

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on June 10, 2021. The complaint was substantiated (Intake #NC00175100). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide client specific training to 3 of 3 audited staff (Staff #1, House Manager, Associate Professional). The findings are:</p> <p>Review on 4/20/21 of Staff #1's record revealed: -Hired 8/10/20; -Employed as Direct Care Worker; -No client specific training (treatment plan strategies, diagnoses, and sexually aggressive behaviors) to meet the needs of Clients #1, #2, and #3.</p> <p>Review on 4/20/21 of the House Manager's record revealed: -Hired 3/30/20; -No client specific training to (treatment plan strategies, diagnoses, and sexually aggressive behaviors)meet the needs of Clients #1, #2, and #3.</p> <p>Review on 4/20/21 of the Associate Professional's record revealed: -Hired 3/22/21; -No client specific training (treatment plan strategies, diagnoses, and sexually aggressive behaviors)to meet the needs of Clients #1, #2, and #3.</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 2 Interview on 6/4/21 with the Licensee revealed: -Had already started trainings to meet the specific needs of each client, including the treatment plans and diagnoses of each client, and will document the trainings in the staff records; -Started the trainings after a citation in the same rule area by the Division of Health Service Regulation (DHSR) at a sister facility.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment plan strategies to meet the needs of the clients affecting 3 of 3 audited clients (Client #1, #2, and #3). The findings are:</p> <p>Review on 5/25/21 of Client #1's record revealed: -Admitted 1/27/21; -Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, Unspecified Trauma and Stressor Related Disorder; -15 years old; -History of suicidal ideation and self-harm resulting in multiple hospitalizations, cursing, assaulting peers, property damage, sexual abuse at age 7 by father and step-brother; -Treatment plan dated 3/18/21 did not include the facility's point system which identifies the privileges or consequences for the client.</p> <p>Review on 5/25/21 of Client #2's record revealed: -Admitted 1/20/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder; -12 years old; -History of suicidal ideation and self-harm (harm self with knife and razor blades, tried to hang self, tried to drown self, overdose, attempted to starve self) resulting in multiple hospitalizations, verbal aggression with authority figures, sexual abuse by step-father; -Treatment plan dated 1/20/21 updated 3/18/21 did not include the facility's point system which</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>identifies the privileges or consequences for the client.</p> <p>Review on 5/25/21 of Client #3's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old; -History of suicidal ideation, self-harm, and homicidal ideation resulting in multiple hospitalizations, sexualized gestures toward peers; -Treatment plan dated 10/15/20 updated 3/25/21 did not include the facility's point system which identifies the privileges or consequences for the client. Also, did not include strategies to address sexualized feelings or gestures directed toward peers.</p> <p>Interviews on 4/27/21 and 4/28/21 with Clients #1, #2, and #3 revealed: -Participated in a point system which includes "Off Trust" which can limit certain privileges.</p> <p>Interview on 6/4/21 with the Licensee revealed: -Will make sure all treatment plans include the use of the facility's point system; -Will make sure to update Client #3's treatment plan to include strategies to address sexualized feelings or gestures directed toward peers.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 5</p> <p>shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 5/18/21 of the facility's Fire and Disaster Drill log revealed: -No second or third shift fire drills completed during first quarter (January - March), 2020 and 2021; -No disaster drills completed.</p> <p>Interviews on 4/27/21 and 4/28/21 with Clients #1, #2, and #3 revealed: -Practiced fire drills but did not practice disaster drills.</p> <p>Interview on 5/20/21 with the Licensee revealed: -1st shift was 7:00-3:00pm, 2nd shift was 3:00pm-11:00pm, 3rd shift was 11:00pm-7:00am; -Was completing fire drills but was not aware disaster drills also needed to be completed; -Will implement disaster drills immediately.</p>	V 114		

Division of Health Service Regulation

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V 114	Continued From page 6 Interview on 6/4/21 with the Licensee revealed: -Met with the House Manager to ensure fire and disaster drills be completed as required.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain a current medication administration record of all drugs administered to each client affecting 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Review on 5/25/21 and 6/1/21 of Client #1's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old; -Physician's order dated 4/19/21 for Prazosin (urinary retention) 2 milligrams (mg) 1 caplet (cap) daily; -Physician's order dated 4/20/21 for Cholecalciferol D3 (dietary supplement) 2,000 units 1 cap daily, LDestrin FE 1/20 24 (oral contraceptive) 1 cap daily, Risperdal (antipsychotic) 0.5mg 1 tablet (tab) daily, Melatonin (sleep aid) 5mg 2 tabs at bedtime, Zyrtec (allergy relief) 10mg 1 tab daily, and Zoloft (treatment of Obsessive Compulsive Disorder) 25mg 3 tabs in the morning; -Cholecalciferol D3 2,000 units was not signed as administered on five dates on the May, 2021 MAR (5/17/21-5/20/21 and 5/25/21); -LDestrin FE 1/20 24 was not signed as administered on five dates on the May, 2021 MAR (5/17/21-5/20/21 and 5/23/21); -Risperdal 0.5mg was not signed as administered on five dates on the May, 2021 MAR</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 8</p> <p>(5/15/21-5/19/21); -Melatonin 5mg was not signed as administered on five dates on the May, 2021 MAR (5/15/21-5/19/21); -Zyrtec 10mg was not signed as administered on five dates on the May, 2021 MAR (5/15/21-5/19/21); -Zoloft 25mg was not signed as administered on four dates on the May, 2021 MAR (4/17/21-5/20/21); -Prazosin 2mg was not signed as administered for 28 dates on the May, 2021 MAR (5/1/21-5/24/21, 5/26/21, and 5/28/21-5/30/21).</p> <p>Review on 5/25/21 and 6/1/21 of Client #3's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old; -Physician's orders dated 3/29/21 for Fluoxetine (antidepressant) 40mg 1 cap daily and Vitamin D3 (supplement) 50 micrograms (mcg) (2,000 units) 1 cap daily; -Fluoxetine 40mg was not signed as administered on two dates on the April, 2021 MAR (4/14/21 and 4/16/21); -Vitamin D3 50mcg (2,000 units) was not listed on the April, 2021 and May, 2021 MARs.</p> <p>Interviews on 5/19/21 with the House Manager and the Associate Professional revealed: -Have seen an improvement in staff completing the MARs correctly over the past month since it was discussed in the last staff meeting.</p> <p>Interview on 5/20/21 with the Licensee revealed: -The House Manager and the Associate</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 9</p> <p>Professional are in the facility weekly and checking the MARs to make sure the medications are ordered and present and that staff are signing the MARs; -All medications have been administered as ordered by the physician.</p> <p>Interview on 6/4/21 with the Licensee revealed: -There had been a significant improvement in the medication administration documentation and this is an area which will continually have close monitoring by management; -Client #1's Prazosin was on a separate page of the May, 2021 MAR and was overlooked by staff for signature.</p> <p>Observation on 6/1/21 at approximately 6:15am of Client #1's medications revealed: -Cholecalciferol D3 2,000 units in an over the counter bottle; -LDestrin FE 1/20 24 dispensed 4/13/21; -Risperdal 0.5mg dispensed 5/20/21; -Melatonin 5mg dispensed 5/28/21; -Zyrtec 10mg dispensed 4/28/21; -Zoloft 25mg dispensed 5/18/21; -Prazosin 2mg dispensed 5/25/21.</p> <p>Observation on 6/1/21 at approximately 6:30am of Client #3's medications revealed: -Fluoxetine 40mg dispensed 5/24/21; -Vitamin D3 50mcg in an over the counter bottle.</p>	V 118		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 10</p> <p>able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain two direct care staff for up to four children or adolescents. The findings are:</p> <p>Observation on 6/1/21 at approximately 6:00am of the facility revealed: -Only one staff member (Staff #4) present with three clients (Clients #1, #2, and #3).</p> <p>Review on 5/25/21 of Client #1's record revealed: -Admitted 1/27/21; -Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, Unspecified Trauma and Stressor Related Disorder; -15 years old; -History of suicidal ideation and self-harm resulting in multiple hospitalizations, cursing, assaulting peers, property damage, sexual abuse at age 7 by father and step-brother.</p> <p>Review on 5/25/21 of Client #2's record revealed: -Admitted 1/20/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder; -12 years old; -History of suicidal ideation and self-harm (harm self with knife and razor blades, tried to hang self, tried to drown self, overdose, attempted to starve self) resulting in multiple hospitalizations, verbal aggression with authority figures, sexual abuse by step-father.</p>	V 296		

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V 296	<p>Continued From page 12</p> <p>Review on 5/25/21 of Client #3's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old; -History of suicidal ideation, self-harm, and homicidal ideation resulting in multiple hospitalizations, sexualized gestures toward peers.</p> <p>Interview on 4/28/21 with Client #1 revealed: -Usually two staff work per shift except on third shift when there is only one staff present; -Knew only one staff worked third shift because when she wakes up there is only one staff present.</p> <p>Interview on 6/1/21 with Staff #4 revealed: -Had worked third shift in the past with another staff member, but now worked third shift alone.</p> <p>Interview on 6/4/21 with the Licensee revealed: -Had problems securing staff to work third shift due to the national pandemic and many staff having to take care of their own families.</p> <p>Review on 6/10/21 of the Plan of Protection dated 6/10/21 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Pathways Group Homes (Licensee) will ensure two people are scheduled and present for their shift at all times. Pathways has hired new employees that will start working upon completion of training. Pathways will also have an on-call system to assist with call-outs in the event that someone cannot show up for their shift.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 296	<p>Continued From page 13</p> <p>Describe you plans to make sure the above happens. Continuing to hire new employees via online job websites such a [job website]. To create a calendar via Word document and post in the homes to show who is on call and should be contacted in the event of a callout."</p> <p>Client #1 was a 15 year old diagnosed with Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, and Unspecified Trauma and Stressor Related Disorder. She had a history of suicidal ideation and self-harm resulting in multiple hospitalizations, assaulting peers, and property damage. Client #2 was 12 years old diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, and Unspecified Anxiety Disorder. She had a history of suicidal ideation and self-harm (harm self with knife and razor blades, tried to hang self, tried to drown self, overdose, attempted to starve self) resulting in multiple hospitalizations. Client #3 was 15 years old and diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, and Generalized Anxiety Disorder. She had a history of suicidal ideation, self-harm, and homicidal ideation resulting in multiple hospitalizations. The facility did not maintain minimum staffing ratios resulting in Clients #1, #2, and #3 not receiving the supervision required to meet their needs. The lack of supervision was detrimental to the heath, safety, and welfare of Clients #1, #2, and #3. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 364	Continued From page 14	V 364		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 364	<p>Continued From page 15</p> <p>unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 364	<p>Continued From page 16</p> <p>individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 364	<p>Continued From page 17</p> <p>when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 364	<p>Continued From page 18</p> <p>rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients could communicate and consult with parents or guardian or the agency or individual having legal custody affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 5/25/21 of Client #1's record revealed: -Admitted 1/27/21; -Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, Unspecified Trauma and Stressor Related Disorder; -15 years old.</p> <p>Review on 5/25/21 of Client #2's record revealed: -Admitted 1/20/21; -Diagnosed with Post Traumatic Stress Disorder,</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 19</p> <p>Major Depressive Disorder, Unspecified Anxiety Disorder; -12 years old.</p> <p>Review on 5/25/21 of Client #3's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old.</p> <p>Interviews on 4/27/21 and 4/28/21 with Clients #1 and #2 revealed: -Did not have privacy on telephone calls with legal guardians; -Staff monitor phone calls with the phone on speaker; -Client #2 revealed the phone must be kept on speaker phone because "that is the rule" made by staff.</p> <p>Interviews on 5/19/21 with Staff #1, the House Manager, and the Associate Professional revealed: -The protocol for phone use in the facility is for staff to carry the phone with them at all times and will assist clients with making phone calls and monitor the phone calls.</p> <p>Interview on 5/20/21 with the Licensee revealed: -Will immediately adjust the protocol for phone use to ensure clients are not denied confidential phone access to their legal guardians.</p> <p>Interview on 6/4/21 with the Licensee revealed: -Met with all staff to ensure clients have access to confidential calls with legal guardians.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 367	Continued From page 20	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously 	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 21</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 367	<p>Continued From page 22</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based upon interview and record review, the facility failed to notify the local management entity responsible for the catchment area of all Level II incident reports within 72 hours of becoming aware of the incident.</p> <p>Review on 5/25/21 of Client #2's record revealed: -Admitted 1/20/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder; -12 years old; -History of suicidal ideation and self-harm (harm self with knife and razor blades, tried to hang self, tried to drown self, overdose, attempted to starve self) resulting in multiple hospitalizations; -Treatment plan dated 1/20/21 updated 3/18/21 revealed on 3/4/21 staff found Client #2 with "a bag of medications which he had 'cheeked' with intentions of overdosing on the medications resulting in an inpatient hospitalization."</p> <p>Review on 4/20/21 of the facility's Incident Reports revealed: -No incident report for Client #2 being found with medications in his possession.</p> <p>Review on 5/19/21 of the North Carolina Incident</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 367	<p>Continued From page 23</p> <p>Response Improvement System (NC IRIS) revealed: -No incident report for Client #2 being found with medications in his possession.</p> <p>Interview on 5/26/21 with the Licensee revealed: -Client #2 was found with a plastic bag with one pill in it and voiced he had wanted to overdose; -Client #2 was transported to the local hospital where he was admitted for psychiatric stabilization; -Staff have been re-trained to ensure all medications were swallowed during medication administration.</p> <p>Interview on 6/4/21 with the Licensee revealed: -Will make sure to complete all Level II incident reports through NC IRIS in the future.</p>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, 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>	V 500		

Division of Health Service Regulation

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V 500	<p>Continued From page 24</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, 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</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 500	<p>Continued From page 25 over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to develop and implement policy regarding restriction of client rights affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 4/27/21 at approximately 9:30am of the facility revealed: -Locking device on the refrigerator and freezer unit.</p> <p>Review on 5/25/21 of Client #1's record revealed: -Admitted 1/27/21; -Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, Unspecified Trauma and Stressor Related Disorder; -15 years old.</p> <p>Review on 5/25/21 of Client #2's record revealed: -Admitted 1/20/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder; -12 years old.</p> <p>Review on 5/25/21 of Client #3's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old.</p> <p>Interviews on 4/27/21 and 4/28/21 with Clients #1,</p>	V 500		

Division of Health Service Regulation

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V 500	Continued From page 26 #2, and #3 revealed: -The refrigerator and freezer unit was kept locked; -Received three meals and two snacks per day. Interview on 5/20/21 with the Licensee revealed: -Will remove the lock from the refrigerator and freezer unit. Interview on 6/4/21 with the Licensee revealed: -The lock from the refrigerator and freezer unit was removed.	V 500		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: CROSS REFERENCE: 10A NCAC 27G .0304 Facility Design and Equipment (V750) Based on interview, record review, and observation, the facility failed to maintain electrical systems in an operating condition affecting 3 of 3 audited clients (Clients #1, #2, and #3).	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 27</p> <p>Observation on 4/27/21 at approximately 9:30am of the facility revealed:</p> <ul style="list-style-type: none"> -Primary bathroom off main hallway had multiple ceramic tiles loose on the floor; -The ceramic tiles were broken into small pieces of varying sizes each with sharp jagged edges; -Ceramic tile pieces were loose and could easily be picked up from the subfloor below; -The secondary bathroom in the home was located off a client's bedroom and was locked preventing access to staff and clients; -Clients #1, #2, and #3's bedroom doors did not latch; -Client #3's closet door had a 2 inch diameter hole at the bottom of the door; <p>Debris in the outside of the yard included, but was not limited to , broken rain umbrella, laundry baskets, buckets, dirty towels, and paint equipment;</p> <ul style="list-style-type: none"> -Two large pieces of siding approximately 4 feet long hanging from the roofline. <p>Review on 5/25/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted 1/27/21; -Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, Unspecified Trauma and Stressor Related Disorder; -15 years old; -History of suicidal ideation and self-harm resulting in multiple hospitalizations, assaulting peers, and property damage. <p>Review on 5/25/21 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted 1/20/21; -Diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder; -12 years old; -History of suicidal ideation and self-harm (harm 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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V 736	<p>Continued From page 28</p> <p>self with knife and razor blades, tried to hang self, tried to drown self, overdose, attempted to starve self) resulting in multiple hospitalizations.</p> <p>Review on 5/25/21 of Client #3's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, Generalized Anxiety Disorder; -15 years old; -History of suicidal ideation, self-harm, and homicidal ideation resulting in multiple hospitalizations.</p> <p>Review on 4/29/21 of a photograph of the bathroom floor sent by the Licensee on 4/29/21 at 1:10pm revealed: -A new ceramic tile floor was installed in the hallway bathroom.</p> <p>Interviews on 4/27/21 and 4/28/21 with Clients #1, #2, and #3 revealed: -The clients could not provide any details about when or how the ceramic tiles on the bathroom floor broke.</p> <p>Interview on 4/27/21 with the House Manager revealed: -The ceramic tile flooring broke as a result of a leak in the roof discovered this past weekend after a heavy rainstorm. The rain leaked through the roof and through the bathroom ceiling directly through the electrical fixture on the bathroom ceiling causing the electric fixture to short out. The rainwater eventually pooled on the bathroom floor; -There were no threats of injury or actual injury as a result of the broken ceramic tiles on the bathroom floor.</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 29</p> <p>Interview on 4/27/21 with the Licensee revealed: -Would have someone respond to the facility immediately to remove the broken ceramic tile with sharp jagged edges now that the Division of Health Service Regulation surveyor had identified the presence of the broken ceramic tile as a safety concern; -Would make the necessary repairs to the bathroom as quickly as possible in order to ensure the safety of the clients present; -There were no threats of injury or actual injury as a result of the broken ceramic tiles on the bathroom floor.</p> <p>Interview on 5/3/21 with the Licensee revealed: -A new floor had been installed in the hallway bathroom and all broken ceramic tile pieces had been removed from the facility.</p> <p>Interview on 6/4/21 with the Licensee revealed: -The hallway bathroom lighting and flooring had been repaired; -Will continue to monitor the facility and repair all safety matters immediately; -Will work with the landlord to have all other physical plant concerns addressed as soon as possible.</p> <p>Review on 4/27/21 of the Plan of Protection dated 4/27/21 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Director (Licensee) removed lamp with plug in from the bathroom on 4/27/21. Electrician came out to diagnoses all issues with bathroom lighting, will return on 4/29/21 to fix lighting and replace fixture. Director has another electrician coming this afternoon that may be able to take care of the issue today. If that is the case, the director will</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 30</p> <p>allow that electrician to fix it today. Director replaced lamp with cordless plug in lighting to ensure safety of all consumers as a back up. Director contacted [contracting company] to start flooring process. They are going to start on the floor on 4/27/21 and come back on 4/28/21 to finish everything to ensure there are no loose tile. Director has purchased new tile on 4/27/21. In regards to the bathroom that is connected to another consumers room, that bathroom is not used due to previous consumers trying to elope through the bathroom window. That bathroom is also not used due to safety concerns with other consumers having to travel through another consumer's room to get to that bathroom. There are no repairs needed for the bathroom that is connected to the consumers room.</p> <p>Describe your plans to make sure the above happens. Director has already paid half of invoice to electrician so that the repairs will happen this week. Director already has an appointment with the flooring company and has purchased the new tile for the bathroom floor."</p> <p>Client #1 was a 15 year old diagnosed with Diagnosed with Disruptive Mood Disorder, Unspecified Anxiety Disorder, and Unspecified Trauma and Stressor Related Disorder. She had a history of suicidal ideation and self-harm resulting in multiple hospitalizations, assaulting peers, and property damage. Client #2 was 12 years old diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, and Unspecified Anxiety Disorder. She had a history of suicidal ideation and self-harm (harm self with knife and razor blades, tried to hang self, tried to drown self, overdose, attempted to starve self) resulting in multiple hospitalizations. Client #3</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 31 was 15 years old and diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder, and Generalized Anxiety Disorder. She had a history of suicidal ideation, self-harm, and homicidal ideation resulting in multiple hospitalizations. Observation of the facility revealed a standing lamp with a bare bulb suspended from a hook on the bathroom wall. An electrical outlet was not far from the sink. Furthermore, several sharp jagged pieces of broken ceramic tile were strewn along the bathroom floor and accessible to clients. Availability of the sharp jagged ceramic tile and electric cord draped along the bathroom sink presented a dangerous environment for Clients #1, #2, and #3. The physical setting, combined with the client's history of self-harm, suicidal ideation, homicidal ideation and aggression toward others, resulted in substantial risk for physical harm. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water	V 750		

Division of Health Service Regulation

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V 750	<p>Continued From page 32</p> <p>systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain electrical systems in an operating condition affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 4/27/21 at approximately 9:30am of the facility revealed: -Primary bathroom off main hallway had a ceiling electrical fixture which was covered in a layer of black dust or soot; -The ceiling electrical fixture was not operational; -A standing lamp was located next to the bathroom sink. The lampshade had been removed from the standing lamp leaving a bare light bulb exposed. The metal lamp harp was used to hang the lamp from a wooden hook attached to the bathroom wall. The cord for the standing lamp was laid across the sink area to be plugged in to the wall electrical outlet.</p> <p>Review on 4/27/21 of a photograph of the bathroom ceiling light fixture sent by the Licensee on 4/27/21 at 6:04pm revealed: -An operational light unit; -The light unit did not completely cover the open hole in the bathroom ceiling created to house the old light unit.</p> <p>Interviews on 4/27/21 and 4/28/21 with Clients #1, #2, and #3 revealed: -The ceiling light in the hallway bathroom was not working; -Staff put a lamp in the bathroom for clients to</p>	V 750		

Division of Health Service Regulation

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V 750	<p>Continued From page 33</p> <p>have light in the bathroom; -Could not provide details about when or how the ceiling light in the hallway bathroom broke.</p> <p>Interview on 4/27/21 with the House Manager revealed: -The ceiling light in the hallway bathroom broke as a result of a leak in the roof discovered this past weekend after a heavy rainstorm. The rain leaked through the roof and through the bathroom ceiling directly through the electrical fixture in the bathroom ceiling causing the electric fixture to short out; -There were no threats of injury or actual injury as a result of the standing lamp which was hung in the bathroom.</p> <p>Interview on 4/27/21 with the Licensee revealed: -Would have someone respond to the facility immediately to repair the broken ceiling electrical fixture now that the Division of Health Service Regulation surveyor had identified the broken ceiling electrical fixture and temporary use of a standing lamp with a bare bulb and exposed electrical cord over the sink to be a safety concern; -Would make the necessary repairs to the bathroom as quickly as possible in order to ensure the safety of the clients present; -There were no threats of injury or actual injury as a result of the use of the standing lamp which was hung in the bathroom.</p> <p>Interview on 5/3/21 with the Licensee revealed: -A new electrical fixture had been installed in the hallway bathroom and the standing lamp had been removed.</p> <p>Interview on 6/4/21 with the Licensee revealed: -The hallway bathroom lighting and flooring had</p>	V 750		

Division of Health Service Regulation

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V 750	<p>Continued From page 34</p> <p>been repaired; -Will continue to monitor the facility and repair all safety matters immediately; -Will work with the landlord to have all other physical plant concerns addressed as soon as possible.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0303 Location and Exterior Requirements (V736) for a Type A2 rule violation and must be corrected within 23 days.</p>	V 750		