

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2021
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NAME OF PROVIDER OR SUPPLIER SANDRA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1856 STONY POINT ROAD SHELBY, NC 28150
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 7/22/21. The complaint was substantiated (Intake #NC177566). Deficiencies were cited.</p> <p>This 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 implement policies and procedures for identifying,</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that each staff were provided client specific trainings effecting 2 of 4 staff (Staff #3 and Staff #4). The findings are:</p> <p>Record review on 6/10/21 for Client #1 revealed: -Date of admission-9/18/20 -Age- 17 years -Diagnoses-Major Depressive Disorder, PTSD (post-traumatic stress disorder), ODD (Oppositional Defiant disorder), ADHD (attention deficit hyperactivity disorder)</p> <p>Record review on 6/9/21 for Client #2 revealed: -Date of admission-2/12/21 -Age- 16 years -Diagnoses- Intermittent Explosive Disorder, PTSD, DMDD (disruptive mood dysregulation disorder), cannabis use disorder</p> <p>Record review on 6/9/21 for Former Client (FC) #3 revealed: -Date of admission-4/27/21 -Date of discharge-5/20/21 -Age-13 years -Diagnoses-DMDD and Major Depressive Disorder</p> <p>Personnel record review on 6/9/21 for Staff #3 revealed:</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>-Date of hire was 6/14/20 as residential counselor.</p> <p>-No training in client specifics such as treatment goals, behaviors or triggers was produced.</p> <p>Personnel record review on 6/9/21 for Staff #4 revealed:</p> <p>-Date of hire was 12/25/19 as residential counselor.</p> <p>-No training in client specifics such as treatment goals, behaviors or triggers was produced.</p> <p>Interview on 6/11/21 with Staff #3 revealed:</p> <p>-"No" she did not receive any training specifically on FC #3 or her behaviors.</p> <p>-"She seemed just like a regular client."</p> <p>Interview on 6/11/21 with Staff #4 revealed:</p> <p>-She received no training specifically related to FC #3 or any other clients.</p> <p>-"I wasn't aware how serious she needed treatment."</p> <p>Interview on 6/11/21 and 6/30/21 with the Licensee/Director/Qualified Professional revealed:</p> <p>-The Licensed Professional was responsible for client specific trainings for staff.</p> <p>-"We had the trainings just no documentation."</p> <p>-"Client information was shared at staff meetings but we don't document that."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	27G .0203 Privileging/Training Professionals	V 109		

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V 109	<p>Continued From page 3</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(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>	V 109		

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V 109	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 2 of 3 Qualified Professionals (QP) (Licensee/Director/QP and Licensed Professional) (LP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/15/21 and 6/23/21 of staff timesheets from 4/1/21-6/10/21 revealed: -55 days of the 71 days reviewed did not document 2 staff each shift. -Staff #4 worked on 5/18/21 from 11:08pm-8am. After a substantiation of abuse and suspension she worked again on 6/1/21 at 10:55pm. See tag V296 for specific details of staffing.</p> <p>-Log for QP time was requested on 6/10/21 and 6/30/21 but the Licensee/Director/QP could not produce by survey exit.</p> <p>-Client Specific training documentation was requested on 6/10/21 and 6/30/21 but the Licensee/Director/QP could not produce by survey exit.</p> <p>Interview on 6/30/21 with the Licensee/Director/QP revealed: -She was responsible for creating the staff schedule. -She was not aware the timesheets did not show 2 staff working every shift. -"I don't know (why timesheets don't show 2 staff working all the time); I can't explain it. I'm here all the time. My word is my word. I've never kept a time sheet of my own time." -She decided to bring Staff #4 back to work with a substantiated abuse allegation.</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>-"It was my decision to bring [Staff #4] back to work. I just wanted the girls to feel safe. Three people said it didn't happen and 3 people said it did. I know her character; I just couldn't see her hitting anybody. She's a 3rd year college student in criminal justice."</p> <p>-"The [LP] was responsible for training staff on client specific information."</p> <p>-"The [LP] did an assessment to determine [Client #2] could work in the community. I know we discussed it in CFTs (child and family team meetings)."</p> <p>-"The [LP] was responsible for writing and updating PCPs (person centered plans)."</p> <p>-"We would refer a client with Substance Abuse (SA) to [QP #2] who was a LCAS (licensed clinical addiction specialist). [The QP #2] had her own business and was PRN (as needed) QP for the facility. I am also a CSAC (certified substance abuse counselor) and can assess as well but I don't see my own group home clients."</p> <p>-Client #2's guardian did not want her to receive SA services.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop, implement and update assessment and treatment plan strategies for 2 of 3 current clients (Client #1, Client #2) and 1 of 1 former client (FC #3). The findings are:</p> <p>Record review on 6/10/21 for Client #1 revealed:</p> <ul style="list-style-type: none"> -Date of admission-9/18/20 -Age- 17 years -Diagnoses-Major Depressive Disorder, PTSD (post-traumatic stress disorder), ODD (Oppositional Defiant disorder), ADHD (attention deficit hyperactivity disorder) -History of severe neglect; Fetal Alcohol 	V 112		

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V 112	<p>Continued From page 7</p> <p>Syndrome; adopted at 7 months; molested by adoptive brother; currently defiant; uncontrollable anger. Previously been known to look up sex trafficking websites.</p> <p>-Treatment plan dated 9/11/20 goals included:</p> <ul style="list-style-type: none"> -Client #1 will cooperate with rules and authority figures at the Level III residential provider, school, and community settings (inclusive of home visits) while following daily structure and routines and cooperating with direction from adults without verbal aggression, shutting down, and telling untrue statements. -Improved ability to self-regulate symptoms associated with ODD -Compliance with rules and directives issued by adults -Decrease arguing and talking back -Decrease tantrums/negative behaviors -Decrease in verbal aggression -Zero instances of suicidal ideation -Zero suspensions from school or disruptions of family time and visits <p>-There was no documentation or assessments of her ability to attend a community summer camp 5-7 hours a day 5 days a week without required supervision.</p> <p>Record review on 6/9/21 for Client #2 revealed:</p> <ul style="list-style-type: none"> -Date of admission-2/12/21 -Age- 16 years -Diagnoses- Intermittent Explosive Disorder, PTSD, DMDD (disruptive mood dysregulation disorder), cannabis use disorder -Assessment- family history substance abuse-biological mom; methamphetamine DOC (drug of choice); father alcohol abuse. Client had history of defiance with authority and holds grudges; had quick temper; history of marijuana use and binge drinking that resulted in alcohol poisoning hospitalization. Client #2 "has been 	V 112		

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V 112	<p>Continued From page 8</p> <p>smoking marijuana every day for the past 2 years. Last known use was prior to entering [local group home] in September 2020. [Client #2] has noted that she would like to continue to smoke this as she likes the way it makes her feel. Client has used this substance to cope with several issues in her life and also uses to help sleep as she is always stressed." She was at high risk for violence from complex trauma.</p> <p>-Treatment Plan goals dated 2/3/21 and updated 3/24/21, 6/3/21 included:</p> <ul style="list-style-type: none"> -will report a decrease of anxiety and depressive symptoms. -will refrain from using any and all substances and increase her ability to self-regulate upon escalation of anger. Discontinued on 5/1/21. -will improve one's functional skills. <p>-CFT (child and family team) meeting on 5/12/21 revealed, "taking substance abuse goal out; has not really talked about it or is of a concern as she has adapted to using better coping skills."</p> <p>-Assessment from local community provider on 3/10/21 revealed that this assessment was to determine need for medication management and trauma therapy.</p> <p>-No documentation was presented to verify any substance abuse (SA) treatment by SA professionals nor any assessment from a SA Clinician with recommendations not to treat.</p> <p>-There were no assessments for Client #2 of her ability to work in the community at a fast food restaurant (which she began in April 2021) without the required supervision.</p> <p>Record review on 6/9/21 for Former Client (FC) #3 revealed:</p> <ul style="list-style-type: none"> -Date of admission-4/27/21 -Date of discharge-5/20/21 -Age-13 years -Diagnoses-DMDD, Major Depressive Disorder 	V 112		
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V 112	<p>Continued From page 9</p> <p>-Assessment- In detention center since 3/4/21 after assaulting court counselors-struggles to accept redirection and becomes angry and agitated when corrected. Has a history of making verbal threats to kill herself and to hurt others when given redirection or given a consequence. She engaged in using her clothing to attempt to hurt herself at the detention center, was placed on constant suicide watch with a staff member at her door and kicked staff, scratched and pulled the staff member's hair. Was seen daily by mental health professionals but did not actively participate and engaged in insulting the clinician and postured to throw food- yelled racial slurs and made homicidal threats toward staff. Family history of violence, mental health/substance abuse, incarceration, abuse and neglect. Hospitalized 9/21/20 for suicidal attempt (overdose); frequently displays suicidal ideation and self-injurious behaviors. History of noncompliance with medications-poor emotional regulation.</p> <p>-Treatment plan goals dated 1/1/21 and updated 4/19/21 included:</p> <ul style="list-style-type: none"> -wants to control her emotions better. -wants to interact with others better. -wants to improve her self-esteem. <p>-Crisis Prevention and Intervention Plan dated 1/1/21 as part of the treatment plan indicated Suicide Prevention and Intervention Plan was included with safety plan however safety plan was not completed until 6/21/21 with note on client signature line "did not have time to sign before being hospitalized."</p> <p>-Safety plan was not developed at admission despite client history nor added to plan until 6/21/21.</p> <p>-Treatment plan did not address ongoing cutting behaviors.</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>Interview on 6/10/21 with Client #1 revealed: -Graduated from high school 5/28/21 and had been accepted to a 4 year college. -Since school had been out she had been attending summer camp at a local community club. -She didn't particularly like going as she was the oldest one there (no peer group).</p> <p>Interview on 6/30/21 with the AP (Associate Professional) revealed: -The AP took Client #2 to assessment by local community provider. The assessor said there was no need to assess for SA (substance abuse) treatment since Client #2 hasn't used in past 6 months. -"[Client #2] refused SA treatment since she had been 6 months without use." -"[Local Social Services who served as guardian] refused to agree for [Client #2] to have a SA assessment."</p> <p>Interview on 6/10/21 and 6/11/21 with the Licensee/Director/QP revealed: -"The [LP] did an assessment to determine [Client #2] could work in the community. I know we discussed it in CFTs (child and family team meetings)." "The [LP] was responsible for writing and updating PCPs." -"[FC #3] came from detention because the judge said she needs Mental Health services not Juvenile Justice. She was difficult from the beginning-it was a rough 4 weeks. She was homicidal and suicidal but did ok in school."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		

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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> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Record review on 6/11/21 and 6/30/21 of fire and disaster drills from June 2020-May 2021 revealed:</p> <p>-There were no fire drills completed on: -2nd or 3rd shifts from June-August 2020. -2nd or 3rd shifts from September- November 2020. -3rd shift from December 2020-February 2021. -1st or 2nd shifts during the quarter from March-May 2021.</p> <p>-There were no disaster drills completed on: -1st shift from June-August 2020. -2nd or 3rd shifts from September- November 2020.</p>	V 114		

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V 114	<p>Continued From page 12</p> <p>-2nd or 3rd shifts from December 2020-February 2021. -3rd shift from March-May 2021.</p> <p>Interview on 6/10/21 with Client #1 revealed: -They had fire drills. They go across street to the school. They also have disaster drills.</p> <p>Interview on 6/10/21 with Client #2 revealed: -They had fire drills sometimes and go out to carport. The drills were posted on bulletin board.</p> <p>Interview on 6/11/21 and 6/30/21 with the Licensee/Director/Qualified Professional (QP) revealed: -The facility operated 3 shifts during the week 7am-3pm, 3pm-11pm and 11pm-7am. On weekends they ran 12 hour shifts from 7am-7pm and 7pm-7am. -"I will have to check with the [Associate Professional (AP)] or [QP #2] for the other drills." -The AP was responsible for scheduling drills and the lead staff (Staff #1) should have followed up. -She was not aware the current schedule of drills would not meet the requirement.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure doctor's orders were followed for 1 of 3 clients (Client #2). The findings are:</p> <p>Record review on 6/9/21 for Client #2 revealed: -Date of admission-2/12/21 -age- 16 years -Diagnoses- Intermittent Explosive Disorder, PTSD (post-traumatic stress disorder), DMDD (disruptive mood dysregulation disorder), cannabis use disorder -Physician order dated 3/2/21 for the following</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>PRN (as needed) medications included no additional instructions for administration, milligram or route prescribed.</p> <ul style="list-style-type: none"> -Tylenol -Ibuprofen -Melatonin <p>Review on 6/9/21 of Client #2 MARs from 4/1/21-6/10/21 revealed:</p> <ul style="list-style-type: none"> -Melatonin 3mg (milligram) administered 55 times. -Melatonin 6mg administered 5 times. -Ibuprofen unknown milligram administered 4 times. -Tylenol unknown milligram administered once. <p>Observation on 6/9/21 at approximately 3pm of facility medications revealed:</p> <ul style="list-style-type: none"> -Ibuprofen 200mg bottle -Acetaminophen 325mg bottle -Melatonin 5mg bottle -Melatonin 3mg bottle <p>Interview on 6/10/21 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Went to bed at 9 during the week and 10 on weekends. -Takes melatonin 3mg but can take up to 10mg. Usually took 1 before going to bed. -Doesn't take any mental health medications. <p>Interview on 6/10/21 with The Licensee/Director/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -"The [Associate Professional], [Staff #1] and I share responsibilities for oversight of medications, refills and orders." -was not aware the PRN list needed instructions as well. No one had every cited it before. 	V 118		

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V 293 V 293	Continued From page 15 27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in	V 293 V 293		

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V 293	<p>Continued From page 16</p> <p>gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure services were designed to minimize the occurrence of behaviors related to functional deficits, provide individualized supervision to ensure safety, and deescalate out of control behaviors affecting 2 of 3 current Clients (Client #1, Client #2) and 1 of 1 former client (FC #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on record review and interviews the facility failed to ensure that each staff were provided client specific trainings effecting 2 of 4 staff (Staff #3 and Staff #4).</p> <p>CROSS REFERENCE: 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews 2 of 3 Qualified Professionals (QP) (Licensee/Director/QP and Licensed Professional (LP) failed to demonstrate knowledge, skills and abilities required by the</p>	V 293		

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V 293	<p>Continued From page 17</p> <p>population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G.0209(c) Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interviews, the facility failed to develop, implement and update treatment plan strategies for 2 of 3 current clients (Client #1, Client #2) and 1 of 1 former client (FC #3).</p> <p>CROSS REFERENCE: 10A NCAC 27F .0105 Client's Personal Funds (V542) Based on observation, record review and interview the facility failed to keep adequate financial records on all transactions affecting 1 of 3 clients (Client #2).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interviews, observations and record reviews the facility failed to provide the minimum number of staff required when children/adolescents are present in the home or community.</p> <p>CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out (V537) Based on record reviews and interviews, the facility failed to ensure 4 of 4 staff (Staff #1, Staff #2, Staff #3 and Staff #4) had training in the use of seclusion, physical restraints and isolation time-out.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0303(c) Location and Exterior Requirements (V736) Based on observations and interviews, the facility staff failed to ensure the facility and its grounds were maintained in a safe, clean, orderly and attractive manner.</p> <p>Review on 6/9/21 of IRIS (Incident response</p>	V 293		

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V 293	<p>Continued From page 18</p> <p>improvement system) reports revealed: -dated 5/21/21 regarding incident on 5/20/21 with FC #3 completed by the Licensee/Director/Qualified Professional (QP). -" ...On May 20, 2021 at approximately 7:00pm, Director received a call from facility scheduled staff reporting consumer was out of control. Staff provided a detailed description that consumer became belligerent after being re-directed for misuse of computer privileges. Staff reported the consumer asked to go outside the facility as a coping strategy as she reported feeling 'very angry'. Staff advised Director: she accompanied [FC #3] out to calm. According to reporting staff, once outside of the home, consumer walked off hastily, pacing, using profanity and additional aggressive words in nature towards staff. Staff reported [FC #3] then went behind the storage shed where she found wooden items broken plastic pieces and began to scar/scratch and puncture her left arm from wrist back and from mid arm back toward her wrist. Scheduled staff contacted the police and paramedics. According to the program manager (PM also known as Associate Professional) who arrived shortly afterwards, the consumer was bleeding with 4 scars on her left arm. PM proceeded to attempt to calm consumer with verbal de-escalation techniques until help arrived. The consumer was then transported to a local hospital for medical and psychiatric treatment. The consumer is currently hospitalized with IVC (involuntary commitment)."</p> <p>Review on 6/28/21 of hospital records for FC #3 revealed: -admission 6/20/21 - discharge 6/24/21 -" ...History of Present Illness: Patient is a 13-year-old female with a past medical history of impulse control, DMDD (disruptive mood</p>	V 293		

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V 293	Continued From page 19 dysregulation disorder) presenting today for self-harm and threats towards staff. Patient was previously removed from her home as she assaulted both her stepmother and her grandmother. Was placed in an inpatient psychiatric unit and discharged to a group home. She has been at the group home for 4 weeks and group home staff reports patient has had escalating violent behaviors. States she actively makes homicidal threats towards staff when she does not get her way. She has also had several episodes of cutting her skin the worst of which was today when she cut herself with a rusty tool. Patient denies any SI (suicidal ideation) or HI (homicidal ideation). Denies any audiovisual hallucinations. Staff at group home has filled out IVC (involuntary commitment) paperwork on patient ...Progress Note Behavioral Health: Pt (patient) is a 13 year old female who presents to the ED (emergency department) after a self harm incident at group home. Pt cut herself with a rusty box cutter after an argument with staff at group home. Pt was punched several times by a group home employee, that employee was terminated. [Local Managed Care Organization] is working to find pt a PRTF (psychiatric residential treatment facility) per pts PO (probation officer). Pt denies SI/HI/AVH (suicidal ideation/homicidal ideation/audiovisual hallucinations). This is the first instance of self harm that pt has had in several years. Pt is compliant with rx (prescription) meds, pt has been DX (diagnosed) with ODD (oppositional defiant disorder), Anxiety, Depression, Disruptive Mood Dysregulation Disorder. Pt has a hx (history) of aggression but is pleasant and calm with ED staff. This RN (registered nurse) is familiar with pt and has a hx of a positive relationship. Pt has not required IM (intramuscular), or RI (restrictive intervention) since ED arrival. Pt is under IVC at this time."	V 293		

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V 293	<p>Continued From page 20</p> <p>Interview on 6/10/21 and 6/11/21 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Worked at facility for 2 years. -On 5/20/21 Staff #2 caught FC #3 on social site- FC #3 denied being on chat line. -"[FC #3] said, 'I gotta do something; I'm mad, I'm mad, I'm mad. I need to go outside.' [Staff #2] told her not to cross the road." -FC #3 paced back and forth in the driveway then walked behind the shed. She had walked across the street the week before. -FC #3 sat on the lawn mower crying. She picked up jumper cables and stuck them to her arm. She picked up a piece of wood with a nail sticking out, a hand shovel and some other tool and scratched her arm. Staff #1 called 911, the Licensee/Director/QP and the Associate Professional (AP). -Staff #1 swapped out with Staff #2 who was inside with the other girls. -Staff #1 was standing 3-4 feet from her when FC #3 was sitting on the lawn mower. She just kept talking to FC #3 as she was crying and scratching her arm. "I was verbally trying to deescalate the situation because we are hands off. I watched her grab items from the cart (next to the mower) and hurt herself. I never had anyone who self-harmed." -When the AP got there she went behind the shed to talk to FC #3 and she heard a loud cry from FC #3. Staff #1 left to go to the Magistrates office to take out commitment orders. -"I saw her arm with scratches, really red swollen." -FC #3 had not self harmed previously. Staff tried to keep her involved in groups and not isolate. <p>Interview on 6/10/21 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Had worked at facility 1 ½ years. 	V 293		

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V 293	<p>Continued From page 21</p> <p>-On 5/20/21, "I caught [FC #3] on google chat. She was playing a game. She denied she was on chat and said I was lying on her. She wanted to go outside to cool off. She sat on steps then walked out behind shed. I came back in and [Staff #1] watched [FC #3] sitting on something behind the shed. She stood far enough away from [FC #3] because she didn't know what weapons she might have had. Just kept talking to [FC #3] but she didn't respond." -"[FC #3] would only say 'I just want to go home'." -She and the AP stayed with the girls when paramedics took FC #3. -FC #3 had previous marks on her arm-not scabbed or scars but fresh. She had black marker drawn on her arm covering it up. "[FC #3] said she did it at school."</p> <p>Interview on 6/10/21 with the AP revealed: -Had worked as AP since facility opened in Dec 2019. -FC #3 was restricted from internet use the night of 5/20/21 and lied about it. Staff called the AP to report FC #3 was showing out. FC #3 ran off; almost ran in the road then found her out back in the woods behind the shed. She had wrapped a cord around her arm and used what looked like a piece of a blade to scratch her arm. Staff #1 had a visual but did not get too close to get FC #3 upset. 911 had been called but the AP called again when she arrived and emergency personnel were still not there since it had been 40-50 minutes. They told her they were waiting for police to secure the area first. The police approached from behind and FC #3's demeanor changed. -When AP arrived FC #3's arm was already bleeding and arm was swollen. FC #3 was still outside looking for things to cut herself with. -Staff #1 told her she couldn't handle FC #3 self</p>	V 293		
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V 293	<p>Continued From page 22</p> <p>harming.</p> <p>-Never heard FC #3 say 'I'll just kill myself if I can't get home to grandma' until that night.</p> <p>-This was the 2nd time FC #3 cut her arm at the facility. She found superficial cuts across FC #3's wrist on 5/18/21 while helping her wash off black marker. FC #3 reported she did it accidentally playing in the gym at school. The wounds appeared superficial and were healed.</p> <p>Interview on 6/10/21 and 6/11/21 with the Licensee/Director/QP revealed:</p> <p>-"Should use restrictive intervention if someone was harming themselves. When [FC #3] was self harming, that should have been a time they (facility staff) should have intervened to stop her from hurting herself."</p> <p>-"The maintenance man left all the tools/equipment outside under and behind shed."</p> <p>-The former homeowner provided outside maintenance, but she was responsible for all repairs that were needed.</p> <p>Review on 6/11/21 of an initial Plan of Protection, written and signed by the AP on 6/11/21 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>-The provider immediately cleaned the outside of the facility to ensure safety of the consumers on 6.11.21.</p> <p>-The provider contacted the LP with instructions to review, assess and implement and/or update TX (treatment) plans to ensure quality and safety protocol i.e., emergencies, crisis interventions, contacts basic information to be.</p> <p>-Management/ staff will ensure to perform property inspection (Both in house/ parameter of the building) which includes the laundry room shed/ yard house shed to make sure it is maintained daily. Anything suspicious that is</p>	V 293		

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V 293	<p>Continued From page 23</p> <p>noticed by staff during inspection will be addressed immediately with management team and documented appropriately and kept on file.</p> <ul style="list-style-type: none"> -disclosed regarding individual members while in the community. -The provider met with the LP (Licensed Professional) and AP to advise of actions to be taken for future admissions regarding safety plans for members within the facility and while consumers are in the community. -The provider plans to contact certified trainer for restrictive intervention. This training will be scheduled and completed within 20 days from today. -The provider sent out an email to all active staff regarding restrictive intervention policy and the need for training in the specific area to keep consumers safe. They were advised that restrictive interventions are currently not allowed without proper training. -The provider has created a training list to include client specific training the criteria for admission to level III to be executed prior to any new admission of any client. All staff will be trained within 1 week to 48 hours of new client's arrival. -The provider will ensure that the appropriate documentation is recorded, dated, and signed by the creator of said documentation. -QP is to document their time in the facility. LP/AP board members will be responsible for QP time documentation. -LP must keep the treatment plans update. Any changes must be done within 48 hours. QP/AP is responsible for making sure LP has information updated. -Management will assure the work environment and summer camp program is informed of clients needs and coping abilities and in any act that they cannot assist the client to contact on duty staff who is trained to do. Management will closely 	V 293		

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V 293	<p>Continued From page 24</p> <p>correspond with the summer camp Director to ensure progress/safety is implemented to help stabilize their overall mood /behaviors. An email was sent 6.11.21 to confirm communication with summer camp director and AP prior admission. However, a signed form will be updated within 20 days.</p> <p>Describe your plans to make sure the above happens</p> <p>The provider plans to make calls, send emails, and post updates on employee board and shift logs. Each employee will sign off that that have received, read, and understand the updated information. The provider plans to ensure that any employee that has any questions should contact the AP who will then bring any questions comments or concerns to the Director to provide clarity and additional information as needed. LP will update the treatment plans concerning work and camp and how this community involvement is helpful to their treatment plan. QP/AP is responsible for reminding LP of this."</p> <p>Review on 6/21/21 of 2nd Plan of Protection written and signed by the AP on 6/21/21 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ul style="list-style-type: none"> -The provider immediately cleaned the outside of the facility to ensure safety of the consumers on 6.11.21. -The provider contacted the LP with instructions to review, assess and implement and/or update TX (treatment) plans to ensure quality and safety protocol i.e., emergencies, crisis interventions, contacts basic information to be. -Management/ staff will ensure to perform property inspection (Both in house parameter of the building) which includes the laundry room shed/ yard house shed to make sure it is maintained daily. Anything suspicious that is 	V 293		

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V 293	<p>Continued From page 25</p> <p>noticed by staff during inspection will be addressed immediately with management team and documented appropriately and kept on file.</p> <p>-Team will ensure safety and security AEB (as evidenced by) removing any objects deemed unsafe. The team will make any repairs needed to ensure safety and hazard free environment. The team will contact any authorities or local departments that specializes in areas when needed. The team will follow safety drills all safety protocol; to ensure the safety of the consumers and staff.</p> <p>-2 staff will always monitor the consumers while at summer camp during (June-August) time frame during the non-academic year. Management will closely correspond with the summer camp director to ensure progress/safety is implemented to help stabilize their overall mood/behaviors.</p> <p>-The provider met with the LP and AP to advise of actions to be taken for future admissions regarding safety plans for members within the facility and while consumers are in the community. The team has decided during the screening process the QP will forward documentation received to the LP for a final decision for acceptance of any referrals. Upon acceptance LP will put a detailed treatment plan in place which will include client specific training information and safety plan for the home and within the community prior to any exposure to community events. The director will ensure that a team member is on call. The on-call person will be available to accept any emergency/non-emergency calls; provide clear instructions on how to handle crisis situations.</p> <p>-The provider plans to contact certified trainer for restrictive intervention. This training will be scheduled and completed within 20 days from today. The trainer was contacted by phone on</p>	V 293		

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V 293	<p>Continued From page 26</p> <p>6.11.21 again on 6.18.21. Emailed on 6.20.21 scheduled restrictive intervention on 6.26.21</p> <p>-The provider sent out an email to all active staff regarding restrictive intervention policy and the need for training in the specific area to keep consumers safe. They were advised that restrictive interventions are currently not allowed without proper training. Until training is provided the team has advised staff to use as much verbal de-escalation techniques use common sense practices to keep a consumer from self-harm and/or harm of others. Staff advised to be more proactive with contacting emergency help. Staff will work to keep the person of interest secured within the facility to maintain a visual line of sight to keep the consumer safe.</p> <p>-The provider has created a training list to include client specific training the criteria for admission to level III to be executed prior to any new admission of any client. All staff will be trained within 1 week to 48 hours of new client's arrival.</p> <p>-The provider will ensure that the appropriate documentation is recorded, dated and signed by the creator of said documentation.</p> <p>-QP/LP/AP will document their time in the facility keeping an accurate account of time. Each manager is responsible for keeping up with their time.</p> <p>-LP must keep the treatment plans updated. Any changes must be done within 8 hours. QP/AP is responsible for making sure LP has information updated.</p> <p>-Management will assure the work environment and summer camp program is informed of clients' needs and coping abilities and in any act that they cannot assist the client to contact on duty staff who is trained to do. Management will closely correspond with the summer camp director to ensure progress/safety is implemented to help</p>	V 293		

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V 293	<p>Continued From page 27</p> <p>stabilize their overall mood/behaviors. An email was sent 6.11.21 to confirm communication with summer camp director and AP prior admission. However, a signed form will be updated within 20 days.</p> <p>-The provided will always ensure compliance ration 2 staff-I consumer. Describe your plans to make sure the above happens.</p> <p>-The provider plans to make calls, send emails, and post updates on employee board and shift logs. Each employee will sign off that that have received, read, and understand the updated information. The provider plans to ensure that any employee that has any questions should contact the AP who will then bring any questions comments or concerns to the QP/ Director to provide clarity and additional information as needed. LP will update the treatment plans concerning work and camp and how this community involvement is helpful to their treatment plan. QP/ AP is responsible for reminding LP of this. The provider will keep record and accurate timesheets of all working staff."</p> <p>Review on 6/30/21 of addendum to 2nd Plan of Protection written and signed by AP on 6/30/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The trainer was contacted 6-11-21, 6-18-21, and 6-20-21. All staff was trained on 6-26-21 this included restrictive interventions. This was added to NCI parts A and B. Current QP will familiarize herself with responsibilities and duties. This includes supervision, oversight of emergencies, provision of direct psychoeducational services, participate in treatment plan, coordination of care and case</p>	V 293		

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V 293	<p>Continued From page 28</p> <p>management functions. QP will document time in facility. Describe your plans to make sure the above happens. The provider implemented training for NCI restraints/restrictive interventions for safety compliance of clients. The provider will assure current QP read and understand policies and procedures. Provider also plans to separate the current role and is currently seeking a QP with minimum requirements."</p> <p>The facility is a residential treatment group home for 4 adolescent girls ranging from age 13-17. Clients' diagnoses included major depressive disorder, mood dysregulation disorder, oppositional defiant disorder, bipolar disorder, attention deficit hyperactivity disorder, fetal alcohol syndrome, intermittent explosive disorder, post traumatic stress disorder, generalized anxiety disorder, conduct disorder and cannabis use disorder. Historic behaviors of FC #3 included being placed on suicide watch at her most recent placement after trying to use her clothing to attempt to hurt herself. She had also been hospitalized 9/21/20 for suicide attempt by overdose. Clinical assessments noted frequent displays of suicidal ideation and self-injurious behaviors. During an agitated tantrum, FC #3 was able to access dangerous items such as rusty tools and broken pieces of plastic left outside on the ground around the shed in back of the facility where she caused injury to herself requiring medical attention. The Licensee's policy indicated restrictive interventions will be utilized in emergency situations to prevent self-injury however staff were not trained in physical interventions to keep FC #3 safe during the incident on 5/20/21. Staff</p>	V 293		

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V 293	Continued From page 29 had received no client specific training from the Licensed Professional regarding FC #3's suicidal history or how best to support her when she was in such mental distress. The Licensee/Director/QP was responsible for scheduling 2 staff per shift but this could not be verified through review of timesheets. The LP did not update the treatment plans to reflect FC #3's self-harm history or strategies for staff to use especially in the event of a crisis. The safety plan for FC #3 was dated the date after discharge. No client specific training was provided to staff regarding FC #3's self-injurious behaviors. No training was provided to staff to physically intervene or conduct restrictive interventions to support or protect a client who was self-harming. These deficiencies constitute a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents;	V 296		

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V 296	<p>Continued From page 30</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> <p>This Rule is not met as evidenced by: Based on interviews, observations and record reviews the facility failed to provide the minimum</p>	V 296		

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V 296	<p>Continued From page 31</p> <p>number of staff required when children/adolescents are present in the home or community. The findings are:</p> <p>Review on 6/15/21 and 6/23/21 of staff timesheets from 4/1/21-6/10/21 revealed: -55 days of the 71 days reviewed did not have documentation of 2 staff each shift. -for 8 days, 1 staff worked 21-24 hours</p> <p>Interview on 6/10/21 with Client #2 revealed: -Had been at facility since February 2021. -"Always 2 staff with us everywhere we go." -Two Staff dropped her off at work.</p> <p>Interview on 6/10/21 with Staff #2 revealed: -Had worked at facility 1 ½ years. -There was always 2 staff on duty.</p> <p>Interview on 6/10/21 with the Associate Professional (AP) revealed: -Had worked as AP since facility opened in December 2019. -Had 3 masters degrees and is Qualified Professional (QP) but worked as AP. -Provided direct and daily supervision of clients; made sure they were prepared for school or summer camp such as hygiene, clothing and medications. -Conducted 2 groups daily; one therapeutic and 1 activity. Had different topics but all positive. -Worked Monday-Friday and will also work if something comes up on the weekends such as no show or crisis calls. -Always have 2 staff.</p> <p>Interview on 6/10/21, 6/11/21 and 6/30/21 with the Licensee/Director/QP revealed: "Sometimes we work so much, my husband can't get his timesheet right. I don't know (why</p>	V 296		

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V 296	<p>Continued From page 32</p> <p>timesheets don't show 2 staff working all the time). I can't explain it. I'm here all the time. My word is my word. I've never kept a time sheet of my own time." -"Did you know this was a family business? My family including my husband all help me out here." -The AP was her daughter- Staff #3 and Staff #4 were the AP's daughters, her granddaughters. -"I would have never allowed only 1 staff working. It would be too dangerous to only have 1 staff." -"The Director (referring to herself) was responsible for creating staff schedules."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree</p>	V 512		

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V 512	<p>Continued From page 33</p> <p>of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 4 staff (Staff #4) subjected 1 of 1 former client (FC #3) to abuse. The findings are:</p> <p>Review on 6/9/21 of a facility IRIS (Incident response improvement system) report revealed: -Dated 5/20/21 regarding incident on 5/19/21 with FC #3 completed by the AP (associate professional). - "...staff called to report consumer (FC #3) being defiant and would not comply with daily milieu. AP advised staff to stay calm that I was on the way. Just continue to redirect consumer to stay on task. AP arrives to facility and observed consumer yelling, cursing and threatening staff. Consumer pushed staff twice, throw dirt from the dustpan in staff face. Staff told consumer she would call the police for help. Consumer stated call them I'm a good liar you will be in trouble. Consumer pushed past staff while calling her a black monkey b***h. Staff tripped out the door and down the steps. AP followed outside and noticed staff and consumer facing one another. AP got between both parties ..." -HCPR (health care personnel registry) section completed by the Licensee/Director/QP (qualified professional). -"Consumer reported she was angry and out of control with staff. Consumer and staff reported consumer assaulted staff aeb (as evidenced by)</p>	V 512		

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V 512	<p>Continued From page 34</p> <p>pouring trash on staff, using profanity and vulgar racial comments/language towards staff. Consumer and staff reported the situation escalated to pushing and shoving. Consumer reported staff hit her ...Consumer reported she was hit in the back of the head by staff after she poured dirt on staff verbally attacked staff with aggressive profanity, name calling as well as refusal to complete daily assigned task. Consumer did report some soreness on the left side of the back of her head. No bruising or swelling was observed."</p> <p>-"Accused staff is currently suspended pending termination of final investigations/disciplinary and/or legal actions ...DSS (Social Services) nor Police have found grounds to open a case or file charges as of 5/25/21."</p> <p>-HCPR (health care personnel registry) Facility Allegation Information Investigative section, Investigative Results tab revealed: -accused staff- Staff #4 -allegation substantiated? YES -employment terminated? YES -date 5/19/21 -due to allegation? YES -charges filed? NO</p> <p>Review on 6/9/21 of Internal Investigation dated 5/19/21 written and signed by the Licensee/Director/QP revealed: -"[Licensee/Director/QP] received a call approximately 7:00am from PM (program manager also known as AP) to report to the facility for an incident with consumer [FC #3]. PM advised consumer was boarding the bus for school. Upon [Licensee/Director/QP]'s arrival, it was reported there had been a verbal and physical contract between consumer [FC #3] and [Staff #4]. Licensee/Director/QP interviewed all staff listed above (PM, Staff #3 and Staff #4).</p>	V 512		

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V 512	<p>Continued From page 35</p> <p>[Licensee/Director/QP] instructed staff to make written statement. Written statements are on file from each staff noted. [Licensee/Director/QP] instructed PM to submit IRIS report. [Licensee/Director/QP] met with consumers individually, took verbal statements. The individual meeting results are as follows: -[FC #3] (interview): [FC #3] reported she woke up with an 'attitude'. [FC #3] stated she became upset after she observed staff [Staff #4] appeared to have a negative attitude aeb (as evidenced by) her facial expressions. [FC #3] reported [Staff #4] shoved her meds at her. [FC #3] reported she went to her room to dress but was asked to come back to complete her morning task. [FC #3] admitted she was defiant and talking back to staff. [FC #3] reported staff put dishes (that appeared to be half cleaned) back into the sink and instructed consumer [FC #3] to wash them correctly. [FC #3] reported she was shoved staff with her body. [FC #3] stated staff instructed her to sweep the kitchen area which was a part of her chore. [FC #3] stated; 'I called them both [Staff #3 and Staff #4] bad words and poured trash on [Staff #4].' I tossed the broom (which hit staff) and walked out of the facility. [FC #3] reported she said mean things to staff telling her 'to go to h**'. [FC #3] reported [Staff #4] stated; your paw paw is in h**'. Consumer reported the incident ended up outside where she reported staff hit her in the back of the head with her closed hand after she stepped on staff foot and shoved staff down the steps. Consumer reported she road the bus to school and was able to talk with school official about the incident. Do you feel safe here? 'I was scared to come back because I thought you would be mad at me; I wasn't sure if [Staff #4] would give me a hard time since I was so mean to her. I should have just did my chores'. -[Client #4] (interview): [Client #4] reported [FC</p>	V 512		
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V 512	<p>Continued From page 36</p> <p>#3] was very defiant, rude and disrespectful towards staff as soon as she got out of bed. [Client #4] reported [FC #3] asked for seconds of breakfast and was denied until she completed her chores. [Client #4] reported things escalated to name calling the use of profanity and racial statements by consumer [FC #3]. [Client #4] did state, staff pushed consumer [FC #3] in the back of her head. [Client #4] did not state [FC #3] used any physical force in response. When asked if she felt safe here [Client #4] responded 'Yes ma'am I feel safe here'.</p> <p>-[Client #1] (interview): [FC #3] got mad because she was declined a second portion of food. [Client #1] stated, staff suggested the consumer [FC #3] to make it a habit to eat slower and chew her food. [Client #1] reported [FC #3] refused to do her chores. She, [Client #1] stated she walked outside to board transportation for school. Consumer reported [FC #3] call [Staff #4] names. [Client #1] reported [FC #3] bucked staff with her elbow called her 'black monkey b***h'. [Client #1] stated that's when [Staff #4] hit [FC #3] but [FC #3] did not hit back. [Client #1] reported the hit was a 'few seconds in the face and the back of the head'. When asked if she felt safe here [Client #1] responded 'yes'.</p> <p>-[Client #2] (interview): Consumer reported the situation escalated because consumer was redirected for eating too fast. [Client #2] stated the consumer [FC #3] got real mad went to her room. After constant instructions from staff for [FC #3] to complete her chores [FC #3] began to do her chores. [Client #2] stated 'I was in the day room. I heard yelling. [FC #3] was yelling. [Staff #4] was yelling appeared to be pushing [FC #3]'. [Client #2] reported [FC #3] poured dirt on [Staff #4]. [Staff #4] hit [FC #3] like 'once in the face and once in the back of her head. I was confused; I didn't believe what was happening. I</p>	V 512		

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V 512	<p>Continued From page 37</p> <p>have NEVER seen [Staff #4] out of character like that. She is always so nice'. When asked if she felt safe here [Client #2] responded 'I feel safe'. -[Staff #4] (Written statement on 5/19/21): I, staff continued to keep [FC #3] on task while she continued to insult staff. The consumer then swept dirt into the dustpan and dumped it on staff saying 'I'm a good liar, I can get anyone to believe me even the police'. Then the consumer proceeded out the back door saying 'you black monkey b***h' while stepping on staff's foot and pulling staff's arm. Staff stumbled down the steps, the consumer turned and faced staff as if she was to continue to attack. The manager stood between staff and consumer. -[Staff #3] (Written statement on 5/19/21): Approximately around 6:30am [FC #3] tried to refuse her morning medications due to staff's decline to seconds on food. The consumer refused to follow house rules and complete house chores. The consumer angrily mouthed a comment to staff. Staff stepped outside to talk to house manager around 6:35am. House manager arrived 7:05am. Approximately around 7:05am, staff asked the consumer one final time to complete her chores before her bus arrives. While washing dishes with the help from staff [FC #3] pushed staff twice. Staff removed herself and walked outside. -[AP] (written statement on 5/19/21): AP received a call from [Staff #3] stating [FC #3] would not comply with taking morning medications. AP advised [Staff #3] to make client aware it was important for her to comply. Consumer took her medications but then began to express that she was not going to complete her chores. AP advised [Staff #3] that she would report to facility at her scheduled time and was in route to the site. When AP arrived consumer was yelling and debating with staff about finishing her chores. AP</p>	V 512		

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V 512	<p>Continued From page 38</p> <p>observed client verbally expressing to [Staff #4] that she hates her. [Staff #4] explained that was fine how she feels but she had to stay on routine. Client washed dishes and staff helped. Client pushed staff with her shoulders twice. [Staff #3] walked outside. [Staff #4] then picked up on redirecting client to stay on task after client swept the floor she took dust and trash in the dust pan and dumped it on [Staff #4]. [Staff #4] remained calm and stayed in her place which was by the door. [Staff #4] told client she will call the cops for help. Client begin to tell [Staff #4] to call the police because 'she's a good liar and will have the tables turned on her'. Client stated, 'call whoever you want, I will get you in trouble because I lie really good girl you just don't know.' AP advised client to relax and if her chores are completed go ahead and go to the bus stop. Client then stepped on [Staff #4] foot, pushed her into the door and pushed into her almost pushing down the steps. AP took note of all actions and called supervisor to express client has assaulted [Staff #4]. Client was verbally aggressive during the entire incident. She called both staff members out of their names. Words 'b***h, black monkey b***h, f**k you. I hate you. F**k it here you fake as Christian'."</p> <p>Interview on 6/10/21 with Client #1 revealed: -Had been at facility 9 months. -Graduated from high school 5/28/21 and has been accepted to 4 year college-wants to go to a military academy. -"[FC #3] struggled. She needed help but didn't accept help. She was very argumentative, pushing and cussing [Staff #4] and [AP]." -The morning of 5/19/21- "We were all getting ready for school. [FC #3] ate breakfast and wanted a 2nd plate of food. Her emotions started going off. She didn't want to do her chores. She</p>	V 512		

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V 512	<p>Continued From page 39</p> <p>cried and went to her room. [FC #3] said 'that's why your sister went to h**i.' [AP] said you need to calm down. I know you didn't mean that. I know you're just mad'. [FC #3] called her a 'black monkey b***h'. [AP] told us to go wait outside. Heard screaming and yelling inside. You could tell they were mad. [Staff #4] came out the back door then [FC #3]. [Staff #4] hit [FC #3] a couple of times. [Staff #4] was punching her. [FC #3] was using language she wasn't supposed to. [AP] came right behind and got in between them. [FC #3] just stood there. I was sitting in the car in the drive. I saw [Staff #4] hitting [FC #3]."</p> <p>Interview on 6/10/21 with Client #2 revealed: -"[FC#3] was crazy. When she didn't get her way she'd loose it. She'd get mad and cuss at staff. She never cussed at us. We were allowed to defend ourselves so she wouldn't go toward us." -"[FC #3] pulled out a pen and threatened to stab staff," -On the morning of 5/19/21, "[FC #3] got mad because she couldn't get another plate (of breakfast) and wouldn't do her chore." -Staff called the AP. When she got there FC #3 began doing her chore-sweeping. -Staff told us to wait outside so they could deal with FC #3. Client #4 was in the van and Client #1 was in AP's car waiting to be taken to school. -"[FC #3] pushed [Staff #4] out the steps. I was standing in the driveway so bus would see me. I was behind the side of the house. I heard punches but didn't know who was getting hit. I just heard hollering and screaming." -"I saw [Staff #4] coming down steps real fast. [FC #3] came down behind her. Heard cussing before they went outside. [Staff #3] and the [AP] followed them outside. Then the bus came. Everything happened so fast." -"[FC #3] was scared of the</p>	V 512		

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V 512	<p>Continued From page 40</p> <p>[Licensee/Director/QP] and the [AP] because they gave consequences. They put time into creating consequences that had to do with the behaviors. Other staff just gave consequences like early to bed."</p> <p>Phone interview on 6/28/21 with FC #3 revealed: -She was currently living at her great grandmother's house. When asked about her time at Sandra's House she stated they took good care of her and the other girls and fed them well. She said they were really good to everyone. Staff #4 put hands on her. Said Staff #4 pushed her down the stairs (from kitchen to carport) after she threw the dustpan contents on Staff #4. FC #3 ran toward the back yard, Staff #4 followed, then began hitting her on back of her head. She didn't know how many times Staff #4 hit her. When asked about any involvement from the AP, FC #3 stated she got in-between them. Stated the AP's back was to FC #3. When asked why her back was to FC #3, FC #3 stated it was because the AP was telling Staff #4 to stop hitting her and the AP was trying to keep Staff #4 away from FC #3. Never saw Staff #4 hurt anyone else. She never had a good relationship with Staff #4, but said she had a good relationship with others in the house.</p> <p>Interview on 6/10/21 with Client #4 revealed: -At facility 1 month. -Thought FC #3 was a good kid but when she didn't get her way she'd act up. -FC #3 pushed Staff #4 down stairs and then swung at her. -Staff #4 pushed FC #3 to get off of her. -She observed the incident from sitting in backseat of AP's car in the driveway. -Staff #4 only raised hands to block FC #3's attack.</p>	V 512		

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V 512	<p>Continued From page 41</p> <p>-AP came and got between them. -The altercation didn't scare her. "I feel safe."</p> <p>Interview on 6/11/21 with Staff #3 revealed: -Had worked at facility 1 ½ years in July. -Worked 1st and 2nd shifts when first started-now worked 3rd shift. -On the morning of 5/19/21 she woke all the clients. "[FC #3] didn't want to get up. She sat down for breakfast and refused meds initially. After threatening to call the Director, she straightened up a bit and took her meds. [Staff #4] asked if the extra plate was for [FC #3]-told her to save it as reward for [FC #3] completing chores. [FC #3] was with the girls in the dining room and had threatening looks as she walked off to her room. FC #3 cussed out Staff #4 when Staff #4 asked for the vacuum from her room. "When [FC #3] came out of her room she intentionally bumped into me by the day room. [FC #3] opened the back door to see the [AP] coming in. 'Why did yall call her- why do you hate me'. [FC #3] went to the sink to wash dishes so I started to help her wash dishes. I told [FC #3] she left food on a plate. [FC #3] body pushed me into the stove. [The AP] said for me just go on outside. [Client #2] was in the drive and the other girls (Client #1 and Client #4) were in cars. I was outside when [FC #3] and [Staff #4] fell out the door. [FC #3] jumped down the stairs. [Staff #4] came through the door backwards and fell to the ground. I ran over to help her up. [The AP] ran over to [FC #3]. I had [Staff #4] tucked away and threw up my arm to block [FC #3]'s head. [The AP] had her back to [FC #3]." FC #3 ran and jumped on the school bus when it arrived.</p> <p>Interview on 6/11/21 with Staff #4 revealed: -Worked there for 1 1/2 years mostly on 3rd shift when she started school/college.</p>	V 512		

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V 512	<p>Continued From page 42</p> <p>-Duties were to make sure med log was in order, communication log in order, woke kids up in am, prepared breakfast and transport at times.</p> <p>-FC #3 first came in like every other girl.</p> <p>-FC #3 wanted things her way or would go into a fit- roll her eyes, walk away, shut down, walk into her room and write in journal. She wrote she wished she could get away with murder- made death threats to staff, herself and other clients.</p> <p>-FC #3 threatened to stab staff with a pen. The director limited pens/pencils to certain time of day but FC #3 had a few pens in her room.</p> <p>-according to the training she received staff were not supposed to touch clients. They learned to block and get out of hair pulling and neck reaches.</p> <p>-On the morning of 5/19/21, "[Staff #3] woke up the girls for school. House rule was no eating until all girls were at the table. As soon as the last girl sat down, [FC #3] ate everything she had and wanted more. I asked her to wait until meds were passed. [Staff #3] asked if the extra plate was for [FC #3]. I said yes as reward. Since the house was not cleaned the night before I told the girls we would be helping them clean. [FC #3] was not paying attention making faces and rolling her eyes. [FC #3] went to her room to read, not changing clothes or doing chores. We let her just continue to chill. Other girls were ready when [FC #3] came walking up the hall to the day room. She still had time to wash dishes and clean up. [FC #3] threw up an 'OK' sign with her hand, then thumbs up then middle finger. I said the managers were on their way. [FC #3] asked 'why did you call them?' She said it's not very Christian of me to give her consequences. She saw [the AP] pull and went to the sink to wash dishes. I told [the AP] what was going on. [Staff #3] went to the sink to help [FC #3] wash dishes. [FC #] threw a plate with food into the sink then pushed</p>	V 512		

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V 512	<p>Continued From page 43</p> <p>[Staff #3] into the stove. [Staff #3] stepped outside with the other girls. [FC #3] was still mouthing off while sweeping into dustpan then turned around and dumped it in my face. I asked why she did that and said 'you just assaulted me. I could call the police.' [FC #3] said 'you can go ahead call the police I'm a good liar.' While the other girls were outside with [Staff #3], [FC #3] walked into me and pulled me out the door falling onto my right knee. By the time we stood back up [Staff #3] and [the AP] were in between us. I got into my personal vehicle to calm down. [Client #2] was in the driveway and [Client #1] and [Client #4] were in cars in the drive. [FC #3] caught the bus and I went inside to wait for [Staff #3] to return since we ride together. [The AP] and [Staff #3] took the other girls to school.</p> <p>-Went to office to meet with the Director- filled out incident report.</p> <p>-"I was suspended. She [The Licensee/Director/QP] sent me home for 2 weeks."</p> <p>-"I worked a few days this past week." Now only working part time 2 days a week.</p> <p>Interview on 6/10/21 with the AP revealed:</p> <p>-Had worked as AP since facility opened in Dec 2019.</p> <p>-Worked Monday-Friday as well if something comes up on weekend such as no show or crisis calls.</p> <p>-FC #3 came in the door threatening to harm mostly the AP.</p> <p>-FC #3 refused a lot most days during 6-9pm. That time of day was always hard for her.</p> <p>-FC #3 threatened to stab her with a pen and took a swing at her.</p> <p>-On the morning of 5/19/21, "[FC #3] attacked [Staff #4]. 'No' was a trigger and she didn't like being redirected. On my way over to the facility</p>	V 512		
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V 512	<p>Continued From page 44</p> <p>[Staff #3] called to say [FC #3] had already threatened her and she needed a break." When the AP arrived, she told Staff #3 to take a break outside. Staff #4 was difficult to fluster or get upset. "[FC #3] took it up a level when I came in. I talked to [FC #3] but all I got was 'F**k this'. We took turns redirecting [FC #3]. [Staff #3] came back in and offered to help [FC #3] wash dishes. [FC #3] pushed [Staff #3] twice with her body. [Staff #3] walked back outside. [FC #3] threw dustpan on [Staff #4]. [Staff #4] said you just assaulted me. I need to call the police. [FC #3] said 'go ahead you'll be the one in trouble cause I lie good'. I don't know if [FC #3] stepped on [Staff #4]'s foot but both fell out the door. [Staff #4] caught herself with the door. The 2 were facing each other. [Staff #4] raised both arms crossed over her head to defend herself saying that's enough. I jumped between them with [FC #3] at her back like blocking out someone in basketball. If she was going to hit me I preferred to get hit in the back of my head. [FC #3]'s bus arrived, she ran and jumped on it smiling and laughing." -FC #3 had consequences that evening-early bed and table restrictions.</p> <p>Interview on 6/10/21 and 6/30/21 with the Licensee/Director/QP revealed: -"There was no disciplinary action (for Staff #4). It was too much for me to deal with. I just told her she just couldn't come back." -"I guess it is considered abuse. There were no other options (on the IRIS)." -"The IRIS system wouldn't let me change anything. Yes it was substantiated from my perspective." -"I put my findings in the IRIS report. I had to complete that report in order to send the IRIS timely. Police, DSS said they don't have enough information to say this really happened."</p>	V 512		
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V 512	<p>Continued From page 45</p> <p>-"It was my decision to bring [Staff #4] back to work. I just wanted the girls to feel safe. Three people said it didn't happen and 3 people said it did. I know her character. I just couldn't see her hitting anybody. She's a 3rd year college student in criminal justice."</p> <p>Review on 6/11/21 of an initial Plan of Protection written and signed by the Associate Professional dated 6/11/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The provider has created an informed consent for each consumer, or legally responsible person. The provider will continue to ensure that consumer and guardians informed and understands. The alleged benefits, potential risks, and possible alternative methods of treatment/ habilitation; and the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. History Note: Authority G.S. 122(-51; 122(-57; 1438-147; Eff. February 1, 1991; Amended Eff. January 4, 1993; January 1, 1992; Temporary Amendment Eff. January 1, 2001; Amended Eff. August 1, 2002; Pu rsuant to G.S. 150B -21.3A, rule is necessary without substantive public interest Eff. June 25, 2016 Describe your plans to make sure the above happens. The provider plans to retrain all staff on verbal de-escalation, restrictive interventions outlining the appropriate time for implementations. The provider plans to monitor and provided weekly supervision for period of 3 months to staff of concern. The provider plans to implement self-care and</p>	V 512		

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V 512	<p>Continued From page 46</p> <p>self -awareness training which may include anger management and self-control. The provider has instructed AP to review and monitor these actions for completion on 6.11.21."</p> <p>Review on 6/21/21 of 2nd Plan of Protection written and signed by the Associate Professional dated 6/21/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in our care? -The provider has decided to discharge staff member from direct care services. Describe your plans to make sure the above happens. -The provider has sent a termination letter 6.21.21. -The provider plans to retrain all staff on verbal de-escalation, restrictive interventions outlining the appropriate time for implementations. -The provider plans to monitor and provide weekly/monthly supervision to all staff. The provider plans to implement self-care and self-awareness training which may include anger management and self-control. -The provider has instructed AP to review and monitor these actions for completion on 6.11.21. 6.21.21"</p> <p>FC #3 was a 13year old adolescent diagnosed with Major Depressive Disorder and Disruptive Mood Dysregulation Disorder. She was admitted to the facility on 4/27/21 from a detention center where she had been since 3/4/21 after assaulting court counselors. She had a history of multiple placements and multiple hospitalizations. She struggled to accept redirection and became angry and agitated when corrected. She had a history of making verbal threats to kill herself and to hurt others when given redirection or a consequence. She had a family history of violence, mental</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER SANDRA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1856 STONY POINT ROAD SHELBY, NC 28150
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V 512	Continued From page 47 health/substance abuse, incarceration, abuse and neglect. On the morning of 5/19/21, FC #3 began her day defiant and verbally aggressive towards Staff #3 and Staff #4 as the clients moved through their morning routine before school. Staff continued redirecting FC #3 with chores and called the AP for additional support. FC #3 threw the contents of a dustpan on Staff #4. Staff #4 threatened to call the police for the assault. Verbally offensive language and racial slurs only increased with the threat of police involvement. Both Staff #4 and FC #3 came out of the back door at the same time. FC #3 reported Staff #4 hit her in the back of the head multiple times. Client #1, Client #2 and Client #4 all reported they saw Staff #4 hit FC #3 without any retaliation from FC #3. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$1000.00 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 512		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated	V 537		

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V 537	<p>Continued From page 48</p> <p>competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation 	V 537		

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V 537	<p>Continued From page 49</p> <p>of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or</p>	V 537		

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V 537	<p>Continued From page 50</p> <p>failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p>	V 537		

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V 537	<p>Continued From page 51</p> <p>(l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 4 of 4 staff (Staff #1, Staff #2, Staff #3 and Staff #4) had training in the use of seclusion, physical restraints and isolation time-out. The findings are:</p> <p>Review on 6/10/21 of facility policy regarding Emergency Use of Restrictive Interventions revealed: -" The permissible use of restrictive interventions shall be limited to those emergency situations in which the interventions are needed to terminate a behavior or action in which a consumer is in imminent danger of abuse or injury to self or others or when substantial property damage is occurring ..."</p> <p>Personnel record review on 6/9/21 for Staff #1 revealed: -Date of hire 12/28/19 as residential counselor. -Training in NCI (North Carolina Interventions) plus completed 1/5/21.</p> <p>Personnel record review on 6/9/21 for Staff #2</p>	V 537		

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V 537	<p>Continued From page 52</p> <p>revealed:</p> <ul style="list-style-type: none"> -Date of hire 3/26/20 as residential counselor. -Training in NCI plus completed 1/5/21. <p>Personnel record review on 6/9/21 for Staff #3 revealed:</p> <ul style="list-style-type: none"> -Date of hire 6/14/20 as residential counselor. -Training in NCI plus completed 1/5/21. <p>Personnel record review on 6/9/21 for Staff #4 revealed:</p> <ul style="list-style-type: none"> -Date of hire 12/25/19 as residential counselor. -Training in NCI plus completed 1/5/21. <p>Interview on 6/10/21 and 6/11/21 with the Licensee/Director/QP revealed:</p> <ul style="list-style-type: none"> -Staff were trained in NCI plus part A and B as required prior to working with clients. -Staff were not trained in restrictive interventions/restraints/holds. -"[Staff] should use restrictive intervention if someone was harming themselves. When [FC #3] was self harming, that should have been a time they (facility staff) should have intervened to stop her from hurting herself." <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 537		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p>	V 542		

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V 542	<p>Continued From page 53</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to keep adequate financial records on all transactions affecting 1 of 3 clients (Client #2). The findings are:</p>	V 542		

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V 542	<p>Continued From page 54</p> <p>Record review on 6/9/21 for Client #2 revealed: -Date of admission-2/12/21 -age- 16 years -Diagnoses- Intermittent Explosive Disorder, PTSD (post-traumatic stress disorder), DMDD (disruptive mood dysregulation disorder), cannabis use disorder -review of Client financial logs revealed: only Client #2 had funds. -the log for Client #2 listed deposit of \$83 on 5/11/21 for balance of \$129.</p> <p>Interview on 6/10/21 with Client #2 revealed: -had been at facility since February 2021. -began working at local fast food restaurant in April. -works 5 days a week mostly weekends- 530p-9p during school week. -Puts about \$150 week in savings that the Licensee/Director/Qualified Professional (QP) keeps and keeps \$30 in her own pocket.</p> <p>Interview on 6/10/21 with the Associate Professional revealed: -Client #2 needed an ID (identification card) to open a bank account. She was paid via direct deposit onto a debit card. "She cashed her pay at ATM (automated teller machine) and gave money to [the Licensee/Director/QP] to keep for [Client #2]."</p> <p>Interview on 6/10/21 with The Licensee/Director/QP revealed: -She was responsible for keeping and tracking client funds. -"[Client #2]'s got a lot more than that (on the financial log)." -"I was trying to update that form." -"I've got to do better." -"I keep client funds in a personal safe at home."</p>	V 542		

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V 542	Continued From page 55 She brings the money in every week for Client #2 to count. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 542		
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 observations and interviews, the facility staff failed to ensure the facility and its grounds were maintained in a safe, clean, orderly and attractive manner. The findings are: Observation on 6/10/21 at approximately 1:45pm revealed: -1 bath-mildew around tub -Approximately 12-14" diameter hole in vinyl flooring in dining area. Off the dining room was the kitchen with access to back door. 5 brick steps out backdoor to covered carport. -Approximately 20' behind facility was locked 5'x10' shed. Around the outside of shed on the ground were plastic pieces of barrels or buckets, rusty metal parts or tools, riding lawn mower with a flat tire, a 3 tiered plastic cart with rusty tools on	V 736		

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V 736	<p>Continued From page 56</p> <p>the shelves, rusty jumper cables, 2 disposable shaving razors, multiple scrap boards of various lengths/widths some with nails or screws sticking upward.</p> <p>-Access door to crawl space underneath the house had no lock and was easily opened. Several 5- gallon buckets of paint and a bicycle were stored under the house.</p> <p>Interview on 6/30/21 with the Licensee/Director/Qualified Professional revealed:</p> <p>-The facility had been surveyed in May 2020 by the Construction Section of Health Service Regulation and had cited similar items.</p> <p>-The maintenance man had left the trash around the shed but they would clean up outside immediately.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V296) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 736		