

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 000	INITIAL COMMENTS A complaint survey was completed on February 18, 2021. The complaints were substantiated (Intake #'s NC00168665, NC00167645, NC00171325; NC00171862, and NC00173943). Deficiencies were cited. This facility is licensed for the following service category. 10A NCAC 27G.1900 Psychiatric Residential Treatment Facility for Children and Adolescents.	V 000	10A NCAC 27 .0201: Within this rule, the Facility was cited with poor Performance and Quality Improvement oversight to management of documents. To correct this the Facility has developed a procedure that outlines where review and modification of current strategies to address the student's current behaviors between biweekly CFT meetings and monthly PCP review is located. The review and modification of strategies will continue to be included in Multidisciplinary Team (MDT), weekly Clinical Case Review (CCR), nightly nursing reports, daily updates, and shift notes as well as the debriefing incident reports. The new Performance and Quality Improvement Director and the Performance and Quality Improvement coordinator will conduct quarterly audits to ensure updates are occurring within one or all of these documents to prevent this from occurring again See attachment: The policies requested during the complaint survey were; Admission Criteria Policy Restrictive Intervention Policy Intake Admission Policy The Restrictive Intervention policy was revised to clarify that although Facility strives to have an RN present throughout the Restrictive Intervention, emergency situations occur in which a student's safety is in imminent danger,	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	<p>Continued From page 1</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105	<p>and restrictive interventions are immediately necessary to prevent further harm. In an emergency situation, where a student's health or wellbeing is at risk, staff certified in TCI and CPR have always monitored the restrictive intervention until an RN arrives which is in compliance with DHSR rule 10A NCAC 27E .0104:</p> <p>The language in our restrictive intervention policy was revised to clarify that an RN is not required to be present before a restrictive intervention is initiated but are required to monitor the student's vitals and mental health within one hour of a restrictive intervention.</p> <p>See attachment:</p> <p>Eliada revised our Behavior Support and Management Policy in mid-2020 to reflect our decision not to use seclusion as a behavior management intervention.</p> <p>Eliada revised our Intake/Admission Policy to reflect the use of pre-placement interviews or visits of students and their families as part of our referral and admission process. Also added to the policy is the Admission assessments conducted by the RN and Intake staff.</p>	

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the governing body failed to ensure their incident reporting system was followed and failed to implement policies to assure their operational and programmatic performance was meeting applicable standards of practice. The findings are:</p> <p>Review on 2/16/21 of Client 4's record revealed: -Date of Admission: 1/26/21. -Age: 15. -Diagnoses: Major Depressive Disorder, recurrent, severe; Unspecified Trauma and Stressor Related Disorder; Cannabis Abuse, Uncomplicated; Sedative, Hypnotic or Anxiolytic Abuse, Uncomplicated. -Comprehensive Clinical Assessment dated 11/30/20 with addendum dated 12/16/20 indicated: Client ineffectively transitioned into level 3 placement; Encountered challenges with emotional regulation, self-harming behavior and impulsivity; Participated in self-injurious behavior twice in one week; 12/12/20 resulted in client being taken to the hospital to tend to her wounds; While under observation on 12/15/20 client re-injured her wounds using a razor she smuggled into the facility; She reports having suicidal ideation with a plan to bleed herself out; Has been placed in an inpatient hospital due to an emotional breakdown and commitment to harming herself; Recommend placement in a Psychiatric Residential Treatment Facility (PRTF) to provide structure and supervision to alleviate recurrences of self-injurious behaviors; Due to the client's level of functioning, an unlocked facility is detrimental to her care.</p>	V 105	<p>Additional policies and documents not requested by the surveyors, but are noted in the Survey are attached as follows;</p> <p>Job Descriptions Client Rights Client Records Confidentiality Retention of Records PQI meeting schedules Credentialing forms Debriefing Protocols Referral Logs with reasons for denial Safety Committee Annual Risk Assessment BBI Admission Summary Peer Review</p>	

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V 105	<p>Continued From page 7</p> <p>unsafe behavior" including running off campus and into the road. The client was transitioned to the hospital to be IVC'd.</p> <p>9/21/20: FC #7 climbed onto the roof of a building, tied wire around his neck and attempted to leap off the roof. Staff pulled the client from the edge of the roof and removed the wire from his neck. The client was "taken to the hospital due to increased suicidal ideation and attempts, as well as increased and intensive headbanging."</p> <p>9/21/20: NAC #25 engaged in headbanging, cut her forearm repeatedly and attempted to climb the fence of another program "to get onto the roof and jump off." The client was brought to the hospital by police for IVC.</p> <p>10/02/20: FC #6 attempted to jump in front of cars that were passing by and stated she wanted to be run over. She also attempted to strangle herself with a hoodie.</p> <p>11/01/2020: FC #6 engaged in headbanging and ran into oncoming traffic and yelled "please hit me." The client lay in the middle of the road and staff directed traffic. The client was IVC'd.</p> <p>11/07/20: Client #2 hit herself in the head with closed fists and proceeded to bang her head against a flag pole and a brick wall. She continued this behavior for several hours.</p> <p>11/08/2020: Client #1 banged her head vigorously banged her head against a concrete wall.</p> <p>12/07/20: Client #2 banged her head on the floor "with increased intensity" and also vomited.</p> <p>12/20/20: Client #2 was attempting to self-injure herself by banging her head on the wall "for an extended period of time."</p> <p>12/25/20: Client #1 aggressively scratched at her arms, pulled at her hair and engaged in headbanging behavior with increased frequency and intensity.</p> <p>12/25/20: Client #2 hit her head with increasing intensity against the bed, the floor, her knee and</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>2/3/21 revealed: -"We have not had an actual suicide attempt but we have had behaviors."</p> <p>Interview on 2/16/21 with the Chief Executive Officer (CEO), the COO, and the Clinical Director revealed: -DRNC was at the facility last week. -The COO stated, "We report serious injuries."</p> <p>A review on 2/8/21-2/10/21 and 2/15/21 of the PRTF Incident Reports and PRTF Restrictive Intervention Incident Reports for all clients for the period of 1/1/20-2/12/21 revealed: -390 restraints and/or seclusions -Significant self-harm incidents included the following: 1/21/20: Non-Audited Client (NAC) #11 "used anything she could" to cut her arm and neck. She cut open two previous wounds to the point "they were bleeding extensively." She was transported to the hospital by police and was placed under an involuntary commitment (IVC). 1/22/20: NAC #10 repeatedly banged his head on the wall and then vomited gastric contents. Had abrasion on forehead approximately 2.5 cmx2.5x0.1 cm. He was transported to the hospital by Emergency Medical Services (EMS). 1/24/20: NAC #10 Upon returning from the hospital with a concussion, banged his head against a concrete wall and window, climbed on a picnic table and jumped up and down hitting his head on a light panel and hit his head with his fist. 2/04/20: NAC #8 disclosed that she tried to drown herself in the shower. 3/25/20: NAC #16 tried to strangle himself by wrapping yarn tightly around his neck. 3/28/20: NAC #16 "tied a pillow case around his neck and turned red." 3/31/20: NAC #16 wrapped yarn tightly around his</p>	V 105	<p>After reviewing the training, Eliada revised our Disability Rights Policy and procedure to bring us into compliance with Disability Rights. To correct this Eliada reported all Restrictive Interventions to Disability rights for 2020 and early 2021. Per our new reporting policy, Eliada Homes, Inc. updated our Disability Rights North Carolina (DRNC) policy and procedures for reporting serious occurrences in accordance with federal Medicaid law [42 C.F.R. § 483.374(b)]. Serious occurrences and incidents will be reported to Disability Rights separately from the Incident Response and Improvement System (IRIS). Serious occurrences that will be reported include a resident's death, a serious injury to a resident, a resident's suicide attempt, and the use of restrictive intervention. Cottage Supervisors will report any serious occurrence involving a resident to both the State Medicaid agency and the State-designated Protection and Advocacy system by no later than close of business the next business day after a serious occurrence. This was implemented 2.19.2021. This will be monitored monthly by the Residential Director. see attached</p> <p>Within this section is a letter from our medical director, Dr. Gerald Travis, child psychiatrist. Upon review of this information, he and the clinical director differentiated between what was an actual serious occurrence vs behavior. His letter speaks to this information. We are in agreement that any child hospitalized or IVC must be reported to IRIS as well as DRNC. The</p>	

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V 105	<p>Continued From page 5</p> <p>neck.</p> <p>4/14/20: NAC #17 ingested 21 tablets of a controlled medication. She was transported by EMS and admitted to the hospital.</p> <p>4/30/20: NAC #17 used glass to self-harm while in the shower and was IVC'd.</p> <p>5/07/20: NAC #17 made suicidal statements and approached moving vehicles in the roadway and "tried to get hit by a car." The client was transported to the hospital by police for IVC.</p> <p>5/12/20: NAC #18 had glass in her hand and attempted to cut her throat with the glass.</p> <p>6/23/20: NAC #22 wrapped a sweater, an ethernet cable and telephone cable around her neck.</p> <p>6/24/20: NAC #22 attempted "to strangle herself" by tying a sweater around her throat and then later attempted to wrap a comforter around her neck. The client was transported to the hospital by police for IVC.</p> <p>7/10/20: NAC #22 attempted to strangle herself with a sweater and engaged in "intense headbanging" for a couple of hours. The nurse performed a concussion assessment and the client was transported to the hospital by police for IVC.</p> <p>7/13/20: FC #5 was "choking herself with a bungee cord" which she had wrapped twice around her neck. She also attempted to walk into the road as cars were passing by.</p> <p>7/13/20: NAC #23 was "headbanging in rapid succession with high intensity" and she later vomited and "collapsed to the floor" and lost consciousness. The client was transported to the emergency department.</p> <p>7/14/20: NAC #22 beat her head against the wall with great force at least 10 times and attempted to choke herself with a blanket.</p> <p>7/14/20: NAC #24 attempted to strangle herself with bedsheets in her room and also engaged in</p>	V 105	<p>medical director will continue to work with the team to discern behavior vs serious attempt. The agency will continue to report as required. Effective immediately.</p> <p>All incidents were reported in IRIS.</p> <p>The Facility has attached the Performance and Quality Improvement philosophy, plan and purpose to demonstrate the goals, outcomes and systems used to meet the objectives identified. This plan is for identified departments and will be expanded upon the arrival of the new Performance and Quality Improvement Director by April 2021</p> <p>Eliada is also upgrading our Electronic Health Record to Echo Vantage which will greatly improve the Facility goal to evaluate the effectiveness and efficiency of the services we provide. This will allow for additional outcome measurements within the system rather than outside of the system which will increase the frequency and timeliness of data review. Eliada has been working on this upgrade for 6 months and the go live date is April 1, 2021.</p>	

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V 105	<p>Continued From page 6</p> <p>headbanging. She experienced sensitivity to light and was stumbling when standing. The client was transported to the emergency department.</p> <p>7/15/20: NAC #22 attempted to choke herself with blankets, shirts, and anything else in her room. She began to engage in headbanging with high intensity. The nurse noted a contusion on the client's forehead.</p> <p>7/19/20: NAC #23 engaged in frequent and intense headbanging paired with vomiting and scratching her arms until they bled. The nurse noted a quarter sized light purple bruise in the center of client's forehead. The client was IVC'd.</p> <p>7/25/20: NAC #23 engaged in headbanging behaviors and vomited.</p> <p>7/26/20: FC #5 attempted "to choke herself several times with various things found on campus" including a rope and haybale ties. Later in the evening, the same client exited the cottage again and she wrapped a hay barrel cord around her neck and it became stuck and resulted in her face turning blue.</p> <p>8/2/20: NAC #20 attempted to choke herself with headphones and engaged in headbanging behaviors.</p> <p>8/6/20: NAC #22 attempted to choke herself by wrapping cords around her neck.</p> <p>8/18/20: NAC #20 tightly wrapped headphones around her neck and was "struggling to breathe."</p> <p>8/19/20: NAC #22 engaged in headbanging for a prolonged period of time "from 11am until after 5pm."</p> <p>8/22/20: NAC #22 wrapped a sweater and socks around her neck and "was turning purple.</p> <p>8/24/20: NAC #22 engaged in a self-injurious cycle which "continued for hours." She attempted to choke herself, engaged in headbanging, punched herself and was "kneeing herself in the face." The client was IVC'd.</p> <p>9/07/20: NAC #20 engaged in "several hours of</p>	V 105	pg 1 attached	
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STREET ADDRESS, CITY, STATE, ZIP CODE
**882 ELIADA HOME ROAD
ASHEVILLE, NC 28806**

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V 105	<p>Continued From page 8</p> <p>staff's elbow and also punched hit herself in the head with a closed fist.</p> <p>1/06/21: Client #3 engaged in headbanging behavior, then inappropriately exited the cottage and "continued her attempts to engage in unsafe behavior" and attempted to walk into traffic.</p> <p>1/06/21: Client #2 "engaged in self-injurious behaviors since the prior shift." She banged her head on the wall for the first 30 minutes of the next shift.</p> <p>1/07/21: Client #2 was hitting her head against a cement wall and tile floor. She "expressed wanting to officially say goodbye to Grandma in the attempt of taking her life."</p> <p>1/10/21: Client #3 was expressing suicidal ideation and engaged in headbanging behavior. She "attempted to jump in front of multiple cars" with the intention of being hit.</p> <p>1/11/21: Client #3 "attempted to enter the road in an attempt to be struck by a car. The client was IVC'd.</p> <p>1/11/21: Client #2 also attempted to run into traffic.</p> <p>1/13/21: Client #2 banged her head on the road and later banged her head on a brick wall and hit her head with closed fists.</p> <p>1/14/21: Client #2 walked off campus and sat in the middle of the road. Construction workers "stopped the flow of traffic to prevent the client from getting hurt." Staff mentioned calling the police due to it being a safety concern. The client ran back to campus and engaged in headbanging behaviors.</p> <p>1/14/21: Client #2 expressed suicidal ideation of wanting to walk into traffic to potentially be hit and was again sitting in the middle of the road.</p> <p>1/17/21: Client #2 was intensely hitting her head against the wall with increased severity and punching herself in the face.</p> <p>1/18/21: Client #2 barricaded herself in her room</p>	V 105	pg 1 attached	

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V 105	<p>Continued From page 9</p> <p>while intensely headbanging. She also began running towards the road while another peer was "off task."</p> <p>1/18/21: Client #3 stated her intent to die in the road and began sprinting towards the road;</p> <p>1/24/21: Client #3 attempted to run into the road, broke tile off the floor and scratched herself and began headbanging with moderate severity and was hitting herself in the face.</p> <p>1/28/21: Client #2 was headbanging with increased intensity and speed.</p> <p>1/29/21: Client #3 "wanted to kill herself by standing in the road with the intent to get killed by traffic." Client placed herself "at immediate and imminent risk of being struck by a vehicle."</p> <p>1/29/21: Client #2 made repeated attempts to run into the road and into traffic stating that she wanted to get hit by a car. The client "actually laid in the road for a few minutes."</p> <p>1/31/21: Client #2 moved towards the road in an attempt to get hit by a car.</p> <p>2/4/21: Client #2 pushed past staff several times to get to the road. The client wanted "to get hit by a car."</p> <p>2/6/21: Client #1 hit her head numerous times against a metal door and also banged her head against the cement ground.</p> <p>2/11/21: Client #1 was "violently hitting her head on the ground." She also hit and bit herself.</p> <p>2/12/21: Client #4 during a "daily" body assessment, the nurse noted numerous superficial cuts on her arm.</p> <p>2/12/21: Client #2 pushed against staff and attempted to go towards the road and also engaged in headbanging.</p> <p>-18 clients (Client #1, Client #2, Client #3, FC #5, FC #6, FC #7, NAC #8, NAC #10, NAC #11, NAC #13, NAC #16, NAC #17, NAC #18, NAC #20, NAC #21, NAC #22, NAC #24, and NAC #25) eloped from the facility 105+ times either by</p>	V 105	<p><i>pg 1 attached</i></p>	

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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 105	<p>Continued From page 10</p> <p>climbing out of their windows, pushing past staff and/or running out of the cottage doors. In some instances, clients remained off campus for several hours at a time. Numerous reports indicated clients had run to various restaurants, grocery stores, a pharmacy, and the local sheriff's department, all of which were located off a local 5 lane highway.</p> <p>-Based on the number of incidents, it could not be determined if all of the reports had been incorporated into the Incident Response Improvement System (IRIS).</p> <p>Review on 1/14/21 of a Local Police Department Computer Aided Dispatch (CAD) report of responses to Eliada Homes, Inc. for the period of 1/1/20-1/12/21 revealed:</p> <ul style="list-style-type: none"> -Civil disturbance on 5/20/20, 9/13/20, 9/23/20 and 10/30/20. -Domestic disturbance on 10/30/20. -Business breaking and entering in progress on 9/7/20. -Police assistance required on 12/18/20 and 1/1/20. -Simple assault on 3/2/20, 5/19/20, 9/8/20 and 9/15/20. -Missing juvenile on 3/18/20 x 4, 8/14/20 x 2, 8/30/20 x 1, 9/7/20 x 1, 9/8/20 x 3, 9/9/20 x 6, and 9/20/20 x 4. -Locate missing person on 9/9/20 x 1. -Suicide overdose on 2/25/20 and 11/23/20. <p>Review on 2/1/21 of reports received from the Local Police Department for the period of 1/1/20-1/12/21 revealed:</p> <ul style="list-style-type: none"> -8/11/20 Assault Inflicting Serious Injury. NAC #21 attempted to drown Staff #2 in the campus swimming pool by pushing him under water while striking him in the face and jaw with a closed fist 	V 105	<p><i>pg 1 attached</i></p>	

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V 105	<p>Continued From page 11</p> <p>7-8 times. NAC #21 attempted to hold Staff #2 under water 4 times during the struggle. Staff #2 was in fear of his life and felt like he had a concussion. Staff #3 found Staff #2 "laying on the ground with his eyes open shaking like if he was in shock ...he began to regain consciousness ..." Staff #2 went to urgent care.</p> <p>-9/7/20 Assault on a Female. NAC #29 assaulted NAC #20.</p> <p>-9/8/20 Simple Assault. A staff member reported that she had been assaulted by NAC #20 on 7/18/20. She was thrown against the bathroom door and then diagnosed with a herniated disc.</p> <p>-9/8/20 Simple Assault. The Interim Residential Director reported NAC #20 bit his left upper arm causing a puncture wound with bruising. NAC #20 also broke into a building that she did not have permission to access and the Interim Residential Director wanted to pursue charges.</p> <p>-12 client elopements in which staff filed a missing juvenile report with the police as listed below:</p> <p>9/8/20 at approximately 8:00 pm, 3 clients (FC #7, NAC #20, and a client from a sister facility) left campus. Staff attempted to follow them in a car. Staff lost sight of the clients as they took off running into an apartment complex located on a local 5 lane highway.</p> <p>9/9/20 at approximately 3:30 am, 2 clients (FC #7 and a client from a sister facility) left campus. Staff attempted to follow in a car. At 3:40 am, the clients ran into an apartment complex located on a local 5 lane highway.</p> <p>9/9/20 at approximately 3:00 pm, 4 clients (FC #7, NAC #20, NAC #25 and a client from a sister facility) walked off campus towards a local city street.</p> <p>9/20/20 at approximately 7:22 pm, 4 clients (FC #6, FC #7 and 2 clients from a sister facility) ran from the facility and "scattered in different</p>	V 105		

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V 105	<p>Continued From page 12 directions."</p> <p>Finding #2: The facility's quality assurance and quality improvement activities failed to adopt standards to improve client care.</p> <p>Interview on 1/8/21 and 1/14/21 with the Interim Residential Director revealed: -Staff were required to report a client's sexual allegations to Performance Quality Improvement (PQI). -For example, if a "peer smacked another peer's butt" then staff were to document it, inform their Supervisor and report it to PQI. -PQI would conduct an internal investigation. -PQI would interview clients and staff and "pull video" when needed to determine what level of action would be taken, such as moving bedrooms, or setting structured boundaries. -In extreme cases, clients would be relocated. -In relation to questions regarding sexual allegation reports for Client #1, FC #5, FC #6 or FC #7, he stated the following: The first week of October 2020, Client #1 entered a peer's room at night. Staff found Client #1 in the peer's room and reported the incident to PQI. "The disclosure of [Client #1's] sexual behaviors goes back to her entering the room." He was working the night FC #6 returned to campus and reported to the Therapist about "sexual touching." "That would count as a supervisor being aware."</p> <p>Interview on 1/11/21, 1/19/21 and 1/27/21 with the COO revealed: -Any sexual behaviors with clients were immediately reported to PQI. -Any allegations of sexually inappropriate</p>	V 105	<p>Finding #2:</p> <p>1.11.21: Surveyor 1. "Please use the encrypted Zix-mail link below to send any PQI documentation regarding clients [REDACTED] discussed on the phone."</p> <p>The surveyors requested any PQI reports regarding inappropriate touch between 10.30.20 and 1.21.21 that were investigated. Eliada did not have any reports of inappropriate during that time frame. COO's response "I do not have any reports of inappropriate touch for that time period."</p> <p>However, four Internal Investigations were conducted prior to the date range the surveyors requested for allegations of inappropriate contact.</p> <p>4.20.20 report of consensual sexual contact – peer to peer</p> <p>9.21.20 report of unwanted inappropriate contact – off campus – unknown adult to student</p> <p>10.21.20 report of unwanted touch - peer to peer</p> <p>10.22.20 report of consensual inappropriate contact - peer to peer.</p> <p>See attached documents.</p>	

Pages 1-8 attached

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V 105	<p>Continued From page 13</p> <p>touching would immediately require clients to be "called in", parents to be notified and asked if they want to take further action.</p> <p>-Most of the time sexual acts would be reported to the Department of Social Services (DSS).</p> <p>-She stated "They (DSS) say they can't do anything about it."</p> <p>-The PQI process had no issues.</p> <p>-Video footage was usually kept for 30 days.</p> <p>-Video footage of the 7/26/20 incident in which FC#5's face turned blue was not available.</p> <p>-Video footage of the hours long 10/30/20 incident in which the local police department responded to a Civil Disturbance call on campus was not available.</p> <p>-When she was asked to provide a copy of the QI Policy and Documentation of QI meetings for the past year, including meeting minutes and any documents reviewed, she stated "What do you mean QI minutes? I may not have documentation, we meet weekly, but I'm not sure if I can print it. I'll see what I can find."</p> <p>Interview on 2/17/21 with the CEO revealed:</p> <p>-"[COO] is in charge of PQI, but I am significantly involved. I sit on several PQI teams and I am actively engaged. I get all PQI emails."</p> <p>-The licensee would be posting an advertisement for a PQI Director.</p> <p>-The Clinical Director was involved with PQI by participating in referral meetings to review applications of referred clients, the Client Rights Committee, and the Outcome and Measures Committee.</p> <p>- Senior Leadership consisted of the CEO, COO, Clinical Director, Human Resources Director, Finance Director, and the Development Director.</p> <p>-In response to who was ultimately responsible for the PQI plan and making corrections to the Plan of Protection, the CEO stated "[surveyor],</p>	V 105	<p>The Internal Investigation of the 10.30.20 incident was sent to the surveyors on 1.29.21 as requested. The recommendation for that incident was documented in the report, as well as agency follow up meeting addressing preventative measure for future events.</p> <p>See attached.</p> <p>The surveyors requested QI minutes. COO asked for a description of the desired content of the minutes they were requesting. In a phone conversation, the COO explained to both surveyors that there were several meetings that PQI holds including; Safety Committee, Client Rights, Peer Review, Student Council, PQI weekly meeting. Also explained, was that our PQI weekly meetings were focused on our EHR upgrade.</p> <p>On 2.3.21: Surveyors informed the COO that there was a new complaint on Lions and Cummings cottages. They requested a list of restrictive interventions, Seclusion, Serious Injuries, suicide attempts and deaths from 1.1.20 to 12.31.20.</p>	

pages 1-27 attached

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V 105	<p>Continued From page 14</p> <p>the buck stops with me ...I will be ultimately responsible. I can manage this."</p> <p>Review on 1/5/21 of Eliada Homes, Inc. Restrictive Intervention Policy dated 10/31/94 and revised 1/21/02 revealed:</p> <p>-"Restrictive Intervention incident reports must be reviewed by the supervisor/QP (Qualified Professional) within 72 hours after use of restrictive intervention. The QP/Supervisor is responsible for assuring appropriate follow through and debriefing with the client, staff, and the client's legal guardian."</p> <p>-"Restrictive Intervention incidents will be reviewed by the IAC (Intervention Advisory Committee) at quarterly meetings. This committee will include professionals who are not directly involved in the treatment of the clients and who have training and expertise in the use of restrictive interventions. Quality Management will make periodic reports on the use of restrictive interventions to EHI's (Eliada Homes, Incorporated) Board of Trustees."</p> <p>-"Quality Management will review and analyze data on restrictive interventions quarterly to monitor effectiveness and trends, and to identify corrective actions necessary. Quality Management will review the use of restrictive interventions to detect any unusual patterns, and will work with program leadership to make corrections as needed. Findings will be reported to Senior Leadership."</p> <p>Review on 2/1/21 of the undated PQI Plan for the facility revealed:</p> <p>-a goal to evaluate the effectiveness and efficiency of services provide.</p> <p>-a goal to determine whether services meet pre-determined expectations about quality and outcomes.</p>	V 105	<p>Email sent from surveyors 2.3.21 - "The below information will be needed by 5:00 PM tomorrow, 2/4/21. We will need reports with details for any of these occurrences. The same date range as above applies.</p> <p>Restrictive Intervention Reports Seclusion (forgot to mention this one on the phone) Serious injuries, including the treatment provided Suicide attempts Deaths"</p> <p>See attached email.</p>	

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V 105	<p>Continued From page 15</p> <ul style="list-style-type: none"> -a goal to correct any observed deficiencies through an established improvement process. -an objective to facilitate agency and program improvement to ensure that services are available, timely, effective, safe, efficient, caring and respectful. -an objective to develop and maintain an efficient and effective system of data collection and management. -an objective to measure and evaluate program outcomes. -The CEO had agency-wide leadership to improve agency organization and program performance and ensures compliance with laws, regulations, rules and standards that govern the agency's services. -The CEO provided oversight of the PQI Plan, risk management processes, program evaluation and data management. -Agency staff assigned to PQI include the Chief Operations Officer (COO), Business Analyst, Agency Trainer and Risk Reduction Manager, and Data Collection and Outcomes Consultant. -Various PQI committees were made up of program leadership staff. -The Client Rights Committee and Intervention Advisory Committee [IAC] were two of those committees. <p>Review on 1/29/21 of the facility's undated Internal Investigations Policy revealed:</p> <ul style="list-style-type: none"> -In order for students to be able to concentrate on their treatment and education, they must feel safe and protected. -In order for staff to be able to focus on the care, treatment and education of students, they must feel safe and protected. - " ... injuries, emergencies, and incidents resulting in the potential for harm are taken very seriously. These types of events warrant a timely, thorough, 	V 105	<p><i>page 1 attached</i></p>	

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V 105	<p>Continued From page 16</p> <p>and objective internal investigation ...All events/incidents requiring an Internal Investigation require the immediate notification of the Executive Director, Chief Operations Officer, and Human Resources Director. The Executive Director, Chief Operations Officer and Human Resources Director will determine if the investigation will be conducted by the PQI (Performance Quality Improvement) Department ..."</p> <p>-1) A formal Internal Investigation must be conducted should any of the following occur: Allegation or complaint of abuse or neglect. Major injury to student resulting in EMT response, emergency treatment, and/or physician intervention Allegation or complaint of sexual contact between students Missing child Significant property destruction Stolen property Discovery of illegal contraband (i.e. illegal substance, weapon, etc.) Significant program disruption (i.e. group violence, students left unattended, etc.)</p> <p>Review of an email on 1/11/21 from the DHSR surveyor to the Chief Operations Officer dated 1/11/21 revealed: -A request to send any PQI documentation regarding Client #1, FC #5, FC #6 and FC #7 "as discussed on the phone."</p> <p>Review of an email on 1/11/21 from the Chief Operations Officer to the DHSR surveyor dated 1/11/21 revealed: -In response to a request for all PQI documentation relevant to internal investigations involving Client #1, FC #5, FC #6 and FC #7 "I do not have any reports of inappropriate touch for</p>	V 105	Addressed above.	

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V 105	<p>Continued From page 17</p> <p>that time period."</p> <p>Review of an email on 1/27/21 from DHSR surveyor to the Chief Operations Officer dated 1/27/21 revealed:</p> <ul style="list-style-type: none"> -Requests were made for the following documents: Records Retention Policy for Video Footage Quality Improvement Policy Documentation of all Quality Improvement Meetings from January 2020 to present date (including meeting minutes and any documents reviewed during meetings) <p>Review on 1/29/21 of documents reviewed by PQI for the period of 1/1/20 - 12/31/20 revealed:</p> <ul style="list-style-type: none"> -There were a total of 5 documents reviewed for Cummings Cottage. -A PQI Report Form dated 9/21/20 summarized an incident in which FC#6 eloped from campus and alleged she had been inappropriately touched in her private area while off campus. Allegations of clients from another cottage getting into a vehicle of someone in the community were included in the report. -An Incident Investigation Team Documentation form dated 10/21/20 in which a staff member used non-compliant TCI holds during a restrictive intervention. -2 PQI Report Forms dated 10/30/20 and 1 PQI Report Form dated 11/2/20 summarized an incident which occurred over several hours on 10/30/20 involving clients from two cottages, members of the community and the local police department. <p>Review on 2/1/21 and 2/2/21 of Client Rights Committee minutes for the period of 1/1/20 - 12/31/20 revealed:</p> <ul style="list-style-type: none"> -Meeting minutes dated 2/13/20 included the 	V 105		

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V 105	<p>Continued From page 18</p> <p>following: Staff injuries had significantly increased. Trends indicated runaways occurred on first shift or at shift change. Trends indicated staff debriefings were incomplete. -Data reviewed during the 2/13/20 meeting included the following: There were 87 reported staff injuries at Eliada during the 2019 calendar year. Incident Totals at Eliada for the 2019 calendar year included:</p> <ul style="list-style-type: none"> -337 restrictive interventions. -212 reports of physical aggression. -30 reports of property damage. -143 runaways. -8 reported suicidal behaviors. -127 self-injury reports. -53 reports of sexualized behaviors. -40 consumer injuries. -157 medication errors. -136 other/illegal behaviors. -257 search and seizure reports. -14 allegation reports. -3 reports of use/distribution of illegal substances. -1 suspension from services. <p>Graphs which displayed restrictive interventions by the day of the week and by shift. -There was no documentation of recommended strategies to respond to self-injurious and dangerous behaviors or to improve client care. -Meeting minutes dated 6/4/20 included the following: There were more restrictive interventions than last year. Staff were still using phrases that were non-TCI (Therapeutic Crisis Intervention) compliant. Trends, recommendations, and risks/concerns for runaways were left blank.</p>	V 105	<p><i>page 1-2 attached</i></p>	
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V 105	<p>Continued From page 19</p> <p>Trends indicated that staff did not document that nursing was notified to assess the client after suicidal and self-injurious behaviors had occurred.</p> <p>Risks/concerns that staff did not call guardians "soon enough" after a client was missing from campus.</p> <p>Detailed documentation was not always listed when the Clinician debriefed with clients.</p> <p>-Data reviewed during the 6/4/20 meeting included the following:</p> <p>There were 38 reported staff injuries at Eliada from January 2020 - March 2020.</p> <p>Incident totals at Eliada for the period of January 2020-March 2020 included:</p> <ul style="list-style-type: none"> -110 restrictive interventions. -64 reports of physical aggression. -15 incidents of property damage. -34 runaways. -4 reported suicidal behaviors. -67 self-injury reports. -31 reports of sexualized behaviors. -25 consumer injuries. -23 medication errors. -65 other/illegal behaviors. -57 search and seizure reports. -12 allegation reports. -4 reports of use/distribution of illegal substances. -2 suspension from services. <p>Graphs which displayed restrictive interventions by the day of the week, by shift and by student.</p> <p>-There was no documentation of recommended strategies to respond to self-injurious and dangerous behaviors or to improve client care.</p> <p>-There were no meeting minutes provided for 9/24/20, however data reports included the following:</p> <p>There were 20 reported staff injuries at Eliada from April 2020 - June 2020, 15 of which were</p>	V 105	<p><i>Addressed in later docs</i></p>	
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V 105	<p>Continued From page 20</p> <p>reported to worker's compensation and 2 of which required medical attention.</p> <p>Incident totals at Eliada for the period of April 2020-June 2020 included:</p> <ul style="list-style-type: none"> -78 restrictive interventions. -42 reports of physical aggression. -20 incidents of property damage. -32 runaways. -0 reported suicidal behaviors. -64 self-injury reports. -7 reports of sexualized behaviors. -7 consumer injuries. -14 medication errors. -54 other/illegal behaviors. -25 search and seizure reports. -7 allegation reports. -1 report of use/distribution of illegal substances. -0 suspension from services. <p>A chart which indicated the number of Cummings Cottage clients who had RI's and the number of RI's they were involved in as follows:</p> <ul style="list-style-type: none"> -January 2020: 35 RI's involving a total of 4 clients. -February 2020: 13 RI's involving a total of 7 clients. -March 2020: 13 RI's involving a total of 2 clients. -April 2020: 13 RI's involving a total of 5 clients. -May 2020: 15 RI's involving a total of 6 clients. -June 2020: 10 RI's involving a total of 4 clients. <p>Graphs which displayed restrictive interventions by day of the week, by shift, by student, by sex, race and ethnicity.</p> <p>-There was no documentation of recommended strategies to respond to self-injurious and dangerous behaviors or to improve client care.</p>	V 105	<p>The agency has now adopted the addition of these components to the client rights meeting agenda. Effective March 2021</p> <p>This information is not documented in the client rights meeting minutes, it is however documented in MDT with the doctor, cottage meeting minutes, individual coaching with staff documented in personnel files. There are examples of this throughout the documents submitted.</p>	
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V 105	Continued From page 21 This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.	V 105	1.6.2021: Case managers and Clinicians were retained in writing PCPs and goal setting. Case Managers will continue to reevaluate ICPM's (an internal crisis document that is updated frequently), Crisis Plans, and Treatment Plans to identify documentation of alternative strategies and assure that they are individualized for each student. Eliada has partnered with Six Core and BBI to provide additional training in writing individualized Treatment Plans. Date to be determined	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be	V 109 <i>pages 1-5</i>	Six Core Initiative and BBI have also agreed to retrain our staff on alternative approaches to Restrictive Intervention and a retraining of Restrictive Interventions. Dates to be determined Additionally all residential staff will receive a 2 day resiliency training to assist them and the students 10A NCAC 27G .0203 the agency has added within the job description the inclusion of the required core competencies Effective 3/15/21 and will modify all job descriptions affected. Attached is the agency credentialing form, used to qualify QPs, in addition to supervision forms that are utilized per state requirement dependent upon degree, and qualifications. Supervision plans are in place for all required staff. This is monitored by the HR department each year.	

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V 109	<p>Continued From page 22</p> <p>supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 1 of 1 audited Qualified Professionals (Residential Clinician/Licensed Professional) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Refer to Tag V112 for additional information.</p> <p>Review on 1/22/21 of the record for the Residential Clinician/Licensed Professional revealed: -Date of Hire: 6/25/18. -Date of Separation: 12/2020. -Title/Position: Residential Clinician/Licensed Professional. -Job Description was signed 2/18/19 and included the following: Provide clinical supervision and oversight of the treatment milieu. Complete monthly PCP's (Person Centered Plans)/Comprehensive Crisis Plans. Facilitate and/or participate in Child and Family Team meetings.</p> <p>Interview on 1/19/21 with the Residential Clinician/Licensed Professional revealed: -Client treatment plans were updated monthly. -She encouraged staff to let her know "if things</p>	V 109		

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V 109	<p>Continued From page 23</p> <p>weren't working." -She stated, "You can change the treatment plan all day, but that doesn't mean the student is going to participate."</p> <p>The following examples are self-injurious and dangerous behaviors documented by the facility. There was no documentation of development and implementation of strategies to deal with these behaviors in client treatment plans: -Client #1: after repeated self-harming behaviors such as headbanging, hitting self in the head, hair pulling and scratching self from 10/2/20 through 2/6/21. -Client #2: after engaging in self-harming behaviors such as headbanging for several hours on 11/7/20 and continued instances of headbanging behaviors, assaultive behaviors and suicide attempts by running into traffic 11/7/20 through 2/12/21. -Client #3: after repeated self-harming behaviors, assaultive behaviors, property destruction, running behaviors, and attempts of walking into traffic with the intent of being struck by a vehicle from 1/6/21 through 1/29/21. -Former Client (FC) #5: after numerous running behaviors, self-harming with glass and wrapping items around her neck, assaultive behaviors, and property destruction from 3/18/20 through 7/24/20. -FC #6: after multiple occurrences of attempting to self-harm with sharps and headbanging, assaultive behaviors, and/or running into traffic from 10/2/20 through 11/1/20. -FC #7: after climbing on top of a roof, tying a wire around his neck and attempting to jump off the roof, and after multiple occurrences of stealing staff keys and radios, eloping from campus 9/8/20 from 8:05 pm - 1:30 am and 9/9/20 from 3:20 am - 7:15 am and 9/20/20 from</p>	V 109	<p>Each of these items are addressed in later pages with supporting documentation</p> <p><i>AD 1-12</i></p> <p><i>Attached KI-K4</i></p>	

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V 109	Continued From page 24 7:27pm - 1:00 am all of which staff filed a missing person's report and client was returned to campus by the local police department. This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.	V 109		
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	10NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan The agency acknowledges that within this section the interventions do not include individualized information. This was reviewed by the CEO with the CD to instruct the clinicians to add individualized strategies that speak to the behaviors within the student section as well as PRTF staff section. Upon arrival of student. While there are other sections that are highly individualized this section was not. Moving forward, PCPs completed will demonstrate individualized components of behaviors upon entry in addition to the other standard responses below. This was implemented 2/12 and will be inspected by new PQI Director and CEO each month	

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V 112	<p>Continued From page 25</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 3 of 4 audited current clients (Client #1, Client #2, and Client #3) and 3 of 3 audited Former Clients (FC #5, FC #6, and FC #7). The findings are:</p> <p>Review on 2/15/21 of Eliada Homes, Inc. Psychiatric Residential Treatment Facility (PRTF) Restrictive Intervention Policy/Procedure Attachment A dated 5/2016 revealed:</p> <ul style="list-style-type: none"> - "Based on the client's medical and treatment history, presenting problems, and the crisis plan in their PCP (Person-Centered Profile), an Individual Crisis Management Plan (ICMP) is developed at admission for each client. The ICMP includes the following: <ol style="list-style-type: none"> 1. Safety concerns/warnings (medical, physical, medication, abuse history). 2. Current issues and potential triggers. 3. High risk behaviors. 4. Intervention strategies for each stage of a crisis including identified behaviors and preferred strategies. 5. The identified restraint hold to utilize with the client, and the dangerous, aggressive, or self-injurious behaviors necessitating restrictive intervention after all less restrictive interventions are ineffective to maintain safety for the client and others." - "The ICMP is reviewed and revised as needed after an incident of restrictive intervention, during weekly team meetings, during each monthly 	V 112		
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V 112	<p>Continued From page 26</p> <p>clinical case review, and at monthly child and family team meetings."</p> <p>-The RN (Registered Nurse) on site contacts the Medical Director for orders, consultation and/or determination of follow up medical care when any of the following occur:</p> <p>(a) Restrictive intervention exceeds agency, state, and national standards for duration</p> <p>(b) Restrictive intervention involves repetitive and severe head banging</p> <p>(c) Restrictive intervention involves significant self-injurious behaviors</p> <p>(d) Restrictive intervention involves other significant health or safety concerns."</p> <p>Review on 12/10/20 of facility support/intervention strategies that were part of all client Treatment Plans revealed:</p> <p>"Student -</p> <p>-Will participate in assessments to help with treatment planning and identification of strengths, triggers, and preferred coping skills. Participate in individual, family (if applicable), and group therapies. Attend and participate in Child and family Team Meetings. Work with staff on Support and safety planning. Participate in academics. Follow basic expectations of the program.</p> <p>-Family -</p> <p>-Will attend and participate in monthly Child and Family Team Meetings and collaborate with the team. Attend family therapy twice per months, or as clinically recommended, and work on treatment goals during phone conversations. Assist student with skills learned during therapeutic leave. Follow recommendations regarding therapeutic passes.</p> <p>-PRTF -</p> <p>-Will provide weekly individual therapy/ family therapy at a minimum twice per month, group</p>	V 112		
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V 112	<p>Continued From page 27</p> <p>therapy. Provide 24-hour supervision to ensure safety. Provide trauma informed therapeutic and mindfulness practices such as meditation, yoga, creative modalities, use of sensory items, animal/equine therapy to increase student's ability to self soothe and regulate emotions. Provide recreation and exercise opportunities such as basketball, football, swimming (seasonal) biking, skateboarding, use of exercise room/gym. Provide therapeutic daily schedule/routine to reduce arousal levels, and prepare students for transitions. Establish clear rules and expectations in the cottage and during academic blocks. Teach and encourage student to use self-regulation skills to increase ability of safely managing triggers and emotions. Remind student of both positive and negative consequences for actions and how actions affect others. Role model appropriate behavior and provide learning opportunities. Provide positive attention for desired responses. Provide opportunities for education on nutrition. Coordinate care among ongoing tx (treatment) providers, including discharge and aftercare services.</p> <p>-Psychiatrist (PRTF) - -Provide psychiatric assessment, psychoeducation, monitor the efficacy and side effects of medications, and consult with guardian/family/team."</p> <p>Review on 12/22/20 and 12/31/20 of Client #1's record revealed: -Date of Admission: 8/6/20. -Age: 15. -Diagnoses: Autism Spectrum Disorder; Anxiety Disorder; Depression; Attention Deficit Hyperactivity Disorder. -Psychiatric Assessment dated 7/8/20 indicated: recurrent hospitalizations, a recent suicide</p>	V 112		

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V 112	<p>Continued From page 28</p> <p>attempt, a long history of self-injurious behaviors, childhood adversity, possible lesbian, gay, bisexual, transgendered (LGBT) status and a probable family history of mood disorders; during inpatient hospitalization, client attempted to harm herself with multiple objects in the room which eventually required the client to have all objects removed from the room except for a mattress on the floor; On 6/25/20 the client reported increasing suicidal thoughts and tried to strangle herself with hospital scrubs, she reportedly turned blue and "a code was called which required bagging before she stabilized."</p> <p>Review on 12/31/20 of Client #1's treatment plan dated 7/15/20 with update/revision dates of 8/20/20; 9/21/20 and 10/21/20 revealed: -On 7/15/20 the client had the following goals: Will develop & utilize effective coping skills to decrease suicidal ideations as evidenced by developing safety plan and identifying triggers 75% of the time. Will increase communication skills to increase positive interactions with family members as evidenced by expressing thoughts and feelings and having conversations with family without being disrespectful or yelling 80% of the time. Will improve positive peer interactions as evidenced by engaging with peers in prosocial activities 3 out of 5 times a day. -Updates included the following: Facility support/intervention strategies were integrated into client's plan on 8/20/20. A progress note added on 8/20/20 indicated: Client "expressed that she has nothing to work on while at Eliada and does not have any treatment goals. Her child and family team has agreed to let her settle in more to the unit before revising her goals." A progress note added on 9/21/20 indicated:</p>	V 112		

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V 112	<p>Continued From page 29</p> <p>Client "has had a few incidents since last review ..."</p> <p>A progress note added on 10/21/20 indicated: Client "has been struggling over the past review period ...has openly stated that she wants to go to a higher level of care...is frequently invading others' boundaries..." Client significantly bit a staff member and walks out of the program "almost daily."</p> <p>-There were no specific goals or intervention strategies to address client's elopements, headbanging, biting herself to draw blood, scratching words into her arm with sharps, or punching and biting staff.</p> <p>Review on 1/29/21 of the Individual Crisis Management Plan (ICMP) for Client #1 dated 12/2/20 revealed:</p> <p>-It contained the name of a direct care staff member who was listed as an advocate.</p> <p>-The document did not contain any signatures.</p> <p>-Pre-crisis strategies: "giving her a task, providing her choices/options, 1:1 proactive checkins and physical support (side hugs and hand holding). Appeal to her creativity, not responding to shock value commentary. Directly ask her plan and prepare to support, drawing, art projects, distraction: ask random questions, appeal to her interests, providing her socially appropriate suggestions for getting her needs met."</p> <p>-Triggering strategies: "have someone be with her, 1:1 staff support, reminders or goals/motivator."</p> <p>-Escalation strategies: "separating from her peers/removing audience. 1:1 support. Firm voice tone and expectations, proactive management of room and person as to prevent hoarding of sharps: proximity, manage environment, keep communicating and providing verbal support."</p> <p>-Outburst strategies: There was no</p>	V 112		

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V 112	<p>Continued From page 30</p> <p>documentation.</p> <p>-Recovery strategies: "motivational interviewing, focusing on what she does care about, herself interests and how her choices are creating a negative effect on her life."</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Incident Reports and PRTF Restrictive Intervention Reports for Client #1 revealed:</p> <p>-10/15/20 Client #1 inappropriately exited the cottage several times throughout the shift. Client #1 engaged in headbanging behaviors and hit herself in the head with closed fists.</p> <p>-11/7/20 Client #1 walked out the side door of the cottage, picked up a rock, postured at staff and raised her arm in an attempt to hit staff in the head with the rock.</p> <p>-11/8/20 Client #1 left the cottage and wandered around outside for approximately 1 1/2 hours. Client #1 re-entered the cottage and vigorously banged her head against a concrete wall and also struck herself in the head with a closed fist.</p> <p>-11/11/20 Client #1 lunged at a peer and bit the right breast of a staff member.</p> <p>-11/19/20 Client #1 inappropriately exited the cottage. Client #1 was transitioned back inside and began to bang her forehead against the wall and punch herself in the head.</p> <p>-11/21/20 Client #1 banged her head on the wall and punched herself in the head with her fists.</p> <p>-11/27/20 Client #1 engaged in headbanging behaviors, punched herself in the head and bit staff.</p> <p>-12/25/20 Client #1 hit her arms against the bed, aggressively scratched at her arms, and pulled at her hair. Client #1 also engaged in headbanging behavior which increased in frequency and intensity.</p> <p>-1/12/21 Staff noticed scratches on Client #1's</p>	V 112	AD 10-12 Attached	

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V 112	<p>Continued From page 31</p> <p>arm during a routine check and Client #1 admitted that she had self-harmed.</p> <p>-1/14/21 Client #1 used a small piece of glass to scratch the word "yes" into her left upper arm. Later that same day, Client #1 banged her head against the floor and then complained of dizziness and nausea.</p> <p>-1/17/21 Client #1 chewed on the inside of her cheek until it bled.</p> <p>-2/6/21 Client #1 hit her head against the metal door of the laundry room numerous times, banged her head against the cement ground and bit a staff member's hand.</p> <p>-2/7/21 Client #1 infringed "upon staff's physical boundaries" and urinated on herself.</p> <p>-2/9/21 Client #1 engaged in headbanging behaviors.</p> <p>-2/10/21 Client #1 bit her inner forearm "to the point it drew blood." Client #1 informed staff that she did not want to return home because her Grandfather beats her on a weekly basis until she is bruised.</p> <p>-2/11/21 Client #1 was violently hitting her head on the ground, hit staff with a closed fist and bit more than one staff member on their arms. Client #1 also bit her own arm and hit herself.</p> <p>Interview on 12/9/21 with Client #1 revealed:</p> <p>-She grabbed a staff member by the hair.</p> <p>-She bit a staff member.</p> <p>-She stated, "I was panicking and didn't know what to do."</p> <p>Review on 2/16/21 of Client #2's record revealed:</p> <p>-Date of Admission: 10/28/20.</p> <p>-Age: 12.</p> <p>-Diagnoses: Disruptive Mood Dysregulation Disorder; Major Depressive Disorder, Recurrent, Unspecified.</p> <p>-Comprehensive Clinical Assessment dated</p>	V 112		
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V 112	<p>Continued From page 32</p> <p>8/11/20 with an addendum dated 2/10/21 indicated: she was living at home with grandmother and receiving intensive in home services; it became apparent that she needed a higher level of care along with more supervision and further evaluation to best support her needs; client has an impairment in speech, socialization, impulse control, and affect regulation; There is extensive history of mental health and substance use disorders, along with multiple deaths by suicide and drug overdose in the family. Client has a history of self-injurious behaviors and suicide attempts. She can be very hostile and aggressive both verbally and physically. She has hit, pushed, and shoved her Grandmother and other neighborhood children.</p> <p>Review on 2/16/21 of Client #2's treatment plan dated 11/3/20 with update/revision dates of 11/30/20, 12/28/20 and 1/27/21 revealed: -On 11/3/20: Facility support/intervention strategies were integrated into client's plan. Client had the following goal: Will demonstrate an improvement in symptoms as evidenced by (AEB) monthly decrease in incidents, increase in use of positive self-talk & reframing of automatic negative thinking to increase self-worth and positive affect, increase in communicating thoughts and feelings to decrease self-harm, increase in participation & efforts to repair & maintain positive relationship with Grandma, increase in exchanging high risk coping strategies with coping skills which promote long term health and safety. -Updates included the following: A progress note added on 11/3/20 indicated: Client "has struggled with self-injurious behaviors since getting to Eliada Homes..." A progress note added on 11/30/20 indicated:</p>	V 112	<p>① 1-45 Support pg 33-38</p>	
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V 112	<p>Continued From page 33</p> <p>Client "has struggled with impulse control, peer relations and self-harm this review period. She has had numerous incidents of self-harm ...The main avenue for self-harm is headbanging and superficial scratching to her arms with her nails ..."</p> <p>A progress note added on 12/28/20 indicated: Client " ...went from daily incidents and a lot of restrictive interventions to only a handful ..."</p> <p>-There were no specific goals or intervention strategies to address client's attempts to run into traffic, laying in the road, headbanging, punching herself and her peers, barricading herself in her room, and eloping from the cottage.</p> <p>Review on 2/16/21 of ICMP for Client #2 dated 2/10/21 revealed:</p> <p>-It contained the name of a direct care staff member who was listed as an advocate.</p> <p>-The document did not contain any signatures.</p> <p>-Pre-crisis strategies: "providing options, giving hurdle help, providing time and space when she is conflicted in what to do, providing her the time and space to advocate for her needs when proximity, give her a project, invite her to join in activities. Be honest and direct; speak to me with a respectful; moderate voice-tone. Give me physical space. Explain to me what is going on. Utilize humor and exploring her interests. Running on the treadmill can be helpful. Explain reasons behind expectations. Structured fitness activities are helpful, as is time outside. Skills streaming."</p> <p>-Triggering strategies: "Switching out with unpreferred staff, distraction and redirection with conversation and activities, reading her journal, painting, art projects, poetry. Disengaging. Explaining expectations, options and outcomes and allowing her space to make a choice. Proximity, manage the environment. bi lateral</p>	V 112		

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V 112	<p>Continued From page 34</p> <p>tapping, physical touch." -Escalation strategies: " Switching out with unprefered staff, distraction and redirection with conversation and activities, reading her journal, painting, art projects, poetry. Disengaging. Explaining expectations, options and outcomes and allowing her space to make a choice. Proximity, manage the environment.bi lateral tapping, physical touch." -Outburst strategies: "verbal disengagement, silent proximity, maintaining expectations." -Recovery strategies: "providing visuals, making a written visual plan, reading to her, helping her journal, coaching in processing. preferred staff, female staff, using art to help her process and communicate her emotions. Removing her from the environment where the incident occurred. providing visuals, making a written visual plan, reading to her, helping her journal, coaching in processing. validating feelings of returning and being around non-preferred peer, positive feedback, real talk, caring gesture, Hurdle help."</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF incident reports and PRTF Restrictive Intervention Reports for Client #2 revealed: -11/7/20 Client #2 scratched at her hands, hit her head with closed fists and banged her head against a flagpole and a brick wall. Nursing staff completed a neurological check and then Client #2 began headbanging again. She also scratched her arms and legs and smacked and "kneed" herself in the head. Client #2 got a nosebleed. -11/11/20 Client #2 "hammer punched" a peer in the head. -12/7/20 Client #2 banged her head on the floor with increased intensity and vomited in her mouth. -12/20/20 Client #2 attempted to self-injure</p>	V 112		

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V 112	<p>Continued From page 35</p> <p>herself by banging her head on her wall "for an extended period of time."</p> <p>-12/25/20 Client #2 hit herself in the head with a closed fist and hit her head with increasing intensity against the bed, her knee, staff's elbow, and the floor.</p> <p>-12/31/20 Client #2 fell to the ground and cried out in pain while attempting to catch a football. Client #2 expressed that she "felt something pop in her knee." She had previously injured her knee and was prescribed crutches and had refused to use them. Client #2 received ice for her knee and staff set the firm expectation to use crutches for the remainder of the day.</p> <p>-1/3/21 Client #2 engaged in self-injurious behaviors. There were no further details documented about the incident.</p> <p>-1/6/21 Client #2 engaged in self-injurious behaviors "since the prior shift." Client #2 banged her head on the wall for the first 30 minutes of the oncoming shift.</p> <p>-1/7/21 Client #2 hit her head against a cement wall and tile floor and "expressed wanting to officially say goodbye to Grandma in the attempt of taking her life."</p> <p>-1/10/21 Client #2 banged her head against trees and a fence and then engaged in headbanging behavior outside of the cafeteria. Later in the evening, Client #2 headbanged in her room and also used her knees and fists to hit herself in the head.</p> <p>-1/11/21 Client #2 attempted to run into traffic.</p> <p>-1/13/21 Client #2 banged her head on the road and then a few hours later, she banged her head on a brick wall and hit herself in the head with closed fists.</p> <p>-1/14/21 Client #2 attempted to take "the central board" from staff, then walked off campus and sat down in the middle of the road. Construction workers stopped the flow of traffic to prevent</p>	V 112		

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V 112	<p>Continued From page 36</p> <p>Client #2 from getting hurt. Staff informed Client #2 they were going to call the police due to her holding up traffic and it being a safety concern. Client #2 returned to campus and then engaged in headbanging behavior.</p> <p>-1/14/21 In the evening, Client #2 left the cottage in another attempt to access the road. Client #2 expressed suicidal ideation and the desire "walk out into oncoming traffic to potentially be hit."</p> <p>-1/16/21 Client #2 engaged in "moderate headbanging." Client #2 banged her head on the wall and on the floor. She complained of a headache and refused to allow the Registered Nurse (RN) to check her head for an injury.</p> <p>-1/17/21 Client #2 intensely hit her head against the wall with increased severity and punched herself in the face.</p> <p>-1/18/21 Client #2 barricaded herself in her room and intensely banged her head. Client #2 continued the self-injurious behaviors once staff got inside the room. Then Client #2 exited the cottage and ran towards the road.</p> <p>-1/21/21 Client #2 barricaded herself in her room and engaged in headbanging. Client #2 then left the cottage and approached the road.</p> <p>-1/25/21 Client #2 engaged in moderate headbanging behaviors.</p> <p>-1/28/21 Client #2 was headbanging with increased intensity and speed and became aggressive towards staff.</p> <p>-1/29/21 Client #2 inappropriately exited the cottage and made repeated attempts to run into the road and into traffic "so a car could hit her." Client #2 actually laid in the road for a few minutes.</p> <p>-1/31/21 Staff tried to prevent Client #2 from leaving through the front door of the cottage. Client #2 walked out the side door and "moved towards the road in an attempt to get hit by a car."</p> <p>-2/4/21 Client #2 pushed past staff several times</p>	V 112		

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V 112	<p>Continued From page 37</p> <p>to get to the road. Client #2 wanted "to get hit by a car." She also engaged in headbanging behaviors.</p> <p>-2/8/21 Client #2 reported that she vomited her medication about 10 minutes after taking them.</p> <p>-2/9/21 Client #2 was hitting the wall and knocking "her good knee" into it. She also lightly tapped her head against the wall.</p> <p>-2/10/21 Client #2 ran down the parking lot towards another building on campus and attempted to crawl through the bushes to get into a "memorial" and exited the bushes and went into a "bog field."</p> <p>2/12/20 Client #2 pushed against staff and attempted to go towards the road. Client #2 engaged in headbanging behaviors and attempted to self-harm by scratching her wrist.</p> <p>Review on 2/16/21 of Client #3's record revealed:</p> <p>-Date of Admission: 12/22/20.</p> <p>-Age: 14.</p> <p>-Diagnoses: Attention Deficit Hyperactivity Disorder; Major Depressive Disorder, Recurrent, Moderate; Post-Traumatic Stress Disorder (PTSD), Chronic; Mathematics Disorder; Personality Disorder, Unspecified.</p> <p>-Comprehensive Clinical Assessment dated 11/10/20 with an addendum dated 2/2/21 indicated: Client was born biologically female and has expressed a desire to be male; has alleged being sexually assaulted by at least six individuals; sexual abuse and physical abuse started at age 2; he engages in high-risk behaviors; required hospitalization several times in the past 6 months; due to substance use, coercion of younger peers, and sexual behaviors it is advised that the client have only supervised use of technology, that he be supervised at all times (exception of bathroom/other private locations), that he not be place in a home with</p>	V 112		

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V 112	<p>Continued From page 38</p> <p>impressionable children, and that treatment team members check for self-harm periodically, that drug screens be conducted regularly, and other forms of communication be monitored; his history of suicidal tendencies and potential harm to self and/or others is a highly significant concern; it is strongly recommended that a safety plan be developed and implemented in the event he exhibits thoughts, wishes, intent or attempt to harm self or others.</p> <p>Review on 2/16/21 of Client #3's treatment plan dated 10/6/20 with update/revision dates of 10/26/20, 11/23/20, 1/8/21 and 2/5/21 revealed: -On 11/23/20: Facility support/intervention strategies were integrated into client's plan. Client had the following goal: Will maintain safety for herself and others AEB Following all basic, community, and safety expectations in and outside of the cottage as evidenced by completing no more than one community values check-in form a week; checking-in with staff, or clinician, or using preferred coping strategies when she/he identifies as blue, yellow, or red on the zones of regulation at least twice a day following daily review, during a transition, or any other time necessary to maintain emotional regulation; participating in all individual (at least 1x a week) and group therapy (at least 3x a week) as well as all child and family team meetings (1x a week); respecting the boundaries of peers and staff as evidenced by no instances of a boundary plan; Verbal and physical aggression, maintaining appropriate boundaries with staff and peers AEB no instances of verbal or physical aggression. -Updates included the following: On 1/8/21 the following goal was added: "Will show an increase in ability to manage symptoms</p>	V 112		

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V 112	<p>Continued From page 39</p> <p>AEB increase in ability to manage symptoms of anger by communicating with staff when he enters the yellow zone prior to entering the red zone, increase in ability manage symptoms related to PTSD by participating in eye movement desensitization and reprocessing (EMDR) sessions, increase in ability to manage symptoms related to oppositional defiant disorder (ODD) by following expectations and responding to directives from staff, increase personal insights into triggers and awareness of what yellow and red zones look like for him individually by creating a personal support plan, increase ability to manage anger AEB no more than 2 instances of walking out of the cottage and/or property destruction per week."</p> <p>A progress note was added on 1/8/21 which indicated: Client "is struggling with anger on a daily basis. We have seen self-injurious behavior in the form of headbanging and scratching themselves with fingernails or erasers ..."</p> <p>A progress note was added on 2/5/21: Client "has struggled with normal programming scheduling. They have amassed numerous incident reports in the form of aggression, eloping from campus, suicidal ideation, unsafe behavior and putting themselves in danger. [Client] has also been in over 8 restrictive interventions due to unsafe behavior, aggression towards staff and attempting to place themselves in unsafe conditions specifically trying to step into traffic. [Client] has struggled with going to school and is currently failing classes due to unexcused absences ...at this time there is little engagement with therapy or working on their trauma."</p> <p>-There were no specific goals or intervention strategies to address client's elopements, headbanging, cutting herself, hitting herself, walking into traffic, attempting to jump in front of multiple cars, punching, biting and cutting staff,</p>	V 112	<p><i>K</i> <i>1-5</i> <i>attached</i></p>	
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V 112	<p>Continued From page 40</p> <p>attempts to steal staff's keys and radios, and property destruction.</p> <p>Review on 2/16/21 of the ICMP for Client #3 dated 2/10/21 revealed:</p> <ul style="list-style-type: none"> -It contained the name of a direct care staff member who was listed as an advocate. -The document did not contain any signatures. -Pre-crisis strategies: "Invite to engage, role model engagement, humor, physical activities (Football & Soccer) Proximity, Humor, prompting/invitations to join." -Triggering strategies: "Humor, real talk, distraction, remove the audience, change the environment, strategic proximity, validating feelings." -Escalation strategies: "Provided with a physical outlet, proximity, time, real talk, manage the environment, point to progress." -Outburst strategies: "Do not use humor, firm expectations, silent proximity and minimal verbal engagement, reminders of his goal to remain in the program." -Recovery strategies: "Staff support (try to avoid preferred staff), open ended questions." <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Incident Reports and PRTF Restrictive Intervention Reports for Client #3 revealed:</p> <ul style="list-style-type: none"> -1/1/21 Staff found metal in Client #3's room and her arm was bleeding from self-harming. -1/3/21 Client #3 verbalized suicidal ideation and began headbanging in her room. Client #3 punched a mirror several times and left the cottage and made multiple suicidal ideation comments. Client #3 also disclosed that she had been sexually assaulted in all of her past placements. -1/5/21 Client #3 picked at scabs on her hand 	V 112	<p><i>K</i> <i>1-4 attached</i></p>	

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V 112	<p>Continued From page 41</p> <p>until they bled. Client #3 hit herself in the face several times and tapped her head on the patio fence.</p> <p>-1/6/21 Client #3 engaged in headbanging behavior, threw items at staff, inappropriately exited the cottage and attempted to inappropriately enter the administration building. Client #3 "continued her attempts to engage in unsafe behavior" and attempted to walk into traffic.</p> <p>-1/10/21 Client #3 was expressing suicidal ideation, engaged in headbanging behavior, attempted to enter the road with the intention of being hit by a car and attempted to jump in front of multiple cars. Client #3 struck staff with a closed fist and bit staff. One staff member had bite marks on both hands and nail marks on one hand, another staff member had bite marks to their knuckle and thumb and swelling to their left ankle from being kicked.</p> <p>-1/11/21 Client #3 continually expressed suicidal ideation, pushed against staff and dug their nails into staff's hand. Client #3 attempted to enter the road in an attempt to be struck by a car. One staff member received scratches to his hands, another staff member received scratches to his right hand. Client #3 was involuntarily committed (IVC'd) due to suicidal ideation and attempting to get into traffic;</p> <p>-1/15/21 Staff tried to block Client #3 from entering the road. Client #3 punched staff in various areas. Staff were hit in the face, neck and stomach.</p> <p>-1/17/21 Client #3 engaged in headbanging behavior.</p> <p>-1/18/21 Client #3 stated their intent to die in the road and began sprinting towards the road.</p> <p>-1/22/21 Client #3 exited the cottage and staff blocked Client #3 from going off campus. Client #3 became physically aggressive, pushed against</p>	V 112	<p><i>K</i> <i>5-13 attached</i></p>	

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V 112	<p>Continued From page 42</p> <p>and attempted to punch staff, and attempted to rip down a sign in front of the administration building.</p> <p>-1/24/21 Client #3 pushed, punched and bit staff while trying to exit the side doors of the cottage. Client #3 attempted to run into the road, used a piece of plastic to cut a staff member's neck and attempted to grab staff's radios and keys. Client #3 lifted the carpet in their room to reveal tile beneath, broke tile off the floor and scratched self with it and "wrote F**k you! on a staff's arm." Client #3 began headbanging with moderate severity and was hitting herself in the face. Client #3 had mild bruising on their knuckles due to punching a wall. A staff member was injured by having their fingers caught in the door.</p> <p>-1/26/21 Client #3 inappropriately exited the cottage.</p> <p>-1/29/21 Client #3 engaged in several instances of self-injurious behavior as evidenced by attempts to head bang and cross the road "placing self at immediate and imminent risk of being struck by a vehicle." Client #3 "wanted to kill herself by standing in the road with the intent to get killed by traffic." Client #3 repeatedly attempted to strike staff with a closed fist and kicked staff.</p> <p>-1/31/21 Client #3 walked out of the cottage and began to walk off campus and pushed against staff. Client #3 transitioned back to cottage and "began to bang loudly in her room". She attempted to leave the cottage multiple times and staff blocked her from exiting. Client #3 began tearing posters off the wall, banging on windows and attempting to set off the fire alarm. Client #3 also demonstrated physical aggression.</p> <p>-2/1/21 Client #3 walked down the road and almost walked off campus.</p> <p>-2/2/21 Client #3 inappropriately left the courtyard and approached the road. Client #3 made suicidal</p>	V 112	<p><i>K14-1B attached</i></p>	

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V 112	<p>Continued From page 43</p> <p>statements and staff blocked Client #3 from getting off campus. -2/5/21 Client #3 engaged in self-injurious behavior. The report did not include details or a summary of the incident.</p> <p>Review on 9/8/20 of FC #5's record revealed: -Date of Admission: 2/25/20. -Age: 13. -Diagnoses: Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Type; Major Depressive Disorder, Single Episode Moderate; Oppositional Defiant Disorder; -Discharge Date: 7/27/20. -Comprehensive Clinical Assessment dated 2/12/20 indicated: Client had consistent conflict and avoidance of adoptive Mother; verbal and physical aggression towards adoptive Mother; consistent enuresis; defiance at home and school settings; limited improvement after a year of intensive in home services; will benefit from ongoing individual group and family therapy to support identification of challenges that impact her relationship with her Mother, as well as build positive relationships to challenge her mistrust and difficulty connecting with others who hold expectations of her.</p> <p>Review on 9/17/20 of FC#5's treatment plan dated 1/17/20 with update/revision dates of 2/11/20, 3/9/20, 4/9/20, 5/8/20, 5/27/20, 7/7/20 and 7/20/20 revealed: -Facility support/intervention strategies were integrated into client's plan on 1/17/20 while client was in a sister facility. -On 2/11/20 client had the following goals: Will demonstrate an improvement in post-traumatic stress symptoms AEB decreased avoidance behaviors, decreased irritability, and</p>	V 112		

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V 112	<p>Continued From page 44</p> <p>elimination of angry outbursts. Will demonstrate an improvement in symptoms of attentional difficulties AEB enhanced concentration, decreased restlessness and fidgetiness, and increase in following directions. -On 3/9/20 the above goals were discontinued and the following goal was added: Will demonstrate an improvement of symptoms AEB an increase in accepting responsibility for high risk, or aggressive reactions to stimuli, increase in honesty with self, or others, increase in ability to meet the need for attention without engaging in self-harm, or aggression, increase in ability to self-support and self-regulate emotions when in a negative space, increase in ability to remain focused and engaged in conversations and structured activities. -Updates included the following: A progress note added on 3/9/20 indicated: Client "struggled at first to adjust to the new unit but has been able to adhere to a majority of rules and expectations. A Child Family Team (CFT) meeting was held on 3/9/20 to discuss progress and symptoms and to better identify goals for her to work on while in Cummings Cottage. A progress note added on 4/9/20 indicated: Client "was engaging in run behaviors and consistently reporting self-harm but did not have visible marks ..." A progress note added on 5/8/20 indicated: Client "has had a mostly regressive review period. She has run consistently ...has had a few instances of verbal aggressions in which she threatens to fight peers ...continues to threaten self-harm ..." A progress note added on 5/27/20 indicated: Client has been accepted to a locked PRTF. "Her team felt the transition was necessary due to continued running behaviors, especially in the evening." Client is waiting for her transition date to be set.</p>	V 112		
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V 112	<p>Continued From page 45</p> <p>A progress note added on 7/7/20 indicated: "It has been almost 60 days since the teams initial recommendation of Locked PRTF ...The team feels [client] no longer meets criteria for a locked unit ..."</p> <p>A progress note added on 7/20/20 indicated: Client "has demonstrated regressive behaviors, which have continued for several weeks. The clinical team determined that she again qualified for a locked PRTF due to continued running behaviors, during which she often picks up items from the ground to use for self-harm or to threaten staff ..."</p> <p>-There were no specific intervention strategies to address client's repeated elopements, physical aggression towards staff, tying items around her neck in repeated attempts to choke herself, and cutting herself with numerous sharp objects.</p> <p>Review on 1/29/21 of the ICMP for FC #5 dated 6/17/20 revealed:</p> <ul style="list-style-type: none"> -It contained the name of a direct care staff member who was listed as an advocate. -It contained the name of another direct care staff member who was listed as a co-advocate. -The document did not contain any signatures. -Pre-crisis strategies: "Hold firm expectations, kind but firm, hold accountable, caring gestures, cleaning projects. Validation. Positive reframing." -Triggering strategies: "time and space, firm but kind accountability, clear expectations, reframe reality." -Escalation strategies: "time and space, firm but kind accountability, clear expectations, reframe reality." <p>Outburst strategies: There was no documentation.</p> <p>Recovery strategies: There was no documentation.</p>	V 112	<p><i>AB Supports page 1-11 46-51</i></p>	

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V 112	<p>Continued From page 46</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Incident Reports and PRTF Restrictive Intervention Reports for FC #5 revealed:</p> <p>-3/19/20 FC #5 ran from the cottage, punched and hit staff.</p> <p>-3/22/20 FC #5 ran out of the cottage towards a peer that was engaged in a restrictive intervention. When FC #5 was unable to reach her peer, FC #5 ran towards the cornfield.</p> <p>-3/24/20 FC #5 was hyper focused on a peer that was being restrained the courtyard. FC #5 inappropriately exited the cottage and attempted to get close to her peer who was being restrained. FC #5 then ran towards the horse pasture and continued to run back and forth on the road. Several hours later, FC #5 pushed against staff, ran out of the cottage and into the courtyard. FC #5 attempted to leave the courtyard multiple times.</p> <p>-3/26/20 FC #5 left the cottage inappropriately to join a peer from another cottage in "monopolizing the courtyard."</p> <p>-4/21/20 FC #5 exited the cottage after she saw a peer walk out of the cottage. Fc #5 proceeded to run. FC #5 returned to the cottage after the common area closed and charged at staff who were in her doorway. FC #5 kept grabbing staff to get past them, thinking that another staff member was "managing" her bedroom.</p> <p>-4/22/20 FC #5 saw horses run through the courtyard. She screamed and sprinted out of the cottage. A peer aggressively followed FC #5 and threatened her with physical harm. Staff removed the peer as FC #5 walked barefoot to the animal barn. FC #5 attempted to pick up sharps but was unsuccessful. FC #5 returned to the cottage and became escalated when she realized "her room had been managed". FC #5 attempted to exit the cottage again by pushing against staff and trying</p>	V 112		

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V 112	<p>Continued From page 47</p> <p>to pull staff's fingers off the door. FC #5 began to swing at staff. Staff informed the guardian that FC #5 had briefly left campus.</p> <p>-4/25/20 FC #5 hit staff with a large stick and attempted to run off-campus towards the road. After returning to the cottage, FC #5 pushed against staff in an attempt to leave her room to go outside.</p> <p>-4/27/20 FC #5 pushed against staff and kept trying to get past them to run away.</p> <p>-4/28/20 FC #5 ran out of the cottage and upon returning, FC #5 ran back out of the cottage after a peer from a sister facility ran outside. FC #5 made verbal threats to the peer and pushed against staff who were trying to prevent her from engaging with the peer.</p> <p>-4/30/20 FC #5 was fixated on her off-task peers in the courtyard. FC #5 ran out of the cottage and placed herself "in the middle of chaos where staff were hit with sticks". FC #5 began sprinting in an attempt to run off campus.</p> <p>-5/11/20 FC #5 ran out of the cottage twice.</p> <p>-5/12/20 FC #5 attempted to run out of the cottage. Staff attempted to prevent FC #5 from exiting and she ran down the opposite hallway and exited the cottage.</p> <p>-5/16/20 FC #5 kicked a hole in the closet of her room. FC #5 ran out of the cottage after seeing a peer run out the door.</p> <p>-7/6/20 FC #5 attempted to run towards the woods off-campus and began to hit staff with a stick. Staff received scratches to their left arm.</p> <p>-7/12/20 FC #5 grabbed a stick and threatened to hit staff. FC #5 grabbed some string and began to tie it around her neck. RN noted FC #5 "reports her neck hurts and that it is hard to breathe (yet student had just ran at full speed away from staff and returned without difficulty)." FC #5's neck was slightly red from where she wrapped a cord around it. FC #5 would not let RN assess closely.</p>	V 112		

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V 112	<p>Continued From page 48</p> <p>-7/13/20 FC #5 ran out of the cottage towards a window that she knew had been broken and she managed to get a handful of broken glass from the ground. FC #5 walked around the weight barn and picked up several items that she could use to self-harm (a bungee cord and a sharp piece of wood). FC #5 choked herself with the bungee cord after wrapping it around her neck twice. She punched staff and tried to push past them to cross the road when cars were going by. RN noted FC #5's "neck has small red areas on it from wrapping cord around it yesterday."</p> <p>-7/14/20 FC #5 walked off-campus towards apartment buildings while holding a stick. FC #5 had been off task and outside of the cottage for 3 hours. Upon returning, FC #5 attempted to exit the cottage again by pushing past staff and punching staff in the stomach.</p> <p>-7/26/20 FC #5 punched and kicked staff. FC #5 attempted "to choke herself several times with various things found on campus" including a rope and haybale ties. FC #5 was in possession of various pieces of glass and a tree limb. Staff stated, "this made them feel unsafe so they kept their distance except when she was self-harming." RN was notified that FC #5 "seemed to faint as she fell to the ground" but staff asked nursing not to come when FC #5 stood up. RN noted FC #5 made superficial cuts on arms and forearms with glass. One staff member was punched in the back 10 times and two staff members were kicked in the legs several times.</p> <p>-7/26/20 Later in the evening, FC #5 exited the cottage and was able to find items to tie around her neck (hay barrels with long rope attached to them, maintenance equipment, and a rope horse lead). FC #5 wrapped a hay barrel cord around her neck and asked for help when it became stuck and it resulted in her face turning blue.</p>	V 112		
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V 112	<p>Continued From page 49</p> <p>Video recording was performed per facility protocol.</p> <p>Interview on 9/17/20 with the Legal Guardian for FC #5 revealed:</p> <ul style="list-style-type: none"> -Eliada Home kept allowing FC #5 to leave campus. -They were not providing safety. -She stated, "I wanted to keep [FC #5] on facility grounds because they say once a child leaves the facility that they can't touch them." -FC #5 picked up a bottle from the street, broke it and cut herself with it. -She was concerned about blood borne pathogens and germs. -She was informed by the Residential Clinician that the facility "would staff better" and would use restraints to prevent FC #5 from leaving campus. -The staff were informed of this "but never executed the plan." -Eliada staff do not review all of the documents that are provided to them. -Staff seemed unaware of FC #5's behaviors. -She stated, "They claimed that they changed their procedures and that they no longer used restraints, but they have documentation stating restraints may be used. They should have used them. It was more dangerous to allow [FC #5] to run off campus into a busy street with traffic and objects with which she could cut herself ...Even though they don't use restraints anymore, they told me they would, but they didn't ...[FC #5] picked up twine from hay bales which shouldn't be on campus. They claimed she got it off the side of the road. It puts a child's life at risk ...I saw an area where [FC #5] rubbed the twine against her neck causing a rope burn ...Why didn't they use interventions? They should eliminate dangers" -FC #5 eloped from campus and went to the 	V 112		
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V 112	<p>Continued From page 50</p> <p>Sheriff's Department which is located off Leicester Highway.</p> <p>Interview on 9/17/20 with the Post Adoption Specialist for FC #5 revealed: -FC #5 "was in an extremely dangerous situation and the higher ups at Eliada agreed. They claimed they would intervene." -FC #5 had an intelligence quotient of 81 and needed to be supervised. -She stated, "Eliada cut and pasted documentations. We were unable to determine which parts were true about [FC #5] and which parts were copied and pasted from another child's documentation." -She had a conference call on 6/22/20 with the Residential Clinician, the Case Manager and the Legal Guardian for FC #5. -The Residential Clinician was advocating for frontline staff to intervene with [FC #5] in order to keep her on the facility grounds. -She stated, "They (facility staff) claimed [FC #5] didn't try to hurt herself, but she cut herself with glass and was able to put a rope around her neck. They didn't intervene. I don't agree with physical intervention, but they didn't have eyes on her ...[FC#5] has high end attention seeking behaviors, but they need to do their job. [The Residential Clinician] was advocating for staff intervention on 6/22/20, and then on 7/6/20 we had a follow up meeting and we questioned them about why they never intervened, but they didn't have an answer. Everybody knew what the plan was, but they didn't follow the plan." -FC #5 ran to the "police annex off the highway" 3 different times.</p> <p>Interview on 9/17/20 with a Sergeant from the local Sheriff's Department revealed: -A child from Eliada Group Home showed up at</p>	V 112	This is inaccurate, Client 2 has the IQ of 81 with Autism.	

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V 112	<p>Continued From page 51</p> <p>the police station 3 different times.</p> <ul style="list-style-type: none"> -The child claimed other kids at the home were picking on her. -Group home staff were present with the child each time she came to the police station. -The first time that she came to the police station, she was sent to the hospital. -The other times, she returned to Eliada Home. -Emergency Medical Services (EMS) were called each time she arrived because she had an injury. -She stated, "She had cuts that didn't appear deep, but I'm not medical and I wanted to ensure she was evaluated, so I am required to call EMS." -The last time the child came to the police station, she learned she was transferring to another residential facility. <p>Observation on 1/14/21 from 11:35 am to 11:40 am of Leicester Highway discussed in interviews with the Legal Guardian and the Post Adoption Specialist for FC #5 revealed:</p> <ul style="list-style-type: none"> -The highway had five lanes for traffic. -There were two lanes of traffic flowing East. -There were two lanes of traffic flowing West. -There was one turn lane. -The posted speed limit was 45 miles per hour. <p>Review on 12/22/20 & 12/31/20 of FC #6's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 9/9/20. -Age: 14. -Diagnoses: Post Traumatic Stress Disorder; Disruptive Mood Dysregulation Order. -Discharge Date: 11/10/20. -Comprehensive Clinical Assessment dated 10/7/20 with an addendum dated 11/5/20 indicated: Client was born with a large amount of cocaine in her system; was adopted by her current parent; has a strained relationship with her adoptive Mother; has been in several foster 	V 112	<p>Correction: The student when going to the sherriff office, would walk beside our horse pasture, through cross a 2 lane small road, cross through the apartment complex and the sheriff's office was right past there in a shopping center on the same side of the street. She was not crossing Leicester highway which is a much busier road.</p>		

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V 112	<p>Continued From page 52</p> <p>homes in the last year; struggles to discuss her trauma while learning to effectively regulate her emotions; her adoptive parents had a difficult separation and divorce which cause strain; has a history of trying to cut herself with items; has required multiple hospitalizations for regulation.</p> <p>Review on 12/31/20 of FC #6's treatment plan dated 8/25/20 with update/revision dates of 9/24/20 and 10/23/20 revealed: -On 8/25/20: Facility support/intervention strategies were integrated into client's plan. Client had the following goal: Will demonstrate an improvement in post-traumatic stress symptoms AEB an increase in age-appropriate behaviors, a decrease in irritability, and elimination of angry outbursts. -Updates included the following: A progress note added on 9/24/20 indicated: Client "appears to have moved out of a honeymoon phase pretty quickly and has had issues aligning with peers that negatively influence her. Of the approx 2 weeks she has been at Eliada she has struggled with running behaviors and instigative /aggressive behaviors towards staff and peers." A progress note added on 10/23/20 indicated: Client "has continued in similar vein from the last review period into this one. [Client] inappropriately leaves the cottage when angry or flooded with emotions and attempts to get others involved in her off task behaviors. She has shown self-injurious behavior in the form of finding sharps and cutting, and headbanging. She has done significant property destruction on campus as well in the form of broken windows ...At this time we are looking at a locked unit lateral transition ..." -There were no specific goals or intervention</p>	V 112 <i>J</i> <i>1-10</i>	<i>attached</i>	
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V 112	<p>Continued From page 53</p> <p>strategies to address client's sexualized behaviors, elopements, headbanging, stealing staff's radios and keys, property destruction, hitting, punching, kicking and biting staff, repeated attempts to strangle herself and attempts to be struck by traffic.</p> <p>Review on 1/29/21 of the ICMP for FC #6 dated 10/14/20 revealed:</p> <ul style="list-style-type: none"> -It contained the name of a direct care staff member who was listed as an advocate. -The document did not contain any signatures. -Pre-crisis strategies: "positive encouragement, invite her to join, help her label feelings and process them, give her options of things can do, do her hair. Give her a project." -Triggering strategies: "help her label emotions and identify the need not being met, connect peer acceptance to positive coping strategies. Providing her with strategies to make a correction, reminding her she has choices." -Escalation strategies: "remove the audience, separate from peers, less verbal interaction more proximity." -Outburst strategies: "proximity, manage the environment, remove audience, redirection with proximity, harm reduction (headboards, familiar staff)." -Recovery strategies: "Staff supported LSI (Life Space Interview), assist her in giving language to connect thoughts feelings and behaviors, use visual prompts to assist in communicating and processing, assisting in processing potential choices and outcomes." <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Incident Reports and PRTF Restrictive Intervention Reports for FC #6 revealed:</p> <ul style="list-style-type: none"> -9/14/20 A peer walked behind FC #6 and 	V 112		
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V 112	<p>Continued From page 54</p> <p>"shoved her head down," then began "swinging on her." FC #6 was hit in the head once by the peer.</p> <p>-9/14/20 Staff chased FC #6 as she ran outside of the cottage and off-campus to a local store. FC #6 entered the store and came back out shortly after. FC #6 returned to campus and again ran out the side door of the cottage as a peer ran out the other side door. FC #6 climbed a fence and jumped into the swimming pool which was closed. FC #6 "had been attacked by a peer multiple times within 48 hours..."</p> <p>9/21/20 FC #6 exited the cottage through a side door after a peer exited through a window. FC #6 aggressively hit staff and obtained a staff radio. Staff chased FC #6 across the courtyard and attempted to block her from running towards the road. FC #6 and her peer left campus.</p> <p>-9/23/20 FC #6 threw a container of hair product at the wall and banged her fists on the door and windows of the cottage. FC #6 proceeded to scratch her arm up and down with a comb FC #6 engaged in headbanging behavior and was physically aggressive with staff while exiting the cottage.</p> <p>-9/27/20 FC #6 exited cottage and ran off campus. Staff continually communicated with the supervisor by radio "due to lack of additional staff following". FC #6 reached Leicester Highway and threw 10 apples at staff and on apple hit an oncoming car. FC #6 then tore down letters of a restaurant's message board. She returned to campus and threw liquids, cups and brushes at staff, ripped up all of the Halloween decorations and again ran out of the cottage. FC #6 began to head bang and lunged at, hit and bit staff. FC #6 grabbed a piece of wood and rocks and scratched herself in the throat and arms. FC #6 also attempted to choke herself.</p> <p>-9/28/20 FC #6 exited the cottage, flipped over</p>	V 112	<p><i>J</i> <i>1-2</i> <i>attached</i></p>	

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V 112	<p>Continued From page 55</p> <p>patio tables and had a physical altercation with a peer. FC #6 was hyper-focused on an ambulance coming for a peer in a sister facility. FC #6 picked up a chair, threatened staff with it and used it to smash a window in the chapel. FC #6 engaged in sexualized behavior and "made out" with a peer. FC #6 picked up glass and tried to cut herself with it and expressed "heavy suicidal ideation". She also punched, slapped & kicked staff.</p> <p>-9/29/20 FC #6 exited cottage and walked around the courtyard looking for pieces of glass. FC #6 had a physical altercation with a peer. FC #6 began to "severely head bang" and also became aggressive with staff.</p> <p>-10/2/20 FC #6 began to scratch her wrists with an "object" in her pocket. FC #6 attempted to jump in front of cars that were passing by and stated she wanted to be run over. FC #6 attempted to bang her head on different objects, climbed into a sand truck behind the cottage and began to jump the fence surrounding the horse pasture. FC #6 attempted to pass sharps to a peer, punched and hit staff and began to choke herself with her sleeves and a hoodie. FC #6 made "continued attempts to strangle herself as well as head bang."</p> <p>-10/3/20 FC #6 inappropriately exited the cottage and joined a peer at the "boarded up window" of the chapel. FC #6 picked up a piece of glass and started to cut herself with it. FC #6 was transitioned back to the cottage. FC #6 exited the cottage a second time and returned to the chapel in search of glass to self-harm with. FC #6 was transitioned back to the cottage and engaged in headbanging behavior.</p> <p>-10/4/20 FC #6 joined off-task peers from a sister facility and walked around campus. Staff lost eyesight of the clients from 3:54pm-3:56 pm. FC #6 and her peers jumped the fences and staff "let them know when cars were approaching so they</p>	V 112		

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V 112	<p>Continued From page 56</p> <p>could move to the side of the road". FC #6 and her peers again jumped the fences into the horse pastures and one peer got injured. FC #6 began to "make-out" with a peer and looked for glass sharps. FC #6 and her peers obtained "a cart" and started to pull each other through the road.</p> <p>-10/6/20 FC #6 ran up and down the halls of the cottage and opened side doors to trigger the alarm. FC #6 threw water on staff, pulled the fire alarm and refused to leave the cottage. FC #6 re-entered the cottage and headbanged, bit staff on the finger and continued to run up and down the halls. FC #6 pulled the fire alarm again and refused to leave the cottage. FC #6 continued to head bang and began to strike staff with closed and opened fists.</p> <p>-10/13/20 FC #6 walked out of the cottage, re-entered and pulled the fire alarm. FC #6 exited the cottage and waited for the firemen to do their sweep. Upon re-entering the cottage, FC #6 proceeded to stand on the tables in the common area and hit the lights above the table. She headbanged against walls "continuously from 7:31 pm on". FC #6 ripped peers personal effects from their bedroom doors and attempted to exit the cottage several times but was blocked by staff. FC #6 then became physically aggressive with staff and she continued headbanging. FC #6 attempted to leave the cottage through a door and through her window and when these options were blocked, she began punching staff. RN noted "injury to student (FC #6)" and that FC #6 "was intensely headbanging past baseline behaviors."</p> <p>-10/18/20 FC #6 ran out the side door of the cottage and stated "I'm gonna go kill myself." She ran around the cottage and looked for sharps. Staff used their bodies to block FC #6 as she attempted to climb a staircase so she could jump off the top. FC #6 hit staff multiple times with</p>	V 112		
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V 112	<p>Continued From page 57</p> <p>closed fists.</p> <p>-10/21/20 FC #6 had been running in and out of the cottage throughout the shift. FC #6 began banging on windows around the cottage and started to break the screen window into the kitchen. FC #6 struck staff repeatedly with opened and closed fists.</p> <p>-10/29/20 FC #6 inappropriately exited the cottage through a side door. FC #6 returned to the cottage and exited the cottage through a side door a second time. FC #6 walked over to the chapel and began to peel tape off the windows. FC #6 entered the chapel, grabbed a chair and hit the window. FC #6 ran to the outside of the window and tried to obtain large pieces of glass. FC #6 then entered the horse pasture and got stuck by thoms.</p> <p>-10/30/20 FC #6 exited through the side door of the cottage and went to a sister facility and engaged with a peer in the backyard. FC #6 and her peers stole the keys to the tractor. FC #6 got aggressive with community bystanders at the corn maze. FC #6 flipped a table and yelled at staff. Police were on campus. FC #6 joined her peer and talked to the police. FC #6 and her peer then left campus. Staff lost eyesight of FC #6 and her peer from 6:24pm-6:26pm. "This incident and the greater context of it lasted for several hours..."</p> <p>-11/1/20FC #6 began to bang her head on the wall and walked out of the cottage. FC #6 ran around the cottage and through the courtyard. FC #6 tried to kick in the window on the porch of the cottage and hit staff on the head with an open palm. FC #6 continued to head bang on various surfaces of the porch, or in the courtyard. FC #6 ran up and down the road towards cars yelling "please hit me". Staff managed the environment by directing traffic. FC #6 continued to lay in the middle of the road. Staff explained to FC #6 "that</p>	V 112		

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V 112	<p>Continued From page 58</p> <p>the people in the car would more than likely stop before they hit her". FC #6 began to run towards the bystanders in the corn maze. As FC #6 walked back towards the cottage, staff noted she was running into traffic. FC #6 was pushing through staff and she was getting " too close to a car." Staff informed the guardian of the incident and " the prolonged intensity of it" and that FC #6 was attempting to "lay down in front of moving cars and was backing up traffic." FC #6 was IVC'd .</p> <p>Review on 1/29/21 of a Performance Quality Improvement (PQI) Report Form for FC #6 dated 9/21/20 revealed:</p> <ul style="list-style-type: none"> -On 9/21/20 FC #6 returned from an elopement and reported to the nurse "she had been inappropriately touched in her private area while off campus." FC #6 would not give details and later stated that she just said this to take the focus off her elopement from campus. -Peers reported "getting into a car of someone in the community." -The Clinician was informed of the incident and was encouraged to address it in therapy. -Guardians were informed of the allegation. <p>Interview on 1/4/21 with the Legal Guardian for FC #6 revealed:</p> <ul style="list-style-type: none"> -FC #6 was "fighting a lot, pulling the fire alarm and going into a corn field and being involved with other girls" that resided in the group home. -FC #6 had a self-harming incident every day while at the facility. -She stated, "I wanted her at a different facility where she couldn't self-harm." -FC #6 was able to repeatedly leave campus while residing at the facility. -FC #6 was sent to the hospital the first week of November 2020 for headbanging, breaking glass 	V 112		
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V 112	<p>Continued From page 59</p> <p>and cutting herself.</p> <p>-FC #6 was transferred to a locked PRTF and has only been involved in 2 incidents there.</p> <p>Interview on 1/7/21 with FC #6 revealed:</p> <p>-She did not feel safe at Cummings Cottage.</p> <p>-Other clients tried to physically attack her.</p> <p>-She stated "Kids left the cottage whenever they wanted to. I left too ..."</p> <p>-Whenever she left, she was followed by staff "for a while."</p> <p>-Staff stopped following clients after a certain distance, or length of time.</p> <p>-She stated, "I was touched by a peer; don't know the number of times; it happened more than once; I let them touch me; it happened with me and several other peers; we weren't wearing any clothes; we took our clothes off and touched each other; staff weren't around; we would go to a church, or storage place away from campus; it was always unlocked ..."</p> <p>-Clients mixed with the public all the time at the corn maze.</p> <p>-If someone wanted to hurt themselves, items were available on campus.</p> <p>-It was easy to get out of the cottage and run.</p> <p>-She saw a female trying to jump off the roof of a building at the facility.</p> <p>-She stated, "There's no consequences for running away, or for hitting someone, or any bad behaviors."</p> <p>Review on 12/11/20 & 1/4/21 of FC #7's record revealed:</p> <p>-Date of Admission: 8/5/20.</p> <p>-Age: 16.</p> <p>-Diagnoses: Oppositional Defiant Disorder, Moderate; Major Depressive Disorder, Moderate; Alcohol Use Disorder; Cannabis Use Disorder.</p> <p>-Discharge Date: 11/20/20.</p>	V 112		
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V 112	<p>Continued From page 60</p> <p>-Comprehensive Clinical Assessment dated 7/24/20 with an addendum dated 10/21/20 indicated: Client was experiencing anger outbursts (non-violent) and struggles with impulse control; his behaviors escalated over time to extremely risky. He experiences suicidal thought patterns; feelings of hopelessness, guilt and shame; Has a history of running away from home, engaging in risky behavior such as using substances and risky sexualized behavior (meeting up with men); a cycle of acute inpatient stays in the last 7 months; Went to the Emergency Room (ER) after attempting suicide and inpatient hospitalization followed; He still has urges to run in the community, to self-harm and has suicidal thoughts.</p> <p>Review on 12/31/20 of FC #7's treatment plan dated 7/18/20 with update/revision dates of 8/17/20, 9/18/20 and 10/20/20 revealed: -On 8/17/20: Facility support/intervention strategies were integrated into client's plan. Client had the following goal: Will demonstrate an improvement of symptoms AEB increase in exchanging high risk coping strategies with behaviors which support self-worth and self-confidence, increase in honesty with self and others, increase in independence AEB a consistent ability to motivate, regulate, and support self, increase in participation and focus during academics or other less preferred activities. -Updates included the following: A progress note added on 9/18/20 indicated: For a few weeks, client engaged "negatively with off task peers which resulted in elopement, monopolizing areas on campus and refusing to work towards goals ..." A progress note added on 10/20/20 indicated:</p>	V 112	<p><i>B</i> <i>1-15 docs support page 61-65</i></p>	
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V 112	<p>Continued From page 61</p> <p>Client "has had a challenging review period. Towards the beginning of this review period, [FC #7] was running almost every day, and joining up with peers from his program and other programs and causing chaos around campus and off campus. [FC #7] entered into a manic state multiple times during these elopements as evidenced by his extreme risk taking behavior and a notable shift in personality as noticed by staff. [FC #7] became aggressive on multiple occasions resulting in the need for restrictive intervention on one occasion. [FC #7] also demonstrated significant remorse during this time, so much that he attempted to jump off a roof to hang himself. [FC #7] required hospitalization during this time to help him stabilize and ensure he was appropriate to return to this program with all of the safety concerns he had presented ..."</p> <p>-There were no specific goals or intervention strategies to address client's sexualized behaviors, elopements, substance use behaviors, property damage, stealing staff's keys, attempts to jump off the roof of a building, and physical assaults on staff.</p> <p>Review on 1/29/21 of the ICMP for FC #7 dated 11/4/20 revealed:</p> <p>-It contained the name of a direct care staff member who was listed as an advocate.</p> <p>-The document did not contain any signatures.</p> <p>-Pre-crisis strategies: "engage in meaningful tasks like handing out dinner, helping fold laundry, use humor, engage in his self interests, encourage his GED studies. give him a task/project, talk about his interests. Keep him distracted with tasks and activities, physical activity, encouraging new interests."</p> <p>-Triggering strategies: "Proactive check-ins, real talk, remind him of his impact on others, giving</p>	V 112		
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V 112	<p>Continued From page 62</p> <p>space to make choices, encourage empathy and compassion. Validate, provide grace and compassion, reflect his feelings and needs and allow him space to make a choice. Distraction, physical activity. Limiting stimulation and audience."</p> <p>-Escalation strategies: "redirection, proximity, manage the environment, short term goals with a plan to keep him distracted. Distraction, limit stimuli in environment, manage the environment, setting boundaries with physical proximity rather than verbalizing."</p> <p>-Outburst strategies: "back up in protective stance, same as escalation."</p> <p>-Recovery strategies: "separate, 1:1, phone call, will process with involved staff."</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Incident Reports and PRTF Restrictive Intervention Reports for FC #7 revealed:</p> <p>-8/11/20 A peer jumped in the pool and proceeded to hit FC #7 twice and kick him. The peer attempted to keep FC #7 under the water. Staff safely removed FC #7 from the pool.</p> <p>-9/13/20 FC #7 engaged in repeated unsafe behaviors for days (running off-campus and potentially engaging in sexual acts with a peer). FC #7 instigated sister facilities by banging on windows, kicking and punching doors. FC #7 stole a set of keys from staff with the intent to unlock a sister facility on campus.</p> <p>-9/21/20 FC #7 destroyed the couches, ripped up a table, hit staff multiple times and engaged in intense headbanging on the front porch from 2:15pm-2:28pm. FC #7 was "still self-harming when 2nd shift ended". At 7:40 pm FC #7 climbed onto the roof "for the second time" and tied wire around his neck and attempted to leap off the building. Staff pulled FC #7 from the edge of the</p>	V 112	<p>DOC For pages 63-64</p> <p>1</p> <p>Doc B1-B6</p>	

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V 112	<p>Continued From page 63</p> <p>roof and removed the wire from his neck. FC #7 was "taken to the hospital due to increased suicidal ideation and attempts, as well as increased and intensive headbanging." -10/30/20 FC #7 inappropriately exited the cottage through a side door with a peer. FC #7 climbed the gate of a sister facility in an attempt to have another student join them. FC #7 and his peers approached a tractor that had members of the community (including toddlers) on the trailer. FC #7 gained possession of the tractor ignition keys and gave them to a peer to put in her bra. FC #7 had a verbal altercation with a bystander and then grabbed a can of beer and began drinking it rapidly. FC #7 sprinted towards the bystander and threw the remainder of the beer on the bystander, along with the accompanying bystanders in the vicinity. FC #7 ran up the hill towards a sister facility and began to remove long fence stakes and successfully gained possession of a fence stake. FC #7 transitioned back to the cottage and quickly ran back to the "off task peers." FC #7 charged towards a bystander when they threatened to "break his neck if he were to come near their child." FC #7 transitioned back to the cottage. FC #7 exited the cottage again and re-joined 2 off-task peers and a nurse who was conducting routine rounds between cottages. FC #7 grabbed a container of pills from the nurse's pocket and ran towards the corn maze. FC #7 stated he took one of the pills. Staff transitioned FC #7 back to the cottage and he repeatedly exited and entered the cottage. FC #7 continually attempted to exit the cottage through his window and the door. FC #7 began to demonstrate signs of returning back to baseline and he again exited the cottage inappropriately and re-joined 2 off task peers in front of a sister facility. FC #7 attempted to keep the front door of the sister facility opened as staff transitioned a peer back</p>	V 112	<p><i>Does B1-B3</i></p>	

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V 112	<p>Continued From page 64</p> <p>inside. FC #7 then attempted to leave campus. FC #7 was IVC'd due to his extreme behaviors.</p> <p>-Numerous efforts were made 12/11/20-1/4/21 to interview the Legal Guardian for FC #7. The Legal Guardian for FC #7 did not return calls.</p> <p>Interview on 1/5/21 with Staff #1 revealed:</p> <p>-Staff used foam headboards to try to protect clients that were engaging in headbanging behaviors.</p> <p>-If staff were unable to use the headboard then the client would be placed in an RI.</p> <p>-Staff were not permitted to utilize RI's on clients that were off campus.</p> <p>-If a client exhibited dangerous behaviors while they were off campus, then staff would call the local police department for assistance.</p> <p>-The facility had an expectation for clients not to interact with the public at the corn maze.</p> <p>-There were no physical barriers to prevent clients from entering the corn maze.</p> <p>-He stated, "We try to verbally redirect clients but if it's not effective, like we saw this year with the corn maze, then it's a problem."</p> <p>-The facility had a group of clients that needed a higher level of care than what the facility could provide.</p> <p>-Staff can handle 1 or 2 client's "going off task."</p> <p>-The facility had groups of 3-5 clients at a time that were engaging in aggressive, or dangerous behaviors.</p> <p>-He stated, "The kids we are accepting and the process for accepting needs changed ...we need to change the baseline of behaviors that we accept. We can't take high acuity kids without a means to maintain milieu. Cummings is unlocked ...The locked PRTF has the ability to intervene with higher acuity kids because whenever they get escalated, they are at least contained to a</p>	V 112		

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V 112	<p>Continued From page 65</p> <p>safer environment within the cottage. If a kid is escalating at Cummings Cottage, they usually run out of the cottage ...Cummings Cottage has more elopements."</p> <p>-Radios only worked up to a certain distance off campus.</p> <p>-Staff were expected to carry their personal cell phones for emergency use.</p> <p>-He stated, "Lots of staff felt burned out ...People were exhausted and in turn, that affects the kids."</p> <p>Interview on 1/5/21 with Staff #2 revealed:</p> <p>-If a client ran, staff did not restrain them anymore unless they believed the client would harm or kill themselves.</p> <p>-Once a client was off campus, staff could not touch them in any way unless the circumstances were extreme.</p> <p>-He stated, "I had to intervene once. I lifted a student up over a guardrail that was off a highway a few months ago."</p> <p>-Staff were given radios to keep in communication with one another.</p> <p>-The radios did not work well and did not always keep a signal off campus.</p> <p>-Employees did not always have their cell phones with them because if they were damaged during an incident with a client, Eliada would not replace the cost.</p> <p>-The local police department would not usually pick up a client without an IVC (Involuntary Commitment).</p> <p>-He stated, "...we take kids with behaviors that are too high acuity. We can't support them. My last few months here have been terrible ...The admission process needs to be overhauled. We can't manage the behaviors ...They can't keep staff here ...it's high turnover ...It's sink or swim and most staff aren't prepared ... "</p> <p>-Clients banged their heads on the wall until they</p>	V 112		

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V 112	<p>Continued From page 66</p> <p>needed hospitalization.</p> <ul style="list-style-type: none"> -He knew that "corn maze guests" were assaulted by clients. -Staff were not supposed to restrain clients in front of a guest, or off campus. -Clients were able to obtain sharps and other contraband on and off campus. -Staff were "wildly inconsistent" with conducting room searches. -The clients learned there were no consequences to their behaviors. -Clients "can assault someone and the next day is a brand new day and everything starts fresh as if nothing happened and they do it again." <p>Interview on 1/4/21 with Staff # 3 revealed:</p> <ul style="list-style-type: none"> -The cottages should have more staff. -The general public were allowed to attend the corn maze which increased safety issues. -Clients were not supposed to interact with the public at the corn maze. -The corn maze was large and if several clients ran into the maze it would not be safe for staff to follow. -There have been high acuity clients at the facility which were hard to manage. -It was an unsafe situation when client behaviors escalated. <p>Interview on 1/19/21 with the Residential Clinician/Licensed Professional revealed:</p> <ul style="list-style-type: none"> -She stated, " ...not every client is the right fit for an unlocked unit. They might look right on paper. Eliada tries to give everyone an opportunity." -She was frustrated with the facility for accepting clients with running behaviors. -Numerous staff members expressed their concerns about clients to senior leadership. -The facility accepted a client that "ran from DSS (Department of Social Services) during transport 	V 112		
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V 112	<p>Continued From page 67</p> <p>to Eliada ...police had to bring her to campus ..." and upon arrival to campus she ingested medications.</p> <ul style="list-style-type: none"> -There was a student going to the police on a regular basis, with superficial cuts from self-harm. -Emergency Medical Services (EMS) would show up at the police station and state "there's no injury here." -She stated, "Passive self-harm works for the student to get attention when they want it and if we respond by placing her in an RI (restrictive intervention) it would be destructive." -Clients "have gotten off campus and have attempted dangerous things." -The facility needed to place "the right individuals in the unit" and not place clients with a history of elopements in an unlocked cottage. -If a client has not had a history of running and they see another client continually eloping then they might try it too. -She stated, "Cummings Cottage was a great step down for kids coming from a locked unit, to transition and demonstrate that they are ready to go home. It's not the best for students that are having increased behaviors and are headed for a locked PRTF. If they are going up levels in care then definitely not Cummings Cottage. Same with lateral moves from PRTF to PRTF, it wasn't the right fit since Cummings is unlocked." -Treatment plans were updated monthly. <p>Interview on 1/8/21 and 1/14/21 with the Interim Residential Director revealed:</p> <ul style="list-style-type: none"> -He was "filling in" for the Residential Director while she was out on maternity leave. -Cummings Cottage was an unlocked PRTF. -Prior to admission, client referrals were screened and the facility "could eliminate" clients for admission "based on clear red flags if they had a history of behaviors that we wouldn't be able to 	V 112		
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V 112	<p>Continued From page 68</p> <p>manage."</p> <p>-He stated, "I don't feel we admit students that we can't support. We admit students that are likely to be successful here."</p> <p>-The facility no longer admitted clients with "significant running behaviors."</p> <p>-He stated, "When a student has running behaviors, we set up a safety plan and eventually refer them out if it continues. We haven't really had significant issues like that since [FC #5]."</p> <p>-FC # 6 had "a skew of incidents like that and was placed elsewhere."</p> <p>-The facility had "zero tolerance for headbanging which results in restrictive intervention almost immediately."</p> <p>-If a client was cutting, staff would strictly ensure the bedrooms were searched and kept safe.</p> <p>-If a client had repeated self-harm behaviors, the facility could order staff "to have eyes on them at all times."</p> <p>-He stated, "For significant headbanging, we will IVC. Same with suicide attempts. If it was serious, we would seek hospitalization for stabilization."</p> <p>Interview on 1/11/21 with the COO revealed:</p> <p>-She was aware of the number of elopements from the cottage.</p> <p>-The facility has had no elopements since "that group" of clients (FC #5, FC #6, and FC#7) were discharged.</p> <p>-Client behaviors were "staffed multiple times with senior leadership, the doctor, and nursing."</p> <p>-She stated, "We tried to prevent the headbanging as much as possible with the equipment we have and with our bodies. The cutting is staffed and case management discussed it weekly."</p> <p>-After the "large incident 10/30/20" there was a meeting called with management to address the</p>	V 112		

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V 112	<p>Continued From page 69</p> <p>behaviors. -She stated, "Every time we figured out what worked with them then something else would happen ..." -The Clinician/Therapist was responsible for updating the treatment plans. -She believed the treatment plans were being updated. -ICMP's were updated in the cottages and used by staff to "help kids in crisis."</p> <p>Interview on 2/16/21 with the Chief Executive Officer (CEO), the COO, and the Clinical Director revealed: -CEO stated, "We are taking in the highest acuity clients. We are being forced by the LME (Local Management Entity) to take them. I'm reaching out to them. We have new behaviors every day and the treatment plan needs to be signed by the parent, so are you suggesting that we need to update the treatment plan every day? There's documentation on the CFT minutes and I'll just use those for my appeal."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.</p>	V 112	<p><i>Docs 1-6 attached</i></p>	
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p>	V 120	<p>10A NCAC 27G.0209 (e) Medication Storage (V120); A locked medication storage tote was purchased and has been consistently used to transport medication on campus and between buildings. Medication is locked in the tote as soon as it is handed to the Nurse during Intake. Anytime medication is transported on campus, it is locked in the tote and does not leave the nurse until the medication is locked in the medication cart. This was completed prior to</p>	

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V 120	<p>Continued From page 70</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to store all medication in a securely locked cabinet affecting 1 of 3 audited Former Clients (FC#7). The findings are:</p> <p>Review on 12/11/20 & 1/4/21 of FC #7's record revealed: -Date of Admission: 8/5/20. -Age: 16. -Diagnoses: Oppositional Defiant Disorder, Moderate; Major Depressive Disorder, Moderate; Alcohol Use Disorder; Cannabis Use Disorder. -Discharge Date: 11/20/20.</p> <p>Review on 12/11/20 of a PRTF (Psychiatric Residential Treatment Facility) Restrictive Intervention Report for FC #7 dated 10/30/20 revealed: -A nurse was conducting routine rounds between cottages.</p>	V 120	2/18 exit interview	

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V 120	<p>Continued From page 71</p> <p>-Staff observed FC#7 grab a container of pills from the nurses pocket and run towards the corn maze. -FC#7 informed staff that he took one of the pills.</p> <p>Review on 1/14/21 of an email dated 10/31/20 at 5:30 pm from the Nurse Manager to the nurse who worked the evening of the incident revealed: -"Could you provide me further clarification regarding this situation with [FC#7] yesterday evening? [FC#7] grabbed a container of pills from the Nurses pocket and ran towards the corn maze [FC#7] states he took one of the pills."</p> <p>Review on 1/14/21 of an email dated 10/31/20 at 8:04 pm from the nurse who worked the evening of the incident to the Nurse Manager revealed: - "Sure, he came up to me right before I was about to walk into the back of [another cottage], had a short conversation with me, then reached into my scrub pocket and pulled out a bottle of pills (it was a bottle of Zoloft for the new student) and took of sprinting towards the spider web. [Interim Residential Director] ran right after him and had the bottle back within 15 seconds I'd say. No one visualized him open the bottle or take any pills (we all had eyes on him the entire incident), and I truly don't believe he would have had enough time to do so while he was running full sprint. I never saw his arms or hands doing anything that looked like opening the bottle. As soon as we got the bottle back, we all agreed that it did not seem like he had done anything other than run with it and give it back immediately."</p> <p>Interview on 1/11/21 with the Chief Operations Officer (COO) revealed: -Medications are always administered inside of the cottage. -The only time medications are outside of the</p>	V 120		

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V 120	<p>Continued From page 72</p> <p>cottage is during the admission process.</p> <ul style="list-style-type: none"> -Nurses would carry medications for newly admitted clients across campus to the cottage. -After the incident on 10/30/20, the process was changed. -Nursing staff now use a locked box to transport medications to the cottage. <p>Interview on 1/14/21 with the Nurse Manager revealed:</p> <ul style="list-style-type: none"> -She was not working during the incident 10/30/20. -The nurse that had the medications in her pocket was no longer employed by the facility. -It was likely that the nurse on shift during the 10/30/20 incident had client medications in her pocket because she had a lot of items to carry. -When a client is admitted to the facility: Nursing staff meet the client and guardian at the intake office and verify the client's prescription medication bottles. Pills are not counted unless there are controlled medications. Nursing staff take the medications to the nursing office which is centrally located on campus and the medications are reviewed by the doctor. Nursing staff take the medications to the residential cottage once doctor's orders are received. -The walk from the nursing office to the cottage is not a long distance. -Medications were transported to the cottage at night while the clients were asleep. -If a medication was needed right away, then it would be transported during the day. -If a client had more than 1 or 2 medications, then nursing staff would carry the medications in a personal belongings bag, or in a bag from the pharmacy. -There was a plan in place for the facility to a 	V 120		
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V 120	Continued From page 73 purchase a locked box. -Nursing staff never received a locked box to transport client medications across campus. This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.	V 120		
V 314	27G .1901 Psych Res. Tx. Facility - Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. (f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.	V 314	10A NCAC 27G .1901 SCOPE 27G .1901 Psych Res. Tx. Facility - Scope Within scope, the facility acknowledges that due to the number of other findings, scope is cited as an overall deficiency. Within scope The DRNC item has been addressed and corrected, the medication error has also been corrected (meds are now transported in a locked box)Trainings have begun with more to complete to address findings, policies have been updated and attached to this, hundreds of pages of documentation of strategies changed for students following events and new behaviors, Restrictive Intervention "other hold" language being discontinued and the name of the TCI authorized non RI hold has been replaced, training occurred 3/17, all residential staff being recertified in RI on 3/21	

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V 314	<p>Continued From page 74</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to provide supervision and therapeutic interventions to address the functional deficits and acute needs in a structured environment. The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G.0201 Governing Body Policies (V105). Based on record reviews and interviews the governing body failed to ensure their incident reporting system was followed and failed to implement policies to assure their operational and programmatic performance was meeting applicable standards of practice.</p> <p>CROSS REFERENCE: 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews, the facility failed to ensure that 1 of 1 Qualified Professionals</p>	V 314	<p>Cross Reference: 10A 27G .0201 Governing Body Policies (V105) : Within this rule, the Facility was cited with poor Performance and Quality Improvement oversight to management of documents. The Facility has developed a procedure that outlines where review and modification of current strategies to address the student's current behaviors between biweekly CFT meetings and monthly PCP review is located. The review and modification of strategies will continue to be included in Multidisciplinary Team (MDT), weekly Clinical Case Review (CCR), nightly nursing reports, daily updates, and shift notes as well as the debriefing incident reports. The new Performance and Quality Improvement Director and the Performance and Quality Improvement coordinator will conduct quarterly audits to ensure updates are occurring within one or all of these documents. The policies requested during the complaint survey were Admission Criteria Policy Restrictive Intervention Policy Intake Admission PolicyThe Restrictive Intervention policy was revised to clarify that although Facility strives to have an RN present throughout the Restrictive Intervention, emergency situations occur in which a student's safety is in imminent danger, and restrictive interventions are immediately necessary to prevent further harm. In an emergency situation, where a student's health or wellbeing is at risk, staff certified in TCI and CPR have always monitored the restrictive intervention until an RN arrives which is in compliance with DHSR rule 10A NCAC 27E .0104:The language in our restrictive intervention policy was revised to clarify that an RN is not required to be present before a restrictive intervention is initiated but are required to monitor the student's vitals and mental health within one hour of a restrictive intervention.</p>	
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V 314	<p>Continued From page 75</p> <p>(Residential Clinician/Licensed Professional) demonstrated the knowledge, skills and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 227G.0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews, observation and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 3 of 4 audited current clients (Client #1, Client #2, and Client #3) and 3 of 3 audited Former Clients (FC #5, FC #6, and FC #7).</p> <p>CROSS REFERENCE: 10A NCAC 27G.0209 (e) Medication Storage (V120). Based on record reviews and interviews the facility failed to store all medication in a securely locked cabinet affecting 1 of 3 audited Former Clients (FC#7).</p> <p>CROSS REFERENCE: 10A NCAC 27G.1902 (e) Staff (V315). Based on record reviews and interviews, the facility failed to provide 24 hour on-site coverage by a registered nurse (RN) affecting 3 of 4 audited current clients (Client #1, Client #2, and Client #3) and 3 of 3 audited Former Clients (FC #5, FC #6, and FC #7).</p> <p>CROSS REFERENCE: 10A NCAC 27D.0101 (c) Policy on Rights Restrictions and Interventions (V500). Based on record reviews and interviews, the facility failed to implement policy that identifies any restrictive intervention (RI) that is prohibited from use within the facility affecting 2 of 4 audited current clients (Client #1 and Client #2) and 3 of 3 audited Former Clients (FC #5, FC #6 and FC #7).</p> <p>CROSS REFERENCE: 10A NCAC 27D.0101 (f) Policy on Rights Restrictions and Interventions</p>	V 314	<p>Eliada revised our Behavior Support and Management Policy in mid-2020 to reflect our decision not to use seclusion as a behavior management intervention. Eliada revised our Intake/Admission Policy to reflect the use of pre-placement interviews or visits of students and their families as part of our referral and admission process. Also added to the policy is the Admission assessments conducted by the RN and Intake staff.</p> <p>CROSS REFERENCE: 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109). 10A NCAC 27G.0203 the Facility has added within the job description the inclusion of the required core competencies Effective 3/15/21 Attached is the Facility credentialing form, used to qualify QPs, in addition to supervision forms that are utilized per state requirement dependent upon degree, and qualifications. The core competencies are actually already listed on the back of these documents, The facility has an individualized supervision plan for staff. Forms Attached and policy</p> <p>CROSS REFERENCE: 10A NCAC 27G.0209 (e) Medication Storage (V120). A locked medication storage tote was purchased and has been consistently used to transport medication on campus and between buildings. Medication is locked in the tote as soon as it is handed to the Nurse during Intake. Anytime medication is transported on campus, it is locked in the tote and does not leave the nurse until the medication is locked in the medication cart. This was completed prior to exit interview</p>	

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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 314 Origin al pop	<p>Continued From page 76</p> <p>(V501). Based on record reviews and interviews the facility failed to implement policies which require a Registered Nurse (RN) to be physically present to monitor restrictive interventions (RI's), orders to be signed by a licensed practitioner, and client debriefings to be conducted.</p> <p>Review on 2/16/21 and 2/17/21 of the Plan of Protection completed and signed by the Chief Executive Officer (CEO) and the Chief Operations Officer (COO) on 2/16/21 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G. 0201 Governing Body Policies (V105); Senior Leadership will immediately assess our referral and admission criteria. Eliada will be assessing entrance criteria in addition to the state and federal required PRTF (Psychiatric Residential Treatment Facility) criteria as it relates to admissions on this campus. Eliada will move towards interviewing students and their guardians prior to admission if student has a history of aggression, sexualized behavior, absconding, and self-harm. Senior Leadership will set up a meeting with contracted LME's (Local Management Entity) and MCO's (Managed Care Organizations) to discuss their expectation and demand for Eliada to serve high acuity students. The agency will discuss the acuity of the students referred to this campus while continuing to work to partner with the state and LME/MCOs to support these difficult to place youth in our community.</p> <p>10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109); The PQI (Performance and Quality Improvement) department and senior leadership will review core competencies of QP and AP within residential services. The PQI department will review the core competencies with residential</p>	V 314	<p>CROSS REFERENCE: 10A NCAC 27G.1902 (e) Staff (V315) Attached to the report are nursing timesheets to demonstrate coverage. We have not been out of ratio within our nursing department. The Nurse manager has been here for 7 years and notes never in her time have we been out of nursing ratio. In 2019 we received a DHSR waiver to reduce from 2 nurses to 1 nurse due to the reduction in buildings and the close proximity of nursing staff. We also received this waiver for all of 2020 but upon suspension, we were denied the waiver for this year.</p> <p>CROSS REFERENCE: 10A NCAC 27D.0101 (c) Policy on Rights Restrictions and interventions (V500). the facility has included in previous identified section the policy regarding the reporting of abuse and neglect. Restricted Intervention Policy with attachment A&B to cover all the information required is also included within the report. Additionally, the facility has changed toe Restrictive intervention policy to mirror state requirements which removes our initial requirement for a nurse to be present upon initiation.</p> <p>10A NCAC 27E .0102</p> <p>This information is included within the new revised Restrictive Intervention Policy in addition to Attachment A or B with documents re TCI and permitted and non permitted holds.</p>	

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V 314	<p>Continued From page 77</p> <p>leadership with a plan to review in team meetings. The PQI Department will retrain clinicians, case managers and cottage supervisors on documentation of updates to crisis plans in addition to including team meeting reports in submission to investigations regarding strategies for students.</p> <p>10A NCAC 27G.0209(e) Medication Storage (V120); The medical storage tote was purchased and has been consistently used to transport medication, since the interview took place with the lead nurse. I verified this with the lead nurse this evening.</p> <p>10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112); The PQI Department will retrain clinicians, case managers and cottage supervisors on documentation of updates to crisis plans within the PCP (Personal Care Plan) and in addition to include team meeting reports in submission to investigations regarding strategies for students.</p> <p>10A NCAC 27D.0101(c) (f) Policy on Rights Restrictions and Interventions (V500 & V501); PQI will immediately set up a meeting with the three agency TCI (Therapeutic Crisis Intervention) trainers to discuss incident review, incident documentation, nursing supervision, debriefing for staff, and TCI retraining. Eliada will Review language within Eliada Homes policies to assess what is physically possible to manage regarding response times of nursing. PQI and Clinical Director will reevaluate ICPM's (Individual Crisis Management Plans), Crisis Plans, and Treatment Plans identify documentation of alternative strategies and assure that they are individualized for each student. We will also modify language within PQI policy as it relates to restrictive interventions.</p> <p>10A NCAC 27G.1902(e) Staff (V315); Eliada does have 24 hour on-site coverage by a</p>	V 314		
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V 314	<p>Continued From page 78</p> <p>registered nurse. Eliada will meet with PQI and Lead Nurse to discuss TCI monitoring during restrictive interventions.</p> <p>10A NCAC 27G.1901 Scope (V314) for Type A1 Serious Harm and Neglect</p> <p>I reached out to [contact] at Disability Rights to get clarification on their expectations for reporting every restrictive Intervention. The agency will work with Disability Rights and devise a plan to get into compliance with their requirements. The agency will continue to work with the state and LME/MCO team with six core on the use of restrictive interventions.</p> <p>The agency will pull data on the number of students during the past year requiring restrictive interventions, compared to those that did not. This information will be presented by the agency in the appeal of this finding.</p> <p>The agency will ensure that all of Eliada Home Policies are being followed as it relates to restrictive interventions until they are updated and approved Friday February 19, 2021. At which time all staff will be notified and trained on changes.</p> <p>Describe your plans to make sure the above happens.</p> <p>10A NCAC 27G. 0201 Governing Body Policies (V105) - [CEO] will be managing these phone calls personally this week to discuss new guidelines on accepting youth in cottages that are referred with a history violent and aggressive behaviors.</p> <p>10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109);</p> <p>A core competency checklist will be presented by residential leadership to each cottage supervisor</p> <ul style="list-style-type: none"> o The cottage supervisor will review the core competency with all cottage staff and have all staff sign off on attendance at the training. 	V 314		

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V 314	<p>Continued From page 79</p> <ul style="list-style-type: none"> o The Residential Director and PQI will inspect that this has occurred by reviewing sign in sheets and training documents. This training is to be completed by the first of March 2021. 10A NCAC 27G.0209(e) Medication Storage (V120); The medical storage tote was purchased and has been consistently used to transport medication, since the interview took place with the lead nurse. I verified this with the lead nurse this evening. 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112); o A training checklist will be set up to include for EAC Lions Assessment cottage to update the crisis plan each CFT (Child and Family Team) if new interventions are identified and update the PCP the 2nd week of assessment. o PQI will be instructed to start including team meeting minutes in investigation requests to demonstrate conversations of new strategies with youth. o Residential Director and COO will inspect that each of these trainings have occurred by the end of the month of February 2021. 10A NCAC 27D.0101(c) (f) Policy on Rights Restrictions and Interventions (V500 & V501); [COO] will immediately set up a meeting with the three agency TCI trainers to discuss incident review, incident documentation, nursing supervision, debriefing for staff, and TCI retraining. Senior leadership and PQI will meet 2/17/21 to review the above and make recommended changes. This will be reviewed with the executive committee of the board Friday 2/19/21 10A NCAC 27G.1902(e) Staff (V315); [COO] will meet with PQI, TCI trainers and Nursing by the end of the week. 10A NCAC 27G.1901 Scope (V314) for Type A1 Serious Harm and Neglect [COO] will work with 	V 314		

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V 314	<p>Continued From page 80</p> <p>Disability Rights to come back into compliance. Eliada will continue to work with the Six Core Initiative Project to reduce Restrictive interventions in PRTF. COO and CEO will be monitoring all above steps and participating in calls and conversations as it relates to this serious complaint. They will also be responsible for pulling the data as it relates to restrictive interventions, documentation of alternative strategies and the number of students not involved with restricted interventions."</p> <p>Review on 2/17/21 of the Addendum Plan of Protection completed and signed by the COO on 2/16/21 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G. 0201 Governing Body Policies (V105); Tuesday, February 23, 2021, Senior Leadership will assess our referral and admission criteria. At this meeting, Senior Leadership will be assessing entrance criteria in addition to the state and federal required PRTF criteria as it relates to admissions on this campus. Senior Leadership will set up a meeting with contracted LME's and MCO's to discuss their expectation and demand for Eliada to serve high acuity students. The agency will discuss the acuity of the students referred to this campus while continuing to work to partner with the state and LME/MCOs to support these difficult to place youth in our community. As of Monday February 22, 2021, Eliada will begin interviewing students and their guardians prior to admission if student has a history of aggression, sexualized behavior, absconding, and self-harm. [COO] was in contact with [contact] at Disability Rights February 16th and this morning. [Contact] stated that sending the printed IRIS reports from February 2020 to February 2021 would bring Eliada back into</p>	V 314		

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V 314	<p>Continued From page 81</p> <p>compliance. Our Residential Administrative Assistant will print the IRIS reports and [Finance Director], will fax the reports to [Division of Medical Assistance email] and [DRNC email]. Going forward, every IRIS report will automatically be sent to Disability Rights and DMA by the person submitting the report in IRIS. 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109); Senior Leadership, will review core competencies of QP and AP within residential services. [Agency Trainer] will review the core competencies with residential leadership with a plan to review in team meetings. [CEO] will retrain clinicians, case managers and cottage supervisors on documentation of updates to crisis plans and ICMP's after each serious incident. [Agency Trainer] will retrain proper TCI holds in Team Meetings beginning on February 24, 2021. 10A NCAC 27G.0209(e) Medication Storage (V120); The medical storage tote was purchased a few weeks ago and has been consistently used to transport medication on campus and between buildings. Medication is locked in the tote as soon as it is handed to the Nurse during Intake. Anytime medication is transported on campus, it is locked in the tote and does not leave the nurse until the medication is locked in the medication cart. 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112);[CEO] will retrain clinicians, case managers and cottage supervisors on documentation of updates to crisis plans within the PCP and in addition to include team meeting reports in submission to investigations regarding strategies for students. [Clinical Director] conducted a campus training for Case Managers and Clinicians on writing PCP individualized treatment goals 1/6/2021. [Risk Reduction</p>	V 314		

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V 314	<p>Continued From page 82</p> <p>Manager] will inspect the recent PCP's to assure that they are being updated regularly and contain individualized goals.</p> <p>10A NCAC 27D.0101(c) (f) Policy on Rights Restrictions and Interventions (V500 & V501); PQI is meeting with all four agency TCI trainers February 18, 2021 to discuss incident review, incident documentation, nursing supervision, debriefing for staff, and TCI retraining. Eliada reviewed the language within Eliada Homes policies to reflect the TCI RN expectation for what is possible to manage regarding response times of nursing. We will also modify language within PQI policy as it relates to restrictive interventions. [CEO] will reevaluate ICPM's, Crisis Plans, and Treatment Plans identify documentation of alternative strategies and assure that they are individualized for each student.</p> <p>10A NCAC 27G.1902(e) Staff (V315); Eliada does have 24 hour on-site coverage by a registered nurse. Eliada will meet with PQI and Lead Nurse to discuss TCI monitoring during restrictive interventions. Language was changed in the procedures to reflect keeping students safe before a nurse can arrive to the incident. The Cottage Supervisor on site will monitor the restrictive intervention until the nurse arrives.</p> <p>10A NCAC 27G.1901 Scope (V314) for Type A1 Serious Harm and Neglect [Contact] at Disability Rights clarified their expectations for reporting every restrictive intervention. This language was not included in our policy, procedures, and attestations sent previously. The agency is working with Disability Rights and have devised a plan to get into compliance with their requirements by Friday February 19, 2020. The agency will continue to work with the state and LME/MCO team with six core on the use of restrictive interventions. The agency will pull data on the number of students</p>	V 314		

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V 314	<p>Continued From page 83</p> <p>during the past year requiring restrictive interventions, compared to those that did not. This information will be presented by the agency in the appeal of this finding. The agency will ensure that all of Eliada Home Policies are being followed as it relates to restrictive interventions until they are updated and approved Friday February 19, 2021. At which time all staff will be notified and trained on changes. Describe your plans to make sure the above happens.</p> <p>10A NCAC 27G. 0201 Governing Body Policies (V105) - [CEO] will be managing these phone calls personally this week to discuss new guidelines on accepting youth in cottages that are referred with a history violent and aggressive behaviors.</p> <p>10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109);</p> <p>A core competency checklist will be presented by residential leadership to each cottage supervisor</p> <ul style="list-style-type: none"> o The cottage supervisor will review the core competency with all cottage staff and have all staff sign off on attendance at the training. o The Residential Director and PQI will inspect that this has occurred by reviewing sign in sheets and training documents. This training is to be completed by the first of March 2021. <p>10A NCAC 27G.0209(e) Medication Storage (V120); The medical storage tote was purchased and has been consistently used to transport medication, since the interview took place with the lead nurse. I verified this with the lead nurse this evening.</p> <p>10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112);</p> <ul style="list-style-type: none"> o A training checklist will be set up to include for [sister facility] to update the crisis plan each CFT if new interventions are identified and update the 	V 314		
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V 314	<p>Continued From page 84</p> <p>PCP the 2nd week of assessment.</p> <ul style="list-style-type: none"> o PQI will be instructed to start including team meeting minutes in investigation requests to demonstrate conversations of new strategies with youth. o Residential Director and COO will inspect that each of these trainings have occurred by the end of the month of February 2021. <p>10A NCAC 27D.0101(c) (f) Policy on Rights Restrictions and Interventions (V500 & V501); [COO] will immediately set up a meeting with the three agency TCI trainers to discuss incident review, incident documentation, nursing supervision, debriefing for staff, and TCI retraining. Senior leadership and PQI will meet 2/18/21 to review the above and make recommended changes. This will be reviewed with the executive committee of the board Friday 2/19/21</p> <p>10A NCAC 27G.1902(e) Staff (V315); [COO] will meet with PQI, TCI trainers and Nursing by the end of the week 2/19/2021.</p> <p>10A NCAC 27G.1901 Scope (V314) for Type A1 Serious Harm and Neglect [COO] will work with Disability Rights to come back into compliance by Friday 2/19/2021. Eliada will continue to work with the Six Core Initiative Project to reduce Restrictive interventions in PRTF. COO and CEO will be monitoring all above steps and participating in calls and conversations as it relates to this serious complaint. They will also be responsible for pulling the data as it relates to restrictive interventions, documentation of alternative strategies and the number of students not involved with restricted interventions."</p> <p>Clients served by the facility have a range of mental health diagnoses including but not limited to Autism Spectrum Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder,</p>	V 314	<p><i>Doc 1</i></p> <p><i>Attached w/ doc for 85-87</i></p>	
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V 314	<p>Continued From page 85</p> <p>Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Substance Use Disorder and range in age from 12-17 years. The clients have histories of trauma, sexualized behaviors, self-injurious behaviors, substance abuse and suicide attempts. The facility failed to provide a structured living environment with supervision and also failed to provide services designed to address the treatment needs of the clients. This directly resulted in the use of numerous restrictive interventions (RI's) and multiple injuries to clients and staff. The lack of appropriate supervision contributed to 18 clients eloping from the facility 105+ times either by climbing out of their windows, pushing past staff and/or running out of the cottage doors. In some instances, clients remained off campus for several hours at a time and there were 12 incidents in which staff filed a missing person's report with the police. Numerous clients engaged in self-harm behaviors which involved headbanging, cutting themselves with sharps, running into traffic, and attempting to choke and/or drown themselves. Other incidents of concern include sexualized behaviors between clients, a client obtaining and consuming beer at a community function on campus, clients getting into a car with a stranger during an off campus elopement, a client using a piece of plastic to cut a staff member's neck, clients obtaining staff radios and stealing staff's keys with the intent to unlock a locked program on campus, a client stealing keys to the ignition of a tractor that was pulling adults and children from the community, a client attempting to drown a staff member and in a separate incident a client attempting to drown a peer in the campus swimming pool. Additionally, there were 390 restrictive interventions (restraints and/or seclusions) between January 1, 2020 to</p>	V 314		
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V 314	<p>Continued From page 86</p> <p>February 12, 2021. Of this number, there were 18 times when multiple RI's were co-occurring at the same time, or within a close time frame of one another. The Registered Nurse (RN) was not present to monitor client safety for all, or part of 166 RI's. Additionally, there were numerous RI's in which it could not be determined if the RN was present due to insufficient documentation. Staff frequently utilized techniques that were not compliant with the RI training curriculum used by the agency. The facility documented the use of non-compliant physical holds and interventions 72 times. There were 69 injuries among 30 staff members during the RI's. Staff injuries included but were not limited to staff having their hair pulled out, staff being bit, punched, kicked, and headbutted, along with staff being hit with and/or stabbed with various objects. The facility's quality assurance program failed to identify trends and strategies that had a negative impact on client care and outcomes. The facility gathered data about the use of RI's but failed to address the extent of reliance on the use of restraints. The facility did not comply with required reporting to Disability Rights North Carolina (DRNC) for serious occurrences for the 2020 calendar year and the first 6 weeks of 2021, limiting DRNC's ability to have timely oversight of restraints, seclusions, serious injuries, and suicide attempts.</p> <p>The failure of the facility to recognize the significant treatment needs of the clients and adapt the therapeutic interventions to meet those needs constitutes a Type A1 rule violation for serious neglect and harm and must be corrected within 23 days. An administrative penalty of \$6,000.00 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</p>	V 314		
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V 314	Continued From page 87 compliance beyond the 23rd day.	V 314	10A NCAC 27G .1902 STAFF The Facility has maintained nursing coverage and ratio daily throughout the years. The Facility received a waiver from DHR in 2019 and 2020 to reduce the number of nurses on campus from 2 to 1 on campus 24/7 365. The waiver noted that the nursing staff were located in a space within 50 yards of the furthest cottage and was able to meet the needs of the students on campus after the Facility closed 3 level 3 cottages and 1 PRTF due to funding levels. Eliada remained in compliance with the terms of our waiver.	
V 315	27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. This Rule is not met as evidenced by: Based on record reviews, the facility failed to provide 24 hour on-site coverage by a registered nurse (RN). The Findings are: Refer to Tag V112 for additional client information and V500 and V501 for additional information on Restrictive Interventions. Interview on 1/14/21 with the Interim Residential Director revealed:	V 315 <i>Docs 1-SD</i>	Attached you will find the time sheets for nursing staff from January 2020 to present. We are happy to provide them further back as needed. The Facility takes nursing coverage very seriously. Upon the reopening of the PRTF cottages the Facility will be back up to 2 nursing staff on site per shift 24/7 365. <i>Docs support page 88-89</i>	

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V 315	<p>Continued From page 88</p> <ul style="list-style-type: none"> -When he first started working for the facility there was more nursing staff available. -The facility has one RN for 3 cottages which include "2 PRTF's (Psychiatric Residential Treatment Facilities) and 1 Level III (Residential Treatment Staff Secure for Children or Adolescents)" -He stated, "Staff have been coached to call RN if it looks like RI (Restrictive Intervention) is going to happen." <p>Interview on 1/14/21 with the Nurse Manager revealed:</p> <ul style="list-style-type: none"> -The campus was large and it took time for the RN to get to the location of the RI. -The RI's usually happened so quickly that the RN didn't have time to respond. -She stated, "...it's over before the nurse gets there." -The facility went from a ratio of "2 RN's on campus to 1 RN at all times." -There was 1 RN for 24 beds. -There were an additional 10-12 clients on campus attending an academy program during school hours from 8:00 am - 2:30 pm. -She stated "The Academy students don't request a lot of our time but there's potential for being pulled away ...staffing has been a challenge ...it's hard since reducing our ratio ..." -As the Nurse Manager, she worked from 8am - 5pm and was responsible for attending meetings, assisting the doctor with client evaluations and providing training to staff. -She was not always available to assist the RN on duty. <p>Interview on 1/11/21, 1/19/21 and 1/27/21 with the Chief Operations Officer (COO) revealed:</p> <ul style="list-style-type: none"> -RN's were stationed in a building across the courtyard directly between two cottages. 	V 315		

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V 315	<p>Continued From page 89</p> <ul style="list-style-type: none"> -The nursing office, the gym and the kitchen were located in the same building. -The nursing office was in between the gym and the kitchen. -The RN and Nurse Manager were on campus during the day. -If necessary, the Nurse Manager "could be called back in." -She stated, "We never had to call the Nurse Manager back though." -An RI would have to be monitored by a Qualified Professional (QP) if the RN was not available. -She stated " ...but I'm not aware of any circumstances where a nurse would not be able to get there." -She stated, "It's not been reported to my knowledge that we had 2 RI's at the same time." <p>Interview on 2/16/21 with the Chief Executive Officer (CEO), the COO, and the Clinical Director revealed:</p> <ul style="list-style-type: none"> - "...the team has a process that they will notify the nurse but they can't stand there and wait for her to arrive ..." - "There have been 1 or 2 times when the nurse wasn't present for an RI. It's happened once or twice that more than one intervention was going on at the same time." <p>Review on 2/8/21-2/10/21 and 2/15/21 of facility PRTF Incident Reports dated 1/1/20-2/12/21 revealed:</p> <ul style="list-style-type: none"> - there were 18 times when multiple RI's were co-occurring at the same time, or within a close time frame of one another as follows: 1/22/20: Non-audited Client (NAC#10) and NAC #13 were in restraints at the same time. 5/07/20: NAC #17 and NAC #18 were in restraints at the same time. 5/11/20: FC #5 and NAC #21 were restrained 	V 315	<p><i>In some circumstances the students were restrained next to each other defined in section behind pg 107, pages 1-26</i></p>	

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V 315	<p>Continued From page 90</p> <p>within 4 minutes of one another.</p> <p>5/16/20: NAC #18 and NAC #20 were restrained within 1 minute of one another and FC #5 and NAC #18 were in restraints at the same time.</p> <p>7/02/20: NAC #18 and NAC #20 were in restraints at the same time.</p> <p>7/12/20: NAC #18 and NAC #20 were in restraints at the same time on two separate occasions.</p> <p>7/14/20: NAC #18, NAC #20 and NAC #22 were in restraints at the same time and NAC #24 was placed in restraints 1 minute later. Additionally, 1 ½ hours later FC #5 and NAC #24 were in restraints at the same time.</p> <p>7/19/20: NAC #23 was placed in 14 RI's in less than 2 hours.</p> <p>8/18/20: NAC #20 and NAC #22 were restrained within 2 minutes of one another.</p> <p>9/07/20: NAC #20 and NAC #25 were restrained within 15 minutes of one another.</p> <p>9/13/20: FC #7 and NAC #25 were in restraints at the same time.</p> <p>9/21/20: FC #6 and NAC #25 were restrained within 2 minutes of one another in the morning.</p> <p>9/21/20: FC #6 and NAC #25 were in restraints at the same time in the evening. Additionally, 23 minutes later FC #7 and NAC #25 were in restraints at the same time.</p> <p>10/30/20: FC #6 and FC #7 were in restraints at the same time.</p> <p>11/7/2020: Client #1 and Client #2 were restrained within 21 minutes of one another.</p> <p>11/11/20: Client #1 and Client #2 were in restraints at the same time.</p> <p>1/18/21: Client #2 and Client #3 were in restraints at the same time.</p> <p>-Additionally, there were 3 instances of co-occurring RI's between both PRTF's as follows:</p>	V 315		

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V 315	<p>Continued From page 91</p> <p>9/27/20: FC #6 was in a restraint from 5:21 pm to 5:23 pm and again from 5:30 pm to 5:31 pm, while a client from another PRTF was in a subsequent restraint from 5:06 pm to 5:50 pm.</p> <p>10/4/20: FC #6 was in a restraint from 4:15 pm to 4:16 pm and again from 4:18 pm to 4:20 pm, while a client from another PRTF was in a subsequent restraint at 4:15 pm to 4:16 pm and from 4:18 pm to 4:20 pm.</p> <p>10/30/20: FC #7 was in a restraint from 5:27 pm to 5:34 pm and again from 5:37 pm to 5:42 pm, while a client from another PRTF was in a subsequent restraint from 5:30 pm to 5:32 pm.</p> <p>Review on 1/14/21 of the Cummings's Cottage Waiver Approval dated 8-26-20 revealed: Waiver of Rule 10A NCAC 27G .1902 (e) provides the PRTF shall provide 24 hour on-site coverage by a registered nurse was granted a waiver to use decreased nursing based on the following criteria outlined in the Waiver Request dated 7/1/2020:</p> <p>" All nursing staff will have 24/7 on-call support from a Lead Nurse/RN, Medical Director/Psychiatrist, and a Physician Assistant.</p> <p>" The PRTF program employs a radio communication system that provides continuous and immediate staff to staff contact including nursing staff 24/7.</p> <p>" Eliada also ensures the safety of our residents by providing crisis management services that include a 24/7 licensed professional on-call, a 24/7 qualified professional on-call, a residential program manager/supervisor on site until 11pm, one NRC support 5 days a week, a Lead NRC on weekends, and up to 20 residential interns (college</p>	V 315		

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V 315	Continued From page 92 graduates) living on campus who can be activated in the event of a crisis. Interview on 1/14/21 at 2:07 PM with the Nurse Manager revealed: -The campus was large and it took time for the RN to get to the location of the Restrictive Intervention RI. -The RIs usually happened so quickly that the RN didn't have time to respond. - "...it's over before the nurse gets there." -The facility went from a ratio of "2 RN's on campus to 1 RN at all times." -There is 1 RN for 24 beds. -There were an additional 10-12 clients on campus attending an academy program during school hours from 8:00 am - 2:30 pm. -"The Academy students don't request a lot of our time but there's potential for being pulled away ...staffing has been a challenge ...it's hard since reducing our ratio ..." -As the Nurse Manager, she worked from 8am - 5pm and was responsible for attending meetings, assisting the doctor with client evaluations and providing training to staff. -She was not always available to assist the RN on duty. This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.	V 315		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59,	V 500		

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V 500	<p>Continued From page 93</p> <p>G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100,</p>	V 500	<p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>1) Attached is the facility's policy on reporting abuse and neglect. This is within the employee manual and is reviewed during the pre service and throughout the year in varying meetings.</p> <p>2) Attached admission nursing paperwork re labs to monitor medications as required this is completed on every student entering the campus and facility.</p> <p>10A NCAC 27E .0102</p> <p>This information is included within the new revised Restrictive Intervention Policy in addition to Attachment A or B</p>	

Pages 1-30

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V 500	<p>Continued From page 94</p> <p>which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement policy that identifies any restrictive intervention (RI) that is prohibited from use within the facility affecting 2 of 4 audited current clients (Client #1 and Client #2) and 3 of 3 audited Former Clients (FC #5, FC #6 and FC #7). The findings are:</p> <p>Review to Tag V112 for additional client information.</p> <p>Review on 1/5/21 of Eliada Homes, Inc. Restrictive Intervention Policy dated 10/31/94 and revised 1/21/02 revealed: - "6. Training/Privileging a) Staff must be trained in the appropriate uses of restraint, seclusion and isolation time out procedures prior to their use with students. b) Staff must complete the crisis intervention curriculum and pass written and practical</p>	V 500 <i>Doc 1-3</i>		
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V 500	<p>Continued From page 95</p> <p>examinations before being approved to administer physical restraints. Staff must on a semi-annual basis demonstrate competencies in the following:</p> <ol style="list-style-type: none"> 1. Techniques to identify staff and student behavior that may trigger emergency safety situations. 2. The use of non-physical interventions to prevent emergency safety situations. 3. The safe use of restraint, seclusion, and time out." <p>Review on 2/15/21 of Eliada Homes, Inc. Restrictive Intervention Policy/Procedure Attachment A dated 5/2016 revealed:</p> <ul style="list-style-type: none"> -Eliada utilizes the Therapeutic Crisis Intervention (TCI) model developed and managed by Cornell University and approved by the NC Division of Mental Health. -All PRTF (Psychiatric Residential Treatment Facility) staff must complete 28 hours of initial TCI training and must pass written and practical tests. -All PRTF staff must be re-certified in TCI every 6 months. -Refresher trainings are conducted quarterly or more often as needed. -Eliada has an agency Trainer trained as a trainer of the TCI model. Eliada typically has 2-3 program managers also trained as trainers in TCI. They complete a week long Train the Trainer certification and re-certification every two years. -The TCI model utilizes 4 restraints: standing restraint; seated restraint; small child restraint; and supine restraint. -The prone team restraint is not allowed." <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for Client #1 revealed:</p>	V 500		

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V 500	<p>Continued From page 96</p> <p>-11/11/20 staff "yolked the student by putting their forearms under the student's armpits and holding their arm across staff's body. Staff adjusted the hold and move the student to the wall and readjusted to lower the student again and proceeded to brace the wall." from 5:47pm-6:08pm. The Registered Nurse (RN) documented the entire RI as a standing restraint which does not match the description documented by staff. Staff did not identify the type of restraint they utilized.</p> <p>-11/19/20 "staff initiated a standing restraint against the back of her door at 9:56pm ... staff transitioned the standing restraint to the wall adjacent to her door due to staff conducting checks"; staff released the restraint at 10:06 pm.</p> <p>-11/21/21 due to client being on the floor, "staff could not perform a proper TCI hold". Other/physical hold for 30 minutes from 5:04pm-5:34pm.</p> <p>-2/11/21 staff attempted to initiate "a restraint", struggled to secure "the hold", then reinitiated and decided on a seated restraint; RN only documented the seated restraint; RN noted client bit her own arm, staff bit on right arm, staff bit on left arm and staff bit on right arm</p> <p>-The techniques used were either non-TCI compliant, or it could not be determined if the techniques used were TCI compliant.</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for Client #2 revealed:</p> <p>-11/7/20 staff initiated an "other hold" from 8:10 pm - 8:13pm and initiated a supine restraint from 8:13pm - 8:22pm as a 3rd staff arrived.</p> <p>-1/17/21 "Staff attempted multiple supines but were unable to hold due to lack of compliance with safety per lack of staff being unable to hold legs and student's positioning against the wall."</p>	V 500	<p><i>DOC</i></p> <p><i>Supports 97-98</i></p>	

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V 500	<p>Continued From page 97</p> <p>-1/28/21 staff "attempted to yoke [Client #2] at 7:34pm and released due to her being on the ground." The RN documented the restraint as other/physical hold for 1 minute.</p> <p>-1/29/21 RN documented other/physical hold at 6:22 pm for 1 minute and other/physical hold at 6:37 pm for 3 minutes</p> <p>-The techniques used were either non-TCI compliant, or it could not be determined if the techniques used were TCI compliant.</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for FC #5 revealed:</p> <p>-3/22/20 Staff "initiated a restrictive intervention on [FC #5] but immediately released due to unsafe positioning as both staff and [FC #5] fell to the ground." RN documented other/physical hold for 1 minute. Client reported left ankle was kicked during initiation of RI and complained of pain. Ankle red with minimal swelling, ice applied.</p> <p>-3/26/20 Staff initiated "a restraint" (no technique or start/end time was documented) then staff moved onto the grass before initiating a Supine Restraint.</p> <p>-4/25/20 Staff initiated "a restrictive intervention" at 8:30 pm and transitioned client fully inside of her room and released due to poor positioning. RN documented the restraint as other/physical hold for zero minutes.</p> <p>-4/30/20 Staff utilized "an approach from behind" and immediately released due to safety. RN documented the restraint as other/physical hold for 1 minute.</p> <p>-5/11/20 "A restrictive intervention" was initiated at 8:40 pm. The RN documented the RI as a standing restraint for 1 minute.</p> <p>-5/12/20 Staff attempted to initiate a standing restraint on client when she attempted to run out of the cottage and released due to unsafe</p>	V 500	<p><i>Doc 1 supports pages 98-100</i></p>	
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V 500	<p>Continued From page 98</p> <p>positioning; Staff attempted to initiate another standing restraint and again released due to unsafe positioning. RN documented other/physical hold at 9:34 pm for 1 minute for the first RI and standing restraint at 9:35 pm for 1 minute for the second RI.</p> <p>-5/16/20 Client was placed in "an other/hold that was an approach from behind"; RN documented other/physical hold at 8:00 pm for 1 minute.</p> <p>-7/6/20 Staff initiated "a restrictive intervention in the yoke position. The student dropped her weight and staff transitioned into a seated restraint, which was not TCI compliant due to the lack of a wall. Staff released the restrictive intervention due to the hold not being TCI compliant." RN documented Client complained of left arm discomfort and received tylenol and ice; Area of skin that was held was red from student fighting RI; A staff member received scratches to left arm; RN documented the RI as a seated restraint for 2 minutes which does not match staff documentation.</p> <p>-7/13/20 RN documented other/physical hold for 1 minute at 5:23 pm.</p> <p>-7/26/20 RN documented other/physical hold at 10:30 am for 1 minute, at 10:36 am for 1 minute, and at 10:50 am for 1 minute.</p> <p>-The techniques used were either non-TCI compliant, or it could not be determined if the techniques used were TCI compliant.</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for FC #6 revealed:</p> <p>-9/21/20 RN documented other/physical hold at 10:44 am for 1 minute, and at 10:45 am for 1 minute.</p> <p>-10/4/20 Staff placed client in "other/physical hold" at 4:15 pm and 4:18 pm. RN documented other/physical hold at 4:15 pm for 1 minute and at</p>	V 500		

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V 500	<p>Continued From page 99</p> <p>4:18 pm for 2 minutes. -10/13/20 RN documented other/physical hold at 7:57 pm for 3 minutes. -11/1/20 Staff noted the restraint "was non-compliant due to staff transitioning [FC #6] away from the corn maze while in a standing restraint. -The techniques used were non-TCI compliant.</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for FC #7 revealed: -9/21/20 RN documented other/physical hold at 7:40 pm for 1 minute. -10/30/20 he attempted to exit the cottage through his window and staff used a "breaking up a altercation method to pull [FC #7] back to his room." This RI was not documented by the RN. FC #7 was involved in 5 additional RI's on this date which were documented as compliant. -The techniques used were either non-TCI compliant, or it could not be determined if the techniques used were TCI compliant.</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Reports from January 2020-December 2020 revealed: -There were 52 non-TCI compliant "other/physical holds" utilized on 12 non-audited clients (NAC #10, NAC #11, NAC #16, NAC #17, NAC #18, NAC #19, NAC #20, NAC #21, NAC #22, NAC #23, NAC #24, and NAC #25) as listed below: 1/28/20 at 7:50 pm other/physical hold x 1 minute on non-audited client (NAC) #11. 2/7/20 at 10:16 am other/physical hold x 1 minute on NAC #10. 2/9/20 at 5:38 pm other/physical hold x 1 minute on NAC #10. 2/9/20 at 5:42 pm other/physical hold x 1 minute on NAC #10.</p>	V 500	<p><i>Doc</i> <i>1</i> <i>Supports 100-101</i></p>	
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V 500	<p>Continued From page 100</p> <p>2/28/20 at 4:51 pm other/physical hold x 1 minute on NAC #16.</p> <p>3/3/20 at 2:43 pm other/physical hold x 3 minutes on NAC #16.</p> <p>3/4/20 at 7:47 pm other/physical hold x 1 minute on NAC #16.</p> <p>3/17/20 at 7:14 pm other/physical hold x zero minutes on NAC #16.</p> <p>3/17/20 at 10:15 pm other/physical hold x 1 minute on NAC #16.</p> <p>4/30/20 at 1:53 pm other/physical hold x zero minutes on NAC #17.</p> <p>5/4/20 at 12:08 pm other/physical hold x 1 minute on NAC #19.</p> <p>5/7/20 at 5:45 pm other/physical hold x 1 minute on NAC #20.</p> <p>5/16/20 at undocumented time other/physical hold x (no end time) on NAC #20.</p> <p>6/24/20 at 9:10 pm other/physical hold x 1 minute on NAC #20.</p> <p>6/24/20 at 9:18 pm other/physical hold x 1 minute on NAC #18.</p> <p>6/24/20 at 9:20 pm other/physical hold x 5 minutes on NAC #18.</p> <p>6/25/20 at 8:15 pm other/physical hold x 1 minute on NAC #20.</p> <p>7/2/20 at 12:52 pm other/physical hold x 1 minute on NAC #20.</p> <p>7/12/20 at 8:40 pm other/physical hold x 1 minute on NAC #18.</p> <p>7/12/20 at 7:57 pm other/physical hold x 1 minute on NAC #20.</p> <p>7/12/20 at 8:39 pm other/physical hold x 1 minute on NAC #20.</p> <p>7/14/20 at 8:28 pm other/physical hold x 1 minute on NAC #20.</p> <p>7/14/20 at 8:33 pm other/physical hold x 1 minute on NAC #22.</p> <p>7/14/20 at 8:43 pm other/physical hold x 1 minute on NAC #22.</p>	V 500		

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V 500	<p>Continued From page 101</p> <p>7/14/20 at 8:46 pm other/physical hold x 1 minute on NAC #22.</p> <p>7/14/20 at 8:52 pm other/physical hold x 1 minute on NAC #22.</p> <p>7/14/20 at 8:54 pm other/physical hold x 1 minute on NAC #22.</p> <p>7/14/20 at 8:56 pm other/physical hold x 8 minutes on NAC #22.</p> <p>7/14/20 at 10:01 pm other/physical hold x 1 minute on NAC #24.</p> <p>7/19/20 at 10:56 am other/physical hold x 1 minute on NAC #23.</p> <p>7/19/20 at 10:58 am other/physical hold x 3 minutes on NAC #23.</p> <p>7/19/20 at 11:21 am other/physical hold x 1 minute on NAC #23.</p> <p>7/19/20 at 11:51 am other/physical hold x 1 minute on NAC #23.</p> <p>7/19/20 at 11:53 am other/physical hold x 1 minute on NAC #23.</p> <p>7/28/20 at 9:34 pm other/physical hold x zero minutes on NAC #20.</p> <p>8/11/20 at 5:28 pm other/physical hold x 1 minute on NAC #21.</p> <p>8/18/20 at 6:18 pm other/physical hold x 2 minutes on NAC #20.</p> <p>8/18/20 at 8:53 pm other/physical hold x 1 minute on NAC #20.</p> <p>8/19/20 at 11:54 am other/physical hold x 1 minute on NAC #22</p> <p>8/23/20 at 7:54 pm other/physical hold x 1 minute on NAC #22.</p> <p>8/23/20 at 7:56 pm other/physical hold x 1 minute on NAC #22.</p> <p>8/23/20 at 8:15 pm other/physical hold x 2 minutes on NAC #22.</p> <p>9/8/20 at 5:48 pm other/physical hold x 4 minutes on NAC #20.</p> <p>9/8/20 at 5:53 pm other/physical hold x 1 minute on NAC #20.</p>	V 500	<p><i>Doc Supports pages 1 102, 103, 107</i></p>	

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V 500	<p>Continued From page 102</p> <p>9/12/20 at 8:55 pm other/physical hold x 1 minute on NAC #25.</p> <p>9/13/20 at 6:13 pm other/physical hold x 1 minute on NAC #25.</p> <p>9/13/20 at 6:28 pm other/physical hold x 1 minute on NAC #25.</p> <p>9/21/20 at 10:48 am other/physical hold x 1 minute on NAC #25.</p> <p>9/21/20 at 3:28 pm other/physical hold x zero minutes on NAC #25.</p> <p>9/21/20 at 4:16 pm other/physical hold x 1 minute on NAC #25.</p> <p>9/21/20 at 7:17 pm other/physical hold x 1 minute on NAC #25.</p> <p>9/21/20 at 7:40 pm other/physical hold x 1 minute on NAC #25.</p> <p>Interview on 2/4/21 with the TCI Program Manager and Instructor revealed:</p> <ul style="list-style-type: none"> -Any time someone put hands on an individual which limits their ability to move, it is considered to be a RI. -The only RI techniques approved by the TCI program were standing restraint, seated restraint, small child restraint, prone floor restraint and supine floor restraint. -If any RI techniques were banned by any state, TCI would not teach that technique in the that state. -The yoke position was the first step of a restraint which involves securing the arm of the child. It was not designed to be a stand-alone hold. -There was no TCI approved technique for transport, or escort. -TCI trainers were very clear that clients are to be restrained in place. -If a facility was using other/physical holds, this would make me question if they were TCI compliant. -If using a non-compliant hold, it should be 	V 500		

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V 500	<p>Continued From page 103</p> <p>explained in detail and documented as to where they placed their hands and why they did not follow the approved technique, such as a life threatening emergency intervention like someone was going to jump off a bridge and they grabbed them.</p> <p>Interview with the Interim Residential Director on 1/14/21 revealed: -All staff were trained in TCI.</p> <p>Interview with the Residential Clinician/Licensed Professional on 1/19/21 revealed: -There was a high staff turnover rate at Eliada. -Some of the staff were not much older than the clients. -Staff were inexperienced.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.</p>	V 500	1010A NCAC 27D .0101 The Facility Trainer retrained and recertified residential staff in TCI including physical holds. The Cottage Supervisors were retrained on the reporting guidelines of any restrictive intervention which is released due to being deemed a risk to the child's health or safety. Any restrictive intervention released prior to the client's ability to gain behavioral control will be reported to the Cottage Supervisor on site and a Performance and Quality Improvement Team member. Performance and Quality Improvement member or the Facility Trainer will review the video footage within 48 hours of the report. Performance and Quality Improvement will document their finding and review with Performance and Quality Improvement team and senior leadership	
V 501	<p>27D .0101(f) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (f) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policies which require that:</p> <p>(1) positive alternatives and less restrictive interventions are considered and are used whenever possible prior to the use of more restrictive interventions; and</p> <p>(2) consideration is given to the client's physical and psychological well-being before, during and after utilization of a restrictive intervention, including:</p>	V 501	<p>Therapeutic Crisis Intervention refresher trainings will continue to occur in each team meeting for one hour every month. These refresher courses will include various actives for proactive, less restrictive interventions twice a quarter and a practice of restrictive interventions once a quarter. In total, refresher courses will result in three hours of additional competency training on the use of less restrictive interventions and restrictive interventions. Each Cottage Supervisor will document the occurrence of the TCI refresher in their team meetings.</p>	

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V 501	<p>Continued From page 104</p> <p>(A) review of the client's health history or the comprehensive health assessment conducted upon admission to a facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the client at greater risk during the use of restrictive interventions;</p> <p>(B) continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of physical restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions;</p> <p>(C) continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being during the use of manual restraint; and</p> <p>(D) continued monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being for a minimum of 30 minutes subsequent to the termination of a restrictive intervention; and</p> <p>(3) following the utilization of a restrictive intervention, staff shall conduct debriefing and planning with the client and the legally responsible person, if applicable, as specified in 10A NCAC 27E .0104, to eliminate or reduce the probability of the future use of restrictive interventions. Debriefing and planning shall be conducted, as appropriate, to the level of cognitive functioning of the client.</p>	V 501	These courses will be monitored within the HR department and training department to ensure all staff are up to date on all required training.	
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V 501	<p>Continued From page 105</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement policies which require a Registered Nurse (RN) to be physically present to monitor restrictive interventions (RI's), orders to be signed by a licensed practitioner, and client debriefings to be conducted. The findings are:</p> <p>Refer to Tag V112 for additional client information.</p> <p>Review on 1/5/21 of Eliada Homes, Inc. Restrictive Intervention Policy dated 10/31/94 and revised 1/21/02 revealed:</p> <ul style="list-style-type: none"> - "3. Authorization/Ordering of Restrictive Intervention <ul style="list-style-type: none"> c) ...All written orders must be signed by the licensed practitioner ..." - "4. Monitoring of Restrictive Intervention <ul style="list-style-type: none"> a) Restraint and Seclusion must be monitored by a licensed nurse in PRTF (Psychiatric Residential Treatment Facility). b) For PRTF students, a Registered Nurse trained in emergency safety interventions must be physically present, continually assessing and monitoring the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the emergency safety intervention. c) A RN (for PRTF) ...must conduct a health status check prior to, continuously throughout, and for a minimum of 30 minutes after completion of the restrictive intervention." - "7. Documentation/Notification and Review <ul style="list-style-type: none"> b) A life space interview (LSI) must be attempted or conducted with the client after a restrictive intervention. e) Restrictive Intervention incident reports must be reviewed by the Supervisor/QP 	V 501 <i>Doc 1-7</i>	<p>Attached is the facility report outlining work with BBI and Six Core as part of a state pilot program to work towards alternatives to restrictive interventions and the progress of the agency.</p> <p><i>Addressed in RI policy previous page 2 attachment page 94</i></p>	
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V 501	<p>Continued From page 106</p> <p>(Qualified Professional) within 72 hours after use of restrictive intervention. The QP/Supervisor is responsible for assuring appropriate follow through and debriefing with the client, staff and the client's legal guardian."</p> <p>Review on 2/15/21 of Eliada Homes, Inc. Restrictive Intervention Policy/Procedure Attachment A dated 5/2016 revealed:</p> <ul style="list-style-type: none"> - The RN monitoring the restrictive intervention would direct staff to stop the intervention if any risk to client safety was identified. -The RN on site would conduct the follow up assessment of the client within one hour from the initiation of the restrictive intervention. -It was the responsibility of the program supervisor on site to provide Post Crisis Response in Therapeutic Crisis Intervention's (TCI) which include "LSI for the young person." <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for Client #1 revealed:</p> <p>-10/15/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:42 pm standing restraint x 1 minute. -RI #2 at 8:43 pm seated restraint x 19 minutes. -RN was not present for RI #1, or for the initiation of RI#2. -Debriefing with client was incomplete. -Orders were acknowledged by the provider on 12/14/20, but not signed. <p>-11/7/20:</p> <ul style="list-style-type: none"> -RI #1 at 7:49 pm standing restraint x 0 minutes. -RN was not present for the RI. -Debriefing with client was incomplete. -Orders were acknowledged by the provider on 12/14/20, but not signed. 	V 501	<p><i>Doc Support pages 1-26 107-123</i></p> <p><i>Doc A1 pages 107-109</i></p> <p><i>Doc A2 pages 110-112</i></p> <p><i>Doc A3 pages 113-114</i></p> <p><i>Doc A4 pages 114-115</i></p> <p><i>Doc A5 pages-116</i></p>	
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V 501	<p>Continued From page 107</p> <p>-11/8/20: -RI #1 at 7:26 pm standing restraint x 5 minutes. -RI #2 at 7:31 pm standing restraint x 44 minutes. -Unable to determine if RN was present due to lack of documentation. -Debriefing with client was incomplete. -Orders were not signed until 1/22/21.</p> <p>-11/11/20: -RI #1 at 5:47 pm standing restraint x 21 minutes. -RN documentation of a standing restraint does not match the RI description documented by staff. -Unable to determine if RN was present for the RI due to documentation inconsistent with staff report and lack of assessment monitoring details. -Orders were not signed until 1/22/21.</p> <p>-11/19/20: -RI #1 at 9:56 pm standing restraint x 10 minutes. -Unable to determine if RN was present for the RI due to lack of documentation. -Debriefing with client was incomplete. -Orders were not signed until 1/22/21.</p> <p>-11/21/20: -RI #1 at 5:04 pm other/physical hold x 30 minutes. -RN was not present for initiation of RI. -Debriefing with client was incomplete. -Orders were not signed until 1/22/21.</p> <p>-11/27/20: -RI #1 at 4:52 pm standing restraint x 4 minutes. -RI #2 at 4:57 pm seated restraint x 8 minutes. -RN was not present for initiation of RI #1. -There was no documentation of debriefing</p>	V 501		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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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 501	<p>Continued From page 108</p> <p>with the client.</p> <ul style="list-style-type: none"> -Orders were not acknowledged or signed by the provider. <p>-12/25/20:</p> <ul style="list-style-type: none"> -RI#1 at 3:24 pm seated restraint x 15 minutes. -RN was not present for initiation of the RI. -Debriefing with the client was incomplete. -Orders were not signed until 1/22/21. <p>-2/6/21:</p> <ul style="list-style-type: none"> -RI #1 at 5:24 pm seated restraint x 10 minutes. -Unable to determine if RN was present due to lack of documentation. -Orders were not acknowledged or signed by the provider. <p>-2/11/21:</p> <ul style="list-style-type: none"> -RI #1 at (no start time documented) unknown hold (no end time documented) -RI #2 at 9:00 am seated restraint x 18 minutes. -Unable to determine if RN was present for initiation of either RI due to discrepancies between RN documentation and staff documentation in the report. -Orders were not acknowledged or signed by the provider. <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for Client #2 revealed:</p> <p>-11/7/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:10 pm other/physical hold x 3 minutes. -RI # 2 at 8:13 pm supine restraint x 9 minutes. -Debriefing with the client was incomplete. -Orders were not signed until 1/22/21. <p>-11/11/20:</p> <ul style="list-style-type: none"> -RI #1 at (no start time documented) standing 	V 501		

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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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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
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V 501	<p>Continued From page 109</p> <p>restraint (no end time documented).</p> <ul style="list-style-type: none"> -RI #2 at 5:48 pm seated restraint x 10 minutes. -Unable to determine if RN was present for initiation of RI due to staff documentation of 2 restraints and RN documentation of 1 restraint in the report. -There was no order for RI #1. -Orders for RI #2 were not signed until 1/22/21. <p>-12/7/20:</p> <ul style="list-style-type: none"> -RI #1 at 11:30 am seated restraint x 9 minutes. -RN was not present for initiation of RI. -Debriefing with the client was incomplete. -Orders were not acknowledged or signed by the provider. <p>-12/20/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:59 pm supine restraint x 1 minute. -Debriefing with the client was incomplete. -Orders were not acknowledged or signed by the provider. <p>-12/25/20:</p> <ul style="list-style-type: none"> -RI #1 at 7:47 pm supine restraint x 9 minutes. -Orders were not acknowledged or signed by the provider. <p>-1/6/21:</p> <ul style="list-style-type: none"> -RI #1 at 10:30 pm supine restraint x 4 minutes. -Debriefing with the client was incomplete. <p>-1/7/21:</p> <ul style="list-style-type: none"> -RI #1 at 8:10 pm seated restraint x 1 minute. -RI #2 at 8:11 pm supine restraint x 12 minutes. -Unable to determine if RN was present for RI#2 due documentation being blank. -Orders were acknowledged by the provider on 2/8/21, but not signed. <p>-1/13/21:</p>	V 501		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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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 501	<p>Continued From page 110</p> <ul style="list-style-type: none"> -RI #1 at 7:14 pm supine restraint x 12 minutes. -Orders were not acknowledged or signed by the provider. -1/14/21: <ul style="list-style-type: none"> -RI #1 at 5:24 pm supine restraint x 4 minutes. -RN was not present for initiation of RI. -Orders were not signed until 2/8/21. -1/16/21: <ul style="list-style-type: none"> -RI #1 at 6:20 pm seated restraint x 2 minutes. -RI #2 at 6:24 pm supine restraint x 7 minutes. -RN was not present for initiation or release of RI #1. -RN was not present for initiation of RI #2. -Orders were not acknowledged or signed by the provider. -1/17/21: <ul style="list-style-type: none"> -RI #1 at 6:47 pm standing restraint x 1 minute. -RI #2 at 6:49 pm supine restraint x 1 minute. -RI #3 at 6:52 pm supine restraint x 1 minute. -Debriefing with client was incomplete. -Orders were not signed until 2/8/21. -1/18/21: <ul style="list-style-type: none"> -RI #1 at 4:54 pm seated restraint x 1 minute. -RI #2 at 9:21 pm standing restraint x 5 minutes. -Unable to determine if RN was present for RI #2 due to lack of documentation. -There was no documentation of debriefing with the client. -Orders were not signed until 2/8/21. -1/28/21: <ul style="list-style-type: none"> -RI #1 at 2:47 pm supine restraint x 20 minutes. -RI #2 at 7:37 pm supine restraint x 21 minutes. 	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 501	<p>Continued From page 111</p> <ul style="list-style-type: none"> -RI #3 at 7:34 pm other/physical hold x 1 minute. - RI's were not documented in time sequential order. -Unable to determine if RN was present for RI # 2 or RI #3 due to lack of documentation. -Debriefing with client was incomplete. -Orders were not signed until 2/8/21. <p>-1/29/21:</p> <ul style="list-style-type: none"> -RI #1 at 6:22 pm other/physical hold x 1 minute. -RI #2 at 6:23 pm standing restraint x 2 minutes. -RI #3 at 6:26 pm standing restraint x 2 minutes. -RI #4 at 6:28 pm supine restraint x 7 minutes. -RI #5 at 6:37 pm other/physical hold x 3 minutes. -Unable to determine if RN was present for RI #2, RI #3, RI #4 or RI #5 due to blank documentation. -Orders were not signed until 2/8/21. <p>-1/31/21:</p> <ul style="list-style-type: none"> -RI #1 at 6:51 pm supine restraint x 46 minutes. -RI #2 at 9:06 pm supine restraint x 26 minutes. -Debriefing with client was incomplete. -Orders were not acknowledged or signed by the provider. <p>-2/4/21:</p> <ul style="list-style-type: none"> -RI #1 at 2:54 pm supine restraint x 10 minutes. -Orders were not acknowledged or signed by the provider. <p>-2/12/21:</p> <ul style="list-style-type: none"> -RI #1 at 11:27 pm standing restraint x 0 minutes. -RI #2 at 11:29 pm supine restraint x 0 	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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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 501	<p>Continued From page 112</p> <p>minutes.</p> <ul style="list-style-type: none"> -Staff did not notify the RN of RI's until 12:04 am. -RN was not present for RI #1 or RI #2. -Orders were not acknowledged or signed by the provider. <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for Client #3 revealed:</p> <p>-1/10/21:</p> <ul style="list-style-type: none"> -RI #1 at 1:10 pm standing restraint x 3 minutes. -RI #2 at 3:28 pm standing restraint x 1 minute. -RN was not present for RI #1 or RI #2. -Debriefing with client was incomplete. -Orders were not signed until 2/8/21. <p>-1/11/21:</p> <ul style="list-style-type: none"> -RI #1 at 2:47 pm supine restraint x 10 minutes. -There was no debriefing since client was involuntarily committed (IVC'd). -Orders were not acknowledged or signed by the provider. <p>-1/15/21:</p> <ul style="list-style-type: none"> -RI #1 at 7:36 pm seated restraint x 12 minutes. -Orders were not acknowledged or signed by the provider. <p>-1/18/21:</p> <ul style="list-style-type: none"> -RI #1 at 9:26 pm standing restraint x 9 minutes. -RI #2 at 10:17 pm seated restraint x 6 minutes. -Orders were not signed until 2/8/21. <p>-1/24/21:</p> <ul style="list-style-type: none"> -RI #1 at 9:05 pm seated restraint x 15 minutes. -RI #2 at 10:59 pm seated restraint x 10 	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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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 501	<p>Continued From page 113</p> <p>minutes.</p> <ul style="list-style-type: none"> -Orders were not signed until 2/8/21. <p>-1/29/21:</p> <ul style="list-style-type: none"> -RI #1 at 11:53 pm standing restraint x 1 minute. -RI #2 at 12:56 pm standing restraint x 1 minute. -Unable to determine if RN was present for RI#2 or RI#2 due to lack of assessment documentation. -Orders were not acknowledged or signed by the provider. <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for FC #5 revealed:</p> <p>-3/19/20:</p> <ul style="list-style-type: none"> -RI #1 at 7:05 pm standing restraint x 1 minute. -Client fell backwards during the RI and hit her head on a brick wall. -RN was not present for the RI. -Debriefing with the client was incomplete. -Orders were acknowledged by the provider on 3/20/20, but not signed. <p>-3/22/20:</p> <ul style="list-style-type: none"> -RI #1 at 12:59 pm other/physical hold x 1 minute. -Staff and the client fell to the ground during the RI. -Debriefing with the client was incomplete. <p>-3/24/20:</p> <ul style="list-style-type: none"> -RI #1 at 4:17 pm standing restraint x 5 minutes. -RI #2 at 9:00 pm supine restraint x 2 minutes. -Client was released from RI #2 due to an "active crisis" in the courtyard. -RN was not present for RI #2. <p>-3/26/20:</p>	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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V 501	<p>Continued From page 114</p> <ul style="list-style-type: none"> -RI #1 at (no start time) unknown hold (no end time). -RI #2 at 10:13 am supine restraint x 3 minutes. -RI #3 at (no start time) seclusion (no end time). -RN was not present for the RI's. -Orders were not signed until 4/7/20. <p>-4/21/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:20 pm standing restraint x 1 minute. -RN was not present for the RI and staff did not notify the RN of the RI until 10:01 pm. -There was no documentation of debriefing with the client. -Orders were not signed until 7/14/20. <p>-4/22/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:37 pm supine restraint x 4 minutes. -RN was only present for the release of the RI. -Orders were not signed until 5/26/20. <p>-4/25/20:</p> <ul style="list-style-type: none"> -RI #1 at 7:57 pm supine restraint x 8 minutes. -RI #2 at 8:30 pm other/physical hold x 0 minutes. -Client reported an injury to her right hand. -Orders were not signed until 5/26/20. <p>-4/27/20:</p> <ul style="list-style-type: none"> -RI #1 at 9:06 pm supine restraint x 9 minutes. -RN was not present for the RI. -Orders were not signed until 7/14/20. <p>-4/28/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:31 pm standing restraint x 1 minute. -RI #2 at 8:32 pm seclusion x (no end time documented) -RN was not present for RI #1 or RI #2. 	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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V 501	<p>Continued From page 115</p> <ul style="list-style-type: none"> -Orders were not signed until 7/14/20. -4/30/20: <ul style="list-style-type: none"> -RI #1 at 7:37 pm other/physical hold x 1 minute. -RN was not present for the RI. -Orders were not signed until 7/14/20. -5/11/20: <ul style="list-style-type: none"> -RI #1 at 8:40 pm standing restraint x 1 minute. -RN was not present for the RI. -Debriefing with the client was incomplete. -Orders were not signed until 7/14/20. -5/12/20: <ul style="list-style-type: none"> -RI #1 at 9:34 pm other/physical hold x 1 minute. -RI #2 at 9:35 pm standing restraint x 1 minute. -RN was not present for RI#1 or RI #2. -Orders were not signed until 7/14/20. -5/16/20: <ul style="list-style-type: none"> -RI #1 at 8:00 pm other/physical hold x 1 minute. -RN was not present for the RI. -RN was monitoring an RN for another client at this time. -Debriefing with the client was incomplete. -Orders were not signed until 7/14/20. -7/6/20: <ul style="list-style-type: none"> -RI #1 at 8:56 pm seated restraint x 2 minutes. -Unable to determine if RN was present for the initiation of the RI due to lack of documentation. -There was no documentation of debriefing with the client. -Orders were not signed until 8/6/20. -7/12/20: <ul style="list-style-type: none"> -RI #1 at 5:52 pm standing restraint x 1 minute. -RN was not present for the RI due to it being 	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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V 501	<p>Continued From page 116</p> <p>near a cornfield and only 1 minute in duration.</p> <ul style="list-style-type: none"> -Orders were not signed until 10/20/20. <p>-7/13/20:</p> <ul style="list-style-type: none"> -RI #1 at 5:23 pm other/physical hold x 1 minute. -RI #2 at 8:29 pm supine restraint x 14 minutes. -RN was not present for RI #1 or for the initiation of RI #2. -Orders were not signed until 12/14/20. <p>-7/14/20:</p> <ul style="list-style-type: none"> -RI #1 at either 10:06 pm or 10:08 pm (unable to determine time due to staff documentation was not consistent with documentation from the RN); supine restraint x 11 or 13 minutes depending on the RI start time. -Client reported her upper arm was pinched by staff's fingernails during the RI. -RN was not present for the RI due to assessing 2 concurrent RI's on campus. -Orders were acknowledged by the provider on 10/20/20 but were not signed. <p>-7/26/20:</p> <ul style="list-style-type: none"> -RI #1 at 10:30 am other/physical hold x 1 minute. -RI #2 at 10:36 am other/physical hold x 1 minute. -RI #3 at 10:50 am other/physical hold x 1 minute. -RN was not present for RI #1. -Unable to determine if RI was present for RI#2 or RI #3 due to lack of documentation. -Orders were not signed until 10/20/20. <p>-7/26/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:27 pm supine restraint x 8 minutes. -Debriefing with the client was incomplete. -Orders were acknowledged by the provider on 12/14/20 but were not signed. 	V 501		

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V 501	<p>Continued From page 117</p> <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for FC #6 revealed:</p> <p>-9/21/20:</p> <ul style="list-style-type: none"> -RI #1 at 10:44 am other/physical hold x 1 minute. -RI #2 at 10:45 am other/physical hold x 1 minute. -RN was not present for RI #1 or RI #2. -Debriefing with the client was incomplete. -Orders were not signed until 12/14/20. <p>-9/21/20:</p> <ul style="list-style-type: none"> -RI #1 at 7:17 pm small child restraint x 1 minute. -Debriefing with the client was incomplete. -Orders were not signed until 12/14/20. <p>-9/23/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:03 pm standing restraint x 2 minutes. -RI #2 at 8:05 pm seated restraint x 4 minutes. -Unable to determine if RN was present for RI #1 or RI #2 due to incomplete assessment documentation on the monitoring form. -Orders were acknowledged by the provider on 12/14/20 but were not signed. <p>-9/27/21:</p> <ul style="list-style-type: none"> -RI #1 at 5:21 pm standing restraint x 2 minutes. -RI #2 at 5:30 pm standing restraint x 1 minute. -RI #3 at 11:38 am standing restraint x 1 minute. -RI's were not documented in time sequential order. -RN was not present for RI #1 and follow up assessment was not completed due to the time relation to the next RI. -RN was not present for RI #2. -Unable to determine if RN was present for RI 	V 501		

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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
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V 501	<p>Continued From page 118</p> <p>#3 due to assessment documentation being left completely blank.</p> <p>-There was a co-occurring RI at a sister facility on campus from 5:06 pm to 5:50 pm.</p> <p>-9/28/20:</p> <p>-RI #1 at 9:29 pm standing restraint x 1 minute.</p> <p>-RI #2 11:58 pm small child restraint x 1 or 2 minutes. (There was conflicting documentation of the end time of the restraint).</p> <p>-RN was not present for RI #1.</p> <p>-RN was not present for the initiation of RI #2 and it could not be determined if the RN was present for the ending of RI #2 due to restraint being documented as 11:58 pm - 11:59 pm in one portion of the report and as 11:58 pm - 12:00 am in another portion of the report.</p> <p>-Debriefing with the client was incomplete.</p> <p>-Orders were not signed until 12/14/20.</p> <p>-9/29/20:</p> <p>-RI #1 at 6:18 pm seated restraint x 15 minutes.</p> <p>-Orders were not signed until 12/14/20.</p> <p>-10/2/20:</p> <p>-RI #1 at 7:03 pm standing restraint x 0 minutes.</p> <p>-RI #2 at 7:03 pm seated restraint x 7 minutes.</p> <p>-RI #3 at 7:10 pm seated restraint x 2 minutes.</p> <p>-RI #4 at 7:13 pm supine restraint x 8 minutes.</p> <p>-RI #5 at 7:32 pm supine restraint x 4 minutes.</p> <p>-Client complained of pain to her finger after the RI's.</p> <p>-Debriefing with the client was incomplete.</p> <p>-Orders were not signed until 12/14/20.</p> <p>-10/3/20:</p> <p>-RI #1 at 4:39 pm standing restraint x 4</p>	V 501		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 501	<p>Continued From page 119</p> <p>minutes.</p> <ul style="list-style-type: none"> -RI #2 at 5:56 pm standing restraint x 4 minutes. -RI #3 at 6:00 pm standing restraint x 5 minutes. -Unable to determine if RN was present for the initiation of RI #2 due to lack of assessment documentation. -Orders were not signed until 12/14/20. <p>-10/4/20:</p> <ul style="list-style-type: none"> -RI #1 at 4:15 pm other/physical hold x 1 minute. -RI #2 at 4:18 pm other/physical hold x 2 minutes. -RN was not present for RI #1 or RI #2. -There were co-occurring RI's at a sister facility on campus at 4:15 pm and 4:18 pm. -Debriefing with client was incomplete. -Orders were not signed until 12/14/20. <p>-10/6/20:</p> <ul style="list-style-type: none"> -RI #1 at 3:50 pm other/physical hold x 1 minute. -RI #2 at 5:35 pm standing restraint x 2 minutes. -RI #3 at 5:37 pm supine restraint x 13 minutes. -RN was not present for the initiation of RI #1. -Unable to determine if RN was present for RI #3 due to monitoring assessment being left blank. -During RI follow up assessment, RN noted client had a bruise to her right thigh and a photo was taken for record. -There was no documentation of debriefing with client. -Orders were not signed until 12/14/20. <p>10/13/20:</p> <ul style="list-style-type: none"> -RI #1 at 7:45 pm seated restraint x 9 minutes. -RI #2 at 7:57 pm other/physical hold x 3 minutes. 	V 501		

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V 501	<p>Continued From page 120</p> <ul style="list-style-type: none"> -RI #3 at 8:07 pm supine restraint x10 minutes. -Unable to determine if RN was present for initiation, duration, or ending of RI's due to lack of documentation. -All initial, ending and follow up assessment checks were identical with no documented details of abnormalities. -RN placed a check mark in a box which indicated "injury to client" but did not provide details of the injury. -Debriefing with client was incomplete. -Orders were acknowledge by the provider on 12/14/20 but were not signed. <p>-10/18/20:</p> <ul style="list-style-type: none"> -RI #1 at 9:32 pm standing restraint x 2 minutes. -RI #2 at 9:37 pm supine restraint x 6 minutes. -RN was not present for RI #1 or for the initiation of RI #2. -Debriefing with client was incomplete. -Orders were not signed until 12/14/20. <p>-10/21/20:</p> <ul style="list-style-type: none"> -RI #1 at 8:35 pm small child restraint x 7 minutes. -Debriefing with client was incomplete. -Orders were acknowledged by the provider on 12/14/20 but were not signed. <p>-10/29/20:</p> <ul style="list-style-type: none"> -RI #1 at 5:30 pm standing restraint x 3 minutes. -RI #2 at 5:33 pm supine restraint x 7 minutes. -RN was not present for RI #1 or for the initiation of RI #2. -Client complained of shortness of breath during the RI and requested an inhaler. -Orders were not signed until 12/14/20. <p>-10/30/20:</p>	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 501	<p>Continued From page 121</p> <ul style="list-style-type: none"> -RI #1 at 9:04 pm seated restraint x 3 minutes. -RI #2 at 9:07 pm supine restraint x 4 minutes. -Unable to determine if RN was present for RI #1 or RI #2 due to lack of detailed documentation. -There was a co-occurring RI from 9:03 pm to 9:21 pm with FC #7. -Debriefing with client was incomplete. -Orders were acknowledged by the provider on 12/14/20 but were not signed. <p>-11/1/20:</p> <ul style="list-style-type: none"> -RI #1 at 10:37 am standing restraint x 4 minutes. -RI #2 at 11:23 am seated restraint x 7 minutes. -RN was not present for RI #1. -Debriefing was not completed due to client being IVC'd. -Orders were not signed until 12/14/20. <p>Review on 2/8/21-2/10/21 and 2/15/21 of the facility PRTF Restrictive Intervention Report for FC #7 revealed:</p> <p>-9/13/20:</p> <ul style="list-style-type: none"> -RI #1 at 6:17 pm supine restraint x 14 minutes. -RI # 2 at 7:30 pm supine restraint x (no end time was documented). -Staff informed the guardian that {FC #7} had been placed in 3 restraints. -Only 2 restraints were documented. -RN was not present for the initiation of RI #1 and was not present for RI #2. -Unable to determine if a 3rd RI occurred due to the lack of documentation. -Debriefing with the client was incomplete. -Orders were not signed until 10/20/20. <p>-9/21/20:</p> <ul style="list-style-type: none"> -RI #1 at 2:28 pm seated restraint x 5 	V 501		
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NAME OF PROVIDER OR SUPPLIER CUMMINGS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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V 501	<p>Continued From page 122</p> <p>minutes.</p> <ul style="list-style-type: none"> -RI #2 at 7:40 pm other/physical hold x 1 minute. -RN was not present for RI #2. -Debriefing was not completed due to client being IVC'd. -Orders were not signed until 10/20/20. <p>-10/30/20:</p> <ul style="list-style-type: none"> -RI #1 at 5:27 pm supine restraint x 7 minutes. -RI #2 at 5:37 pm supine restraint x 5 minutes. -RI #3 at 7:44 pm supine restraint x 6 minutes. -RI #4 at 8:34 pm supine restraint x 28 minutes. -RI #5 at 9:03 pm supine restraint x 18 minutes. -RN was not present for the initiation of RI #1. -Unable to determine if RN was present for RI #2, RI #3, RI #4, or RI #5 due to lack of documentation (limited details). -All assessment checks were identical for the 57 minute duration of RI's #2 through RI #5. -There was a co-occurring RI at a sister facility on campus from 5:30 pm to 5:32 pm. -There was a co-occurring RI from 9:04 pm to 9:07 pm with FC #6. -Debriefing with client was not completed due to client being IVC'd. -Orders were not signed until 12/14/20. <p>Interview on 1/14/21 with the Nurse Manager revealed:</p> <ul style="list-style-type: none"> -The RN's role during an RI was to obtain orders and to monitor the client's medical status, positioning, circulation and breathing. <p>Interview on 1/11/21, 1/19/21 and 1/27/21 with the Chief Operations Officer (COO) revealed:</p>	V 501		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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V 501	<p>Continued From page 123</p> <ul style="list-style-type: none"> -The RN was supposed to be present for the RI to monitor the client's blood pressure, breathing, consciousness and vigilantly watch that the client's airway was not obstructed. -She was unaware of any circumstances in which the RN would not be able to monitor an RI. -"I have never known a nurse not to be present." -RN's were responsible for debriefing with the clients after an RI. -She believed the time frame for a licensed practitioner to sign orders was 72 hours. -She stated, "Eliada has always done 72 hours. It's not state rule. It's just what we do." -There was a difference between an electronic "acknowledgement" and an electronic "signature." -The system was set up to where the licensed provider had to acknowledge the orders and then "hit sign." It caused a problem. -The facility changed the process last month. "We are on top of those now." <p>This deficiency is cross referenced into 10A NCAC 27G.1901 Scope (V314) for a Type A1 rule violation for serious harm and neglect and must be corrected with 23 days.</p>	V 501		
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