PRINTED: 07/22/2021

STATEMEN	of Health Service R	egulation				APPROVED
AND PLAN	Of Health Service R IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Managed as residence	E CONSTRUCTION	COMP	SURVEY PLETED
		MHL051-173	B. WING	and the second s		15/2021
NAME OF F	PROVIDER OR SUPPLIER	CTREET AS	DDESS SITY S	TATE ZID CODE	200 174	
SAVIN G	DAGE			TATE, ZIP CODE		
- Control G	RACEII		DAM ROAD NC 27576			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	A complaint, follow completed on June substantiated (Inta	r-up and annual survey was a 15, 2021. The complaint was ke #NC00177579).				
	category:	sed for the following service				
	10A NCAC 27G .11 Staff Secure for Ch	700 Residential Treatment nildren or Adolescents.				
V 108	27G .0202 (F-I) Pe	rsonnel Requirements	V 108			
	(g) Employee train	202 PERSONNEL cation shall be documented. hing programs shall be minimum, shall consist of the				-
	(1) general organiz(2) training on clieddelineated in 10A N10A NCAC 26B;	nt rights and confidentiality as NCAC 27C, 27D, 27E, 27F and				
		t the mh/dd/sa needs of the in the treatment/habilitation				
	(4) training in infect bloodborne pathog (h) Except as perm	ens. itted under 10a NCAC 27G				
	member shall be av times when a client	ochapter, at least one staff vailable in the facility at all is present. That staff ained in basic first aid				
	including seizure m to provide cardiopu	anagement, currently trained Imonary resuscitation and ich maneuver or other first aid				
	techniques such as the American Heart	those provided by Red Cross, Association or their eving airway obstruction.				
	(i) The governing be	ody shall develop and and procedures for identifying,				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

CED

(X6) DATI

6899

YTLH11

If continuation sheet 1 of 53

O HOISE	f Health Conding				FORM APPROVED	
STATEMENT AND PLAN O	f Health Service Re OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING		06/15/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY.	STATE, ZIP CODE		
SAVIN GR			DAM ROAD			
STATING GR	CACE II	SELMA, N				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			D BE COMPLETE		
V 108	Continued From pa	age 1	V 108			
	reporting, investigand communicable clients.	ating and controlling infectious e diseases of personnel and	7.75			
	Based on intervier failed to assure the approved Cardiol and First Aid course. The findings Review on 6/11/2 revealed the follous Paraprofession Direct care standard CPR/First Aid course dated 10 Interview on 6/12 Director revealed To Paraprofession She was unaw CPR courses are (Division of Head approved training Testing Parameters (unless otherwise least 2 staff multiput Paramet	21 of Staff #2's personnel file bying information: 12/14. nal. off. d certificate from an on-line /26/19. 5/21 with the Licensee/Facility d the following information; vare that on-line First Aid and e not accepted by DHSR lth Service Regulation) as 19. illity is licensed as a 1700; atment Staff Secure for Children and at any time a client is presen se specified in a treatment plan) a st be on duty.	t	Personnel Requirement on 6/2021 Savin Grace updated in the mandatory traunal and south Grace updated in the mandatory traunal each New hire process.	has or ation accentally as writing sidature	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHLOST-173 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SAVIN GRACE II SUMMARY STATEMENT OF DEFICIENCIES (PROVIDERS PLAN OF CORRECTION) MESSAUM OR SELMAN, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES (PROVIDERS PLAN OF CORRECTION) MESSAUM OR SELMAN, NC 27576 SOUTH OF THE CONTINUE OF THE	Division	of Health Service Re	egulation				
NAME OF PROVIDER OR SUPPLIER SAVIN GRACE II SUMMARY STATEMENT OF DEFICIENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCED TO THE APPROPRIATE DOMESTIC. PREFIX TAG PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES OT ON HE CANDON. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCES. PROVIDERS PLAN OF CORRECTION. PREFIX TAG SOUND A CROSS-REFERENCE. PREFIX TAG SCONG-RECTION SHOULD BE CROSS-REFERENCED. PREFIX TAG PROVIDER PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED. PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG						COMPLE	JRVEY TED
SAVIN GRACE II SELMA, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY SAVI'N GROVE GUALIFIED TO FEMALE UIT BE TESPATIBLE FOR ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY WITH SUMMARY STATEMENT ON OR SERVICE PLAN (a) An assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. ICA NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE Licansed Treptestory action should be completed for an author of the developed of the client's presenting problem; and the proposed of the client's presenting problem; and the proposed of the client's presenting problem; and the proposed of the proposed of the proposed			MHL051-173	B. WING			
SELMA, NC 27576 CACI ID SUMMARY STATEMENT OF DEFICIENCIES SELMA, NC 27576	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE		
PRETIX TAG PREGULATORY OR LSC IDENTIFYING INFORMATION) PRESIX TAG V111 Continued From page 2 V111 27G. 0.205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G. 0.205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. PRETIX TAG V111 Continued From page 2 V111 V1	SAVIN G	RACE II)		
10A NCAC 27G. 0.205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G 10205 ASSESSIMENT AND THE ARM Placed In the Neat Employee the Placed In the Neat Employee the Placed In the Neat Employee the Employee the Placed In the Neat Employee the Guardina to the Guardina to the Guardina to the file for record. 11 the delivery of services, and shall include, but not be guardinated in the file for record. 12 the flex tord of the file for record. 13 the Guardinate Development with the file for record. 14 the flex tord of the file for record. 15 the flex tord of the file for record. 16 for record. 16 for record. 17 the Guardinate Development with the flex tord of the third Employee the Record. 18 placed In the Beach of the flex tord of the third the flex	PREFIX	FFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE				LD BE PRIATE	DATE DATE
10A NCAC 27G. 0.205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G 10205 ASSESSIMENT AND THE ARM Placed In the Neat Employee the Placed In the Neat Employee the Placed In the Neat Employee the Employee the Placed In the Neat Employee the Guardina to the Guardina to the Guardina to the file for record. 11 the delivery of services, and shall include, but not be guardinated in the file for record. 12 the flex tord of the file for record. 13 the Guardinate Development with the file for record. 14 the flex tord of the file for record. 15 the flex tord of the file for record. 16 for record. 16 for record. 17 the Guardinate Development with the flex tord of the third Employee the Record. 18 placed In the Beach of the flex tord of the third the flex	V 111	Continued From pa	age 2	V 111	Savin Grace, Gualified]	70 pessiona	4
10A NCAC 27G. 0.205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G 10205 ASSESSIMENT AND THE ARM Placed In the Neat Employee the Placed In the Neat Employee the Placed In the Neat Employee the Employee the Placed In the Neat Employee the Guardina to the Guardina to the Guardina to the file for record. 11 the delivery of services, and shall include, but not be guardinated in the file for record. 12 the flex tord of the file for record. 13 the Guardinate Development with the file for record. 14 the flex tord of the file for record. 15 the flex tord of the file for record. 16 for record. 16 for record. 17 the Guardinate Development with the flex tord of the third Employee the Record. 18 placed In the Beach of the flex tord of the third the flex	V 111			V 111	Will be responsible for	ensuring	
10A NCAC 27G. 0.205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G 10205 ASSESSIMENT AND THE ARM Placed In the Neat Employee the Placed In the Neat Employee the Placed In the Neat Employee the Employee the Placed In the Neat Employee the Guardina to the Guardina to the Guardina to the file for record. 11 the delivery of services, and shall include, but not be guardinated in the file for record. 12 the flex tord of the file for record. 13 the Guardinate Development with the file for record. 14 the flex tord of the file for record. 15 the flex tord of the file for record. 16 for record. 16 for record. 17 the Guardinate Development with the flex tord of the third Employee the Record. 18 placed In the Beach of the flex tord of the third the flex		Assessment/Treatr	ment/Habilitation Plan		that each employee 15+	rained	
PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's presenting problem; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. The Gualifted Professional will that the Europhyse and annual fector flow approximation. The Gualifted Professional will that the Europhyse and annual fector flow approximation to the annual fector flow annual flow annual fector flow annual flow annua		10A NCAC 27G .02	205 ASSESSMENT AND		arecord of Traunit & WIII	rie	
(a) An assessment shall be completed to a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's presenting problem; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the 'plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G .0205 Assessment and Treatment thabilitation or service Plan, hereafter referred to as the 'plan," strategies to address the client's presenting problem shall be documented. 11DA NCAC 27G .0205 Assessment and Treatment thabilitation or service Plan, hereafter referred to as the 'plan," strategies to address the client's presenting problem shall be documented. 12DA NCAC 27G .0205 Assessment and Treatment thabilitation or service Plan, hereafter referred to as the 'plan," strategies to address the client's presenting problem shall be documented. 12DA NCAC 27G .0205 Assessment and Treatment thabilitation or service Plan Savin Grace Cto, updated the inclination of the treatment/habilitation or service Plan, hereafter referred to as the 'plan," strategies to address the client's presenting problem shall be documented. 12DA NCAC 27G .0205 Assessment and Treatment thability and Treatment thability and Treatment thability and Treatment thability and Treatment thability.			BILITATION OR SERVICE		placed in the New Compi	oyee	
the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. The client's presenting problem shall be documented. Rudat Eleptoyec files quantum of truning and annual kecternfication: The annual kec			nt shall be completed for a		the for record.	11011	
(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G 10205 ASSESSMENT and TVEATMENT HABILITATION OF SERVICE DAN SAVIN Grace CED, updated His intalke a ssessment to include the client presenting Problems, needs and Strengths. Prov to the delivery of Services, Savin brace, ucc ucensed Register to an assessment of the Utensed Register to the Lient and the proposition of the language of the provisional usual school of the strengths. Annual fecting target of the Gull of the Staff including the Staff including to the worthly training. Schedule All Staff including the Staff including the Staff including the Staff including to the staff including the		client, according to governing body policy, prior to			The qualified professione	prterly	
(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G 10205 ASSESSMENT and TVEATMENT HABILITATION OF SERVICE DAN SAVIN Grace CED, updated His intalke a ssessment to include the client presenting Problems, needs and Strengths. Prov to the delivery of Services, Savin brace, ucc ucensed Register to an assessment of the Utensed Register to the Lient and the proposition of the language of the provisional usual school of the strengths. Annual fecting target of the Gull of the Staff including the Staff including to the worthly training. Schedule All Staff including the Staff including the Staff including the Staff including to the staff including the			vices, and shall include, but not		fucility coming truning	is and	
(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. 10A NCAC 27G .0205 ASSESSMENT and Treatment thabilitation or Service Transcription or Service Tra		(1) the client's pre			lone - II volorita (allun.	1112	
established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Schedule All Staff Michiaals New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums. New Hire's for kill Mandated traunums as well as agenum wide monthly traunums.					Bull Will MORSONIA		
detaxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Savin Grace Ceo, updated the Intelled a ssessment to include the client presenting Problems, needs and Strengths. Phor to the delivery of Services, Savin brace, ucc Licensed Propositional Coundar Will complete an assessment for any client, the LPC					Schodulo All State I'll	naun	
shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Trainings as Well as agent, wide monthly training. 10A NCAC 27G 10205 Assessment and treatment Habilitation or Service Plan Savin Grace Ceo, updacted His Intalke a ssessment to include the client presenting Problems, needs and strengths. Problems, needs are foundated will another the delivery of Services, Savin breate, ucc Licensed Propossional Counsilly will another the License.		of admission, exce	ept that a client admitted to a		ILLO SHIVE LOV ALL MAI	laare	
admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Savin Grace Ceo, updated It's intalle a ssessment to include the client presenting Problems, needs and strengths.					1.	Leite	
and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. IDA NCAC 276,0205 ASSESSMENT and Treatment Habilitation or Service Plan Saxun Grace Ceo, updated this Intalke assessment to include the client presenting Problems, needs and Strengths. Prior to the delivery of Services, Savin breace, uc Licensed Propositional Counsely will complete an assessment for each client. The Lec		admission;	Company of Sear 1884 of Sec.		wide Krontnly training		
(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Savin Grace Ceo, updated It's intalke assessment to include the client presenting Problems, needs and Strengths. Prior to the delivery of Services, Savin breade, ucc Licensed Propositional Guindar Will anipote an assessment for each client, the LPC			cial, family, and medical history;				
vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Savin Grace Ceo, updated It's intake a ssessment to include the client presenting Problems, needs and strengths. Prior to the delivery of Services, Savin breade, uc Licensed Propossional Coundar Will complete an assessment for each client, the Lec		(5) evaluations or			104 NCAC 276,020	5 6	0/16/202
(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Savin Grace Ceo, updated It's Intake assessment to Include the client presenting Problems, needs and Strengths. Prior to the delivery of Services, Savin brace, uc Licensed Propossional Gundar Will compete an assessment for each client. The LPC		1 ,			accessment and tre	atment	
treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Savin Grace Ceo, updated It's intake a ssessment to include the client presenting problems, needs and strengths. Problems, needs and strengths. Prior to the delivery of Services, Savin brace, uc Licensed Propossional Gundar Will compete an assessment for each client. The LPC		(b) When services	s are provided prior to the		Habilitation or Service	Plan	
referred to as the "plan," strategies to address the client's presenting problem shall be documented. It's intake assessment to include the client presenting problems, needs and strengths. Prior to the delivery of Services, Savin breace, uc Licensed Propossional Gundar Will compete an assessment for each client. The LPC							
Include the client presenting Problems, needs and Strengths. Prior to the delivery of Services, Savin brace, uc Licensed Propossional Counsely Will complete an assessment for each client. The LPC					Savin Grace Leo, up	accea	
Problems, Needs and Strengths. Prior to the delivery of Services, Savin brace, uc Licensed Propossional Counder Will compete an assessment And pack clopet. The LAC		client's presenting	problem shall be documented.		It's intake assessmen	T to	
Prior to the delivery of Services, Savin brace, uc Licensed Propossional Counder Will compete an assessment for each cloppet. The LAC					include the client pre	Serving	
Services, Savin brace, UC Licensed Propossional Counder Will complete an assessment for each cloppet. The LPC					problems, needs and st	Dengris.	
Will compete an assessment					Mor to the delivery	D	
Will compete an assessment		15 14 15 17 17 17			Services, Savin brace	Comple	
This Rule is not met as evidenced by: Will complete an assessment and ex-assess		A CONTRACTOR			Licensed Works with	Sment	
This Rule is not met as evidenced by: This Rule is not met as evidenced by: Lury assessment and ex-assess					Considere with the	PC	
This Rule is not met as evidenced by: during assessment and eg-assess					will give an admitture	diagnosis	
		This Rule is not me	et as evidenced by:		during assessment and	re-asse	22

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) The client within 30 days V 111 Continued From page 3 The LPC Will document the Based on interview and record review, the facility Established diagnosis. failed to assure an assessment was completed The assessment include for each client prior to the delivery of services affecting 2 of 2 audited current clients (#1 #2) and social, farmly and medical 2 of 2 former clients (FC #4 FC #5). The findings nistary, substance Abuse, Medical history and Review on 6/4/21 of Client #1's record revealed vocational, the following information: The Qualified Professional engoing Will begin the implementation of 14 Treatment plan: -- A 16-year-old female. -- Date of admission to the facility: 8/28/20. -- Diagnoses include Major Depressive Disorder-Unspecified, Unspecified Disruptive Impulse Control and Conduct Disorder, ODD (Oppositional Defiant Disorder)-Moderate, ADHD (Attention Deficit Hyperactivity Disorder) -Predominantly Hyperactive Impulsive Presentation, Generalized Anxiety Disorder, Panic Attacks, Psychosis - NOS (not otherwise specified), History of self-harm, Parent - child relational problems and Asthma. -- Psychological testing dated 12/17/20: "FSIQ (Full Scale Intelligence Quotient) = 80 - low average." -- "Does the member (Client #1) have a history of being neglected, or physically, emotionally or sexually abused? Yes." -- No documentation of a presenting problem or identified strategies to meet the client's presenting needs. Review on 6/7/21 of Client #2's record revealed the following information: -- A 15 year old female. Admitted to the facility on 12/5/20. - Diagnoses include Major Depressive Disorder,

Anxiety and ODD

presenting needs.

-- No documentation of a presenting problem or

identified strategies to meet the client's

OIVIENEN	of Health Service R T OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	COMP	SURVEY PLETED
		MHL051-173	B. WING		06/	15/2021
	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
SAVIN G	RACE II	SELMA, N	OAM ROAD C 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 111	Continued From p	age 4	V 111			
W. Y.	revealed the follow A 16-year-old fer Date of admission Date of discharges ummary complet Transported to the for a psychiatric eventhe facility Diagnoses inclusion Disruptive Mood Disruptive	male. on to the facility: 11/5/20. pe: unknown (no Discharge ed). he hospital by staff on 5/28/21 valuation and did not return to de Major Depressive Disorder, pysregulation Disorder, PTSD tress Disorder), ADHD and ant Disorder. Is the group home from a PRTF ential Treatment Facility - e inpatient facility care for do not meet criteria for acute do require supervision and entions on a 24-hour basis). On of a presenting problem or is to meet the client's If of FC #5's record revealed the on: male. The treatment of days). The treatment of days of the facility on 5/5/21, and 1/21 (total of 7 days).				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 06/15/2021	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	DAM ROAD	STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 111	identified strategie presenting needs. Interview on 6/7/22 Director revealed to the facility for a subject of	on of a presenting problem or is to meet the client's I with the Licensee/Facility he following information; that there was not a form used an admission assessment. The office of the required information and documented this on various	V 111	10A NCAC 276-		6/10/20
V 112	10A NCAC 27G .C TREATMENT/HAI PLAN (c) The plan shall assessment, and legally responsible of admission for c receive services b (d) The plan shall (1) client outcome achieved by provis projected date of (2) strategies; (3) staff responsil (4) a schedule for annually in consul responsible perso	be developed based on the in partnership with the client or person or both, within 30 days lients who are expected to eyond 30 days. include: e(s) that are anticipated to be sion of the service and a achievement;	VIIZ	Savin Grace Gualified Professional Will to live treatment Plan base on Client Assessment With the LPC. The Confessional Brail on That Client Gutromos are anticipated to be try the projected date of Strategres and stop Responsibilities, the	Sualifu Sure Mat achione a Servi achevi	el

Division of Health Service Regulation (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 06/15/2021 MHL051-173 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Continued From page 6 V 112 will be Reviewed Annually and or updated as need outcome achievement; and to address cluent current (6) written consent or agreement by the client or responsible party, or a written statement by the behaviors as well as any provider stating why such consent could not be derelament in behavior obtained. changes. 10A NCAC 276 . 0205 Assessment and Treatment This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement strategies and Habilitation or Service Plan interventions within a treatment plan to address behaviors of elopement, sexualized behaviors and self injury affecting 1 of 2 former clients (FC #4). The findings are: A. Review on 6/3/21 and 6/4/21 of FC #4's record revealed the following information -- A 16-year-old female. - Date of admission to the facility: 11/5/20. - Date of discharge: unknown (no Discharge Summary completed). - Transported to the hospital by staff on 5/28/21 for a psychiatric evaluation. - Diagnoses include Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, PTSD (Post Traumatic Stress Disorder), ADHD (Attention Deficit Hyperactivity Disorder) and Oppositional Defiant Disorder. - She came to this the group home from a PRTF (Psychiatric Residential Treatment Facility provides non-acute inpatient facility care for adolescents who do not meet criteria for acute inpatient care, but do require supervision and

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 06/15/2021 MHL051-173 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **562 OLD DAM ROAD** SAVIN GRACE II **SELMA, NC 27576** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Continued From page 7 V 112 V 112 specialized interventions on a 24-hour basis). Review on 6/4/21 of FC #4's record revealed the following information: A treatment plan dated 9/25/20, updated on 10/16/20 (both dates prior to her admission to this facility) written by the PRTF the client came from revealed the following information: -- "Will participate in recreational therapy activities (a recreational therapy goal initiated by the PRTF the client came from and not applicable to this facility)." -- A sleep goal - Savin Grace group home is listed as a person/entity responsible, however there are no interventions/strategies identified for the group home staff. -- Education goal - Savin Grace group home is listed as a person/entity responsible, however there are no interventions/strategies identified for the group home staff. - Medication Management - Savin Grace group home is listed as a person/entity responsible, however there are no interventions/strategies identified for the group home staff. -- "Treatment History: Per Admission Psychiatric Evaluation: ...presents to [name of PRTF she was at prior to admission to Savin Grace II] due to increasing risk taking and impulsive behaviors which have been difficult to manage at lower levels of care. She was recently admitted to another PRTF for 1 year due to frequent elopement from home as well as frequent SIB (self-injurious behavior) behaviors and was discharged in June of 2020. She reportedly quickly decompensated and was actually hospitalized 3 times upon returning home and attempting intensive in-home services. Today on interview she reports that she came here today from [name of Psychiatric hospital] where she reports she had been for the past 50 days. She

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED. AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 06/15/2021 MHL051-173 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 | Continued From page 8 reports that the hospitalization was due to her repeated running away from home which she reports is her primary issue. She reports that she runs away when feeling 'bored' and 'to have fun with friends' and reports that she is typically gone for 4 - 5 days ... Her guardian (adoptive mother) reports that she has had to file police reports numerous times due to [FC #4's] behaviors and reports that she is no longer manageable at home ..." - Savin Grace did not update FC #4's previous treatment plan to address behaviors of elopement, sexualized behaviors and self injury. Review on 6/11/21 of "Monthly Progress Reports" for FC #4 revealed the following information; November 2020: 11/12/20 - "Ran away during the night" 11/13/20 - "AWOL (away with out leave)" 11/14/20 - "Absent" 11/15/20 - "In the hospital" 11/16/20 - "We arrived back (to the facility) @ 5:00 ..." January 2021: 1/8/21 - "AWOL" 1/9/21 - "AWOL" March 2021: 3/3/21 - "Ran away from facility" 3/4/21 - "AWOL - returned back to facility @ 9:20 pm" April 2021: 4/21/21 - 4/30/21 - "AWOL" May 2021: 5/1/21 - 5/4/21 - "AWOL - Runaway status" 5/5/21 - 5/10/21 - "AWOL"

Division of Health Service Regulation

5/11/21 - "Returned back to facility in not a good

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: (X3) MULTIPLE CONSTRUCTION A BUILDING: (X3) MULTIPLE CONSTRUCTION A BUILDING: (X4) MULTIPLE CONSTRUCTION A BUILDING: (X5) MARC STREET ADDRESS, CITY, STATE, ZIP CODE SAVIN GRACE II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 9 state (gone 4/21/21 through 5/11/21 = 20 days)" 5/22/21 - 5/23/21 - "Runaway status" 5/24/21 - "AWOL" - Runaway status" 5/25/21 - 5/26/21 - "AWOL" 5/28/21 - "Hospitalized" The above information confirms FC #4 was admitted to the facility for approximately 7	Divi	ision o	of Health Service Re	egulation				
MHL051-173 B. WING	STAT	TEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SELMA, NC 27576 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 9 state (gone 4/21/21 through 5/11/21 = 20 days)" 5/22/21 - 5/23/21 - "Runaway status" 5/24/21 - "AWOL - Runaway status" 5/25/21 - 5/26/21 - "AWOL" 5/28/21 - "Went to get behavioral assessment" 5/29/21 - 5/31/21 - "Hospitalized" The above information confirms FC #4 was admitted to the facility for approximately 7				MHI 051-173				
SAVIN GRACE II SELMA, NC 27576 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 9 state (gone 4/21/21 through 5/11/21 = 20 days)" 5/22/21 - 5/23/21 - "Runaway status" 5/24/21 - "AWOL - Runaway status" 5/25/21 - 5/26/21 - "AWOL" 5/28/21 - "Went to get behavioral assessment" 5/29/21 - 5/31/21 - "Hospitalized" The above information confirms FC #4 was admitted to the facility for approximately 7					DDE00 017/ 0	TATE 710 CODE	1 001.	
SAVIN GRACE II SELMA, NC 27576 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 9 state (gone 4/21/21 through 5/11/21 = 20 days)" 5/22/21 - 5/23/21 - "Runaway status" 5/24/21 - "AWOL - Runaway status" 5/25/21 - 5/26/21 - "AWOL" 5/28/21 - "Went to get behavioral assessment" 5/29/21 - 5/31/21 - "Hospitalized" The above information confirms FC #4 was admitted to the facility for approximately 7	NAM	ME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 9 state (gone 4/21/21 through 5/11/21 = 20 days)" 5/22/21 - 5/23/21 - "Runaway status" 5/24/21 - "AWOL - Runaway status" 5/25/21 - 5/26/21 - "AWOL" 5/28/21 - "Went to get behavioral assessment" 5/29/21 - 5/31/21 - "Hospitalized" The above information confirms FC #4 was admitted to the facility for approximately 7	SA	VIN G	RACE II					
state (gone 4/21/21 through 5/11/21 = 20 days)" 5/22/21 - 5/23/21 - "Runaway status" 5/24/21 - "AWOL - Runaway status" 5/25/21 - 5/26/21 - "AWOL" 5/28/21 - "Went to get behavioral assessment" 5/29/21 - 5/31/21 - "Hospitalized" The above information confirms FC #4 was admitted to the facility for approximately 7	PR	REFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	OULD BE COMPLETE	
months. During this time she was gone without authorization as follows: Nov. 2020 = 5 days, Jan. 2021 = 2 days, March 2021 = 2 days, April/May 2021 = 20 days and May 2021 = 5 days. This represents the client's total time away from facility = 35 days. Review on 6/14/21 of documents titled "Savin Grace Monthly Summary" for FC #4 revealed the following information; — 11/5/20 - 12/09/20: "[FC #4] ran away 11/12 (2020) and returned back to the facility on 11/16 (2020)." — No "Monthly Summary" for 12/10/20-1/9/21 provided for review. — 11/10/21 - 2/10/21: "How has the patient shown progress since she has been in the facility?[FC #4] has run away from the facility once but has not tried again" "What do you see as the most significant behavioral/emotional problem for this member right now? That [FC #4] still has running away in the back of her mind." — 2/11/21 - 3/10/21: "How has the patient shown progress since she has been in the facility? [FC #4] has shown very little progress since being in the facility[FC #4] has ran away from the facility again during the last 30 days." "What do you see as their most significant "What do you see as their most significant		V 112	state (gone 4/21/2 5/22/21 - 5/23/21 - 5/23/21 - 5/24/21 - "AWOL - 5/25/21 - 5/26/21 - 5/28/21 - "Went to 5/29/21 - 5/31/21 - 5/28/21 - "Went to 5/29/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 5/31/21 - 2 days, Ma 2021 = 2 days, Ma 2021 = 20 days ar This represents th facility = 35 days. Review on 6/14/2 Grace Monthly Su following informati - 11/5/20 - 12/09/ "[FC #4] ran away back to the facility - No "Monthly Su provided for revier - 1/10/21 - 2/10/2 "How has the path has been in the fafrom the facility or "What do you see behavioral/emotior ight now? That [Fthe back of her m - 2/11/21 - 3/10/2 "How has the path has been in the falittle progress sinch has ran away fron last 30 days."	1 through 5/11/21 = 20 days)" "Runaway status" Runaway status" "AWOL" get behavioral assessment" "Hospitalized" ation confirms FC #4 was cility for approximately 7 his time she was gone without follows: Nov. 2020 = 5 days, Jan. arch 2021 = 2 days, April/May and May 2021 = 5 days. He client's total time away from the form of the				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING		R 06/15/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SAVIN G	RACE II	562 OLD I SELMA, N	DAM ROAD IC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 112	Continued From p	age 10 C #4] still has running away in	V 112			
	the back of her mi in one place to lon and can not do tha 3/12/21 - 4/11/2 4/12/21 - 5/12/2 "What do you see behavior/emotionaright now? That [F the back of her mi	ind. [FC #4] is not able to stay ag. [FC #4] likes to be on the go at being in the facility." 1: No information documented. 1: as the most significant al problems for this member 6C #4] still has running away in				
	Log" revealed the 4/21/21 - "Came therapeutic leave) 5/11/21 - "Retur good state."	following information; b back to the facility (from				
	received a medica	of FC #4's record revealed she al evaluation following her return /14/21 (two days later).				
	following informat A Weekly Thera away via her room morning of 1/8/21	apy note dated 1/8/21 "Client ran in window around 5 am the "The client was located by the and taken to the hospital for a				
	revealed the follow "[FC #4] left the was gone for 40 to The facility "had of the time."	group home 6 or 7 times, she of 45 days." I only 1 staff on duty about 90 % ent to different places when she				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY
		MHL051-173	B. WING		06/1	5/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
SAVIN G	RACE II	562 OLD I	DAM ROAD			
		SELMA, N	C 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 112	Continued From p	age 11	V 112			
	call people to comride." "She is not supply while in the group "She must be good people who come "She called me and asked me if I up, that she was at (name nearby town - abording to the said she just wok "When she (FC) home on May 11, asking what are already admitted When she was longest time FC # "she told me she Interview on 6/4/2 following informa FC #4 ran awa "She asked me go." Interview on 6/4/2 following informa FC #4 ran awa "She asked me go."	Id leave the facility, "she would be pick her up or call for an Uber cosed to have a cell phone home." etting cell phones from the stand get her." one time in February or March could come and and pick her cold. It was 28 degrees outside, of a large chain store) in (a but 25 miles away)." me (January 8, 2021) and she e up and [FC #4] was gone." c:#4) came back to the group 2021, I got a call from staff you going to do with her? We someone else." gone in March/April 2020 (the f4 was missing, for 20 days) had been in a prostitution ring." 21 with Client #1 revealed the tion: y "about 6 or 7 times." et og owith her but I told her no." 21 with Client #2 revealed the tion: y "about 4 times." et if I wanted to go, but I didn't	V 1/12			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG V 112 | Continued From page 12 V 112 -- She confirmed that FC #4 was away from the facility on the above occasions. - She has been having a difficult time since the COVID-19 pandemic hiring new staff and retaining old staff. -- She does not have enough current staff to cover all of the shifts needing covered. - She offered no more information about how the facility was addressing FC #4's running behaviors. This deficiency is cross referenced into 10A NCAC 27G .1701 SCOPE (V-293) for a Type A1 rule violation and must be corrected within 23 days. V 118 27G .0209 (C) Medication Requirements V 118 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 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173			* - *	LE CONSTRUCTION	(X3) DATE S COMPL R 06/15	ETED
NAME OF PRO	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
SAVIN GRA	CE II		DAM ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	HOULD BE COMPLE	
(E) (O) (II) (E) (II) (E) (II) (E) (II) (E) (II) (E) (II) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	C) instructions for D) date and time to E) name or initials rug. C) Client requests hecks shall be realle followed up by with a physician. This Rule is not more assed on interview alled to assure a) on the written order were kept current and ministration affections (#2) and 2 of E). The findings in the written of the competence in meaning the state of the competence in meaning the state of the competence in the state of the state of the competence in the state of the state of the competence in the state of	and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation and crief a Physician, b) all MARs and c) staff demonstrated dication documentation and crief 1 of 2 current audited of 2 former clients (FC #4 FC are: 121 of Client #2's record ring information: male. 122 facility on 12/5/20. 13 de Major Depressive Disorder, (Oppositional Defiant Disorder). 14 of Client #2's record revealed	V 118	Savin Grace, CEO has all Stuff Re-traved I wedication Administration Stuff Passed a Complete often training and was placed in the Empfele. All staff will have annual medications And training and ongoing wide training and placed the client Medication Pecard: It is Savin Grace Passed	Record Poyee Ve Anumetra Azgra Criptu Real D In	nis

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 06/15/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DAM ROAD	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION			(X5) COMPLETE DATE
V 118	(B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be refile followed up by with a physician.	, and quantity of the drug; administering the drug; the drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation	V 118	Savin Grange NED ha	d	6/22/20
	Based on interview failed to assure a) on the written order were kept current competence in me administration affectients (#2) and 2 (#5). The findings 1. Review on 6/7 revealed the follow— A 15 year old fer— Admitted to the— Diagnoses inclued Anxiety and ODD Review on 6/11/21 the following Phys— A prescription day Antibiotic) 500 mg for 7 days.	/21 of Client #2's record ving information: male. facility on 12/5/20. de Major Depressive Disorder, (Oppositional Defiant Disorder). of Client #2's record revealed		Savin Grace, CEO has all Stuff Re-traved I wedication Administra All Stuff Passed a Comfest ofter training and was placed in the English will be annual medication A training and oncorns whe training and oncorns whe training and oncorns whe training and placed the client Medication Record in 16 Savin Grace That all Medications	Record playee we drumsh Azgra explai in Admi	unis Instrator

STATEMEN	of Health Service Re IT of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 06/15/2021
NAME OF SAVIN G (X4) ID PREFIX	SUMMARY STA		DAM ROAD	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	LD BE COMPLETE
V 118	Continued From parties following inform—April 2021 MAR: documentation that administered to the (total of 6 doses, 2—May 2021 MAR: mg. to be administed documentation of dates/times: 5/1/2 and 4 pm doses), pm dose and 8 pm (total of 9 doses, total	age 14 nation: no transcription for or t any of this medication was e client on 4/29/21 or 4/30/21 of the 7 days). a transcription for Keflex 500 ered three times a day. No administration on these I (all 3 doses), 5/2/21 (8 am 5/3/21 (4 pm dose), 5/4/21 (4 n dose) and 5/5/21 (4 pm dose) he remainder of the 7 days). Ation reflects this antibiotic the was not initiated until 2 days wrote a prescription for it. If and 6/4/21 of FC #4's e following information: male. In to the facility: 11/5/20. He unknown (no Discharge ed). He hospital by staff on 5/28/21 valuation. Ide Major Depressive Disorder, hysregulation Disorder, PTSD typeractivity Disorder) and In the staff #1 revealed the lon: layer a hard time sleeping. In the given her Melatonin to help her that FC #4 did not have a	V 118	cross-referenced to the Approper To be placed in the Medication Administration of the Record. Savin Grace Guaryted Trofession is Responsible for All Client Medication and to Ensure that dectors order is protocolor of Gualified Profession Will Conduct Weeking Checks, this Will profutive errors in the MAR and Administration Medications. Savin CEO, will also Conduct Weeking Routine inspectand Review of All C Medications and Adirectors.	charte dent chartes Chartes Chartes Consulty Consult

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 06/15/2021 MHL051-173 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 | Continued From page 15 a Physician's order. b. Review on 6/4/21 of FC #4's record revealed the following information: -- A Physician's order from an Emergency Room dated 5/14/21 for Omnicef 300 mg. twice a day for 10 days. -- A May 2021 MAR with no transcription for or documentation that this medication was administered (this clients last day in the facility -5/27/21). c. Review on 6/4/21 of the "Staff Communication Log" revealed the following information regarding FC #4: -- 3/4/21 - "AWOL - returned back to facility @ 9:20 pm" -- 3/6/21 - " ...taken to hospital (for a medical evaluation 2 days following her return to the facility)." Review on 6/4/21 of FC #4's record and March 2021 MAR revealed the following information: -- A Physician's order dated 3/6/21 for Macrobid 100 mg. twice a day for 7 days (an Antibiotic). - On the March 2021 MAR staff initials circled on 3/7, 3/8 and 3/9/21 (for the PM dose, no documentation of administration of the AM dose on 3/7, 3/8 or 3/9/21 - Staff initials circled means the medication was not given). The first dose of this medication was administered to the client on 3/10/21 in the morning (4 days after the date of the prescription, and 6 days after her return to the facility). d. Review on 6/4/21 of FC #4's record revealed the following information: -- A note from a Physician at an Emergency Room (ER) dated 11/19/20 with the following information: "Seen for: Vaginal Itching. DX

vision of Health Service Regulation

ATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
			R
	MHL051-173	B. WING	06/15/2021

IAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVIN GRACE II

562 OLD DAM ROAD **SELMA, NC 27576**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 16 (diagnosis): Potential exposure to STD (Sexually Transmitted Disease), genital itching. Given Zithromax and Rocephin (both Antibiotics)." — A staff note dated 11/19/20 "went to the hospital today to get tested for STDs since she engaged in unprotected risky behaviors while she was away from the group home." — A note and prescription 11/19/20 from an Emergency Room Physician as follows: "Exposure to STD. DX: Symptom associated with female genital organs, Yeast Infection. Diflucan 100 mg. daily for 14 days (an Antibiotic)." — A November 2020 MAR with no transcription for or documentation that this medication was administered. — A December 2020 MAR with a transcription for Diflucan 100 mg. daily for 14 days and documentation that it was administered on 12/1/20, 12/3/20 and 12/4/20. Review on 6/3/21 and 6/4/21 of FC #4's record revealed the following delays in obtaining medicat treatment and therefore administration of prescribed medications: — FC #4 returned to the facility (after elopement) on 11/16/20. She was medically evaluated on 11/19/20. — FC #4 returned to the facility (after elopement) on 3/4/21. She was medically evaluated on 3/6/21. — FC #4 returned to the facility (after elopement) on 5/11/21. She was medically evaluated on 5/11/21. She was medically evaluated on 5/11/21. 3. Review on 6/11/21 of FC #5's record revealed the following information: — A 17 year old female. — Was admitted to the facility on 5/5/21, and discharged on 5/11/21 (total of 7 days). — Diagnoses include Bipolar Disorder, ADHD,			

	of Health Service R					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL051-173	B. WING		R 06/15/2021	
NAME OF P	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY,	STATE, ZIP CODE		
SAVIN GI	RACE II	562 OLD I SELMA, N	DAM ROAD C 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	ODD and Borderli Review on 6/11/21 following informati A Physician's or mg. every evening No documentati Vyvanse 40 mg. e Review on 6/11/21 revealed the follow A transcription fi No documentati administered this A transcription fi morning No documentati administered this	ne Personality Disorder. I of FC #5's record revealed the ion: der dated 3/2/21 for Zoloft 50 g. ion of a Physician's order for every morning. I of FC #5's May 2021 MAR wing information: for Zoloft 50 mg. every evening. ion indicating the client was medication on 5/7/21. for Vyvanse 40 mg. every tion indicating the client was medication on 5/6/21.	V 118			
	Date of hire 3/2 Paraprofession No documental Administration. Review on 6/11/2 Log" revealed the worked in the fact 6/1/21 - 8 am to 6/11/21 - 8 am Interview on 6/3/2 Professional (QP) information: It was not her remedications.	al. ion of any training in Medication of the "Staff Communication of following times when Staff #7 ility alone: o 8 pm. to 8 am. to 8 pm. of with the Qualified of revealed the following responsibility to oversee client are who was responsible for that				

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 06/15/2021 B. WING MHL051-173 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 562 OLD DAM ROAD **SAVIN GRACE II** SELMA, NC 27576 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 18 V 118 Interview on 6/7/21 with the Licensee/Facility Director revealed the following information: -- Since the former QP left her position, no one has really had oversight of medication administration. -- She had no explanation for the delay in beginning antibiotic therapy for the 2 clients identified. Due to the failure of staff to accurately document medication administration, it could not be determined if clients received medications as ordered by their Physicians. This deficiency is cross referenced into 10A NCAC 27G .1701 SCOPE (V-293) for a Type A1 rule violation and must be corrected within 23 days. 276, 10209 (E) Medication Regurement V 120 V 120 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION Sarin Grace, CED took 6/15/21 REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: immediate attion to ensure (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees that All Medicutions were and 86 degrees Fahrenheit; Locked in a Medication (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the Box and locked in lubinet refrigerator is used for food items, medications shall be kept in a separate, locked compartment Each dient has town or container; Locked container containing (C) separately for each client; (D) separately for external and internal use; All Medications. (E) in a secure manner if approved by a physician for a client to self-medicate. The CEO and Gualified professiona (2) Each facility that maintains stocks of

Division o	of Health Service Re	egulation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING		06/1	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS CITY	STATE, ZIP CODE		
			OAM ROAD			
SAVIN G	RACE II	SELMA, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 120	Continued From parcontrolled substan registered under the Substances Act, Grands and The Subs	age 19 ces shall be currently ne North Carolina Controlled a.S. 90, Article 5, including any dments. net as evidenced by: tion and interview, the facility at all medications were stored ad space affecting 2 of 2 current #2) and 2 of 2 current (#3 #6). The findings are: 4/21 at 12:30 pm of Client #1's following: bx with a tube of Preparation H resser. e of Clotrimazole Cream on the ar. 1 with Staff #1 revealed the on: that all medications need to be a not have had those are that these medications are that these medications are that these of the ons on the shelves of the of Calamine Lotion.	V 120	Will Continously Inspect All Medications Welk	+ 14.	
		ase dispensed from the 8/20 and 3/9/21 belonging to		The state of the s		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II SELMA, NC 27576 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 120 Continued From page 20 V 120 -- An inhaler of Albuterol belonging to Client #1. -- An inhaler of Flovent belonging to Client #1. -- A Proair inhaler. -- A tube of Clotrimazole Cream 1% belonging to Client #2. - On the top shelf of this desk shelf were the staff keys, including the key to the medication closet. Observation on 6/3/21, 6/4/21, 6/7/21 and 6/11/21 revealed the bottle of Calamine lotion and the 2 bottles of Rolaids were on the computer desk shelves. Observation throughout the survey (6/3/21, 6/4/21, 6/7/21, 6/11/21 and 6/15/21) at random times revealed the clients entered the office area when staff was in the office. Interview on 6/15/21 with the Licensee/Facility Director revealed the following information: -- The inhalers were in the office "because [Client #1] uses them so much." -- She understood that all medications need to be locked up. This deficiency is cross referenced into 10A NCAC 27G .1701 SCOPE (V-293) for a Type A1 rule violation and must be corrected within 23 days. G.S. 131E - 256(6) ItcPR-Notification Allegations, & protection V 132 V 132 G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER-A. BUILDING: _ B. WING 06/15/2021 MHL051-173 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **562 OLD DAM ROAD** SAVIN GRACE II SELMA, NC 27576 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Savin Grace, CED on 6/15/21/01/2021 V 132 V 132 Continued From page 21 Formally terminated soud any act listed in subdivision (a)(1) of this section. (which includes: Staff for The allegations a. Neglect or abuse of a resident in a healthcare Made against heristalt facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services was taken of the as defined by G.S. 131E-201 are being provided. Schedule and Suspended b. Misappropriation of the property of a resident in a health care facility, as defined in subsection pending the investigation. (b) of this section including places where home care services as defined by G.S. 131E-136 or Barin Grace CEO, WILL hospice services as defined by G.S. 131E-201 are being provided. immediately, suspendand c. Misappropriation of the property of a or terminate any stap healthcare facility. that is accused of Any d. Diversion of drugs belonging to a health care facility or to a patient or client. form of Abuse or Neglect e. Fraud against a health care facility or against a patient or client for whom the employee is Bayin Grace CEO does providing services). not condone Ary abuse Facilities must have evidence that all alleged or Neglect and will ensure acts are investigated and must make every effort to protect residents from harm while the that every child admitted investigation is in progress. The results of all investigations must be reported to the Into Services are protected, Department within five working days of the initial notification to the Department. Barin Grace, CED understand the importance of protecting every child and Will have zero telesance on any allegations Made to any employee. Savin Grace CED WILL be charged with the obligation to Report all

Division o	f Health Service Re	egulation			101111711
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL051-173	B. WING		R 06/15/2021
	SAVIN GRACE II 562 OLD I		AM ROAD	STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SELMA, N ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
	Based on interview failed to report an Carolina Health Cand failed to proteinvestigation proceinvestigation proceintal	net as evidenced by: w and record review the facility allegation of abuse to the North are Personnel Registry (HCPR) ect clients during the ess affecting 1 of 1 Former Staff idings are: of Ct #1's record revealed the tion: emale. sion to the facility: 8/28/20. ude Major Depressive iffied, Unspecified Disruptive and Conduct Disorder, ODD fiant Disorder)-Moderate, ADHD Hyperactivity Disorder) Hyperactive Impulsive eneralized Anxiety Disorder, sychosis - NOS (not otherwise ry of self-harm, Parent - child ms and Asthma. testing dated 12/17/20: "FSIQ gence Quotient) = 80 - low mber (Ct. #1) have a history of or physically, emotionally or eneralized Yes." 1 of a document provided by the eneralized Disorder and findings: VFD] Expril 23, 2021 21, I [L/FD] received a call from #1] was informed by staff [the sional] that client [Ct. #1] stated	V 132	allegations of Athouse, the North Cardina He Care Personnel Registre Cur Policy fromain will Included into Savin Correntation is to information is to information is to information the contractions. The CED qualified professions all clients to ensure feel safe and allow allow they were about this policy and the shall remain a pair Savin Grace daily and ongoing.	y (HCPP) as fivace cvm attor will ave with they they procedues 127
STATE FO		uon	6899	YTLH11	If continuation sheet 23 of 53

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL051-173 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II SELMA, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) Continued From page 23 V 132 that a staff [FS #10] showed her, buttocks. I proceeded to ask staff all the details in order to begin my investigation. I immediately telephoned [FS #10] and questioned her on the allegation made against her, [FS #10] denied that anything of this happened. I was informed that the incident allegedly happened on April 11, 2021 on the evening shift. I telephoned [Staff #5] and ask that he review the cameras and report his findings. [Staff #5] informed me the following day that he reviewed the cameras and he did not see anything remotely close to staff [FS #10] exposing herself to client [Ct. #1]. After reviewing the camera, myself, I did not see any such actions or any inappropriate behavior by [FS #10]. Which concluded my investigation. On April 19, 2021, I received a telephone call from [Staff #1] informing me the client [Ct.#1] stated that she informed her therapist that staff [FS #10], showed her buttocks and that the therapist stated that she would have to report it. From my previous experience with complaints and or allegations I expect the state to come out a complete an investigation in the matter. On April 21, 2021 Savin Grace received a visits from a CPS (Child Protective Services) worker that was at Savin Grace to complete an investigation regarding the allege behaviors of staff [FS #10]. The CPS interviewed each client (all 4 clients) that was in the facility. [Name of CPS worker] spoke with myself and [Staff #5] regarding the allegations. I informed [CPS worker], I had not written up my report but in fact did investigate the allegations immediately once I was made aware of them. As this is and ongoing investigation my final report will be made after the CPS investigation has been fully completed. [FS #10] has not been on schedule since April 18th 2021 and have been suspended from

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL051-173 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD **SAVIN GRACE II SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 132 V 132 Continued From page 24 working with any Savin Grace clients pending the investigation outcomes. This concludes my investigative report, a follow up will be written as CPS conclude." Review on 6/4/21 of the "Staff Communication Log" revealed that FS #10 worked in the facility following the date of the allegation (4/11/21) on the following occasions: 4/14/21 (8 am to 8pm) and 4/27/21 (8 am to 8 pm). Review on 6/11/21 of FC #4's April 2021 Medication Administration Record revealed FS #10's initials (documenting that she administered medications) on 4/13/21 and 4/14/21. Interview on 6/7/21 with the CPS worker investigating the above allegation revealed the following information: -- She has not completed this investigation yet. -- The recorded film she, the L/FD and Staff #5 watched was recorded on the date of the allegation, however the only thing viewed by them was video of the kitchen area. - Client #1 alleged the incident occurred in the living room area. -- She asked the L/FD to get back with her when she would be able to view the living room video. - The L/FD agreed to do that. -- The L/FD has not contacted her yet. Review on 6/11/21 of the North Carolina Incident Reporting Response System (IRIS) revealed that no incident report had been completed for the above allegation (reporting thru IRIS triggers a notification to the HCPR for investigation). Interview on 6/15/21 with the L/FD revealed the following information: -- She viewed the video recording with the CPS

AND PLAN	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173			E CONSTRUCTION	СОМ	E SURVEY PLETED
			B. WING			15/2021
	ROVIDER OR SUPPLIER	562 OLD	DAM ROAD	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SELMA, I TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 132	room works. She could chec was a recording. Review on 6/11/2 documentation fro 4/22/2021 - "Int processed with cl staff and praised Effectiveness: incident with groue everyone is statin 5/6/2021 - "Inteclient's week sinc processed with cl with client and groclient cutting Effectiveness: discussing her ur associated with the cutting and it the wrist area" Interview on 6/4/2 following informa "She (the forma "I don't want to believes me, my staff." This deficiency is NCAC 27G .1701	k with Staff #5 to see if there I of Client #1's record revealed om her Therapist as follows: ervention:Therapist ient an incident with group home client for sitting in her "truths." She was able to discuss an p home staff, but states that g that she is lying." ervention:Therapist assessed to previous session. Therapist ient an incident that occurred out home staff that resulted in She became tearful when incontrollable emotions the incident and being called a sclosed that this was her first had marks on her arm around	V 132			

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD **SAVIN GRACE II SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 293 Continued From page 26 V 293 V 293 27G .1701 Residential Tx. Child/Adol - Scope V 293 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: removal from home to a (1) community-based residential setting in order to facilitate treatment; and treatment in a staff secure setting. (e) Services shall be designed to: include individualized supervision and (1) structure of daily living; minimize the occurrence of behaviors related to functional deficits; ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; assist the child or adolescent in the

Division of Health Service Regulation

(5)

acquisition of adaptive functioning in self-control, communication, social and recreational skills; and support the child or adolescent in

Historia H	Health Bervice R	anulation			FARM	AFFRAVER
Many person o	OF PETICIENCIES FEDRICES	(#1) PHOVIDER/SUPPLIER/CLIA HENTIFICATION HUMBER	PARTHER BANK	E GANSTRUCTION	OFFI PATE	
WALLS IN DE		MHL081:173	A WING		0.0	
	ROAIDEU OU EREBLIEU	STATE, 3IP GODE	98/1	6/2021		
BAVIN OR		894 OLD 6	AMI ROAD	The same		
PROPERTY.	ELEMANT ST LEAGUE AFTER STANDARD STANDA	ATEMENT OF DEFICIENCIES VANIAT DE PRÉCEDEN BY EUR LEE MENTIFYNG BEFORMATION	IN FREE IN TAN	PROVIDERS PLAN OF CORRECT ON A TOP SHOW SHOW THE SHOW SHOW THE SAME APPROVING A SAME OF CORRECT OF CORRECT OF SAME OF CORRECT OF SAME OF CORRECT O	TIAN UID BE IOPHIATE	RAMPLETE BATE
V 999	Continued From p	aga 37	V 203	BEFIGIENCY	TO HOTE	137-112
	This Rule is not in Based on character within a series within the of care. This Rule is not in Based on character within a series within the of care. This Rule is not in Based on character in a series and the continuous auper felled by operate in for by admitting a still licensed on the care in a series of care in a series	meded to step-down to a less of setting it healthing. I freeling and the setting with other individuals and its child or adolescent's system is child or adolescent's system alon, interview and record staff falled to provide intensive, it realment and interventions to the minimise the accurrance of the minimise the accurrance of the secure staff were providing vision during sleep thours and within the acope it was incansed within the acope it was incansed of the client while it was operating pacity of a cliente affecting 2 of clients (#1 #2), 2 of 3 current (#3 #6) and 3 of 3 former clients (#6 #6) and 3 of 3 former clients (#1 #7).	V 203	IDA NOAGZIG: 170 Residential Treaty Scope (V293 Sauch Grace, cet Completely underst that we are lisene for 4 heds and w Nover admit and Over capacity: 1	ment and and sill one the anable	6/2/9
District of I	for each client pro affecting \$ of \$ a	in essesment was completed ' ior to the delivery of services udited current plants (#1 #3) and nts (FG #4 FG #8)		for the intake a occuptance of a aren's into savin	11	

VILHII

TEMENT	f Health Service Re of DEFICIENCIES		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER	A. BUILDING:		COMP	LETED
					R	
		MHL051-173	B. WING			5/2021
IAME OF D	ROVIDER OR SUPPLIER	STREET ADD	DESS CITY S	STATE, ZIP CODE		
IAME OF P	ROVIDER OR SUPPLIER	562 OLD D		TATE, ZIF GODE		
SAVIN GF	RACE II	SELMA, NO				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETE
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OPRIATE	DATE
V 293	Continued From p	age 28	V 293			
	•	10A NCAC 27G .0205,		the second of the second		a dropped
	ASSESSMENT AN	ND				
		BILITATION OR SERVICE				
	PLAN, Tag V-112. Based on interview	w and record review, the facility				
	failed to develop a	and implement strategies and		to Caran Plant S		
	interventions withi	n a treatment plan to address ement, sexualized behaviors				
	and self injury affe	ecting 1 of 2 former clients (FC				
	#4). The findings					
	Cross Poforonce	10A NCAC 27G .0209		and the second of the second		
		QUIREMENTS, Tag V-118.				
	Based on intervie	w and record review, the facility				
) medications were administered er of a Physician, b) all MARs		The second second		
	were kept current	and c) staff demonstrated		Market Control		
	competence in m	edication documentation and				
	administration aff	ecting 1 of 2 current audited of 2 former clients (FC #4 FC		Mary Wallet 2 to make a		
	#5).	of 2 former dients (1 0 m 1 0		Course for Topics		
	Market State (Action					
	Cross Reference	: 10A NCAC 27G .0209 EQUIREMENTS, Tag V-120.		STATE OF STATE OF THE PARTY OF		
	Based on observ	ation and interview, the facility				
	failed to assure t	hat all medications were stored		Service to the Little		
	in a securely lock	ted space affecting 2 of 2 current #2) and 2 of 2 current				
	unaudited clients	s (#3 #6).		1900		
	The second popular			Control of the second		
	Cross Reference	e: G.S. §131E-256 HEALTH NEL REGISTRY, Tag V-132.		the said of the		
	Based on intervie	ew and record review the facility				
	failed to report a	n allegation of abuse to the North				
	Carolina Health	Care Personnel Registry (HCPR)		and the little of		
	investigation pro	ect clients during the cess affecting 1 of 1 Former Staff	:			
	(FS #10).			Market - That the - of		
	100 to \$110	• 10A NCAC 27G .1704.				

Division	of Health Service Re				FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE COMP	SURVEY LETED
	MHL051-173		B. WING		06/1	8 5/2021
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
SAVIN GI	RACE II		DAM ROAD			
JAVIII 0			NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 293	Continued From p	age 29	V 293	II.		
V 293	MINIMUM STAFFI V-296. Based on observareview, the facility number of direct cawake affecting 2 #2), 2 of 2 current 1 of 2 former clier Cross Reference: TRAINING ON ALRESTRICTIVE IN Based on intervier failed to assure alservices to cliental Alternatives to Recurrent staff (#1 - Professional). Cross Reference: TRAINING IN SERESTRAINT AND V-537. Based on intervier failed to assure a Seclusion, Physic Time-Out for 9 of Qualified Professional development of the follograph of the	tion, interview and record failed to assure the minimum care staff were on duty and of 2 current audited clients (#1 unaudited clients (#3 #6) and ats (FC #4). 10A NCAC 27E .0107, TERNATIVES TO ITERVENTIONS, Tag V-536. We and record review, the facility itstaff prior to delivering receive training in the use of estrictive Interventions for 9 of 9 #8 and the Qualified 10A NCAC 27E .0108, CLUSION, PHYSICAL DISOLATION TIME-OUT, Tag we and record review, the facility itstaff had current training in the last facility and record review, the facility itstaff had current training in the last facility its and 6/4/21 of FC #4's record wing information:	V 293	Savin Grace, Cta hired and traine Staff and is open the group home 2 staff at all H on each shift. Savin Grace, Cta ensure a dequal Staffing by pla adds on Several Platforms to wi reach for Potents all of Grace Co have had all sta Newly hired sta trained on Alte	ating at ness will denou all enough at and	inent ir
	Date of dischar Summary comple Transported to for a psychiatric e She was AWO	rge: unknown (no Discharge eted). the hospital by staff on 5/28/21		to Restricture In CPR/FA, Medicat Administration, Seciusion, Physic	tion BBP	γ,

Division	of Health Service R	egulation			FORWI	APPRO
CTATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL051-173	B. WING		06/1	₹ 5/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DAM ROAD	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 293	Diagnoses including properties of the propert	de Major Depressive Disorder, Dysregulation Disorder, PTSD stress Disorder), ADHD Hyperactivity Disorder) and al Defiant Disorder). If of FC #5's record revealed the ion:		Restrant and time-ont. Some CEO hove imporing training training and other employee will contain to date and a Solo description	n Grace lementad is and player by to current complete the pure fue	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 293 Continued From page 31 V 293 Review on 6/15/21 of a Plan of Protection dated 6/15/21 written by the L/FD revealed the following information: "Savin Grace will thoroughly evaluate our current intake process and be more diligent when screening potential residents to ensure that our facility can meet their level of care. Savin Grace will implement refresher training for all current staff and implement on-going training to ensure that all staff have the necessary tools to perform their responsibilities. Savin Grace will ensure that all locks to include window alarms are operable and is functioning Savin Grace will ensure that all medications are stored in a lock box in a locked closet. All cleaning supplies will be stored in a lock cabinet. Savin Grace CEO (the L/FD) revised its intake/screening form to be used for every referral to our services, to ensure that Savin Grace have the capabilities to service the resident and or make the appropriate recommendations. Savin Grace have began the hiring process and have four new staff that will be trained and begin working to ensure that we maintain the proper staff to client ratios. Training have been set and should be completed by Sunday June 30th to include behavior management, medication, CPR/FA (Cardio Pulmonary Resuscitation/First Aid) and Savin Grace agency required training. Training will be maintained in employee file. All door locks will be checked and replace as needed to include window locks and bathroom doors." This facility serves up to 4 adolescent girls with diagnoses such as: Major Depressive Disorder, Impulse Control Disorder, Conduct Disorder, Oppositional Defiant Disorder, Attention Deficit

Division of Health Service Regulation

AND PLAN	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: MHL051-173 B. WING					E SURVEY IPLETED
			and the second s		R 15/2021	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET AI			STATE, ZIP CODE		
041/11/0	DAGE !!		DAM ROAD	AATE, ZII GOBE		
SAVIN G	RACEII	SELMA, N				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		DROVIDERIC PLAN OF CORRECT	TION	
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE DATE
V 293	Continued From p	page 32	V 293			
	Disorder, Panic A Dysregulation Dis Disorder, Bipolar Personality Was freque documented histore available to super clients at a time. elopement and diwhile residing at gone from the factotal of 35 days. between 2 days a develop and implet's running awa unsupervised in the engaged in promherself to sexuall Following this becourses of antibic in the initiation of to 11 days), delay symptoms associadditional interve place to assure the Client #1 informed person exposed initiated an interminated working investigation and ensure the safety clients present in report this allegal relied on the invertice protective Service.	order, Generalized Anxiety ttacks, Disruptive Mood order, Post Traumatic Stress Disorder and Borderline der. uire 24 hour supervision due to bry of exhibiting unsafe se running and self harm. The ently understaffed (based on ord review), leaving only 1 staff vise and provide services to 4 FC #4 had a previous history of splayed this behavior 5 times the facility resulting in being cility without supervision for a She would remain gone for and 20 days. The facility failed to ement strategies to address FC y behaviors. While he community, this client iscuous behavior exposing y transmitted diseases. In avior, she required several of these antibiotics (from 4 wing the lessening of the intend with these infections. No notions or extra staff were put in the safety of this client. In a staff that a staff the reself to them. While the L/FD all investigation, this staff in the facility during this nothing was put into place to a for Client #1 or any of the other the facility. The L/FD failed to complete her investigation.				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 06/15/2021 MHL051-173 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 293 Continued From page 33 V 293 nonprescription were given without a Physician's order. Clients were delayed in receiving antibiotics to treat symptoms of infections, and medications were observed throughout the facility in unlocked areas accessible to the clients. The facility was responsible for medical neglect (delay of Antibiotic administration) and not obtaining timely follow-up medical treatment for clients. This deficiency constitutes 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 296 27G .1704 Residential Tx. Child/Adol - Min. V 296 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 (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: two direct care staff shall be present for (1) one, two, three or four children or adolescents; three direct care staff shall be present (2)for five, six, seven or eight children or adolescents: and four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF SOME OF TON	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
	MHL051-173		B. WING			R
NAME OF F	PROVIDER OR SUPPLIER				1 06/	15/2021
		SIREETAD		STATE, ZIP CODE		
SAVIN G	RACE II	SELMA, N	DAM ROAD IC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIEN)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 296	Continued From p	page 34	V 296			
	follows: (1) two dire and one shall be a children or adoles (2) two dire and both shall be children or adoles (3) three di of which two shall asleep for nine, to adolescents. (d) In addition to care staff set forth Rule, more direct the facility based individual needs a plan. (e) Each facility supervision of child or adolescent eaway from the child or adolescent needs as specified.	ct care staff shall be present awake for five through eight				
	Constitution Land	of Client #1's record revealed mation:				

	of Health Service F IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 06/15/2021	
	PROVIDER OR SUPPLIE	562 OLD	DDRESS, CITY, S'	TATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY S	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	, NC 27576 ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		E APPROPRIATE	COMPLETE DATE
V 296	A 16-year-old f Date of admiss Diagnoses incl Disorder-Unspec Impulse Control (Oppositional De (Attention Deficit Disorder)-Predoi Presentation, Ge Panic Attacks, P specified), Histo relational proble Psychological (Full Scale Intell average." "Does the me being neglected sexually abused Review on 6/7/2 the following inf A 15 year old Admitted to th Diagnoses inc Anxiety and OD Review on 6/3/2 revealed the fol A 16-year-old Date of admis Date of disch Summary comp Transported to for a psychiatric Diagnoses in Disruptive Mooi (Post Traumatic Oppositional De	demale. Sion to the facility: 8/28/20. Ilude Major Depressive Sified, Unspecified Disruptive and Conduct Disorder, ODD Sifiant Disorder)-Moderate, ADHD Stripperactivity minantly Hyperactive Impulsive eneralized Anxiety Disorder, sychosis - NOS (not otherwise ry of self-harm, Parent - child ms and Asthma. testing dated 12/17/20: "FSIQ igence Quotient) = 80 - low mber (Ct. #1) have a history of the original of the control of the control service of the control of the control service of the control servi	r, 1			

Division	of Health Service Re	egulation				
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL051-173	B. WING		R 06/15/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
SAVIN G	RACE II	562 OLD D SELMA, N	AM ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 296	only 1 staff in the f Professional (QP) During interview o stated the followin - "The nine o'cloo - "Another staff is - "There are 2 sta - "I was here before came back last ye - She works Monshift. - Shifts are 12 hountil 8 am). Observation on 6 following: - The Licensee/F the facility. - The L/FD staye minutes (until about 19 per 19	facility (the Qualified a) with 4 clients. In 6/3/21 at 9:40 am the QP g: It person (staff) just left." It on her way in." It ff (on duty) at all times." It per (worked at the facility), I ear." It day through Friday on the day ours (8 am until 8 pm and 8 pm It is a market of the facility Director (L/FD) came into d at the facility approximately 20	V 296			
	going to see a Do Observation on 6. #1 arrived at the f Observation on 6 #1 was working a During interview of confirmed that sh the previous day 6/3/21 (this repre	octor. /3/21 at 11:30 am revealed Staff facility. /4/21 at 9:00 am revealed Staff it the facility. on 6/4/21 at 9:15 am, Staff #1 he had been at the facility since and worked the night shift on sents an almost 24-hour period).				

Division of Health Service Regulation STATE FORM

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II SELMA, NC 27576 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 296 Continued From page 37 V 296 -- "Staff sleep on the couch or the chair in the office." -- On the day shift "2 staff work 2 or 3 days a week, otherwise it's 1 staff (on duty each shift)." Interview on 6/4/21 with Client #3 revealed the following information: Staff #1 worked the previous night shift alone. -- She confirmed that staff sleep at night. Interview on 6/4/21 with Client #4 revealed the following information: -- Staff #1 worked the previous night shift. -- She doesn't know if staff sleep on the night shift as she was just admitted to the facility 2 days prior. Review on 6/15/21 of the "Staff Communication Log" revealed the following instances of only 1 staff working; - 6/1/21 - 8 am to 8 pm (Staff #7). No documentation on this log for 8 pm to 8 am. - 6/2/21 - No documentation of anything on this log (8 am to 8 pm or 8 pm to 8 am). - 6/3/21 - 8 pm to 8 am (Staff #1). -- 6/4/21 - No documentation on this log for 8 pm -- 6/5/21 - No documentation of anything on this log (8 am to 8 pm or 8 pm to 8 am). - 6/6/21 - No documentation on this log for 8 am to 8 pm. - 6/6/21 - 8 pm to 8 am (Staff #3). -- 6/7/21 - 8 am to 8 pm (Staff #1). No documentation on this log for 8 pm to 8 am. -- 6/8/21 - 8 am to 8 pm Staff #1 and Staff #8 (Staff #8 - came to the facility at approximately 12:00 pm). (** See below for information regarding Staff #8)

- 6/8/21 - No documentation on this log for 8 pm

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL051-173 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **562 OLD DAM ROAD** SAVIN GRACE II SELMA, NC 27576 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) V 296 Continued From page 38 V 296 - 6/9/21 - 8 am to 8 pm (Staff #1 and Staff #8) -- 6/9/21 - 8 pm to 8 am (Staff #3). -- 6/10/21 - 8 am to 8 pm (Staff #5 and Staff #8) -- 6/10/21 - 8 pm to 8 am (Staff #5 - this represents a 24 hour period of work Staff #5). - 6/11/21 - 8 am to 8 pm (Staff #1 and Staff #8). -- 6/11/21 - 8 pm to 8 am (Staff #7). -- 6/12/21 - 8 am to 8 pm (Staff #7 - this represents a 24 hour period of work Staff #7). -- 6/12/21 - 8 pm to 8 am (Staff #3). -- 6/13/21 - 8am to 8 pm (Staff #1). -- 6/13/21 - 8 pm to 8 am (Staff #3). -- 6/14/21 - 8 am to 8 pm (Staff #1 and Staff #8). Review on 6/15/21 of Staff #8's personnel file revealed the following information; - No date of hire. -- A Job Description for Paraprofessional signed on 6/8/21. Interview on 6/15/21 with the L/FD revealed the following information: -- Staff #8 is not hired yet, she is "just shadowing" other staff to assess if she will be hired as an employee. -- She was unaware that Staff #8 could not provide any services, including supervision of clients and could not be counted as a "working" staff member until her training was completed. C. Review on 6/7/21 of Client #3's progress notes revealed that Staff #1 worked on 5/24/21 and signed this note for the 8:00 am to 8:00 pm shift. Staff #1 also worked on 5/24/21 and signed the note for the 8:00 pm to 8:00 am shift (this represents working continuously for a 24-hour period). D. Interview on 6/4/21 with Client #1 revealed the following information;

Division of Health Service Regulation STATE FORM

PRINTED: 07/22/2021 Division of Health Service Regulation **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL051-173 B. WING NAME OF PROVIDER OR SUPPLIER 06/15/2021 STREET ADDRESS, CITY, STATE, ZIP CODE SAVIN GRACE II 562 OLD DAM ROAD **SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 296 Continued From page 39 V 296 -- "[Ct. #3] threw Clorox in my face and bleached my clothes the Friday before Easter (4/2/21)." -- "I beat her up." -- Staff did not take her to the Emergency Room (ER) for treatment. -- She wanted to go to the ER, "my eyes were burning." Review on 6/4/21 of the "Staff Communication Log" revealed that there was only 1 staff on duty when the above incident occurred. Interview with the L/FD on 6/11/21 revealed the following information; -- She has been having a difficult time since the COVID-19 pandemic hiring new staff and retaining old staff. She does not have enough current staff to cover all of the shifts needing covered. -- She is in the process of interviewing and hiring new staff. This deficiency has been cited previously two times since the original citation on 3/6/2020 (9/2/20 and 3/6/20). This deficiency is cross referenced into 10A NCAC 27G .1701 SCOPE (V-293) for a Type A1 rule violation and must be corrected within 23 days. V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536

practices that emphasize the use of alternatives

Division of Health Service Regulation

10A NCAC 27E .0107

INTERVENTIONS

ALTERNATIVES TO RESTRICTIVE

(a) Facilities shall implement policies and

STATE FORM

TRAINING ON

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING		06/15	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	FATE, ZIP CODE		
SAVIN GF	RACE II	562 OLD D SELMA, N	AM ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 296	- "[Ct. #3] threw Cmy clothes the Fri - "I beat her up." - Staff did not tak (ER) for treatmen - She wanted to burning." Review on 6/4/21 Log" revealed that when the above is Interview with the following information of the sent cover all of the sent cover all of the sent staff. This deficiency times since the (9/2/20 and 3/6/21) This deficiency NCAC 27G .17/2 rule violation and days.	Clorox in my face and bleached day before Easter (4/2/21)." the her to the Emergency Room to the ER, "my eyes were of the "Staff Communication at there was only 1 staff on duty incident occurred. The L/FD on 6/11/21 revealed the stion; having a difficult time since the emic hiring new staff and fit. The have enough current staff to shifts needing covered. Process of interviewing and hiring that been cited previously two original citation on 3/6/2020 (20). The construction of the Emergency Room to the Emic Market Room to the E	V 296	DEFICIENCY)		
	ALTERNATIVE INTERVENTIO (a) Facilities s	S TO RESTRICTIVE				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		MHL051-173	B. WING		06/1	₹ 5/2021
NAME OF P	ROVIDER OR SUPPLIE	R STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
SAVIN GI	RACE II	562 OLD [DAM ROAD			
		SELMA, N	C 27576			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	.D BE	(X5) COMPLETE DATE
V 536	Continued From	page 40	V 536			
	to restrictive inte (b) Prior to providisabilities, staff employees, studidemonstrate cor completing train other strategies which the likelih or injury to a pe property damag (c) Provider ag based on state compliance and gathered. (d) The training include measur measurable tes behavior) on th methods to de course. (e) Formal ref by each servic annually). (f) Content of provider wishe the Division of Paragraph (g) (g) Staff shall following core (1) know people being (2) recc behavior; (3) recc external stres disabilities; (4) stra relationships	riventions. iding services to people with including service providers, lents or volunteers, shall impetence by successfully ling in communication skills and for creating an environment in lood of imminent danger of abuse rson with disabilities or others or le is prevented. encies shall establish training competencies, monitor for internated demonstrate they acted on data a shall be competency-based, rable learning objectives, sting (written and by observation of lose objectives and measurable termine passing or failing the learning that the service less to employ must be approved by MH/DD/SAS pursuant to of this Rule. I demonstrate competence in the lareas: wledge and understanding of the	f			

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL051-173	B. WING			R 15/2021
	PROVIDER OR SUPPLIER	562 OLD I	DAM ROAD	TATE, ZIP CODE	1 06/	15/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	SELMA, N ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOLLI D BE	(X5) COMPLE DATE
V 536	organizational fact disabilities; (6) recogniz assisting in the pedecisions about the control of	ing the importance of and rson's involvement in making eir life; assessing individual risk for or; incation strategies for defusing potentially dangerous behavior; behavioral supports (providing with disabilities to choose ectly oppose or replace re unsafe). ers shall maintain initial and refresher training for s. Intation shall include: cipated in the training and the ill); d where they attended; and or's name; sion of MH/DD/SAS may a documentation at any time. Ifications and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the interventions.	V 536	DEFICIENCY)		

ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY IPLETED
		MHL051-173	B. WING			R
AME OF PRO	VIDER OR SUPPLIER	STREET AD	DESC CITY O	TATE, ZIP CODE	1 06/	15/2021
AVIN GRA	CEII			TATE, ZIP CODE		
AVIII ONA	CE II	SELMA, N	DAM ROAD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	C 2/5/6			
PRÉFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPL DATI
V 536 Co	ontinued From pa	ge 42	V 536			
(4) see ap to (5) sh (A) (B) co (C) pe (D) (6) tea rec (7) aim nein (8) ins (j) door train (1) (A) out (B) (C) (2) req (k) (1)	provide provider place provide provide provider place place provider place place place place place place place place provider place	ent of the instructor training the ens to employ shall be vision of MH/DD/SAS pursuant (5) of this Rule. (5) of this Rule. (6) instructor training programs a not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee ation procedures. hall have coached experience program aimed at preventing, ating the need for restrictive at one time, with positive to one time, with positive thall teach a training program, reducing and eliminating the interventions at least once thall complete a refresher least every two years. It is shall maintain the intervention shall include: pated in the training and the pated in the training and the shall coumentation any time. Coaches: thall meet all preparation	V 536			

YTLH11

DIVIDION	of Health Service F	Regulation			FURIV	APPROVED
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Company of the Compan	E CONSTRUCTION		E SURVEY PLETED
		MHL051-173	B. WING			R
NAME OF F	PROVIDER OR SUPPLIE	R STREET AD	DRESS CITY S	TATE, ZIP CODE	06/	15/2021
SAVIN G	RACEII		DAM ROAD	TATE, ZIP CODE		
		SELMA, N				
(X4) ID PREFIX TAG	REGULATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 536	536 Continued From page 43					
	competence by contrain-the-trainer in (I) Documentation as for trainers. This Rule is not Based on intervier as to client Alternatives to client Alternatives to client Alternatives to respect to the contract of the contra	met as evidenced by: ew and record review, the facility all staff prior to delivering is receive training in the use of estrictive Interventions for 9 of 9 - #8 and the Qualified the findings are: 11/21 of the Qualified QP's) personnel file revealed the ation: ation of a date of hire. on for QP signed and dated Carolina Interventions) 10/19/20, instructed by and censee/Facility Director (L/FD). 11/21 of Staff #1's personnel file owing information: 18/16.	V 536			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II SELMA, NC 27576 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) Continued From page 44 V 536 Paraprofessional. No documentation of any training on Alternatives to Restrictive Interventions. Review on 6/11/21 of Staff #3's personnel file revealed the following information: No documentation of a date of hire. -- Paraprofessional. - An NCI certificate dated 7/9/20, instructed by and signed by the L/FD. 5. Review on 6/11/21 of Staff #4's personnel file revealed the following information: Date of hire 5/3/14. -- Former QP, now working as direct care staff. - No documentation of any training on Alternatives to Restrictive Interventions. 6. Review on 6/11/21 of Staff #5's personnel file revealed the following information: - Date of hire 1/16/12. - Paraprofessional. - A "Savin Grace Behavioral Interventions" certificate dated 12/29/18. This training was instructed by the L/FD. 7. Review on 6/11/21 of Staff #6's personnel file revealed the following information: - No documentation of a date of hire. - A Health Care Personnel Registry check and criminal background check dated 2/19/21. Paraprofessional. - An NCI certificate dated 2/27/21, instructed by and signed by the L/FD. 8. Review on 6/11/21 of Staff #7's personnel file revealed the following information: Date of hire 3/21/21 - Paraprofessional. -- An NCI certificate dated 3/29/21, instructed by

entinuation sheet 47 of 53

TATEMEN ND PLAN	NT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL051-173	B. WING		A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	06/15/2021	
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
AVIN G	RACE II	562 OLD I SELMA, N	DAM ROAD IC 27576				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION OF THE CORRECTIVE ACTION OF	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
V 536	and signed by the 9. Review on 6/1 revealed the follow No date of hire A Job Description on 6/8/21 No documentati Seclusion, Physica Time-Out. Interview on 6/15/ following informat Staff #8 is not hother staff to asseemployee She used to be She was aware training would no approved training (Department of He She thought she the NCI methods She used the ol certificates for per She renamed the Behavioral Intervent This deficiency is NCAC 27G .1701	L/FD. 5/21 of Staff #8's personnel file ving information: on for Paraprofessional signed ion of any training in the Use of all Restraints and Isolation 21 with the L/FD revealed the ion; ired yet, she is "just shadowing" is if she will be hired as an a certified NCI instructor. that as of January 1, 2018 NCI longer be recognized as an curriculum by DHHS ealth and Human Services). It is could still instruct her staff on and techniques. If NCI template to create staff resonnel files.	V 536				
V 537	10A NCAC 27E .0	YSICAL RESTRAINT AND	V 537				

YTLH11

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL051-173	B. WING			R 15/2021
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
AVIN G	RACE II	562 OLD	DAM ROAD			
		SELMA, I	NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 537	Continued From p	page 46	V 537			
	time-out may be a been trained and competence in the to these procedur staff authorized to procedures are recompetence at le (b) Prior to provide disabilities whose includes restrictiv service providers volunteers shall conscious training is compledemonstrated. (c) A pre-requisit demonstrating contraining in preventhe need for restrictive measurable testing behavior) on those methods to deter course. (e) Formal refres by each service pannually). (f) Content of the provider plans to the Division of M Paragraph (g) of (g) Acceptable to but are not limite (1)	ing direct care to people with a treatment/habilitation plan be interventions, staff including and employees, students or complete training in the use of all restraint and isolation time-out these interventions until the eted and competence is the for taking this training is competence by completion of thing, reducing and eliminating rictive interventions. The interventions are objectives, and (written and by observation of the competency o	t ·			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	The state of the s	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 06/15/202	
NAME OF E	PROVIDER OR SUPPLIER		DRESS CITY S	TATE ZID CODE	1 00/	15/2021
		OTTLETTE	DAM ROAD	STATE, ZIP CODE		
SAVIN G	RACE II	SELMA, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 537	Continued From p	age 47	V 537			
	others); (3) emphasirights and dignity of concepts of least incremental steps (4) strategies of restrictive interventions whice assessment and respective interventions whice assessment and restrictive interventions (6) prohibite (7) debriefir importance and proportion of the debriefir importance and proportion of at least three years (1) Docume (A) who part outcomes (pass/fa (B) when an (C) instructor (2) The Divince of the debriefin intervention of the debriefin outcomes (pass/fa (B) when an (C) instructor Qual Requirements: (1) Trainers by scoring 100% of aimed at preventing need for restrictive (2) Trainers by scoring 100% of teaching the use of and isolation time-	of emergency safety h include continuous monitoring of the physical and l-being of the client and the safe roughout the duration of the ntion; ed procedures; ing strategies, including their surpose; and intation methods/procedures. ers shall maintain initial and refresher training for initial and refresher training for entation shall include: icipated in the training and the ficipated in the training shall demonstrate competence for testing in a training program for testing in a training program for seclusion, physical restraint				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL051-173 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II SELMA, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 537 Continued From page 48 V 537 by scoring a passing grade on testing in an instructor training program. The training shall be (4) 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. 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. Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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. (8)Trainers shall be currently trained in CPR. Trainers shall have coached experience (9)in teaching the use of restrictive interventions at least two times with a positive review by the coach. Trainers shall teach a program on the (10)use of restrictive interventions at least once annually. Trainers shall complete a refresher (11)instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL051-173 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 537 Continued From page 49 V 537 (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2)The Division of MH/DD/SAS may review/request this documentation at any time. (I) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. Coaches shall teach at least three times, the course which is being coached. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure all staff had current training in Seclusion, Physical Restraints and Isolation Time-Out for 9 of 9 current staff (#1 - #8 and the Qualified Professional). The findings are: 1. Review on 6/11/21 of the Qualified Professional's (QP's) personnel file revealed the following information: - No documentation of a date of hire. - A job description for QP signed and dated 2/9/21. - An NCI (North Carolina Interventions - part B) certificate dated 10/19/20, instructed by and signed by the Licensee/Facility Director (L/FD).

Division of Health Service Regulation

2. Review on 6/11/21 of Staff #1's personnel file

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL051-173 B. WING 06/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SAVIN GRACE II **SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 537 Continued From page 50 V 537 revealed the following information: - Date of hire 2/18/16. -- Paraprofessional. - No documentation of any training in the Use of Seclusion, Physical Restraints and Isolation Time-Out. 3. Review on 6/11/21 of Staff #2's personnel file revealed the following information: - Date of hire 1/12/14. -- Paraprofessional. -- No documentation of any training in the Use of Seclusion, Physical Restraints and Isolation Time-Out. 4. Review on 6/11/21 of Staff #3's personnel file revealed the following information: -- No documentation of a date of hire. Paraprofessional. -- An NCI (part B) certificate dated 7/9/20, instructed by and signed by the L/FD. 5. Review on 6/11/21 of Staff #4's personnel file revealed the following information: -- Date of hire 5/3/14. -- Former QP, now working as direct care staff. -- No documentation of any training in the Use of Seclusion, Physical Restraints and Isolation Time-Out. 6. Review on 6/11/21 of Staff #5's personnel file revealed the following information: -- Date of hire 1/16/12. -- Paraprofessional. -- A "Savin Grace Behavioral Interventions (part B)" certificate dated 12/29/18. This training was instructed by the L/FD.

Division of Health Service Regulation

7. Review on 6/11/21 of Staff #6's personnel file

revealed the following information:

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL051-173	B. WING		R 06/15/2021	
AME OF P	ROVIDER OR SUPPLIE		DRESS CITY S	TATE, ZIP CODE	1 00/	TOILULI
AVIN GR	RACE II		DAM ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPI DAT
	A Health Care I criminal backgrou Paraprofession An NCI (part B) instructed by and 8. Review on 6/1 revealed the follo Date of hire 3/2 Paraprofession An NCI certificatinstructed by and 9. Review on 6/1 revealed the follo No date of hire A Job Description 6/8/21 No documentation	tion of a date of hire. Personnel Registry check and and check dated 2/19/21. al.) certificate dated 2/27/21, signed by the L/FD. 1/21 of Staff #7's personnel file wing information: 21/21 al. ate (part B) dated 3/29/21, signed by the L/FD. 5/21 of Staff #8's personnel file wing information:	V 537			
	following informal - Staff #8 is not h other staff to asse employee She used to be - She was aware training would no approved training (Department of H - She thought sh the NCI methods - She used the o certificates for pe	nired yet, she is "just shadowing" ess if she will be hired as an a certified NCI instructor. In that as of January 1, 2018 NCI longer be recognized as an acurriculum by DHHS lealth and Human Services). In e could still instruct her staff on and techniques. It is to create staff resonnel files. In the NCI curriculum "Savin Grace"				

TATEMENT	of Health Service F T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATI	E SURVEY PLETED	
		MHL051-173	B. WING			R 06/15/2021	
AME OF P	PROVIDER OR SUPPLIE			TATE, ZIP CODE	1 00/	15/2021	
AVIN G	RACE II		DAM ROAD NC 27576				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION SI TAG CROSS-REFERENCED TO THE AP DEFICIENCY)			TON SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 537	Continued From	page 52	V 537	Finally,			
	This deficiency is cross referenced into 10A NCAC 27G .1701 SCOPE (V-293) for a Type A1 rule violation and must be corrected within 23 days.						

Division of Health Service Regulation STATE FORM



ROY COOPER . Governor

MANDY COHEN, MD, MPH . Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

July 27, 2021

Jacqueline Mitchell-Bell, CEO Savin Grace, LLC 3400 Duveneck Drive Raleigh, NC 27616

Suspension of Admissions

Savin Grace II, 562 Old Dam Road, Selma, NC 27576

MHL # 051-173

E-mail Address: sgrace4u@yahoo.com jacqui1718@yahoo.com

Dear Mrs. Mitchell-Bell:

Based on the findings of this agency during a survey completed June 15, 2021, we find that Savin Grace, LLC has operated Savin Grace II in violation of North Carolina General Statute (N.C.G.S. § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities and Substance Abuse Services. After a review of the findings, this office is taking the following action:

Suspension of Admissions -The documented violations indicate that conditions in the facility are found to be detrimental to the health and safety of the clients. Therefore, pursuant to North Carolina General Statute § 122C-23, the Division of Health Service Regulation, Department of Health and Human Services, is hereby ordering you to suspend all admissions to the facility effective immediately. The Suspension of Admissions is to continue until conditions are documented to meet approved inspection status. The facts upon which the suspensions of admissions are based are set out in the attached Statement of Deficiencies which is incorporated by reference as though fully set out herein.

The rule citations include:

10A NCAC 27G .0202 Personnel Requirements (V108)

10 NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111 and V112)

10A NCAC 27G .0209 Medication Requirements (V118 & 120)

G.S. 131E-256 HCPR-Notification, Allegations and Protection (V132) 10A NCAC 27G .1701 Residential Treatment-Scope (V293)

10A NCAC 27G .1704 Residential Treatment-Staffing (V296)

10A NCAC 27E .0107 Client Rights-Training on Alternatives to Restrictive Interventions (V536)

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718 www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Savin Grace, LLC 562 Old Dam Road Selma, NC 27576 (919) 351-0465 jacqui1718@yahoo.com

August 5, 2021

RE: Annual, Follow-Up and Complaint Survey completed June 15, 2021

Savin Grace II, 562 Old Dam Road, Selma, NC 27576

MHL # 051-173

Follow-up and complaint survey completed June 15, 2021. The complaint was substantiated.

As a result of the follow up survey, it was determined that the previously cited deficiencies remain out of compliance. Additional deficiencies were cited during the survey.

Below is Savin Grace Plan of Correction as follow:

10A NCAC 27G .0202 Personnel Requirements (V108):

On 06/22/2021:

Savin Grace CEO, began re-training and restructuring its new hire process to include training every current employee and re-trained in the following areas:

CPR/FA BBP

Seizure Management
Medication Administration
Client Rights & Confidentiality
Mindset Foundations (Approved training)
Incident Reporting and writing
Seclusion, Restraint, isolation time-out.

Savin Grace CEO, updated its hiring process to include mandatory training prior to the delivery of service. Savin Grace, Qualified Professional will be responsible for ensuring that each new hire has been trained and have tested 100% on competencies. The Qualified Professional will review employee files quarterly to ensure that all employee trainings are current as well as schedule employees for trainings. The Qualified professional will conduct agency wide trainings

as a plan of correction to ensure that all staff have the knowledge and skills to perform their positions.

10 NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111 and V112)

6/16/2021:

Savin Grace, CEO have updated its intake and assessment form to include every element required to ensure that every client has an assessment at intake in order to develop a provisional diagnosis prior to the delivery of services. Savin Grace License Professional Counselor will be responsible for conducting the intake assessment and implementing specific goals for client current needs. The assessment includes, client presenting problems, client strengths, needs, pertinent social, family and medical history, evaluations, medical, substance abuse and vocational as appropriate to the client needs. The Qualified Professional will begin implementing a treatment plan based of the information within the intake assessment. The Qualified professional will ensure that client outcomes that are anticipated to be achieved by the provision of the service and projected date of achievement, strategies and staff responsibilities. The plan will be reviewed annually and or updated as needed to address client current behaviors as well as any changes in behavior.

10A NCAC 27G .0209 Medication Requirements (V118 & 120)

Savin Grace CEO, re-trained all staff on Medication Administration, and all new hired staff on Medication Administration, all staff passed a competency test at 100%, documentation is placed in the employee file. Savin Grace will ensure that all employees are trained in Medication Administration prior to the delivery of service and annually thereafter. Savin Grace Qualified Professional will conduct employee file audits quarterly to ensure all trainings are current and schedule re-fresher and annual training as needed.

All medications prescriptions were retrieved from Realo Pharmacy and have been placed in the client medication administration record. It is the policy at Savin Grace that all medications being administered have a doctor's order placed in the client medication record. The Qualified Professional will be responsible for monitoring medication administration and prescriptions on a weekly basis.

All medications are locked in individual containers and stored in a lock cabinet. The Qualified will do a visual check weekly to ensure that all medications are locked in the medication cabinet.

G.S. 131E-256 HCPR-Notification, Allegations and Protection (V132)

On 06/15/2021:

Savin Grace CEO terminated staff for allegations made by a client. It is Savin Grace CEO

Will immediately terminate any staff suspected of abuse or neglect and report to appropriate authorities at time of notice. Savin Grace CEO, understand the importance of protecting every client against abuse and neglect and will take every measure to ensure that safety of all clients. Savin Grace, CEO is responsible for the reporting of all allegations of abuse or neglect and entering all incidents into the IRIS reporting system.

10A NCAC 27G .1701 Residential Treatment-Scope (V293)

06/15/2021:

Savin Grace CEO, will not admit no more than 4- clients at any one time into services at savin Grace.

10A NCAC 27G .1704 Residential Treatment-Staffing (V296)

Savin Grace CEO have hired and trained new hired staff to ensure that 2 staff are on all shufts at all time. The CEO will be responsible for the hiring of new staff and ensuring that there are 2 staff present during all hours.

10A NCAC 27E .0107 Client Rights-Training on Alternatives to Restrictive Interventions (V536) Savin Grace CEO, have had all staff trained in Alternatives to restrictive Interventions: All staff have been currently trained as of June 26, 2021

Thank you

Jacqueline Bell