

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RESIDENTIAL TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601-B HUFFINE MILL ROAD GREENSBORO, NC 27405</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<b>INITIAL COMMENTS</b>  An annual and complaint survey was completed on May 20, 2021. The complaints (Intake #NC00176853 and Intake #NC00176909) were unsubstantiated. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 109	<b>27G .0203 Privileging/Training Professionals</b>  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	V 109	V109  The internal panel review findings identified concerns with supervision by 3rd shift staff. The incident in question brought to light concerns of staff sleeping while on 3rd shift. Improvements have been made within the program to address supervision issues.  The staff involved in the incident have received corrective actions.  Specific seating arrangements have been created for 3rd shift staff so that the whole unit is visible and monitored.  Executive Director spoke individually with 3rd shift staff members to review 10 minute check protocols and 30 minute call ins to the 3rd shift log.  Nursing staff were notified on 5/14/21 that 3rd shift nurses must make rounds on the unit a minimum of every 30 minutes and call in to the 3rd shift phone log every 30 minutes.  A mandatory staff meeting was held by the Executive Director on 5/17/21 with all BHCs and by the Nursing Manager on 5/25/21 with all the nurses to review policies, procedures, shift responsibilities, and expectations.  There is no policy for the nurses' office door to remain open during 3rd shift. The door usually is closed due to safety concerns with access to medication.	5/12/21  5/24/21  4/30/21  5/3/21  5/14/21  5/25/21

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Meaghan Whitson* LCSW

TITLE

6/4/21

(X6) DATE

DHSR - Mental Health

STATE FORM

6899

7ZHD11

If continuation sheet 1 of 31

JUN 07 2021

Lic. & Cert. Section

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V 109	<p>Continued From page 1</p> <p>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 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 1 of 1 Qualified Professional (the Executive Director (ED)) and 4 of 4 Registered Nurses (RN #1, RN #2, RN #3 and RN #4) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 5/12/21 of the ED's record revealed: -A hire date of 9/1/2019 -A job description for an ED</p> <p>Reviews on 5/12/21 of RN #1, RN #2, RN #3 and RN #4's records revealed: -Hire dates off : 9/1/2019 -A job description for a RN.</p> <p>Finding #1 Review on 5/13/21 of the facility's undated policy and procedures for 3rd shift staff revealed: -"1. Call into the third shift log every half hour, 2. Be sure to complete ten-minute checks on residents. This means physically opening the bedroom doors and checking on the client. This is for your own protection. You could be held responsible if you signed for a check (room), you</p>	V 109	<p>V109 Continued Nursing staff were notified in 2019 and again in 2020 in response to the COVID-19 epidemic restrictions that they were not to leave the unit to respond to medical needs at Act Together Crisis Shelter. Staff complies. Crisis Shelter Program Director was instructed to ensure that other coverage options were available to her staff in August 2019 and again on 6/4/21.</p> <p>Door chimes are being added to each member's bedroom door to alert staff if/when member's leave their bedroom which requires staff acknowledgment to silence. The vendor is currently building the protocol for the computer system and has ordered chimes and additional material needed for the install.</p> <p>Planning has begun to add a 3rd shift monitor to support PRTF staff nightly throughout their shift.</p> <p>Executive Director is completing spot-check video monitoring and documentation of 3rd shift which is reported to the Vice President of Residential Services.</p> <p>Supervisors are completing random on-campus visits during 3rd shift to monitor.</p> <p>Program is updating the check-in process by using a barcode scanning system to ensure nightly bed checks are completed as expected.</p>	<p>6/4/21</p> <p>6/11/21</p> <p>6/11/21</p> <p>5/17/21</p> <p>5/27/21</p> <p>6/11/21</p>

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V 109	<p>Continued From page 2</p> <p>didn't do, and something happens ...."</p> <p>Review on 5/12/21 of the facility's video footage for 2/22/21 revealed:</p> <ul style="list-style-type: none"> <li>-The video footage was dated 2/22/21</li> <li>-The video footage ran from 6:00:04am to 6:48:59am</li> <li>-Camera #1's angle was at the staffs' station facing down the female clients' hall</li> <li>-Camera #2's angle was on the females' hall where the RN's office was located.</li> </ul> <p>Further review on 5/19/21 of the facility's video footage for 2/22/21 revealed:</p> <ul style="list-style-type: none"> <li>-On 2/22/21, from 6:00:04am to 6:48:59am, the video footage showed RN #1 failed to conduct 30-minute call ins as required</li> <li>-The video footage showed RN #1 failed to conduct 10-minute room checks on the clients as required.</li> </ul> <p>Interview on 5/13/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-While on third shift (11pm to 7am), RN #1 sat in the nurses' office with the door closed</li> <li>-RN #1 was included in the required staffing ratio</li> <li>-"Sometimes, [RN #1] will come out now and then to go onto the clients' halls ..."</li> </ul> <p>Interview on 5/14/21 with RN #1 revealed:</p> <ul style="list-style-type: none"> <li>-The door to the nurses' office had to be open on third shift now</li> <li>-When asked why the door to the nurses' office was closed on 2/22/21 from 6:00:04 to 6:48:59am, RN #1 stated she was unable to recall why the office door was closed on 2/22/21.</li> <li>-On the crisis unit (emergency placements for clients of the local department of social services) located in another part of the same building as the Psychiatric Residential Treatment Facility (PRTF), there was not a RN.</li> </ul>	V 109		

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V 109	<p>Continued From page 3</p> <p>-"They may call me to come over to check on a client if there are like breathing issues or something. I usually have to take ice if there is swelling to an arm or something. They call me to come over and assess the clients. I haven't been over there in a while, but I have gone over there on third shift in the past ..."</p> <p>Interview on 5/20/21 with RN #2 revealed: -When asked about the crisis unit, RN #2 stated "So, I will go over there if they ask for assistance. It is like when they want me to look at a rash, or don't have needed supplies...They hardly call on us."</p> <p>Interview on 5/19/21 with RN #3 revealed: -"The door (to the nursing office) being closed depends on staffing. If one of the clients is on a 1:1 (suicide watch), I keep the door open. If not, I keep the door closed. Just depends on the type of situation going on. When situations do occur, there is the 1:1 staff and then another staff on 3rd shift and then sometimes, there is the 1:1 staff and then two other staff on 3rd shift." -Regarding the crisis unit next to the PRTF, "If there is a medical concern at [the crisis unit] on 3rd shift, we are expected to go over there. I have had to actually call EMS (Emergency Medical Services) when I was over there. A client had a seizure and fell out of the bed. That was probably a year ago. There have not been anything recently or within the last 6 months over there."</p> <p>Interview on 5/20/21 with RN #4 revealed: -Normally did not keep the door to the nurses' office open. -Had never been to the crisis unit -"It is a possibility to go over there (the crisis unit) on my shift especially if there were a medical emergency ..."</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>-She did not do room checks on the clients -"I was there for more of medical issues ..."</p> <p>Interview on 5/12/21 with the Nursing Manager (NM) revealed: -Provided supervision to all of the RNs -Only had one RN for each shift and their station is on the girls' hall. -"The RNs also provided supervision to the clients, but the direct care staff does most of the monitoring."</p> <p>Further interview on 5/20/21 with the NM revealed: -With the COVID restrictions, the RNs on 3rd shift should not be leaving the PRTF to assist on the crisis unit. -"The crisis unit will call the nurses in case of emergencies. Pre-COVID, when the crisis unit called, the nurses on third shift went over for a short period of time, to assess the clients and consult to see if the client needed to be taken to the Emergency Room. They are not our clients. We would just make recommendations. I will reiterate with the nurses they are not to leave the PRTF and go to the crisis unit." -"The nurses should not remain in the nurses' office with the door closed as the expectation was for the third shift nurses to walk the unit every 30 minutes to ensure client safety ..." -Had just assumed the nurses on third shift were calling in every 30 minutes. -"I was not added to the call log list previously to be able to check to see if the nurse called in. I was just added to the call log on Monday (5/17/21). I just assumed they were calling in and they were assuming I was checking the call log. It was a communication break-down ..."</p> <p>Interview on 5/19/21 with the ED revealed:</p>	V 109		

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V 109	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-All of the RNs had been trained in the clients' treatment plans, which included the implementation of strategies</li> <li>-RN #1 was expected, in addition to nursing duties, to call in every 30-minutes</li> <li>-RN #1 was expected to conduct room checks every 10 minutes on 3rd shift</li> <li>-Was not aware RN #1 had left the unit to assist the crisis unit</li> <li>-"She should never leave the PRTF. I was not aware the nurses assisted the crisis unit. That should not be happening. I will get with the Nurse Manager so she can communicate this to the nurses."</li> </ul> <p>Finding #2 Interview on 5/19/21 with the Program Supervisor (PS) revealed:</p> <ul style="list-style-type: none"> <li>-Was responsible for completing the staffs' schedules</li> <li>-The ED reviewed and approved the schedules</li> </ul> <p>Further interview on 5/11/21 with the ED revealed:</p> <ul style="list-style-type: none"> <li>-Ensured staff schedules were completed by the PS.</li> <li>-Approved the staff schedules</li> <li>-Had always had 2 direct care staff and 1 RN on third shift</li> <li>-RNs, in addition to their job duties were expected to perform direct care staff duties.</li> <li>-Had looked at the waiver request in February 2021 and realized it had to be renewed every year to have less staff on third shift.</li> <li>-"I brought it to the attention of [Vice President of Residential Services] and he followed up with your Agency. On February 26, 2021, we learned our waiver had expired (on 12/31/20) which allowed us to only have 3 staff on third shift,"</li> <li>-Was aware there were to be 2 direct care staff</li> </ul>	V 109		

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V 109	Continued From page 6  for every 6 clients. -Stated it was difficult to find third shift staff to work at a non-profit Agency.  This deficiency is cross referenced into 10A NCAC 27G .1901 SCOPE (V314) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110	V110 The internal panel review findings identified concerns with supervision by 3rd shift staff. The incident in question brought to light concerns of staff sleeping while on 3rd shift. Improvements have been made within the program to address supervision issues.  The staff involved in the incident have received corrective actions.  Specific seating arrangements have been created for 3rd shift staff so that the whole unit is visible and monitored.  Executive Director spoke individually with 3rd shift staff members to review 10 minute check protocols and 30 minute call ins to the 3rd shift log.  Nursing staff were notified on 5/14/21 that 3rd shift nurses must make rounds on the unit a minimum of every 30 minutes and call in to the 3rd shift phone log every 30 minutes.  A mandatory staff meeting was held by the Executive Director on 5/17/21 with all BHCs and by the Nursing Manager on 5/25/21 with all the nurses to review policies, procedures, shift responsibilities, and expectations.  Door chimes are being added to each member's bedroom door to alert staff if/when member's leave their bedroom which requires staff acknowledgment to silence. The vendor is currently building the protocol for the computer system and has ordered chimes and additional material needed for the install.	5/12/21  5/24/21  4/30/21  5/3/21  5/14/21  5/25/21  6/11/21

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V 110	<p>Continued From page 7</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 2 of 6 audited staff (#1 and #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 5/11/21 of staff #1's record revealed: -A hire date of 11/9/20 -A job description of Behavioral Health Counselor</p> <p>Review on 5/11/21 of staff #2's record revealed: -A hire date of 9/1/19 -A job description of Behavioral Health Counselor</p> <p>Review on 5/12/21 of the facility's video footage for 2/22/21 revealed: -The video footage was stamped 2/22/21 -The video footage ran from 6:00:04am to 6:48:59am -Camera #1's angle was at the staffs' station facing down the female clients' hall -Camera #2's angle was on the females' hall where the RN's office was located.</p> <p>Finding #1 Review on 5/13/21 of the facility's undated policy and procedures for 3rd shift staff revealed: -"1. Call into the third shift log every half hour, 2. Be sure to complete ten-minute checks on residents. This means physically opening the bedroom doors and checking on the client. This is for your own protection. You could be held</p>	V 110	<p>V110 Continued</p> <p>Planning has begun to add a 3rd shift monitor to support PRTF staff nightly throughout their shift.</p> <p>Executive Director is completing spot-check video monitoring and documentation of 3rd shift which is reported to the Vice President of Residential Services.</p> <p>Supervisors are completing random on-campus visits during 3rd shift to monitor.</p> <p>Program is updating the check-in process by using a barcode scanning system to ensure nightly bed checks are completed as expected.</p>	<p>6/11/21</p> <p>5/17/21</p> <p>5/27/21</p> <p>6/11/21</p>



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V 110	<p>Continued From page 8</p> <p>responsible if you signed for a check (room), you didn't do, and something happens ...."</p> <p>Further review on 5/19/21 of the facility's video footage for 2/22/21 revealed: -On 2/22/21, from 6:00:04am to 6:48:59am, the video footage showed staff #1 and staff #2 failed to conduct 30-minute call ins as required -The video footage showed staff #1 and staff #2 failed to conduct 10-minute room checks on the clients as required.</p> <p>Interview on 5/13/21 with staff #1 revealed: -Worked third shift from 11pm to 7am -The expectation of 3rd shift was to make sure the clients were safe by conducting room checks every 10 minutes and call-ins every 30 minutes. -"We (staff #1 and staff #2) have been conducting room checks every 30 to 45 minutes and we call in every 30 minutes." -Would crack the door to the clients' rooms and ensure the clients were present. -Stated there was a call-in number and only one staff on third shift needed to call in. -"The phone call acts as our documentation and then we document on the form for the bed checks." -Stated the Executive Director (ED) had emphasized the consistency of doing the bedroom checks. -"[The ED] recently sat down with me and said there was a lapse in the bedroom checks on our shift (3rd) and emphasized we are to do the bed checks every 10 minutes." -When asked about the room checks, staff #1 stated "if the video shows I did not conduct the room checks on 2/22/21 (from 6:00:04am to 6:48:59am), then I did not do it and the same for the call ins."</p>	V 110		

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V 110	<p>Continued From page 9</p> <p>Interview on 5/12/21 with staff #2 revealed:                      -Worked 3rd shift at the PRTF                      -The expectation on third shift was to do 30-minute call-ins and 10-minute bed checks.                      -Stated the clients required constant supervision.                      -"When we do checks, we open their door to make sure they are asleep and safe. We divide up the bed checks. It is just whomever is available to do them ... We (staff #2 and staff #1) documented bed checks. There were times when we should have documented that we did bed checks and we did not. I am not sure why."                      -Made call ins every 30-minutes                      -"Usually just one staff on our shift calls in. We do not have to document this as the recording is the documentation ..."                      -Was unable to recall if she conducted room checks or called in during 6:00:04am and 6:48:59am on 2/22/21.                      -"I don't have a really good memory and that was so long ago ..."</p> <p>Interview on 5/11/21 with the ED revealed:                      -The expectation for the third shift staff was to conduct bed checks every 10 minutes                      -The third shift staff was to also conduct call ins every 30 minutes.                      -Staff #1 and staff #2 were aware of the third shift policies for the call ins and the room checks.                      -Reviewed the video on 2/22/21, from 6:00:04am to 6:48:59am, and observed both staff #1 and staff #2 had failed to conduct the call ins and the room checks as required.</p> <p>Finding #2                      Review on 5/11/21 of the facility's incident report, dated 4/29/21 and written by the Executive Director (ED) revealed:                      -On 4/28/21, Former Client #1 (FC #1)'s Legal Guardian (LG) contacted the ED via text</p>	V 110		

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V 110	<p>Continued From page 10</p> <p>message.</p> <p>-On 4/29/21, at 2:30pm, the ED was informed FC #1 had tested positive for Chlamydia (at her new facility)</p> <p>-Upon receiving the positive test result, FC #1 informed her new therapist that she had sex with another client (FC #2) the morning she left (discharged on 2/22/21) around 5:00am.</p> <p>-It was reported FC #1 and another peer (client #3) snuck down to client #3's room to vape (electronic smoking device) with FC #2</p> <p>-As a form of "payment", FC #1 had sex with FC #2.</p> <p>-It was reported FC #1 felt pressure to have sex with FC #2</p> <p>-The Department of Social of Social Services (DSS) and the Division of Health Service Regulation (DHSR) were made aware of the incident</p> <p>-The IT (Information Technology) Department was contacted by the ED, via text message, to ensure the video footage from 2/22/21 would be available to be reviewed.</p> <p>-The ED asked the only client (#3) (still at the facility) if she remembered anything happening between FC #1 and FC #2.</p> <p>-Client #3 stated she did not have any information by shrugging her shoulders and stating "Naw".</p> <p>-The first review of the video did not reveal any information</p> <p>-The second review of the video revealed FC #2 walked down the hall at 6:00:09am (on 2/22/21). At 6:15am, client #3 went into FC #1's room and woke her up.</p> <p>-Both FC #1 and client #3 went into client #3's room.</p> <p>-Staff members #1 and #2 both sat at the staffs' station</p> <p>-At 6:38am, FC #1, FC #2 and client #3 came out of client #3's room as staff began setting up for</p>	V 110		

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V 110	<p>Continued From page 11</p> <p>first shift (7am to 3pm). -"It appeared they (FC #1, FC #2 and client #3) acted as though they were just up getting ready (for the day)." -FC #1's LG called the ED. -She shared "[FC #1] made clear it (the sexual intercourse between FC #1 and FC #2) was not forced." -The ED stated, "the age of consent in North Carolina was of concern (14 years of age)." -FC #1 was 13 years old and FC #2 was 16 years old on 2/22/21.</p> <p>Further review on 5/12/21 of the facility's video footage for 2/22/21 revealed: -At 6:00:04am staff #1 and staff #2 sat at the staffs' station. -Staff #1 was sitting at the desk with his head resting on his folded arms on the desk, with his eyes closed and he appeared to be asleep. -Staff #2 was also sitting at the desk with her head leaning forward, with her hands folded on her lap and appeared to be asleep. -Between 6:00:09am and 6:00:27am, FC #2 walked up the males' hall, past the staffs' station and into client #3's room unnoticed. -Also, during this time period, client #3 was seen with FC #1 entering client #3's room where FC #2 had entered and closed the door. -All three clients remained in client #3's bedroom from 6:00:27am to 6:43:51am -At 6:40:05am, Registered Nurse #1 walked from the females' hallway to the staffs' station where staff #1 and staff #2 began to stir -At 6:44:12, FC #2 picked up his hygiene basket and walked toward the males' hall and out of camera sight.</p> <p>Interview on 5/13/21 with staff #1 revealed: -Worked third shift at the facility from 11pm to</p>	V 110		

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V 110	<p>Continued From page 12</p> <p>7am</p> <p>-The expectation was to remain awake on third shift and supervise the clients</p> <p>-FC #1, FC #2 and client #3 had sexualized behaviors</p> <p>-Stated the ED "sat down with me recently and said there was a time (in February 2021) where [FC #2 ] snuck into [client #3]'s room. She had watched a video. I was not aware that had occurred until she brought it to my attention. I have not seen the video. [FC #2] would have walked past the staffs' station to get onto the girl's hall."</p> <p>-The ED stated the clients were in one room for 30 to 40 minutes.</p> <p>-"She did not go into detail about anything but there was sexual activity that took place.[The ED] also said she saw me and [staff #2] nodding off at the desk and that is how [FC #2] was able to go into [client #3]'s room.</p> <p>-Staff #1 stated it is only human to get tired on 3rd shift.</p> <p>-"If it (nodding off), is on the video, then I nodded off. I don't remember nodding off. I would never allow [FC #2] to go down the hall and into [client #3]'s room ..."</p> <p>Interview on 5/12/21 with staff #2 revealed:</p> <p>-Worked 3rd shift at the PRTF</p> <p>-FC #1, FC #2 and client #3 had sexualized behaviors and required constant supervision</p> <p>-"The clients will wait until our backs are turned and try to sneak into each other's rooms. I have been told to watch them closely"</p> <p>-Was made aware by the ED of an incident with FC #1, FC #2 and client #3 that occurred in February 2021</p> <p>-"She said [staff #1] and I were positioned behind the staffs' desk, which faced the boy's hallway. There are cameras on the girl's hall, the boy's</p>	V 110		

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V 110	<p>Continued From page 13</p> <p>hall, one to the right of the desk at the staffs' station. I think it can look directly at staff's faces." -Had seen staff #1 nod off, on several occasions, when he worked on third shift. -"Usually if I hear him snore, I will make a noise to startle him to wake up. I have never told anyone he has nodded off. Most people that work 3rd (shift) do nod off. I have nodded off. I don't know for how long, but it wasn't to the point of snoring. It is more to the point of startling myself and then waking up ..." -Stated FC #2 would have to go past the staffs' station to get on the girls' hall. -"[FC #2] was always watching staff, trying to check the scene to see what the appropriate time would be to do what he wanted to. So, either someone nodded off or had their back turned. It is possible we both nodded off on third shift. I would never allow [FC #2] to go onto the girls' hall ..." -Stated it would help to have additional staff on third shift, "in case someone nods off ..."</p> <p>Interview on 5/14/21 with FC #1 revealed: -Was at the facility for 7 to 8 months -Prior to her discharge on 2/22/21, facility staff on third shift "slept all the time." -Had heard staff #1 snore on several occasions. -An incident occurred between 6am and 7am on 2/22/21 when staff #1 and staff #2 were on shift. -"I was asleep and [client #3] came into my room and woke me up. She said [FC #2] was in her bathroom and they wanted me to vape with them." -Vaped with FC #2 and client #3 -"[FC #2] told me to give him head (oral sex), so I did. We all vaped again and [FC #2] stated he wanted to f***k, so we did. He also had sex with [client #3]." -When asked how FC #2 got the vape, FC #1</p>	V 110		

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V 110	<p>Continued From page 14</p> <p>stated "he had been on a home visit and snuck it in."</p> <p>-"[FC #2] said he walked right past the staffs' station because both of the staff were asleep."</p> <p>-Clients were in and out of each other's rooms a lot.</p> <p>-"After I left (the facility), I went to an all girls' facility. While I was there, I went to the OB/GYN (Obstetrician-Gynecologist) and tested positive for Chlamydia. The only person I had sex with was [FC #2]. He and [client #3] need to be tested also ..."</p> <p>Attempted interviews on 5/12/21 and 5/13/21 with FC #2 were unsuccessful as he failed to return telephone calls.</p> <p>Interview on 5/12/21 with client #3 revealed:</p> <p>-Boys' and girls' rooms were on separate halls</p> <p>-"If I wake up at night, they (the staff) are asleep. I wake up and I hear them snoring. They snore so loud. I have to get up and close my door. [Staff #1] snores. He snores a lot. I don't want to get anyone in trouble, but two days ago I heard [staff #1] snoring again."</p> <p>-Felt staff should always be awake on third shift</p> <p>-"One time, I brought [FC #1] in my room. [FC #2] had already snuck into my room. Usually he sneaks into my room and then we go into the bathroom and do inappropriate stuff. We have sex. That is how I got Chlamydia. [FC #1] also had sex with [FC #2]. She needs to be tested for Chlamydia too."</p> <p>Interview on 5/11/21 with the ED revealed:</p> <p>-Learned of the incident on 2/22/21 on April 28, 2021 when she was contacted by FC #1's LG.</p> <p>-Had reviewed the facility's video footage from 2/22/21.</p> <p>-Stated between 6am and 7am, FC #2 walked up</p>	V 110		

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V 110	Continued From page 15  the girls' hall, into client #3's room and waited for FC #1 and client #3 to go into client #3's room for an extended amount of time. -"It (the video footage) also showed [staff #1] and [staff #2] asleep at the staffs' station." -The expectation was for staff on third shift to remain awake at all times to provide supervision. -FC #1's LG stated her daughter tested positive for Bacterial Vaginosis and Chlamydia -"[FC #1] also told her mother she had sex with [FC #2]."  This deficiency is cross referenced into 10A NCAC 27G .1901 SCOPE (V314) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
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	V 112	V112  On 5/17/21 Nursing Manager reviewed the PCP review and attestation procedure in the EHR with nurses.  A mandatory staff meeting was held by the Executive Director on 5/17/21 with all BHCs to review policies, procedures, shift responsibilities, and expectations. A PCP training was conducted. Staff reviewed what a PCP was, how they are used in treatment, and where they are located in the EHR. Staff were reminded that each client has their own notebook with their PCP goals written in their own words that can be accessed at any time at the staff station if there are questions about specific goals. Staff will utilize the procedures outlined in V110 to follow the identified interventions in client's PCP goals, such as increased supervision and bed checks.  A new PCP training module will be added to Relias, the agency training software. It will be required to be completed by all current RTC staff members and will be added to the orientation training for new hires.	5/17/21  5/17/21  6/15/21



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V 112	<p>Continued From page 16</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to implement strategies in the clients' treatment plan for 2 of 2 Former Clients (FC #1 and FC #2) and 1 of 4 audited current clients (#3). The findings are:</p> <p>Review on 5/11/21 of FC #1's record revealed: -An admission date of 8/25/20 -Diagnoses of Major Depressive Disorder, Recurrent Severe Without Psychotic Features, Attention-Deficit Hyperactivity Disorder, Combined Type, and Disruptive Mood Dysregulation Disorder -Age 13 -A discharge date of 2/22/21 -An assessment dated 8/25/20 noting, does not want to be in the Psychiatric Residential Treatment Facility (PRTF) and hates her parents for admitting her here, needed an environment with structure, consistent consequences and incentives, feedback, coaching and life space interviewing, decrease frequencies of inappropriate oppositional behaviors, responding to directives from adults, appropriate methods of communication with authority figures, compliance with rules and directives, provide routine checks</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>throughout the day and night to monitor her for safety and sleep patterns. Was admitted from a hospital setting since 7/24/20 as she admitted to a suicide attempt via an overdose and Self-Injurious Behaviors (SIB). Behaviors included running away, SIBs (cutting), impulsivity, anger, property destruction and a report of sexualized behavior with peers when she was in 6th grade. She was sending pictures of herself masturbating and she performed oral sex at school. Her mother states she is addicted to boys and always has a boyfriend, indicating that she will need to be monitored closely. It is said that when the SIBs started, the sexualized behaviors decreased."</p> <p>-A treatment plan dated 8/10/20 noting " ...will decrease defiance, improve response to sleep time guidelines, will improve impulse control ...increase ability to identify impulses and delay responses, reflect on behaviors, think through options, awareness of impact of behaviors on others and on self, no incidents of inappropriate sexual behaviors or self-harming behaviors, will increase her ability to engage in healthy relationships and pro-social interactions with others, identify any patterns of destructive and/or abusive behaviors in relationships, will maintain appropriate boundaries when interacting with others, will keep hands, feet and body to self, not invade the personal space of other's, stay in assigned areas, will refrain from engaging in sexually inappropriate behaviors, and acknowledge any high risk behaviors that could result in a medical condition ..."</p> <p>Review on 5/11/21 of FC #2's record revealed: -An admission date of 7/17/20 -Diagnosis of Schizophrenia, Unspecified -16 years old -A discharge date of 3/19/21</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>-An assessment dated 7/17/20 noting, "was previously hospitalized prior to admission to the PRTF. Will refuse to take part in services, he does not want to be in the PRTF and prefers to be at home, refused to comply with medication regime, has extreme aggression towards person and property, refused to be involved in any educational programming, talks to himself during the night as he sleeps all day and is up all night. Is not demonstrating reality-based thinking, wants to get his mental health diagnosis expunged, has some inappropriate sexual behaviors with his female peers, refuses to follow directives and has defiance, will attend and participate in individual therapy, will have medication monitoring as needed to assess compliance in taking medications. It was reported he was staying out all night for long periods of time and not coming home and engaging in extreme risk-taking behaviors, the mother had concerns he may be involved with a gang.</p> <p>-An updated treatment plan dated 7/17/20 noting "...will work to engage in healthy relationships and pro-social interactions with others, will keep hands, feet and body to self, not invade the personal space of other's, stay in assigned areas, will refrain from unsafe or dangerous behaviors, will comply with regular searches of his room for contraband and other unsafe items, will appropriately take responsibility for his actions, will acknowledge his behaviors, link behaviors to the consequences of his actions, accept responsibility for actions and understand how behaviors are presently impacting his life."</p> <p>Review on 5/11/21 of client #3's record revealed: -An admission date of 11/20/20 -Diagnoses of Attention-Deficit Hyperactivity Disorder, Unspecified Type, and Conduct Disorder, Childhood-Onset Type</p>	V 112		

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V 112	<p>Continued From page 19</p> <p>-Age 16</p> <p>-An assessment dated 11/20/20 noting, "wants to go to a group home upon discharge and independent living, needs praise for her accomplishments, needs to develop trust and stay out of other's misbehaviors, needs to identify healthy versus unhealthy relationships, participate in individual, group and family therapy, is oppositional, defiant and make choices that align with her own values, struggles to separate herself from peers."</p> <p>-A treatment plan dated 11/17/20 noting "...will increase ability to practice healthy living skills, will maintain appropriate boundaries when interacting with others, will refrain from unsafe or dangerous behaviors, will keep hands, feet and body to self, not invade the personal space of other's, stay in assigned areas and will increase her ability to engage in healthy relationships and pro-social interactions with others ..."</p> <p>Review on 5/19/21, of the PRTF's staff responsibilities for implementing strategies in the clients' treatment plans included</p> <p>-Staff at the PRTF were to "provide environmental structure, provide consistent consequences and incentives, feedback, coaching and life space interviewing to reinforce compliance and decrease the frequency of inappropriate oppositional behaviors, provide opportunities to practice accepting and responding to directions from adults, model and role play respect for authority, teach appropriate methods of communicating with authority figures, provide positive reinforcement for compliance with rules and directives from adult authority, process oppositional and uncooperative episodes to prevent reoccurrence of defiance and provide routine checks throughout the day and night to monitor for safety and sleep patterns."</p>	V 112		

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V 112	<p>Continued From page 20</p> <p>Review on 5/12/21 of the facility's video footage for 2/22/21 revealed:</p> <ul style="list-style-type: none"> <li>-At 6:00:04am staff #1 and staff #2 sat at the staffs' station.</li> <li>-Staff #1 was sitting at the desk with his head resting on his folded arms on the desk, with his eyes closed and he appeared to be asleep.</li> <li>-Staff #2 was also sitting at the desk with her head leaning forward, with her hands folded on her lap and appeared to be asleep.</li> <li>-Between 6:00:09am and 6:00:27am, FC #2 walked up the males' hall, past the staffs' station and into client #3's room unnoticed.</li> <li>-Also, during this time period, client #3 was seen with FC #1 entering client #3's room where FC #2 had entered and closed the door.</li> <li>-All three clients remained in client #3's bedroom from 6:00:27am to 6:43:51am</li> <li>-At 6:40:05am, Registered Nurse #1 walked from the females' hallway to the staffs' station where staff #1 and staff #2 began to stir</li> <li>-At 6:44:12, FC #2 picked up his hygiene basket and walked toward the males' hall and out of camera sight.</li> </ul> <p>Interview on 5/13/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Had been trained in the client's treatment plans, diagnoses and strategies.</li> <li>-Was aware of the clients' treatment needs and goals.</li> </ul> <p>Interview on 5/12/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Had been trained in the clients' treatment plans, diagnoses and strategies.</li> <li>-Was aware of the clients' treatment needs and goals.</li> </ul> <p>Interview on 5/14/21 with Registered Nurse #1 revealed:</p>	V 112		

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V 112	<p>Continued From page 21</p> <p>-Had been trained in the clients' treatment plans, diagnoses and strategies -Was aware of the clients' treatment needs and goals.</p> <p>Interview on 5/12/21 with the Nursing Manager (NM) revealed: -All the RNs had been trained in the clients' treatment plans and were aware of the clients' needs and goals.</p> <p>Interview on 5/19/21 with the Executive Director revealed: -All of the RNs had been trained in the clients' treatment plans, which included the implementation of strategies</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 SCOPE (V314) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</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>	V 114	<p>V114</p> <p>A fire/disaster drill schedule, which includes rotations for each shift, has been created and given to the Program Supervisor to assign each month and follow-up to make sure they are completed. Drill report hard copies will be filed in the front office and scanned copies will be uploaded to the agency report file. Case support and Performance Improvement will be monitoring adherence to the monthly schedule.</p>	5/27/21

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V 114	<p>Continued From page 22</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted once per shift per quarter. The findings are:</p> <p>Review on 5/12/21 of the facility's fire and disaster drills, from 5/2020 to 5/2021, revealed: -July, August and September 2020 had no fire and no disaster drills on 3rd shift (11pm to 7am) -October, November and December 2020 had no fire and no disaster drills on 2nd shift (3pm to 11pm) -January, February and March 2020 had no fire and no disaster drills on 2nd shift (3pm to 11pm)</p> <p>Interviews on 5/12/21 and 5/13/21 with clients #3, #4, #5 and #6 revealed: -They had participated in fire and disaster drills while at the Psychiatric Residential Treatment Facility () -Were unable to recall if the drills were conducted on each shift.</p> <p>Interview on 5/12/21 with the Executive Director revealed: -Both the fire and disaster drills were scheduled each month -Facility staff were responsible for conducting the drills as scheduled. -Both types of drills were to be conducted once per shift per quarter -Was surprised to learn facility staff were not conducting the drills once per shift per quarter -Would immediately ensure facility staff conducted the drills as scheduled to include once</p>	V 114		

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V 114	Continued From page 23 per shift per quarter.	V 114		
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. (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,	V 314	V314  The internal panel review findings identified concerns with supervision by 3rd shift staff. The incident in question brought to light concerns of staff sleeping while on 3rd shift. Improvements have been made within the program to address supervision issues.  The staff involved in the incident have received corrective actions.  Specific seating arrangements have been created for 3rd shift staff so that the whole unit is visible and monitored.  Executive Director spoke individually with 3rd shift staff members to review 10 minute check protocols and 30 minute call ins to the 3rd shift log.  Nursing staff were notified on 5/14/21 that 3rd shift nurses must make rounds on the unit a minimum of every 30 minutes and call in to the 3rd shift phone log every 30 minutes.  A mandatory staff meeting was held by the Executive Director on 5/17/21 with all BHCs and by the Nursing Manager on 5/25/21 with all the nurses to review policies, procedures, shift responsibilities, and expectations.  Door chimes are being added to each member's bedroom door to alert staff if/when member's leave their bedroom which requires staff acknowledgment to silence. The vendor is currently building the protocol for the computer system and has ordered chimes and additional material needed for the install.  Planning has begun to add a 3rd shift monitor to support PRTF staff nightly throughout their shift.	5/12/21  5/24/21  4/30/21  5/3/21  5/14/21  5/25/21  6/11/21  6/11/21



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V 314	<p>Continued From page 24</p> <p>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 <a href="http://www.dhhs.state.nc.us/dma/">http://www.dhhs.state.nc.us/dma/</a>.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide required supervision and specialized interventions to ensure the safety of clients on a 24-hour basis. The findings are:</p> <p>CROSS REFERENCE 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109). Based on record reviews and interviews 1 of 1 Qualified Professional (the Executive Director (ED) and 4 of 4 Registered Nurses (RN #1, RN #2, RN #3 and RN #4) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>CROSS REFERENCE 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (V110). Based on record reviews and interviews, 2 of 6 audited staff (#1 and #2) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>CROSS REFERENCE 10A NCAC 27G .0205 ASSESSMENTS AND TREATMENT/HABILITATION OR SERVICE</p>	V 314	<p>V314 Continued</p> <p>Executive Director is completing spot-check video monitoring and documentation of 3rd shift which is reported to the Vice President of Residential Services.</p> <p>Supervisors are completing random on-campus visits during 3rd shift to monitor.</p> <p>Program is updating the check-in process by using a barcode scanning system to ensure nightly bed checks are completed as expected.</p>	<p>5/17/21</p> <p>5/27/21</p> <p>6/11/21</p>

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V 314	<p>Continued From page 25</p> <p>PLAN (V112). Based on record reviews and interviews, the facility staff failed to implement strategies in the clients' treatment plan for 2 of 2 Former Clients (FC #1 and FC #2) and 1 of 4 audited current clients (#3).</p> <p>CROSS REFERENCE 10A NCAC 27G .1902 STAFF (V315). Based on record reviews and interviews, the facility failed to ensure at all times, at least two direct care staff were present with every six children or adolescents in each residential unit.</p> <p>Review on 5/19/21 of the facility's plan of protection, dated 5/19/21 and written by the ED revealed:                      -"What immediate action will the facility take to ensure the safety of the consumers in your care? Random video reviews during the week (Began 4/30), have ordered door chimes for each client's room ordered on 5/11, Staff have been repositioned on the unit and notice posted (Began 4/30), have conducted addition staff meeting (5/17), nurse are doing 30 minute unit checks (Began 5/1), have backup voicemail for call ins on third shift (Began 4/30), barcode scan at each bedroom automatically entered into [the facility's documentation program] (has been ordered),                      -Addendum to the facility's plan of protection, dated 5/19/21 and written by the ED revealed:                      Maintain ratio on all shifts, team leads/supervisors on call if there is a call out to be able to come in to provide ratio, put in place a PCP acknowledgement in [the facility's documentation program], staff will all be retrained on PCPs and what they do and how to accomplish goals, coaching note done after review of footage, followed by level 2 write up for [staff #1], immediately staffed with HR (Human Resources) [staff #2] taken off schedule, lead to</p>	V 314		

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V 314	<p>Continued From page 26</p> <p>termination, Nurse Supervisor created new policies for nurses on third assuring they are aware of job duties and she immediately began contacting nurses for meeting, immediately staffed with the VP (Vice President) of [the licensee] the need to get with HR and moved up the need for new staff, immediately scheduled additional training with training department to assure staff come in on higher level, immediately reviewed the schedule to meet ratio at all times, immediately prepared in advance to review openings, Nursing Manager will meet with and review duties with each nurse individually, immediately met with staff and set up larger meeting for staff to attend to review job duties, immediately staff were advised to review handbooks printed for them and immediately created PCP training handouts and placed in mailboxes.</p> <p>-Describe your plans to make sure the above happens. [The Vice President of Residential Services] will monitor and provide oversight. [The Nurse Manager] will be providing direct supervision to the RNs."</p> <p>Residential Treatment Center was a 12-bed capacity locked Psychiatric Residential Treatment Facility (PRTF) for children and adolescents. The clients had diagnoses of Major Depressive Disorder, Recurrent Severe Without Psychotic Features, Attention-Deficit Hyperactivity Disorder, Combined Type, Disruptive Mood Dysregulation Disorder, Schizophrenia, Unspecified, Post-Traumatic Stress Disorder, Unspecified, Oppositional Defiant Disorder and had inappropriate sexualized behaviors. Based on video footage and documentation, staff #1 and Staff #2 were seen sleeping during part of their shift on 2/22/21. The RNs and staff were noted not to do their 10 minute room checks and their</p>	V 314		

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V 314	Continued From page 27  30 minute call ins in order to provide supervision and monitor clients with high level needs. This sleeping on the job and not performing the checks allowed FC #1 (age 13), FC #2 (age 16) and client #3 (age 16) to sneak into a bedroom and engage in sexually inappropriate behaviors which resulted in clients getting chlamydia. Strategies were outlined in the treatment plan and all staff were trained but did not follow the strategies as outlined. Nursing staff were to be counted in the ratio but were not performing direct care responsibilities and often were called to an unlicensed portion of the center to perform nursing duties leaving the PRTF out of ratio. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000.00 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 compliance beyond the 23rd day.	V 314		
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	V 315	V315  Reviewed staff/client ratio requirements with the staff member responsible for creating and maintaining the staff schedule. Other duties have been removed from that position in order to give more time to prioritize scheduling and finding needed replacements in the event that staff call out or do not show up for assigned shifts.  Staff on shift will notify the Supervisor if a staff member does not report to work or has not been in touch within 15 minutes of the start of the shift. A staff member who is in compliance with time worked, will remain on the unit until a relief staff arrives. If a replacement staff member is not available, a Team Lead or Supervisor will come in.	5/17/21  5/17/21

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V 315	<p>Continued From page 28</p> <p>or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at all times, at least two direct care staff were present with every six children or adolescents in each residential unit. The findings are:</p> <p>Review on 5/14/21 of the facility's staffing schedules revealed: -On the following dates, two direct care staff were scheduled to work third shift (11pm to 7am): 3/2/21, 3/4/21 to 3/8/21, 3/11/21, 3/13/21, 3/20/21, 3/23/21, 3/24/21, 3/27/21 to 3/29/21, 4/3/21 and 4/10/21 -The client census was 12 clients.</p> <p>Interview on 5/14/21 with the Registered Nurse (RN) #1 revealed: -Worked 3rd shift (11pm to 7am) on Wednesdays and Thursdays as needed. -Was included in the direct care staff ratio</p> <p>Interview on 5/20/21 with RN #2 revealed: -Worked all three shifts at the facility -Was included in the direct care staff ratio</p> <p>Interview on 5/19/21 with RN #3 revealed: -Worked 3rd shift (11pm to 7am) on Friday and Saturday nights -Was included in the direct care staff ratio</p>	V 315	<p>V315 Continued</p> <p>The nurse on staff is providing direct care services on the unit. These services include attending peer government, attending therapeutic community meetings, leading groups, as well as engaging, processing with and monitoring clients.</p>	

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V 315	<p>Continued From page 29</p> <p>Interview on 5/20/21 with RN #4 revealed: -Worked 3rd shift for 2 days and then is off for 3 days. -Was included in the direct care staff ratio</p> <p>Review on 5/12/21 of an approval request for a waiver regarding staffing patterns on 3rd shift revealed: -Was approved for the waiver and it expired on 12/31/20 -A new waiver would have to be requested for 2021</p> <p>Review on 5/12/21 of a denial of request for a 2021 waiver revealed: -The waiver request was denied due to a Type B rule violation cited for staffing</p> <p>Interview on 5/12/21 with the Nursing Manager (NM) revealed: -Provided supervision to all of the RNs -Only had one RN for each shift and their station is on the girls' hall. -"The RNs also provided supervision to the clients, but the direct care staff does most of the monitoring."</p> <p>Interview on 5/19/21 with the Program Supervisor (PS) revealed: -Was responsible for completing the staffs' schedules -The Executive Director (ED) reviewed and approved the schedules -Stated, when asked about client to staff ratio, "It is 1 staff for every 4 clients. I have been scheduling 3 staff on first and second shifts. Then there is an RN working on each shift. I do not include the RNs in the staffing schedules I complete." -Was not aware the client to staff ratio was 2 staff</p>	V 315		

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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 315	<p>Continued From page 30</p> <p>to every 6 clients for a total of 4 staff for 12 clients on all shifts</p> <ul style="list-style-type: none"> <li>-Had not scheduled a 4th staff on third shift because the RN was considered the 4th staff.</li> <li>-Would immediately ensure there were four direct care staff on third shift.</li> </ul> <p>Interview on 5/11/21 with the ED revealed:</p> <ul style="list-style-type: none"> <li>-Ensured staff schedules were completed by the PS.</li> <li>-Approved the staff schedules</li> <li>-Had always had 2 direct care staff and 1 RN on third shift</li> <li>-RNs, in addition to their job duties were expected to perform direct care staff duties.</li> <li>-Had looked at the waiver request in February 2021 and realized it had to be renewed every year to have less staff on third shift.</li> <li>-"I brought it to the attention of [Vice President of Residential Services] and he followed up with your Agency. On February 26, 2021, we learned our waiver had expired (on 12/31/20) which allowed us to only have 3 staff on third shift,"</li> <li>-Was aware there were to be 2 direct care staff for every 6 clients.</li> <li>-Stated it was difficult to find third shift staff to work at a non-profit Agency.</li> </ul> <p>Interview on 5/19/21 with the ED revealed:</p> <ul style="list-style-type: none"> <li>-RN #1 was counted in the client to staff ratio as a direct care staff in the PRTF</li> </ul> <p>Refer to citations V109 and V110 for further evidence.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 SCOPE (V314) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 315		