STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-924	A. BUILDING: _____ B. WING _____	R 04/27/2021

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on April 27, 2021. The complaints were substantiated (intakes #NC00176331 and #NC00176389). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. According to the Quality Assurance Director there are no clients being served at the facility. The last time clients were served at the facility was April 17, 2021.	V 000		
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;	V 110		

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V 110	Continued From page 1 (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 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, two of three audited paraprofessional staff (#1 and #2) failed to demonstrate knowledge skills and abilities required by the population served. The findings are: Review on 4/20/21 of former client (FC) #1's record revealed: -17 year old female. -Date of Admission not documented. -Date of Discharge 4/15/21. -Diagnoses of Conduct Disorder, Cannabis Use Disorder and Another Specified Attention Deficit Hyperactivity Disorder. -"Face Sheet/Admission/Screening/Referral Form...Presenting Problem & (and) Diagnoses (If Known) Disrespectful towards authority, guardian. Currently DJJ (Department of Juvenile Justice) involved due to charges of robbery and stealing. Risky in community and sexually." Review on 4/20/21 of staff #1's record revealed: -Hire date: 3/22/14. -Job Title: Residential Technician.	V 110		

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V 110	Continued From page 2 Review on 4/20/21 of staff #2's record revealed: -Hire date: 10/12/17. -Job Title: Residential Technician. Review on 4/20/21 of the facility's Policy and Procedure Manual "Policy for: Elopement/AWOL (absent without leave) Behavior" revealed: -"[Licensee] will ensure that service recipients who run away from service sites have their safety needs addressed and that methods used to help them return do not increase the possibility of endangering their safety." -"Notification of the runaway status of the service recipient will be made to law enforcement, parents/legal guardians, and others who need to be notified will be done so in a manner dependent upon the service recipient's age, mental status, developmental functioning level, and social adaptive skills. Program supervisors will be notified of all runaways in the manner described in individual program procedures." Review on 4/20/21 of a North Carolina Incident Response Improvement System (IRIS) for FC #1 revealed: -"Date of incident: 4/12/2021." -"Time of Incident: 5:15 pm." -"Incident comments Consumer became argumentative with staff after being redirected for non-compliance with group therapy. Consumer then fled from the from the facility on foot jumping over a fence." Interview on 4/21/21 staff #1 stated: -She had been employed for 6 years with the facility. -She worked 2nd shift from 3pm - 11pm. -The elopement policy was to wait an hour to see if client returned then make a missing person report and management would be contacted.	V 110		

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V 110	Continued From page 3 -If the client returned and no one was with them, staff would allow the client back into facility and staff would contact management. -She was on shift when FC #1 eloped. -FC #1 eloped during a group therapy session at the facility. -There were 2 staff and the therapist present when FC #1 eloped. -She contacted management via a group text message and was told to wait to call law enforcement to see if FC #1 would return. -When FC #1 eloped, she waited 30 minutes then contacted law enforcement. -She was unsure why she had not waited an hour but may have "been fed up that day." -She made the report to law enforcement and staff #2 put information in the computer. -The facility was placed on lockdown and was secure which was the procedure during any elopement. -FC #1 returned around 8:15 or 8:30pm. -FC #1 was knocking on the door and front windows. -She opened the door and told FC #1 to come in. -FC #1 came into the facility and was "loud." -After FC #1 came in, she (staff) looked out and saw a car by the stop sign. -She prompted FC #1 to go back out and FC #1 walked out mad. -She knew FC #1 had a plan to come in and get clothes and she did not let her "all the way in the house." -She asked FC #1 to go back out because someone was in the car and she knew FC #1 had a plan to get clothes. -The car waited at the stop sign. -It was obvious the car was waiting on FC #1. -She did not see anyone waiting by the steps or in the yard. -FC #1 was at the facility "half a second" before	V 110		

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V 110	Continued From page 4	V 110		

she made her leave.
-FC #1 was upset and asked, "why she was not being let in, why she (staff) was doing her like this and asked her (staff) to call her mom."
-She asked FC #1 if she planned to get clothes and leave and FC #1 responded yes.
-She did not contact or update law enforcement when FC #1 returned to the facility.
-She contacted management by text message to let them know.

Interview on 4/22/21 staff #2 stated:
-She had been employed for 3 years.
-She worked 2nd shift from 3pm - 11pm.
-The policy on elopements was to notify the manager, try to go after client and wait 30 minutes to see if client would return then call the police.
-She was on shift when FC #1 eloped and returned.
-FC #1 was in group therapy and left out the back door and staff went after her.
-2 staff and a therapist were present when FC #1 eloped.
-She notified the police and management.
-FC #1 returned around 9:30 or 10:00pm.
-FC #1 was "beating, banging and fussing at the door" and she had someone with her.
-Staff #1 opened the door for FC #1.
-She was sitting in the living room.
-There was a person who stood at the bottom of the steps and appeared to be a male.
-"[FC #1] said let her the f**k in the house and why did yall lock the door."
-"[FC #1] said call her mom and said she needed her clothes."
-FC #1 could not come in the facility because she had someone with her.
-Staff told FC #1 if she came in the facility she could not leave back out.

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PRECIOUS HAVEN #2	6033 CONCHO COURT FAYETTEVILLE, NC 28303

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V 110	Continued From page 5 -FC #1 said she did not want to stay. -FC #1 was outside about 10 to 15 minutes. -FC #1 was "not herself when she returned, her speech was slurred and she could not stand up straight." -Staff #1 called the House Manager. -She did not call law enforcement. Interview on 4/20/21 the House Manager/Associate Professional stated: -Staff called her to let her know FC #1 had eloped. -She told staff to wait an hour and if FC #1 did not return, call the police or notify her if FC #1 returned. -FC #1 returned banging on the door and someone was with her. -Staff attempted to get FC #1 in the facility. -She did not contact law enforcement because FC #1 was "only there briefly." Interview on 4/23/21 FC #1's Juvenile Court Counselor stated: -He was contacted by a staff #4 on 4/13/21 about FC #1 elopement. -He was told FC #1 would be discharged if she did not return by Thursday (4/15/21). -He was initially told FC #1 appeared to be intoxicated, was aggressive and had someone with her and for the safety of the house they did not want to open the door. -He was told at the CFT (Child and Family Team) meeting staff tried to let FC #1 in but she did not want to come in the house. -He questioned while at the CFT why law enforcement was not contacted after FC #1 returned and was told FC #1 left so fast. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1	V 110		

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V 110	Continued From page 6 rule violation and must be corrected within 23 days.	V 110		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 7 This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited former clients (FC #1, #3 and #4). The findings are: Finding #1 Review on 4/20/21 of FC #1's record revealed: -17 year old female. -Date of admission not documented. -Discharge date of 4/15/21. -Diagnoses of Conduct Disorder, Cannabis Use Disorder and Other Specified Attention Deficient Hyperactivity Disorder (ADHD). Review on 4/20/21 of FC #1's MARs from February 2021 to April 2021 revealed: -Clindamycine Phosphate-Benzoyl peroxide 1.2-5% External Gel was administered 2/6/21-2/28/21. Review on 4/20/21 of facility's "PRN (as needed)/Medication Administration Chart" for FC #1 revealed: -Categories include Date, Hour, Medication, Dosage, Reason and Signature. February 2021 -2/6/21, 9:10 (no am/pm), Ibuprofen, 200mg (milligrams), cramps. -2/8/21, 9:56am, Ibuprofen, 400mg, cramps. -2/9/21, 6:35am, Ibuprofen, 400mg, cramps. -2/9/21, 12:35 (no am/pm), Ibuprofen, 400mg, cramps. -2/14/21, 7:45pm, Acetaminophen, 500mg, headache.	V 118		

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V 118	Continued From page 8 -2/16/21, 9:30 (no am/pm), Ibuprofen, 400mg, cramps. -2/16/21, 2:45 (no am/pm), Ibuprofen, 400mg, cramps. -2/18/21, 8:25 (no am/pm), Ibuprofen, 200mg cramps. -2/21/21, 7:35pm, Acetaminophen, 500 (no dosage), headache. -2/22/21, 6:50 (no am/pm), Ibuprofen, 500mg, headache. -2/23/21, 8:52 (no am/pm), Laxative, 5mg, stomach pain. -2/28/21, 7:18pm, Acetaminophen, 500mg, headache. March 2021 -3/2/21, 7:45pm, Ibuprofen, 200mg, headache. -3/3/21, 7:00pm, Benadryl, 25mg, allergy. -3/5/21, 3:15pm, Acetaminophen, 500mg, headache. -3/15/21, 6:50am, Midol, 2 pills, cramps. Review on 4/20/21 of Licensee's Policy and Procedure Manual revealed: -"List of Non-Prescription Drugs frequently administered by [Licensee] facilities: (These May be substituted with generic)." -List of Non-Prescription Drugs, Complaint, Administration. -No Physician's Signature. Review on 4/20/21 of FC #1's medication order revealed: -No signed Physician's order for Clindamycine Phosphate-Benzoyl peroxide 1.2-5% External Gel, apply to affected area daily (treat acne). Finding #2 Review on 4/20/21 of FC #3's record revealed: -17 year old female. -Admission date of 5/25/20.	V 118		

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V 118	Continued From page 9 -Discharge date 4/16/21. -Diagnoses of Disruptive Mood Dysregulation (DMDD), Oppositional Defiant Disorder, Child Sexual Abuse and Parent child Relational Problem. Review on 4/20/21 of FC #3's MARs from February 2021 to April 2021 revealed: -Zoloft 100mg tablets was documented as administered on 2/29 (not a leap year). -Prazosin HCL (Hydrochloride) 2mg capsules was documented as administered on 2/29. -Propranolol HCL 10mg was documented as administered on 2/29. -Omeprazole 20mg oral was documented as administered on 2/29. -Valacyclovir 500mg tablets was documented as administered on 2/29. -Fluticasone 50mcg (microgram) was documented as administered on 2/29. -Lidocaine Viscous was documented as self administered on 2/29 and 2/31 (no such dates). Review on 4/20/21 of FC #3's medications revealed no signed Physician's orders for the following medications: - Prazosin 2mg 1 capsule at bedtime (treat high blood pressure). - Propranolol HCL 10mg 1 tablet a day (treat high blood pressure). - Latuda 40 mg 1 tablet with food at dinner (treat mental/mood disorders) - Omeprazole 20mg capsule 1 capsule daily (treat acid reflux). - Valacycolvir 500mg tablet 1 tablet by mouth (treat infections). - Fluticasone 50mcg 1 spray in each nostril daily (relieve allergies). - Lidocaine Viscous (treat pain) and no order to self administer.	V 118		

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V 118	Continued From page 10 Finding #3 Review on 4/20/21 of FC #4's record revealed: -14 year old female. -Admission date of 12/19/20. -Discharge date of 4/16/21. -Diagnoses of ADHD, DMDD, Post Traumatic Stress Disorder (PTSD) and Insomnia. Review on 4/20/21 of FC #4's MARs from February 2021 to April 2021 revealed: -Two April MARs for aripiprazole (generic for Abilify); one page for aripiprazole 5 mg 1 tablet at bedtime; one page for aripiprazole 20 mg 1 tablet at bedtime. -Abilify 5 mg administered 4/08/21 - 4/19/21. -Abilify 20mg was not documented as administered on 2/01/21, 2/02/21, 2/16/21, 2/24/21, 3/18/21, 3/29/21, and 4/1/21-4/7/21. -Cetirizine 10mg was not documented as administered on 3/12/21. -Folic Acid 1mg was not documented as administered on 3/12/21. -Lamotrigine 25mg was not documented as administered at 7am on 3/12/21 and at 7pm on 3/18/21 and 3/29/21. -Trazodone 100mg was not documented as administered on 2/01/21, 2/02/21, 2/16/21, 2/24/21, 3/18/21 and 3/29/21. -Zoloft 50mg was not documented as administered on 3/12/21. -Zoloft 25 mg one tablet every morning was not documented as administered 2/03/21, 2/23/21 - 2/28/21. -Adderall 30 mg was not documented as administered on 3/12/21. -Fish Oil 1000mg was not documented as administered on 3/12/21. -Flonase 50 mg 2 sprays each nostril daily for 7 days was documented as self administered daily	V 118		

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V 118	Continued From page 11 in February 2021 except 2/4/21, 2/5/21, 2/18/21, 2/19/21, 2/25/21, 2/26/21 and 2/28/21; no documentation of administration in March 2021; documented as self administered from 4/1/21-4/9/21. - Vitamin D3 was not documented as administered 2/05/21. -No March 2021 MAR for Vitamin D3. Review on 4/20/21 of FC #4's signed physician orders revealed: -No signed physician's order for Abilify 5 mg 1 tablet at bedtime. Signed physician's orders dated 3/10/21 for: -Abilify (can treat schizophrenia and bipolar disorder) 20 mg 1 tablet at bedtime. -Cetirizine (can treat allergies) 10 mg 1 tab every morning. -Folic Acid (can treat certain types of anemia) 1 mg 1 tablet every morning. -Lamotrigine (can treat seizures and bipolar disorder) 25 mg 3 tablets twice daily. -Trazodone (anti-depressant and sedative) 100 mg 1 tablet at bedtime. -Vitamin B12 (helps keep nerve and blood cells healthy) 500 mcg 1 tablet every morning. -Vitamin D3 (helps the body absorb calcium) 5000u (125mcg) 1 capsule every week. -Zoloft (can treat depression, and PTSD) 50 mg 1 1/2 tablet every morning. -Adderall (can treat ADHD) 30 mg 1 capsule every morning, "start 3/11/21." 12/10/20 -Fish Oil (helps to reduce inflammation in the body) 1000 mg 1 capsule every day. -Flonase (can treat allergy symptoms) 50 mcg 2 sprays each nostril daily. -No signed physician's order for Flonase to be self-administered.	V 118		

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V 118	Continued From page 12 Interview on 4/20/21 the House Manager/Associate Professional stated: -All physician orders should be in the client books. -Prescriptions were sent escript to the pharmacy. -She would call the pharmacy and request the orders. -If changes are made to an order, they request the pharmacy to put it on the medication and the facility makes a new MAR sheet. -No additional information was received from the Licensee by exit date 4/27/21. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-924	A. BUILDING: _____ B. WING _____	R 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS HAVEN #2	6033 CONCHO COURT FAYETTEVILLE, NC 28303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	Continued From page 13 (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate with other individuals within the child or adolescent's system of care and failed to ensure safety and deescalate out of control behaviors for 1 of 3 audited former clients	V 293		

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V 293	Continued From page 14 (FC #1). The findings are: Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (Tag V110) Based on record reviews and interviews, two of three audited paraprofessional staff (#1 and #2) failed to demonstrate knowledge skills and abilities required by the population served. Review on 4/26/21 of the Plan of Protection dated 4/26/21 and written by the Residential Supervisor revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Precious Haven has temporarily closed the facility that was cited. Prior to re-opening the facility PHI (Licensee) will re-train staff on their duties as it relates to the safety and well-being of all consumers placed." -"Describe your plans to make sure the above happens. -We will review internal policies that address maintaing a safe environment for all consumers. -We will coordinate any training that support staff gaining more insight into their responsibilities & (and) roles as paraprofessionals." FC #1 had diagnoses of Conduct disorder, Cannabis Use Disorder and Other Specified Attention Deficient Hyperactivity Disorder. At the time of her admission to the facility, FC #1 was involved with the Department of Juvenile Justice due to robbery charges, had a history of elopements and was assessed as being a risk to the community and exhibited sexualized behaviors. FC #1 eloped on 4/12/21 from the facility during group therapy, while staff #1 and staff #2 were on duty. FC #1 returned to the facility later that day around 10:30pm, knocked	V 293		

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V 293	Continued From page 15 and requested to be let into the facility. Staff #1 stated she allowed FC #1 into facility but quickly asked FC #1 to leave. Staff #2 stated an unknown male accompanied FC #1and she had slurred speech, difficulty standing and was not permitted to enter the facility and asked staff to contact her mother. Staff #2 stated FC #1 was not allowed to enter the facility and FC #1 left. Neither Staff #1 or Staff #2 contacted the guardian, the Juvenile Court Counselor or local law enforcement to report FC #1's return to the facility and second elopement. FC #1's whereabouts remained unknown at the conclusion of the survey. Staff #1 and staff #2 did not make any attempts to deescalate FC #1, contact law enforcement or provide safety and supervision for FC #1, which resulted in serious neglect. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 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 23 day.	V 293		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this	V 300		

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V 300	Continued From page 16 Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure requirements were met for the non-emergency discharge/transfer of clients between sister facilities affecting 3 of 3 former clients audited (FC #1, #3, #4). The findings are: Review on 4/20/21 of FC #1's record revealed: -17 year old female. -Date of admission not documented. -Discharge date 4/15/21.	V 300		

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V 300	Continued From page 17 -Diagnoses of Conduct Disorder, Cannabis Use Disorder and Another Specified Attention Deficient Hyperactivity Disorder (ADHD). Review on 4/20/21 of FC #3's record revealed: -17 year old female. -Admission date of 5/25/20. -Discharge date 4/16/21. -Diagnoses of Disruptive Mood Dysregulation (DMDD), Oppositional Defiant Disorder, Child Sexual Abuse and Parent child Relational Problem. Review on 4/20/21 of FC #4's record revealed: -14 year old female. -Admission date of 12/19/20. -Discharged date 4/16/21. -Diagnoses of ADHD, DMDD, Post Traumatic Stress Disorder and Insomnia. Interview on 4/20/21 the Quality Assurance Director stated: -At the time of the survey, no clients were living in the facility. -FC #3 and FC #4 had moved to separate sister facilities on 4/16/21. -There was no transition/discharge paperwork for FC #3 and FC #4 to the sister facilities. -Client #1 was admitted into a sister facility and transitioned to facility after 3/29/21. -She was not sure of the date. -FC #1 was transitioned from a sister facility due to conflict among peers. -There was no admission assessment or transition paperwork for FC #1 to facility. -The MCO (Managed Care Organization) approved the transfer of FC#3 and FC#4 to sister facilities.	V 300		