

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 BETTY STREET</b> <b>GASTONIA, NC 28054</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on May 20, 2021. The complaint was unsubstantiated (Intake #NC00175025). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide client specific training for 3 of 3 audited staff (Staff #1, Staff #2/House Manager, Staff #3/Associate Professional). The findings are:</p> <p>Review on 4/20/21 of Staff #1's record revealed: -Hired 8/10/20; -Employed as Direct Care Worker; -No client specific training to meet the needs of Clients #1, #2, and #3.</p> <p>Review on 4/20/21 of Staff #2/House Manager's record revealed: -Hired 3/30/20; -Employed as House Manager; -No client specific training to meet the needs of Clients #1, #2, and #3.</p> <p>Review on 4/20/21 of Staff #3/Associate Professional's record revealed: -Hired 3/22/21; -Employed as Associate Professional; -No client specific training to meet the needs of Clients #1, #2, and #3.</p> <p>Interview on 5/20/21 with Staff #4/Licensee revealed: -Will immediately initiate trainings to meet the</p>	V 108		

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V 108	Continued From page 2  specific needs of each client, including the treatment plans and diagnoses of each client and will document the training in the staff records.	V 108		
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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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment plan strategies to meet the needs of the clients affecting 3 of 3 audited clients (Client #1, #2, and #3). The findings are:</p> <p>Review on 4/16/21 of Client #1's record revealed: -Admitted 1/29/21; -Diagnosed with Post Traumatic Stress Disorder and Disruptive Mood Disorder; -15 years old; -History of suicidal ideation, verbal and physical aggression, and sexual abuse; -Treatment plan dated 1/25/21 updated 3/23/21 did not include the facility's point system.</p> <p>Review on 4/16/21 of Client #2's record revealed: -Admitted 11/17/20; -Diagnosed with Major Depressive Disorder, Recurrent and Oppositional Defiant Disorder; -16 years old; -History of running away, verbal aggression, and sexual abuse; -Treatment plan dated 12/9/20 updated 4/1/21 did not include the facility's point system.</p> <p>Review on 4/16/21 of Client #3's record revealed: -Admitted 3/3/21; -Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder; -12 years old; -History of self-harm, physical assault, and sexual abuse; -Treatment plan dated 4/1/21 did not include the facility's point system or strategies to address AWOL.</p> <p>Review on 4/16/21 of the facility's Incident</p>	V 112		

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V 112	Continued From page 4  Reports revealed: -Attempted running away by Client #3 on 4/11/21.  Interviews on 4/15/21 with Clients #1, #2, and #3 revealed: -Participate in a point system which includes "Off Trust" which can limit certain privileges; -Client #3 reported she recently attempted running away.  Interview on 5/20/21 with Staff #4/Licensee revealed: -Will make sure all treatment plans include the use of the facility's point system and also include strategies to address the needs of the clients.	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on interview and record review, the facility	V 114		

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V 114	<p>Continued From page 5</p> <p>failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 5/18/21 of the facility's Fire and Disaster Drill log revealed: -No third shift fire drill completed during first quarter (January - March), 2021; -No disaster drills completed since first client admitted third quarter (October - December), 2020.</p> <p>Interviews on 4/16/21 with Clients #1 and #2 revealed: -Practiced fire drills but did not practice disaster drills.</p> <p>Interview on 5/20/21 with Staff #4/Licensee revealed: -1st shift was 7:00-3:00pm, 2nd shift was 3:00pm-11:00pm, 3rd shift was 11:00pm-7:00am; -Was completing fire drills but was not aware that disaster drills also needed to be completed; -Will implement disaster drills immediately.</p>	V 114		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials</p>	V 117		

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V 117	<p>Continued From page 6</p> <p>with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure all prescription drugs contained packaging labels from the dispensing pharmacy affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Observation on 4/16/21 at 9:50am of Client #1's medication revealed: -Tube of Denta 5000 toothpaste did not have a packaging label from the dispensing pharmacy.</p> <p>Review on 4/16/21 of Client #1's record revealed: -Admitted 1/29/21; -Diagnosed with Post Traumatic Stress Disorder and Disruptive Mood Disorder; -15 years old; -Physician's order dated 3/25/21 for Denta 5000</p>	V 117		

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V 117	Continued From page 7  toothpaste.  Interview on 5/18/21 with the dispensing pharmacist revealed: -Denta 5000 toothpaste was first ordered on 3/17/21 and filled on 3/18/21 and only filled the one time.  Interviews on 4/20/21 and 5/20/21 with Staff #4/Licensee revealed: -Client #1 received all medications as ordered; -Staff #2/House Manager and Staff #3/Associate Professional have been working more closely with the staff to ensure all medication requirements are met; -Will immediately ensure all medications have pharmacy dispensing labels.	V 117		
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	V 118		



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V 118	<p>Continued From page 8</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure prescription and non-prescription drugs were administered on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 clients (Client #2) and failed to maintain a current medication administration record of all drugs administered to each client affecting 3 of 3 current clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 4/16/21 of Client #1's record revealed: -Admitted 1/29/21; -Diagnosed with Post Traumatic Stress Disorder and Disruptive Mood Disorder; -15 years old; -Physician's order dated 3/25/21 for Cholecalciferol D3 (dietary supplement) 2,000 units 1 cap (caplet) daily, Buspar (treat anxiety) 10mg (milligrams) 2 tabs (tablets) three times daily, Sertraline (treat depression) 25mg 1 tab</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>every morning, Trazodone (sleep aid) 150mg 1 tab at bedtime, Minipress HCl (treat post-traumatic stress disorder) 1mg 1 tab at bedtime, Denta 5000 Plus toothpaste use twice daily, Ergocalciferol Vitamin D2 (dietary supplement) 50,000 units 1 cap weekly;</p> <p>-Cholecalciferol D3 2,000 units was not listed on the March, 2021 MAR and was not signed as administered on three dates on the April, 2021 MAR (4/1/21 - 4/3/21);</p> <p>-Buspar 10mg was not signed as administered on two dates on the February, 2021 MAR (2/27/21 at 1pm and 7pm and 2/28/21 at 7am, 1pm, and 7pm);</p> <p>-Sertraline 25mg was not signed as administered on one date on the March, 2021 MAR (3/5/21);</p> <p>-Trazodone 150mg was not signed as administered on two dates on the February, 2021 MAR (2/27/21 and 2/28/21);</p> <p>-Minipress HCl 1mg was not signed as administered on two dates on the February, 2021 MAR (2/27/21 and 2/28/21);</p> <p>-Denta 5000 Plus toothpaste was not signed as administered on four dates on the March, 2021 MAR (3/24/21-3/27/21 at 7am) and not listed on the April, 2021 MAR;</p> <p>-Ergocalciferol Vitamin D2 50,000 units was not signed as administered on one date on the April, 2021 MAR (4/8/21).</p> <p>Review on 4/16/21 of Client #2's record revealed:</p> <p>-Admitted 11/17/20;</p> <p>-Diagnosed with Major Depressive Disorder, Recurrent and Oppositional Defiant Disorder;</p> <p>-16 years old;</p> <p>-Physician's orders dated 3/23/21 for Flexeril (muscle relaxant) 10mg 1 tab at bedtime;</p> <p>-Physician's order dated 3/24/21 for Latuda (depression) 80mg 1 tab daily;</p> <p>-The following medications were on-site and</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>listed on MARs but there were no physician's orders present: Flonase (allergy relief) 50mcg, Fish Oil (dietary supplement) 1000mg, Ferrous Sulfate (supplement) 325mg, Zyrtec (allergy relief) 10mg, and Valtrex (antiviral) 1gm;</p> <p>-Flexeril 10mg was not signed as administered on one date on the April, 2021 MAR (4/11/21);</p> <p>-Latuda 80mg was not signed as administered on two dates on the April, 2021MAR (4/7/21 and 4/11/21);</p> <p>-Valtrex 1 gm was not listed on the February, 2021 MAR;</p> <p>-Ferrous Sulfate 325mg was not signed as administered on one date on the April, 2021 MAR (4/8/21);</p> <p>-Fish Oil 1000mg was not signed as administered on two dates on the March, 2021 MAR (3/3/21 and 3/4/21) and two dates on the April, 2021 MAR (4/7/21 and 4/8/21);</p> <p>-Flonase 50mcg was administered twice daily during the entire month of March, 2021 as opposed to the once daily as indicated on the pharmacy dispensing label and was not signed as administered on four dates on the April, 2021 MAR (4/3/21-4/6/21).</p> <p>Review on 4/16/21 of Client #3's record revealed:</p> <p>-Admitted 3/3/21;</p> <p>-Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder;</p> <p>-12 years old;</p> <p>-Physician's orders dated 3/11/21 for Keflex (antibiotic) 500mg 1 cap four times daily;</p> <p>-Physician's orders dated 3/24/21 for Escitalopram (treat anxiety and depression) 10mg 1 ½ tabs daily, Minipress HCl (treat post-traumatic stress disorder) 1mg 1 cap at bedtime, Aripiprazole (antipsychotic) 10mg 1 tab at bedtime;</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>-Escitalopram 10mg was not signed as administered on one date on the March, 2021 MAR (3/14/21);</p> <p>-Minipress HCl 1mg was not signed as administered on one date on the March, 2021 MAR (3/4/21);</p> <p>-Aripiprazole 10mg was not signed as administered on one date on the March, 2021 MAR (3/4/21);</p> <p>-Keflex 500mg was not signed as administered on four dates on the March, 2021 MAR (3/11/21 at 7pm, 3/12/21 at 7am, 11am, and 3pm, 3/13/21 at 3pm, and 3/15/21 at 11am and 3pm).</p> <p>Interview on 5/18/21 with the dispensing Pharmacist revealed:</p> <p>-Client #1's Cholecalciferol D3 2,000 units was first dispensed on 3/25/21 and still in use, Ergocalciferol Vitamin D2 50,000 units was first filled on 3/9/21 and again on 3/25/21 and still in use, and Denta 5000 Plus toothpaste was ordered on 3/17/21 and filled once on 3/28/21;</p> <p>-Client #2's Flonase order was not on file with the pharmacy but there were no medical concerns that Client #2 received two doses daily as opposed to one dose daily as the medication "works topically and is not systemic." Fish Oil, Ferrous Sulfate, and Zyrtec orders were on file at the pharmacy dated 12/31/20. Valtrex order was on file at the pharmacy dated 1/8/21.</p> <p>Interview on 5/19/21 with Staff #2/House Manager and Staff #3/Associate Professional revealed:</p> <p>-Have seen an improvement in staff completing the MARs correctly over the past month since it was discussed in the last staff meeting.</p> <p>Interview on 4/20/21 and 5/20/21 with Staff #4/Licensee revealed:</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>-Staff #2/House Manager and Staff #3/Associate Professional are in the facility weekly and checking the MARs to make sure the medications are ordered and present and that staff are signing the MARs;</p> <p>-Recently recognized that some signatures were missing on the MARs and will be having a meeting to discuss and will be writing up all staff who are not documenting the MARs correctly;</p> <p>-All medications were correctly administered to clients;</p> <p>-Will continue to monitor the MARs and take disciplinary action as needed.</p> <p>Observation on 4/16/21 at approximately 9:50am of Client #1's medications revealed:</p> <p>- Cholecalciferol D3 2,000 units dispensed 3/25/21, Buspar 10mg tabs dispensed 2/19/21, Sertraline 25mg tabs dispensed 3/25/21, Trazodone 150mg tabs dispensed 3/29/21, Minipress HCl 1mg tabs dispensed 3/24/21, Denta 5000 toothpaste had no label indicating dispense date, and Ergocalciferol Vitamin D2 50,000 units was not in the facility at the time.</p> <p>Observation on 4/16/21 at approximately 11:40am of Client #2's medications revealed:</p> <p>-Flonase 50mcg dispensed 2/21/21, Fish Oil 1000mg dispensed 4/6/21, Ferrous Sulfate 325mg dispensed 4/6/21, Zyrtec 10mg dispensed 4/11/21, Flexeril 10mg dispensed 3/24/21, Valtrex 1gm dispensed 4/15/21, Latuda 80mg dispensed 3/24/21.</p> <p>Observation on 4/16/21 at approximately 10:10am of Client #3's medications revealed:</p> <p>-Keflex 500mg was not in the facility at the time, Escitalopram 10mg was dispensed 4/2/21, Minipress HCl 1mg was dispensed 4/2/21, and Aripiprazole 10mg was dispensed 4/2/21.</p>	V 118		

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V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less</p>	V 293		

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V 293	<p>Continued From page 14</p> <p>intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide individualized supervision to minimize the occurrence of behaviors related to functional deficits affecting 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 4/16/21 of Client #2's record revealed: -Admitted 11/17/20; -Diagnosed with Major Depressive Disorder, Recurrent and Oppositional Defiant Disorder; -16 years old; -History of running away, verbal aggression, and sexual abuse.</p> <p>Interview on 4/16/21 with Client #2 revealed: -Was able to contact a male friend using the computer at the facility and arranged to run away and meet the male friend remaining away from the facility; -Staff did not watch her closely while using the computer.</p> <p>Interview on 5/19/21 with Staff #2/House Manager revealed:</p>	V 293		

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V 293	Continued From page 15  -Client #2 contacted a male friend using the computer and made arrangements to run away and stay with the male friend; -Increased supervision for Client #2 was given when Client #2 had access to the computer.  Interview on 5/20/21 with Staff #4/Licensee revealed: -Will ensure staff sit with clients while clients use the computer in the future to ensure the clients are not accessing social media sites to communicate with friends.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;	V 296		



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V 296	<p>Continued From page 16</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain two direct care staff for up to four children or adolescents. The findings are:</p> <p>Observation on 4/15/21 at approximately 11:10am of the facility revealed: -Only one staff member (Staff #2/House Manager) present with three clients.</p> <p>Review on 4/16/21 of Client #1's record revealed: -Admitted 1/29/21; -Diagnosed with Post Traumatic Stress Disorder and Disruptive Mood Disorder;</p>	V 296		

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V 296	<p>Continued From page 17</p> <p>-15 years old; -History of suicidal ideation, verbal and physical aggression, and sexual abuse.</p> <p>Review on 4/16/21 of Client #2's record revealed: -Admitted 11/17/20; -Diagnosed with Major Depressive Disorder, Recurrent and Oppositional Defiant Disorder; -16 years old; -History of running away, verbal aggression, and sexual abuse.</p> <p>Review on 4/16/21 of Client #3's record revealed: -Admitted 3/3/21; -Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder; -12 years old; -History of self-harm, physical assault, and sexual abuse.</p> <p>Interview on 4/15/21 with Client #1 revealed: -Usually two staff worked during the daytime hours, but only one staff worked during the overnight hours; -Knew that only one staff worked during the overnight hours because when she woke up there was only one staff present.</p> <p>Interview on 4/15/21 with Client #2 revealed: -One or two staff worked during the daytime hours, but only one staff worked during the overnight hours; -Knew that only one staff worked during the overnight hours because when she woke up there was only one staff present at morning medication time.</p> <p>Interview on 4/15/21 with Client #3 revealed: -Sometimes there is one staff and sometimes</p>	V 296		

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V 296	<p>Continued From page 18</p> <p>there is two staff; -" ...Will only have 2 staff if it is a new staff working and they do not know what they are doing ..."</p> <p>Interview on 4/15/21 with Staff #2/House Manager revealed: -Staff #3/Associate Professional and Staff #4/Licensee were at the office interviewing; -Was aware that there must be two staff present when up to four clients were in the facility; -The correct staffing ration was not met due to Staff #3/Associate Professional and Staff #4/Licensee completing the interviews.</p> <p>Interview on 5/20/21 with Staff #4/Licensee revealed: -Will immediately make sure there are always two staff present at all times.</p>	V 296		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(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:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(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</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p>	V 364		

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V 364	<p>Continued From page 19</p> <p>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.</p> <p>(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:</p> <p>(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;</p> <p>(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;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>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;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>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;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise</p>	V 364		

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V 364	<p>Continued From page 20</p> <p>several times a week;</p> <p>(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;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(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 adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense</p>	V 364		

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V 364	<p>Continued From page 21</p> <p>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</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>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.</p> <p>(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:</p> <p>(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;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(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;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(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;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for</p>	V 364		

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V 364	<p>Continued From page 22</p> <p>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 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.</p>	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 BETTY STREET</b> <b>GASTONIA, NC 28054</b>
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(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 364	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients could communicate and consult with parents or guardian or the agency or individual having legal custody affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 4/16/21 of Client #1's record revealed: -Admitted 1/29/21; -Diagnosed with Post Traumatic Stress Disorder and Disruptive Mood Disorder; -15 years old.</p> <p>Review on 4/16/21 of Client #2's record revealed: -Admitted 11/17/20; -Diagnosed with Major Depressive Disorder, Recurrent and Oppositional Defiant Disorder; -16 years old.</p> <p>Review on 4/16/21 of Client #3's record revealed: -Admitted 3/3/21; -Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder; -12 years old.</p> <p>Interviews on 4/15/21 with Clients #1 and #2 revealed: -Did not have privacy on telephone calls with legal guardians; -Client #1 revealed the phone must be kept on speaker phone when she talks to her mom so staff can monitor the call as " it is a rule made up by staff;"-Client #2 revealed the phone calls with her mother are monitored by the staff;</p> <p>Interviews on 5/19/21 with Staff #1, Staff</p>	V 364		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 BETTY STREET</b> <b>GASTONIA, NC 28054</b>
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(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 364	Continued From page 24  #2/House Manager, and Staff #3/Associate Professional revealed: -The protocol for phone use in the facility is for staff to carry the phone with them at all times and will assist clients with making phone calls and monitor the phone calls.  Interview on 5/20/21 with Staff #4/Licensee revealed: -Will immediately adjust the protocol for phone use to ensure clients are not denied confidential phone access to their legal guardians.	V 364		
V 515	27E .0103 Client Rights -Policies Re: Intevntion Proc.  10A NCAC 27E .0103 GENERAL POLICIES REGARDING INTERVENTION PROCEDURES (a) The following procedures shall only be employed when clinically or medically indicated as a method of therapeutic treatment: (1) planned non-attention to specific undesirable behaviors when those behaviors are health threatening; (2) contingent deprivation of any basic necessity; or (3) other professionally acceptable behavior modification procedures that are not prohibited by Rule .0102 of this Section or covered by Rule .0104 of this Section. (b) The determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific client, shall only be made by either a physician or a licensed practicing psychologist who has been formally trained and privileged in the use of the procedure.	V 515		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 BETTY STREET</b> <b>GASTONIA, NC 28054</b>
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(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 515	<p>Continued From page 25</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure that an intervention procedure was clinically or medically indicated and the authorization for the intervention be made by either a physician or licensed practicing psychologist affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 4/16/21 at approximately 8:55am - 9:45am of the facility revealed: -Locking device on the refrigerator and the freezer unit.</p> <p>Review on 4/16/21 of Clients #1, #2, and #3's records revealed: -No documentation of refrigerator and freezer unit intervention procedure being clinically or medically indicated; -No authorization for the refrigerator and freezer unit intervention made by either a physician or licensed practicing psychologist.</p> <p>Interviews on 4/16/21 with Clients #1, #2, and #3 revealed: -The refrigerator and freezer unit is kept locked; -Received three meals and two snacks per day.</p> <p>Interview on 5/20/21 with Staff #4/Licensee revealed: -Will remove the lock from the refrigerator and freezer units.</p>	V 515		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 26</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 4/16/21 at approximately 8:55am - 9:45am of the facility revealed: -Window screen in the right side yard (while facing the facility) outside Client #3's bedroom; -Bottom panel to the refrigerator unit off the unit and on the floor in the kitchen; -Hole the size of a fist in the wallboard opposite the washer and dryer unit; -Ceiling fan in all three bedrooms are dirty.</p> <p>Interview on 4/16/21 with Staff #2/House Manager revealed: -Client #2 punched a hole in the wall in the kitchen opposite the washer and dryer unit a few days ago.</p> <p>Interview on 5/20/21 with Staff #4/Licensee revealed: -Will immediately start working on repairing and cleaning the items mentioned and continue to ensure service issues are addressed.</p>	V 736		