instructing mentors on clients no longer sleeping in the common area. They were instructed that if it was determined that it was unsafe for the client to sleep in their own bedroom, the client would sleep in a separate bedroom created for Sleep Observation purposes
c. Beginning on 3/3/21, the sleep observation bedroom was made available for times in which clients are restricted from sleeping in their own bedroom.
d. Please note that since implementation of the above policy, no student has been restricted from sleeping in their own bedroom.
6. All the above rule violations are cross-referenced into 10A NCAC 27E .0101 Least Restrictive
Alternative (V513)
a. Please note that the most recent restrictive intervention on campus took place on 1/30/21 at least in part due to our increased focus on the use of the Least Restrictive
Alternative which began in January in clinical meetings as led by the Clinical Director.
b. Beginning 3/30/21 and ongoing until substantial compliance is achieved and maintained as determined by the governing body, restrictive or non-traditional interventions will be

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V 513	Continued From page 32 audited on a weekly basis by the Clinical Director or qualified designee. The audit will verify that: i. The least restrictive alternative is being implemented to successfully enable resident(s) to make progress on the challenges and goals present in their treatment ii. Interventions are approved by Treatment Team iii. Interventions are accurately documented in the resident file or treatment team notes. iv. If the intervention will last longer than a traditional intervention, it will be included in the resident's treatment plan." Describe your plans to make sure the above happens. "1.10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111) - Failure to implement treatment strategies a. Executive Director or qualified designee will confirm that inservices are completed on 4/5/21. b. Clinical Director or qualified designee will audit completion of treatment team form by Residential Leadership staff and confirm that the findings are reviewed in Treatment Team on a weekly basis. 2. 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - Failure to develop strategies a. Executive Director confirmed that instruction began in January, and that clinical in-service took place on 3/1/21 as outlined above. b. Executive Director or qualified designee will review that training has taken place in Clinical Inservice on 4/5/21. c. Executive Director confirmed that MTP audits began on 2/26/21 by Clinical Director or	V 513		

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designee and will confirm that they continue until substantial compliance is
demonstrated, and/or as directed by the governing body.
3. NCGS 122C-62 Additional Rights in 24-hour Treatment Facilities (V364)
a. Executive Director has confirmed that inservices took place on 3/1/21 and 3/3/21 and that
unmonitored phone calls began taking place upon request on 3/3/21.
b. Executive Director or qualified designee will confirm that meeting to discuss mail takes place no later than 4/2/21 and plan is implemented on 4/5/21.
c. 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.
4. 10A NCAC 27E.0104 Seclusion, Physical Restraint and Isolation Time Out and Protective Devices used for Behavioral Control (10) (V522)
a. Executive Director has confirmed that inservices took place on 3/1/21 and 3/3/21 and that
All Mentor Meeting took place on 3/11/21--each involving instruction on the use of
Restrictive Interventions, and that implementation of the Restrictive Intervention Report
began on on 3/11/21.
b.Program Director or qualified designee will audit incident reports and Restrictive
Intervention Reports weekly (when an RI has taken place in a given week) to confirm that authorization has been provided if the RI needs to continue past 15 minutes.
5. 10A NCAC 27F .0102 Living Environment (V539)-failed to provide an atmosphere

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conducive to uninterrupted sleep during scheduled sleeping hours
a. Executive Director has confirmed that inservices took place on 3/1/21 and 3/3/21 and that
Sleep Observation Bedroom was made available as of 3/3/21.
b. 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.
6. All the above rule violations are cross-referenced into 10A NCAC 27E .0101 Least Restrictive
Alternative (V513)
a. Executive Director or qualified designee will review each week the restrictive or non-traditional interventions audit completed by the Clinical Director or qualified designee."

Equinox Residential Treatment Center (RTC) is a residential facility for adolescent males ages 14 - 18 whose diagnoses included Depressive Disorder, Oppositional Defiant Disorder (ODD), Generalized Anxiety Disorder (GAD), Substance Abuse Disorder, and Attention-Deficit Hyperactivity Disorder. Histories include verbal and physical aggression, self-harm, anger management, and substance abuse.

The facility used a code of conduct that required violations of safety codes to be handled by the therapist responsible for the development and updates to individual client treatment plans. Therapist would assign interventions that could last from 18-to 72 hours. The Safety Phase was used as a behavioral consequence which

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included written assignments, communication restrictions, required clients to stay within arm's length of staff, sleeping in the common area, and isolation time-out. Safety was utilized as a first response to a behavior instead of the use of less restrictive alternatives. Safety as a consequence also included clients being required to participate in team interventions with peers (safety councils) and no social calls with family members. These interventions were utilized for all peers in the group and were not individualized to the needs of the clients. "Run Precautions and Self Harm Precautions" were restrictive interventions also utilized in conjunction with Safety as a behavioral consequence and were not noted in treatment planning. Run/Self Harm precautions included being in arms length of staff, sleeping in the common area, "cracked and counting"; (while using the restroom clients had to count ABC's/123 out loud to staff), open heeled shoes, and not being allowed to carry their bag.

The facility restricted client rights in communication with guardians with phone calls and the ability to receive delivered un-opened mail without documenting a clinical reason in treatment plans. The facility had guardians sign a Power of Attorney document that restricted guardian's ability to participate in shared decision-making of the facility's permissible uses of restrictive interventions (RI)'s.

The facility failed to follow its own initial treatment strategies identified for staff supervision regarding one former client that resulted in clients rough housing and a client being placed in a headlock until unconscious. The staff delayed notification to the nurse regarding the head injury and unconsciousness but contacting the team lead for guidance.

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V 513	Continued From page 36 Due to the lack of consistent facility documentation, it is unknown when, how often, and for how long clients were on restrictive interventions following AWOL, rough housing, self-harm behaviors, threatening, and other behaviors. Treatment plans were not updated timely to reflect individualized needs and the use of restrictive interventions, including the use of Safety. As part of the safety phase, clients were required to sleep on their mattress in the common area which did not allow them privacy and uninterrupted sleep during sleeping hours. The Refocus Room, which was used to allow the clients to self-regulate, had been used for hours up to 8 days. During the time, clients in the Refocus Room were not allowed to speak to anyone except assigned staff to express needs. One Refocus room had an upholstered chair, a Plexiglas window, a small closet, and a bathroom across from it. The other existing Refocus Room had no windows, plywood walls, and a bathroom across from it. Clients ate and slept in the room until the therapist deemed their behavior appropriate for reintegration to the milieu. Clients were given written assignments by the Therapist to complete while in Refocus. When clients left the Refocus Room, they often remained on Safety as continued intervention. For 2 of 3 audited clients (Clients #1, #3), 2 of 2 audited former clients (FC#8, FC#9), and 2 of 2 unaudited former clients, which included at least 11 restrictive interventions, there was no documentation of an authorization for the restrictive intervention to continue beyond 15 minutes. There was also no documentation that an assessment of physical and mental well-being was conducted by a Qualified Professional after	V 513		

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V 513	Continued From page 37 these restrictive interventions. The lack of individualized services and treatment strategies to address client presenting needs resulted in serious neglect. This deficiency resulted in a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $1,500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 513		
V 522	27E .0104(e10) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (10) The emergency use of restrictive interventions shall be limited, as follows: (A) a facility employee approved to administer emergency interventions may employ such procedures for up to 15 minutes without further authorization; (B) the continued use of such interventions shall be authorized only by the responsible professional or another qualified professional who is approved to use and to authorize the use of the restrictive intervention based on experience and training; (C) the responsible professional shall meet with and conduct an assessment that includes the physical and psychological well-being of the client and write a continuation authorization as soon as possible after the time of initial employment of the	V 522		

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intervention. If the responsible professional or a qualified professional is not immediately available to conduct an assessment of the client, but concurs that the intervention is justified after discussion with the facility employee, continuation of the intervention may be verbally authorized until an on-site assessment of the client can be made;
(D) a verbal authorization shall not exceed three hours after the time of initial employment of the intervention; and
(E) each written order for seclusion, physical restraint or isolation time-out is limited to four hours for adult clients; two hours for children and adolescent clients ages nine to 17; or one hour for clients under the age of nine. The original order shall only be renewed in accordance with these limits or up to a total of 24 hours.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure each client with a restrictive intervention (RI) of more than 15 minutes had verbal and written authorization, and physical and mental well-being assessment by a qualified professional (QP) that provided extension of the RI for 2 of 3 audited current clients (Client #1, #3), 2 of 2 audited former clients (FC #8 and FC #9) and 2 of 2 non audited former clients (NAFC #11 and NAFC #12). The findings are:

Review on 3/4/21 of written incident reports for current audited clients for the period from 9/1/20-11/30/20 revealed:
-on 9/12/20, Client #1 was placed in Refocus/Secluded Time out after an attempted elopement from facility at 12:30pm;
-Client #1 "remained in Refocus for the rest of the

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day until 9/14/20;"
-on 9/26/20, Client #3 went to Refocus/Secluded Time out after he received warnings to return the phone to staff after a social call was over and Client #3 hit staff in the face.
-there was no documentation that indicated these 2 clients' restrictive interventions of more than 15 minutes per incident had verbal or written authorization or included a physical and mental well-being assessment by a Qualified Professional (QP).

Review on 3/4/21 of Client #1's written individual session notes dated 9/17/20 revealed;
-9/17/20 "[Client #1] required a lot of attention this week ...[Client #1] Absent Without Leave/Ran (AWOL' d) this weekend and started his week in Refocus."
-there was no documentation made available for review with times Client #1, was removed from a Refocus Room.

Interview on 3/16/21 with Client #1 revealed;
-"You get put in the Refocus Room because of going AWOL"(Runaway);
-he had been in the Refocus Room;
-"It was a blank room ... had a mattress at night ... meals were brought to you ...no social calls".

Interview on 3/17/21 with Client#1's Guardian revealed;
-guardian was aware that Client #1 had been in Refocus before;
-guardian reported that she was not told details of restrictive interventions but would discuss in family sessions with Client #1.

Review on 3/29/21 of an email dated 3/29/21 at 4:41PM from the Founder/Executive Director (ED) in response to Surveyor #2's request for

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shift notes regarding time period of 09/26/20-9/28/20 for Client #3 revealed;
-9/28/20 AM Client #3,"spent the morning in refocus and was visited by therapist around 1pm and (Client #3) reported he wasn't getting off refocus".

Review on 3/4/21 of Client #3's written individual session notes dated 9/28/20 revealed;
-9/28/20, there was no mention of use of Refocus/Secluded Time Out for Client #3 or Safety phase by treating therapist.
- there was no documentation made available for review with times Client #3, was removed from a Refocus Room.

Interview on 3/16/21 with Client #3 revealed;
-he had been to the Refocus Room "a couple of times";
-he reported it was "inhumane because I had to sit in the room by myself with nothing ... I could not talk to anyone, except staff, to say my needs".
-he reported his mattress was brought into the room at night and taken away the next morning".
-he reported that "longest time he had been in the Refocus Room was for 8 days."

Interview on 3/16/21 with Client #3's Guardian revealed;
-he reported that the length of time in Refocus Room/Secluded Time Out "could vary depending on the behavior of the student- they might be in there 1 day or multiple days;"

Interview on 3/16/21 with Staff #1 revealed;
-length of stay in Refocus varied, "it can be anywhere from 12 hours to a couple days ...it could be more than two days";
-He reported that a clinician re-evaluates students after 12 hours;

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V 522	Continued From page 41 -Refocus rooms are kept empty ..."students are given bedding when it's time to sleep and, in the morning, they get the bedding, so students won't sleep all day." Interview on 3/9/21 with Staff #2 revealed; -In Refocus, "They (students) have to at least be on for 24 hours ...and then depending on progress the clinician decides when the student comes off"; -"The room is pretty empty ...they will have a mattress to sleep on ...communication is limited to staff only"; -The longest Staff #2 had seen someone in Refocus was 5 days, with recent former client. Review on 2/26/21 of written incident reports for non audited former clients for the period from 9/8/19 to 9/19/20 revealed: -on 5/13/20, NAFC#12 was placed in a physical restraint for 45 minutes; -on 5/16/20, Non Audited Former Client #12 (NAFC #12) was placed in a physical restraint for 4 hours; -on 5/21/21, Non Audited Former Client #11, (NAFC#11) was placed in a physical restraint for 35 minutes; -on 5/22/21, NAFC#11 was placed in a physical restraint for 30 minutes; -there was no documentation that indicated these 2 clients' restrictive interventions of more than 15 minutes per incident, had verbal or written authorization or included a physical and mental well-being assessment by a Qualified Professional (QP). Review on 3/4/21 of written facility incident reports for audited clients and audited former clients for the period from 12/2/20 to 2/17/21 revealed:	V 522		

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V 522	Continued From page 42 -FC #8 who was admitted on 1/4/21 with a readmission date of 1/27/21 and final discharge date on 1/30/21 was placed in secluded time out (Refocus Room) on 1/18/21 for approximately 3 hours and 20 minutes prior to his self-harm behavior which led to his 1st hospital admission. -on 1/27/21, after hospital discharge and readmission to the facility, FC#8 was placed back into a Refocus Room where he remained until discharge on 1/30/21; See V111 for additional information about FC #8's placement in the Refocus Room; Continued review on 3/4/21 of written facility incident reports revealed: -FC #9 who was admitted on 9/30/20 and discharged on 1/24/21 had 5 placements in a Refocus Room and 3 documented physical restraints that lasted more than 15 minutes on separate dates: -12/2/20 was placed in a Refocus Room for an unknown period of time; -1/4/21 after he eloped from the facility and a report dated 1/5/21 indicated he remained in Refocus for an undetermined period of time. -on 1/5/21, FC #9 had escalated behaviors (yelling, hitting the wall with hands and feet) while in Refocus that led to him being physically restrained by Staff #2 and Staff #10 for 1 hour; -1/13/21, he was placed overnight in Refocus as a result from an elopement incident and self-harm behavior; -1/17/21, after he physically assaulted unnamed staff (kicked and spat on staff), he was placed in a physical restraint for 1 hour and taken to a Refocus Room as instructed by the Residential Program Director; -1/20/21, he was placed in a physical restraint for 20 minutes while in a Refocus Room.	V 522		

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V 522	Continued From page 43 Review on 3/4/21 of FC #9's written individual therapy notes dated 12/2/20 and 1/12/21 revealed: -his elopement behaviors followed "several days" of safety interventions that included him being within arm's reach of staff; -there was no documentation made available for review with FC #9's times he was placed in a Refocus Room and removed from a Refocus Room. Review on 3/26/21 of an email dated 3/26/21 at 11:49 AM from the Founder/Executive Director (ED) in response to Surveyor #1's request to review written facility policies that included Safety Phase and Restrictive Interventions during placement of audited former clients revealed: -the older policy versions were not available to be provided for review; -he acknowledged "there are items they (the facility) realized were out of regulation;" -"the policies he believed that were out of regulation had been changed prior to the survey". Attempted interviews on 3/4/21, 3/8/21, and 3/15/21 with FC #8 and his guardians revealed: -one of his guardians repeatedly rescheduled the interviews which resulted in FC#8 and her not being interviewed; -his other guardian did not respond to a 3/15/21 telephone voice mail message that requested an interview. Attempted interview on 3/25/21 with FC #9 revealed: -he was not available for an interview. Interview on 3/25/21 with FC #9's guardian revealed:	V 522		

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-FC #9 stayed in Refocus with brief, outdoor, staff-assisted walks, "several times" and until the day he was discharged and went to a higher level of care;
-she acknowledged he had to be placed in physical restraints due to his physical aggressions toward staff and he fought staff while he was placed in restraints as well.

Interviews on 3/16/21 and 3/30/21 with Therapist #1 revealed:
3/16/21-he was responsible for updating his clients' treatment plans;
-updates to the plans were to be made when a client met their goals or new problems were presented;
-he acknowledged it was reasonable for elopement precautions for a client to be developed and included in a client's treatment plan if this were a presenting problem;
3/30/21- he did not update FC#9's plan as he did not consider him to be an elopement risk;
-when FC#9 got overwhelmed, his "go to" strategy was to walk or ran toward the entrance of campus;
-he did not believe he had an intention to elope on 1/13/21;
-his note on 1/18/21 documented a higher level of care was needed and agreed to by his guardian and he felt like his need for higher care was documented.

Interview on 3/30/21 with the Founder/Executive Director revealed:
-prior to his updated policies on restrictive interventions, a client placed in a Refocus Room might look different and his old policy "might have him out of compliance with state rules".

This deficiency is cross referenced into 10A

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V 522	Continued From page 45 NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation and must be corrected within 23 days.	V 522		
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. (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 sleep hours consistent with the type of services provided and clients served for 2 of 2 non audited clients (Client #4 and Client #6) and 2 of 3 audited current clients (Client #1, Client #3). The findings are: Observation and interview with Founder/Executive Director (ED) at 1:38pm on	V 539		

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V 539	Continued From page 46 3/16/21 revealed: -2 Dorms, Spring (aka Eagles Nest) and Winter (aka Cloud) housed the students; -The census was 23 students; Winter Dorm had a common area with couches, TV, and a rug; The common area connected to student bedrooms, bathroom, and table with laundry area; -Each bedroom contained 2 bunk beds for 4 students; -Bedroom 3 had a double doorway opening that lacked doors adjacent to common area; -Basement of Winter Dorm, (Fog), housed the Refocus/Isolation room that was used; -The Refocus room was observed to have an upholstered chair, plexiglass window, and small closet area with a bathroom across from it; -Spring Dorm had a common area immediately upon entrance to the left with couches that connected to a bathroom and laundry area; -On one side of common area, there were double doors-locked; beyond it was the new sleep observation bedroom was being built and beyond that room was the new Refocus room; -There were four bedrooms in the back of the dorm with a connecting hallway and a fifth staff room; -Bedroom #2 in Spring Dorm had a large, unpainted piece of plywood that covered an Entry/Exit to the Refocus room that was used for restrictive intervention; -Surveyors were originally advised that the purpose of referenced plywood was to close off a closet/walk through; Observation at 2:50pm on 3/25/21 revealed: -Spring Dorm's existing Refocus Room was immediately to the right and across from a bathroom upon entrance; -the room had brown painted plywood walls, no	V 539		

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windows, part of a stone chimney inside, and measured approximately 90 square feet;
-a piece of plywood covered an entry/exit way to the existing Refocus Room inside Bedroom #2.
-due to the Refocus Room's entry/exit way connecting to Bedroom #2, clients were able to hear what's going on inside the Refocus Room;
-the location of existing Refocus Room is disruptive to an atmosphere conducive to uninterrupted sleep during scheduled sleep hours for clients.

Review on 3/4/2021 of Client #1's record revealed:
- Admission date: 5/26/20
- Diagnosis: Major Depressive D/O, mild
- Age: 18
- His 5/27/20 admission assessment included: a history of suicidal ideation, attempts, self-harm incidents, and substance use;
-treatment strategies for Depression meant to decrease suicidal ideation, including interventions starting on 1/26/21 in which "client may be placed on precautions (intervention), using less restrictive intervention when possible to include: monitored sleep in a common space".

Review on 3/17/21, of email attachment with dates from 12/30/20-2/9/21, labeled "Proactive Precautions as Least Restrictive Alternatives" sent to Surveyors #1, #2 and Team Lead by ED revealed;
-Client #1 was placed on "Precautions" on 12/30/20 after punching a wall and breaking his hand, included sleeping in the common area;
-Client #1 was placed on "Run Precautions" on 2/8/21 after threatening to run away and included sleeping in the common area.

Review on 3/4/21 of Client #3's record revealed:

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V 539	Continued From page 48 -He was admitted on 1/3/20; -Diagnoses: Attention Deficit Hyperactivity Disorder, (ADHD), Oppositional Defiant Disorder (D/O), Cannabis Use D/O, and Parent-Child Relational Problem; -Age: 16 -His 1/3/20 admission assessment included: a history of military school, multiple school placements, substance use, non-compliance with school, and running away. -Client #3 was prescribed Clonidine at bedtime as needed, (PRN) for insomnia starting 6/11/20, and Melatonin 3mg gummies to help with sleep, starting 12/11/20. Review on 3/4/21 of Client #3's individual and family session notes revealed; -On 1/18/21 Client #3 was "placed on intervention/Safety 1, defensive around questions about items found in possession during room searches..parents notified"; -During session on 2/2/21, Client #3 "frustrated still being on intervention ... had his bed still in common area, ... made a plan towards having his bed returned to his room through ways to rebuild trust". Review on 3/26/21 of email, dated 3/25/21 from Founder/Executive Director (ED) at 6:01pm revealed: -Client #3 slept in the common area from 1/19/21-2/11/21; -Client #3 was placed on Safety 1 on 1/19/21 "due to contraband" found in his room; -this intervention included not being able to speak with peers (communication block), being in arms-length of staff, loss of privileges, and sleeping in the common area. -Client #3 came off Safety 1 intervention on 1/25/21, however, "[Client#3] will sleep in the	V 539		

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common area each night ...until further notice".
-2/11/21 Client #3 was no longer required to sleep in the common area.

Review on 3/4/21 of written facility incident reports of audited and non audited clients and non audited former clients for the period of 12/2/20-2/17/21 revealed;
-Client #6 had safety behaviors (possession of contraband) which led him to be placed on safety 1 which meant he was provided a written assignment by his therapist for behavior correction.
-Client #1 and Client #3 had safety behaviors (contraband, AWOL) in this time period which led them being placed on safety 1, however there was a lack of facility incident reports reflecting this.

Review of email on 3/9/21, dated 3/8/21 from Founder/Executive (ED) at 5:48pm regarding Client #3 revealed;
-"a note referenced sleeping in the common area ...students no longer sleep in the common area".

Interview on 3/16/21 with client #3 revealed;
-Safety 1 ...."I pulled my mattress out there myself and slept in the common area"
-"Last time I was placed on Safety 1 was about 2-3 months ago and had no privileges".

Interview on 3/16/21 with client #2 revealed;
-Client #4 was sleeping in the common area because he didn't like his roommate;

-Interview on 3/16/21 with staff #1 revealed;
-Client #4 was "sleeping in the common area by choice ...he was having conflict with his roommate ...he was going to speak to his therapist tonight about it and make some room

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V 539	Continued From page 50 changes". -Interview on 3/17/21 with Therapist #2 revealed; -"Client #4 was choosing to sleep out in the common area until staff moved him;" -They are working on getting Client #4 into a bedroom with two new students. Interview on 03/26/21 with Therapist #4 revealed; -Client # 6 slept in the common area from 2/18/21-2/21/21, due to contraband. Interview on 3/16/21 with Founder/Executive Director revealed; -they had a student, Client #4, sleeping the common area "by his choice" -the facility had built a new Sleep Observation Bedroom in the Spring Dorm, for students that needed to sleep outside of their bedroom that they hadn't used yet. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation and must be corrected within 23 days.	V 539		
V 722	27G .0302 (a) DHSR Construction Approval 10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility.	V 722		

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V 722	Continued From page 51 This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to consult with the Division of Health Service Regulation (DHSR)Construction Section prior to additions made to the facility (Spring Dorm). The findings are: Observation of facility on 3/16/21 at 2:13pm revealed: -surveyors #1 and #2 observed alterations to the Spring Dorm, a Sleep Observation Bedroom and Refocus Room being built. Review of email on 3/17/21 sent to Founder/Executive Director (ED) from Surveyor #1 revealed: -an inquiry if facility had consulted with DHSR Construction prior to starting work on the Spring Dorm and referred the facility to DHSR construction. Interview on 3/16/21 with Staff #1 revealed; -they are making a new Re-Focus Room in Eagles Nest (Spring Dorm), "construction started months ago." Review on 3/19/21 of email, dated 3/19/21, from Founder/Executive Director, sent to Surveyors #1 and #2, revealed; -the facility had been in contact with Division of Health Service Regulation (DHSR)Construction Section as of this date, after construction had begun.	V 722		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL045-127	A. BUILDING: _____ B. WING _____	C 03/30/2021

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V 736	Continued From page 52 (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain the facility and grounds in a safe, clean, attractive, and orderly manner. The findings are: Observation on 3/16/21 and interview with Founder/Executive Director (ED) revealed: -surveyors #1 and #2 observed both client dorms (Winter and Spring Dorm); -the walls in both dorms needed to be painted; -client bathrooms in both dorms needed cleaning and maintenance; -the client bathrooms in Winter Dorm had missing tiles and walls with unpainted patchwork; -the sink countertop had slid off the vanity in a client bathroom in the Spring Dorm; -surveyors observed in the same bathroom, black and brown substances between the shower, toilet, and sink. -in another bathroom of Spring Dorm, the tiled walls and floor of shower appeared to have brown, and yellow residue. -Bedroom #1 in Spring Dorm had a hole in the wall that was covered by a colored picture; -the emergency exit next to Bedroom #1 in Spring Dorm was blocked during on-site visit with a bench and chair. -Bedroom #2 in Spring Dorm had a large, unpainted piece of plywood that covered an entry/exit to the Refocus room that was used for	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 53	V 736		

restrictive intervention;
-surveyors were originally advised that the purpose of referenced plywood was to close off a closet;

Interview on 3/2/21 with Former Client #10 Guardians' revealed;
-They had concerns about the physical plant when they went to visit;
-His guardian witnessed that the bathrooms were not clean;
-The isolation room was observed to be a bare room, walls, no bed, and no window.

Interviews on 3/21/21 with Client (#1-3) Guardians revealed;
-Client Guardian(s) #1, #2 had visited outside facility grounds only;
-Client Guardian #3 reported when he visited and saw things were not maintained in the buildings, he had to say something to administrative staff about him "being uncomfortable with what he saw."

Interview on 3/22/21 with staff #6 revealed;
-staff reported that "having a clean place to live can influence your mental health";
-staff reported that they are trying to teach the students to be self-sufficient and clean with them;

Review on 3/17/21 of email, dated 3/17/21, sent to Surveyors #1, and #2 by Founder/Executive Director (ED) revealed;
-sent photo images of client bathroom facilities which appeared to have been cleaned;
-ED acknowledged that the bathrooms had been deep cleaned that day and in-service training for staff had begun that same day to address cleanliness expectations of facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 54 Interview on 3/16/21 with Founder/Executive Director (ED) revealed; -ED verbally agreed during on-site visit that the bathrooms in Winter Dorm needed to be repaired and repainted. -ED stated that deep clean of the dorm was scheduled on Tuesdays; -surveyors observed both dorms on Tuesday, 3/16/21 starting at approximately 1:38pm. -ED advised that students were responsible for the cleaning their rooms and the bathrooms and staff were to assist them with the cleaning. Interview on 3/25/21 with Founder/Executive Director (ED) revealed; -ED acknowledged that he and another staff cleaned the facility side by side with the students to teach them about cleaning since surveyor's on-site visit.	V 736		