

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL066-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAMILY ADVANTAGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104 HWY 301 N</b> <b>GARYSBURG, NC 27831</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, follow up and complaint survey was completed on 7/15/21. The complaint was unsubstantiated Intake #NC00175084. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000	<p><b>Family Advantage LLC.</b> <b>3104 Hwy 301-N</b> <b>Pleasant Hill, North Carolina 27866</b></p> <p><b>MHL-066-024</b></p> <p><b>Survey completed on 07/15/2021</b> <b>POC completed on 8/23/2021</b></p>	
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview the facility failed to complete disaster drills quarterly and on each shift. The findings are:</p> <p>During interview on 6/16/21 client #1 reported:</p> <ul style="list-style-type: none"> <li>- disaster drills were not practiced</li> <li>- he didn't know what to do if there was a</li> </ul>	V 114	<p><b>Plan of Correction V-114 Emergency Plans and Supplies</b></p> <p><b>Corrected Measures:</b> On July 15, 2021, an annual survey was completed by DHSR. During the survey, several deficiencies were cited. Immediately after the annual survey, Management Willie Gilchrist Jr., brief staff of possible citations.</p> <p>On July 15, 2021, Willie Gilchrist scheduled a mandatory staff meeting for all residential staff including Qualified Professionals to reemphasize policies and procedures on Emergency Plans and Supplies in order to be in compliant with 10A NCAC 27G .0207.</p> <p>On July 16, 2021 Willie Gilchrist facilitated the mandatory Emergency Plans and Supplies training. All residential staff were present for the training. Mr. Gilchrist discussed the importance of being in compliant with 10A NCAC 27G .0207. and discussed grounds for termination if policies and procedures are not adhered to.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>tornado</p> <p>During interview on 6/29/21 staff #8 reported:</p> <ul style="list-style-type: none"> <li>- tornado drills were practiced in the bathroom, clients' closets or hallway</li> <li>- she does not have access to the disaster drill log, only management</li> </ul> <p>During interview on 6/30/21 staff #6 reported:</p> <ul style="list-style-type: none"> <li>- worked at the facility about a year</li> <li>- she had not completed any disaster drills</li> <li>- management did not inform her of the location to practice tornado drills</li> <li>- she needed more practice with tornado drill</li> </ul> <p>During interview on 7/15/21 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- he was responsible for disaster drills not being completed</li> <li>- he would ensure disaster drills were completed</li> </ul>	V 114	<p><b>Preventive Measures:</b> On July 16, 2021, Family Advantage LLC. included all emergency situation (fire, bomb threat, natural disaster, utility failure, medical and violent/other threatening situation) as part of the agency's Disaster Plan and quarterly emergency drills. All staff, management and persons serve will be included in all emergency drills.</p> <p><b>Who Will Monitor:</b> Willie Gilchrist will be responsible for ensuring all drills including disaster drills be included in the agency's quarterly emergency drills with all staff and person serve participating in the disaster drills.</p> <p><b>How Often:</b> Willie Gilchrist will be responsible for all drill documentations. On a quarterly basis, the agency will perform an unannounced emergency drill for all emergency procedures to persons serve, management and staff to ensure persons served have knowledge of the agency's evacuations procedures for all emergency situation including fire, bomb threat, natural disaster, utility failure, medical and violent/ other threatening situation.</p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p>	V 118	<p><b>Plan of Correction V-118 Medication Requirements</b></p> <p><b>Corrected Measures:</b></p> <p>On July 15, 2021, an annual survey was completed by DHSR. During the survey, several deficiencies were cited. Immediately after the annual survey, Management Willie Gilchrist Jr., brief staff of possible citations.</p> <p>On July 15, 2021, Willie Gilchrist scheduled a mandatory staff meeting for all residential staff including Qualified Professionals to reemphasize policies and procedures on Medication Requirement in order to be in compliant with 10A NCAC 27G .0209.</p>	

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V 118	<p>Continued From page 2</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician for 1 of 3 clients (#2). The findings are:</p> <p>Review on 6/23/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 13 years old</li> <li>- admitted 5/1/21</li> <li>- Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder (ADHD) and Insomnia</li> <li>- no physician orders</li> </ul> <p>Review on 6/16/21 &amp; 6/28/21 of client #2's MARs revealed:</p> <p>May 2021:</p> <ul style="list-style-type: none"> <li>- Zenedi 30mg (milligrams) twice a day at 12pm &amp; 4pm (ADHD)</li> </ul>	V 118	<p>On July 16, 2021 Willie Gilchrist facilitated the mandatory Medication Requirement training. All residential staff were present for the training. Mr. Gilchrist discussed the importance of being in compliant with 10A NCAC 27G .0209. while persons serve is at the residential facility or away from the residential facility and discussed grounds for termination if policies and procedures are not adhered to. The training included: Adherence to Physician's Orders, Medication Administration Records completeness, Electronic MAR review and discrepancy reporting.</p> <p>Preventive Measures: Family Advantage LLC. has included a Medication Record Review as part of the agency's Quarterly Review process to ensure compliant with 10A NCAC 27G .0209.</p> <p>Who Will Monitor &amp; How Often: Willie Gilchrist will be responsible for ensuring the Medication Record Reviews are completed quarterly. All discrepancies will be documented and reported at the Board of Director's Quarterly Committee Meeting.</p>	
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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- no documentation of staff initials on 5/6/21 at 4pm, 5/8/21 at 12pm; 5/13/21 at 4pm; 5/14/21 at 12pm; 5/19/21 at 12pm; 5/22/21 at 4pm &amp; 5/29/21 at 4pm)</li> <li>June 2021:               <ul style="list-style-type: none"> <li>- Zenedi (no documentation of staff initials on 6/1/21 &amp; 6/2/21 at 12pm, 6/6/21 - 6/7/21 at 4pm &amp; 6/8/21-6/9/21 at 12pm)</li> <li>- Vyvanse 50mg in the morning (ADHD)</li> <li>- no documentation of staff initials on 6/1/21, 6/2/21, 6/8/21, 6/10/21 &amp; 6/11/21</li> </ul> </li> </ul> <p>During interview on 6/29/21 the House Manager reported:</p> <ul style="list-style-type: none"> <li>- she worked 2-3 days a week</li> <li>- she ensured the facility was in compliance</li> <li>- she checked weekly to ensure no blank spaces were on the MARs</li> <li>- the MARs were completed electronically on the computer</li> <li>- she contacted staff if staff did not initial the MAR</li> <li>- the pharmacy also called if there were blank spaces on the MARs</li> <li>- some of the older staff tried to adjust to completing the MARs electronically</li> <li>- she trained staff on the new computer system</li> <li>- she trained them to initial MARs &amp; there should be no blank spaces</li> </ul> <p>During interview on 7/15/21 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- the pharmacist retrained staff after surveyor's visit to the facility on 6/16/21</li> <li>- she also witnessed blank spaces on the MARs</li> </ul>	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope	V 293		

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

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V 293	<p>Continued From page 5</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide individualized supervision and structured daily living affecting 3 of 3 current clients (#1, #2 &amp; #3) and 1 of 3 former clients (FC#4). The findings are:</p> <p>A. Cross-reference: 10A NCAC 27G .1704. Minimum Staffing Requirements (V296). Based on observation, record review and interview the facility failed to ensure a minimum of 2 staff were present affecting 3 of 3 current clients (#1, #2 &amp; #3) and 1 of 3 former clients (FC#4).</p> <p>B. Cross-reference: 10A NCAC 27D .0103 Search and Seizure Policy (V503). Based on record review and interview the facility failed to implement their search and seizure policy affecting 3 of 3 current clients (#1, #2 &amp; #3) and 1 of 3 former clients (FC#4).</p> <p>During interview on 6/16/21 &amp; 6/29/21 client #1 reported: - the House Manager (HM) &amp; staff #6 took him, client #2, #3 &amp; FC#4 to a cookout</p>	V 293		

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V 293	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- they arrived at the cookout about 3pm or 4pm and returned to the facility at 9pm</li> <li>- staff left them at the cookout and went to the store</li> <li>- "felt like they were gone for hours"</li> <li>- he saw FC#4 take a knife out of a glass jar &amp; matches off of a table</li> <li>- "it was a real knife, it had a point at the end and they used it to cut the ribs"</li> <li>- he had fun at the cookout</li> <li>- he was not scared</li> <li>- while staff were gone he played tag with staff #6's daughter &amp; played cards with FC#4</li> <li>- staff #6 was getting off work, so staff #7 &amp; the HM took them back to the facility</li> </ul> <p>During interview on 6/16/21 &amp; 6/30/21 client #2 reported:</p> <ul style="list-style-type: none"> <li>- he went to a cookout with the HM and another staff, he couldn't recall her name</li> <li>- he, client #1, #3 &amp; FC#4 went to the cookout</li> <li>- client #1 and client #3 told him FC#4 took matches from the cookout</li> <li>- Staff left them at the cookout for "a few hours"</li> <li>- "I was scared ...I thought they (staff) had ditched me"</li> <li>- He didn't know anybody at the cookout</li> <li>- there was no other staff at the cookout</li> <li>- when they were about to leave the cookout another staff came</li> <li>- he did not know her name</li> <li>- she came back to the facility with the clients and the HM</li> </ul> <p>During interview on 6/16/21 client #3 reported:</p> <ul style="list-style-type: none"> <li>- FC#4 took matches from a cookout</li> <li>- clients do not talk about previous clients that were at the facility</li> <li>- refused to answer anymore questions</li> </ul>	V 293		

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V 293	<p>Continued From page 7</p> <p>During interview on 6/30/21 FC#4's guardian reported:</p> <ul style="list-style-type: none"> <li>- FC#4 was involuntary committed on 6/4/21</li> <li>- the facility's staff had a celebration for his 8th grade graduation</li> <li>- they had a cookout and he stole matches from the cookout</li> <li>- later that day a staff smelled smoke</li> </ul> <p>During interview on 6/30/21 an officer reported:</p> <ul style="list-style-type: none"> <li>- he responded to the facility on 6/4/21 because a client played with matches</li> <li>- he did not smell anything upon arrival to the facility</li> <li>- staff completed a search and found a small size knife in FC#4's closet</li> </ul> <p>During interview on 6/29/21 the HM reported:</p> <ul style="list-style-type: none"> <li>- she recalled a cookout in June 2021</li> <li>- she and staff #6 worked that day</li> <li>- staff #6 worked from 7am - 7pm; she worked from 3pm - 11:00pm &amp; staff #7 came in from 7pm - 7am</li> <li>- staff #2 or staff #8 worked the 11pm - 7am shift that day</li> <li>- FC#4 graduated from middle school. She thought she would do something nice for him. A family member had a cookout so she decided to let the clients stop and get a plate. They all went to the cookout on the facility's van. They waited at the cookout for the food to get ready and left. It took about 30 minutes for the food to get ready and they left. She denied leaving the clients without staff at the cookout. She didn't think FC#4 took a knife from the cookout. It was several staff at the cookout. The cookout was at staff #6's home. Staff #7 was there. Nothing happened while at the cookout.</li> </ul>	V 293		



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V 293	<p>Continued From page 8</p> <p>During interview on 6/30/21 staff #6 reported:</p> <ul style="list-style-type: none"> <li>- the HM was her cousin</li> <li>- staff #7 was her twin sister</li> <li>- it was her idea to do something special for FC#4's graduation</li> <li>- they had a cookout at her house</li> <li>- the HM &amp; staff #7 were there along with several other staff that were not on duty</li> <li>- she and the HM transported the clients to her home</li> <li>- the grill, tables and chairs were at her home, therefore, they had the cookout there</li> <li>- she worked 7am - 7pm that day</li> <li>- the cookout lasted less than an hour</li> <li>- it didn't take long to cook the food because it was already prepared</li> <li>- the clients played with her kid's toys while they were there</li> <li>- they like the skateboard</li> <li>- they ran around and played in the yard</li> <li>- she did not leave the cookout at anytime</li> <li>- staff #7 came to the facility to relieve her</li> </ul> <p>During interview on 6/30/21 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- he was aware of the cookout</li> <li>- the cookout was for FC#4's graduation</li> <li>- FC#4's mother was aware he went to the cookout</li> <li>- the cookout was at an employee's home</li> <li>- nothing was reported about the cookout to him</li> <li>- as far as he knew the staff, remained at the cookout</li> <li>- staff needed to monitor the clients at all times</li> </ul> <p>Review on 6/30/21 of the facility's Plan of Protection dated 6/30/21 and signed by the Licensee/QP revealed: "What immediate action will the facility take to ensure the safety of the</p>	V 293		

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V 293	<p>Continued From page 9</p> <p>consumers in your care? Family residential treatment staff will secure the facility clients as evidence by monitoring all members in a 2 staff ratio in the facility at all time clients are present and awake. Family Advantage therapeutic treatment provides intensive, active and interventions within a system of care approach as evidence by maintaining each client safety with in the home setting and in the community setting. Family Advantage staff will secure the facility by the means all staff are required to be awake during client sleep hours and supervision twenty-four seven through out each shift in the home and in the community setting. Family Advantage residential treatment staff will secure facility and it members by coordinate with other individuals and agencies within the child or adolescent's system of care for all transportation, and outing in the community setting. Family Advantage will implement a Travel Log for each community outing. Family Advantage staff will ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint as evidence all staff continue education in dealing with difficult clients."</p> <p>"Measure to prevent the problem from occurring again: "License Professional (LP) will conduct clinical trainings for all weekly monthly, random checks will be made to ensure clients safely and staff personnel charts are met at all times. Owner contact the LPC to provide training to staff and will providing supervision training on Family Advantage Policies and Procedures on Saturday July 3, 2021. However, QP and AP will start pop up visits to the facility and document all visits in the EHR System Therp immediately. All employee charts will be audited by a consulted contracted with agency quarterly or as needed to</p>	V 293		

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V 293	<p>Continued From page 10</p> <p>ensure all staff have been properly trained . All staff trainings are posted for all staff to be informed and to attend if they plan to continue employment with Agency."</p> <p>"10A NCAC 27G .1704 Minimum Staffing Requirements: Measures put in place to correct deficient: Family Advantage shall adhere to clinically appropriate minimum number of direct care staff required when children or adolescents are present and awake. Family Advantage owner has updated staff client ratio policy and procedures, there will be a designated person to stay on shift until the QP, AP, or LMHC arrives. This new implementation will ensure that two staff will be present at all time when children or adolescents are present. All staff will be trained on the policies and procedures and will be held responsible for assuring that the minimum staffing requirements are met to assure safety for themselves as well as for the child/adolescent in care. Immediately two staff prior to leaving shift must ensure two staff is present before leaving the facility. This procedure also includes contacting QP, AP, and/or LPC to cover shift before second staff is to be release from shift duties. A policy and procedures were written and printed for staff to outline the minimum staffing requirements and the organizations responsibility for ensuring the supervision of the child and or adolescent while in the organization care. These procedures also included an increase in staffing shall be required in the organization based on the child or adolescents individual needs as specified in the treatment plan and staffing requirements as it relates to transportation needs for all clients."</p> <p>"10A NCAC 27D .0103 Search and Seizure Policy Due to the severity and safety of our consumers, when leaving and returning back to facility,</p>	V 293		

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V 293	<p>Continued From page 11</p> <p>consumers belongings will be search by staff on shift and documented EHR System Therap Service Notes as evidence this would start immediately. QP, AP, PP will be responsible daily. QP will be responsible weekly to ensure searches are conducted and documented. LMHC will ensure QP is being responsible for weekly searches. QA/QI will conduct quarterly reports."</p> <p>The facility served clients ages 10, 13 and 14 years old with diagnoses of ADHD, Autism and Oppositional Defiant Disorder. Clients #1 - #3 &amp; FC#4 went to a cookout with the HM &amp; staff #6. Client #1 &amp; #2 said they were left at the cookout without any staff. Client #2 was scared and thought staff had ditched him. Client #1 witnessed FC#4 take a knife and a book of matches from the cookout. FC#4 was obsessed with weapons and stealing. Later that night, staff smelled smoke coming from FC#4's bedroom &amp; conducted a room search. Staff discovered matches, knives, blades, screwdrivers, pliers, scissors, shanks and 6 alive lizards. A school laptop computer was also confiscated and returned to the school. However, staff and the Licensee/QP said clients &amp; their bedrooms were searched daily. There were no previous documented searches because staff didn't find anything. During one survey visit, there was one staff alone with a client. Staff &amp; clients admitted to one staff being on duty during certain periods of the day. The Licensee/QP said it was difficult to get staff to work due to the pandemic. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 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.</p>	V 293		

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V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring</p>	V 296	<p>Plan of Correction V-296 Residential Treatment Child/Adol – Min. Staffing</p> <p>Corrected Measures: On July 15, 2021, an annual survey was completed by DHSR. During the survey, several deficiencies were cited. Immediately after the annual survey, Management Willie Gilchrist Jr., brief staff of possible citations.</p> <p>On July 15, 2021, Willie Gilchrist scheduled a mandatory staff meeting for all residential staff including Qualified Professionals to reemphasize Minimum Staff Requirements in order to be in compliant with 10A NCAC 27G .1704.</p> <p>On July 16, Willie Gilchrist facilitated the mandatory Minimum Staff Requirement training. All residential staff were present for the training. Mr. Gilchrist discussed the importance of being in compliant with 10A NCAC 27G .1704. and discussed grounds for termination if staff requirement policies and procedures are violated.</p>	

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V 296	<p>Continued From page 13</p> <p>supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a minimum of 2 staff were present affecting 3 of 3 current clients (#1, #2 &amp; #3) and 1 of 3 former clients (FC#4). The findings are:</p> <p>Review on 6/22/21, 6/23/21 &amp; 6/28/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 10 years old</li> <li>- no admission date noted</li> <li>- Oppositional Defiant Disorder (ODD) &amp; Attention Deficit Hyperactivity Disorder (ADHD) combined type</li> <li>- admission assessment with no date: demonstrates verbal and physical aggression through cursing, yelling, defiance and hitting animals</li> </ul> <p>Review on 6/23/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 13 years old</li> <li>- admitted 5/1/21</li> <li>- ADHD combined type, Autism Spectrum Disorder and Insomnia</li> <li>- admission assessment dated 5/1/21: often loses temper, resentful towards others, verbal confrontation, disrespectful toward authority figures, verbal and physical aggression toward authority figures, hit his mother's boyfriend in the</li> </ul>	V 296	<p><b>Preventive Measures:</b> On July 16, 2021, Mr. Gilchrist provided Staff Requirement Policies and Procedures training with all residential staff were completed. Staff was reminded of the house ratio of 2 direct care staff per 1, 2, 3, or 4 persons serve with no deviations at any time. Mr. Gilchrist reminded the QP's of their availability at all times via telephone or page to ensure compliant of 10A NCAC 27G .1704. Mr. Gilchrist reminded direct care staff of being able to reach the facility within 30 minutes at all time. Mr. Gilchrist asked each direct care staff to arrive at the residential facility 15 minutes prior to their shift beginning to ensure compliant of 10 NCAC 27G .1704. During the training, it was stated that "This was an isolated incident". Mr. Gilchrist emphasized "0 Tolerance of noncompliant of 10 NCAC 27G .1704" regardless of the situation and stated any violations of 10 NCAC 27G .1704 will result in termination. Mr. Gilchrist reminded staff of not leaving a shift until both direct care staff is present and if a staff does not show up for a shift to inform the Qualified Professional immediately and remain at the facility until both staff are present for the shift. Staff was reminded of not sleeping during each shift.</p> <p>Mr. Gilchrist presented the agency's "Monthly Shift Change Spreadsheet" and stated random visit will be made by the QP and AP throughout each month to assist with being in compliant with 10 NCAC 27G .1704. Mr. Gilchrist explained ways to input arrival and departure time on the spreadsheet and informed each staff of the importance of the spreadsheet being completed properly to ensure compliant of 10 NCAC 27G .1704</p>	

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V 296	<p>Continued From page 14</p> <p>face, threatened to spit in grandmother's face &amp; threatened one of his peers at school with scissors</p> <p>Review on 7/15/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 years old</li> <li>- diagnoses of Major Depressive D/O, ADHD combined type, Encopresis</li> <li>- per Treatment Plan (9 updates between 10/6/20 &amp; 5/6/21) will learn how to appropriately communicate his feelings of depression and anger more appropriately... problems with aggression much of his life ...a flight risk</li> </ul> <p>Review on 6/23/21 &amp; 6/28/21 FC #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 years old</li> <li>- admitted 1/19/20 &amp; discharged 6/4/21</li> <li>- diagnoses of ADHD; Oppositional Defiant Disorder, Adjustment Disorder, Anxiety and Depression</li> <li>- per Treatment Plan (7 updates between 10/7/20 &amp; 6/5/21): was admitted to Family Advantage from psychiatric hospital after being involuntarily committed due to extremely aggressive and unsafe behaviors...does not want to follow rules and direction...behaviors are defiant and disrespectful...has eloped from bedroom...has asked a sibling who has Autism Disorder to play the wiggle game with sibling where client lays on top of sibling and wiggles his genitals on sibling...</li> </ul> <p>Observation on 6/16/21 between 3:50pm and 4:02pm revealed the following:</p> <ul style="list-style-type: none"> <li>- staff #1 was the only staff at the facility with client #3</li> <li>- staff #2 arrived at 3:52pm</li> <li>- staff #3 arrived at 4pm</li> </ul>	V 296	<p><b>Who Will Monitor: Mr. Gilchrist, Qualified Professional, Associate Professional and Direct Care Staff will ensure the 2 to 1, 2, 3 or 4 persons serve ratio are met 24/7 365. Any deviations from 10 NCAC 27G .1704. at any time will reported to proper authorities.</b></p> <p><b>How Often: Mr. Gilchrist and the Qualified Professional will monitor the "Monthly Shift Change Spreadsheet" on a daily basis to ensure compliant of 10 NCAC 27G .1704</b></p>	

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V 296	<p>Continued From page 15</p> <p>During interview on 6/16/21 client #1 reported:</p> <ul style="list-style-type: none"> <li>- sometimes there was only one staff during the day</li> </ul> <p>During interview on 6/16/21 client #2 reported:</p> <ul style="list-style-type: none"> <li>- staff #8 was the only staff at the facility when he comes from school</li> <li>- he was not sure how long he was alone with staff #8 prior to the next staff's arrival</li> <li>- staff #3 was the staff that would arrive later</li> </ul> <p>During interview on 6/16/21 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #3's bus came early today (6/16/21)</li> <li>- it came at 3:40pm</li> <li>- she worked at a sister facility but filled in for staff #8 who was off today</li> <li>- staff #8 was alone with the clients until staff #3 arrived at 4pm</li> </ul> <p>During interview on 6/16/21 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- the Licensee/Qualified Professional (QP) called her 5 minutes prior to her arrival to work (6/16/21)</li> <li>- she does not stay far from the facility, approximately 5 - 6 minutes</li> <li>- she worked part-time and was back up about 25 - 30 hours a week</li> </ul> <p>During interview on 6/16/21 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- worked at the facility for 3 years part time</li> <li>- work hours were from 4pm - 12am</li> </ul> <p>During interview on 6/29/21 staff #8 reported:</p> <ul style="list-style-type: none"> <li>- the clients were in summer school and the bus hours changed</li> <li>- they get out of summer school at 3pm</li> <li>- staff should be at the facility by 3pm</li> <li>- initially she reported 2 staff were always on duty, until surveyor made her aware of the 6/16/21 observation</li> </ul>	V 296		



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V 296	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- there was a 5 to 6 minute delay with her being alone with the clients until the next staff arrived</li> <li>- there was not a particular staff she worked with, it varied each day</li> <li>- she had not worked an entire shift alone</li> </ul> <p>During interview on 6/30/21 the Associate Professional reported:</p> <ul style="list-style-type: none"> <li>- started work 5/22/21</li> <li>- since her employment, she was left alone with the clients on 2 different occasions</li> <li>- she recalled a weekend (no date) she worked with the Licensee/QP</li> <li>- he left her alone for a few hours with client #1, #2, #3 &amp; FC#4</li> <li>- the first day he left her &amp; went to get the clients something to eat</li> <li>- the second day he took client #1 on an outing</li> </ul> <p>During interview on 6/30/21 the Licensee/QP reported:</p> <ul style="list-style-type: none"> <li>- he was aware staff #2 was about 5 minutes late on 6/16/21</li> <li>- he tried to keep 2 staff on duty but due to the pandemic it was difficult to get staff to work</li> </ul> <p>This deficiency is crossed referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p>	V 503	<p><b>Plan of Correction V-503 Client Rights- Search &amp; Seizure</b></p> <p><b>Corrected Measures:</b> On July 15, 2021, an annual survey was completed by DHSR. During the survey, several deficiencies were cited. Immediately after the annual survey, Management Willie Gilchrist Jr., brief staff of possible citations.</p>	

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V 503	<p>Continued From page 17</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> <li>(1) scope of search;</li> <li>(2) reason for search;</li> <li>(3) procedures followed in the search;</li> <li>(4) a description of any property seized;</li> </ol> <p>and</p> <ol style="list-style-type: none"> <li>(5) an account of the disposition of seized property.</li> </ol> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to implement their search and seizure policy affecting 3 of 3 current clients (#1, #2 &amp; #3) and 1 of 3 former clients (FC#4). The findings are:</p> <p>Review on 6/30/21 of the facility's search and seizure policy revealed:</p> <p>- "...staff may search a client or the client's private space if they have reasonable cause to believe that policy or facility rule has been broken...and that the search is necessary to confirm the belief and eliminate a hazard to the client and/or others in the facility...every search or seizure shall be documented...situations justifying a search may include, but are not necessarily limited to...possession of dangerous articles or substances or possession of stolen property has been witnessed by a staff person or reliable informant or clearly indicated by surrounding circumstances, such as a prior history of similar behaviors...behavior which is outside of regular</p>	V 503	<p>On July 15, 2021, Willie Gilchrist scheduled a mandatory staff meeting for all residential staff including Qualified Professionals to reemphasize Search and Seizure Policy in order to be in compliant with 10A NCAC 27D .0103.</p> <p>On July 16, Willie Gilchrist facilitated the mandatory Search and Seizure Policy &amp; Procedures training. All residential staff were present for the training. Mr. Gilchrist discussed the importance of being in compliant with 10A NCAC 27D .0103. and discussed grounds for termination if search and seizures policies and procedures are violated.</p> <p>Preventive Measures: July 16, 2021 - Mandatory Search &amp; Seizure Policies and Procedures training with all residential staff were completed. Search &amp; Seizure Documentation training with each staff were completed also. Whenever Search and Seizure is warrant, staff will inform management of the incident and the incident will be reported to the Board of Directors to ensure compliant with 10A NCAC 27D .0103.</p> <p>Who Will Monitor: Management/Board of Directors will monitor Search and Seizure to ensure compliant with 10A NCAC 27D .0103. Management are in process of hiring a Quality Management person to oversee the quality of the residential program.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL066-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAMILY ADVANTAGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104 HWY 301 N</b> <b>GARYSBURG, NC 27831</b>
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V 503	<p>Continued From page 18</p> <p>patterns..."</p> <p>Review on 6/23/21 &amp; 6/28/21 of Former client (FC) #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 years old</li> <li>- admitted 1/19/20 &amp; discharged 6/4/21</li> <li>- diagnoses of Attention Deficit Hyperactivity Disorder; Oppositional Defiant Disorder, Adjustment Disorder, Anxiety and Depression</li> <li>- Treatment Plan (7 updates between 10/7/20 &amp; 6/5/21): was admitted to Family Advantage from psychiatric hospital after being involuntarily committed due to extremely aggressive and unsafe behaviors...does not want to follow rules and direction...behaviors are defiant and disrespectful...has eloped from bedroom..has asked a sibling who has Autism Disorder to play the wiggle game with him where client lays on top of sibling and wiggles his genitals on sibling...</li> </ul> <p>Review on 6/23/21 of an incident report dated 6/4/21 for FC#4 revealed:</p> <ul style="list-style-type: none"> <li>- completed by House Manager (HM)</li> <li>- "...individual became a danger to himself and others as evidenced by having weapons in his room and had the intentions of setting the house on fire. After smelling the burned matches, individual refused to hand over matches and denied having them. Staff proceeded to do a shake down (search) of the individual's room and later discovered matches, knives, blades, screwdrivers, pliers, scissors, shanks and 6 alive lizards...was involuntary committed..."</li> </ul> <p>Observation on 6/29/21 at 3:53pm &amp; 4:25pm revealed:</p> <ul style="list-style-type: none"> <li>- at 3:53pm client #3 got off the bus and came into the facility with a brown bag</li> <li>- no book bag was witnessed</li> <li>- staff pulled out snacks and soda from the</li> </ul>	V 503	<p><b>How Often: Management/Board of Directors will monitor each incident of search and seizure as they occur to ensure compliant with 10A NCAC 27D .0103. Once the hiring of the Quality Management person, the search and seizure monitoring process will be completed by the QM department.</b></p>	
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V 503	<p>Continued From page 19</p> <p>brown bag</p> <ul style="list-style-type: none"> <li>- at 4:25pm client #1 got off the bus with his bookbag</li> <li>- he headed to his bedroom when staff #8 called him to check his bookbag</li> <li>- he looked confused but handed her the bookbag</li> <li>- the bookbag was searched and given back to client #1</li> <li>- client #1 and client #3 were not patted down</li> </ul> <p>During interview on 6/16/21 &amp; 6/29/21 client #1 reported:</p> <ul style="list-style-type: none"> <li>- the HM &amp; staff #6 took him, client #2, #3 &amp; FC#4 to a cookout</li> <li>- they arrived at the cookout about 3pm or 4pm and returned to the facility at 9pm</li> <li>- he saw FC#4 take a knife out of a glass jar &amp; matches off of a table</li> <li>- "it was a real knife, it had a point at the end and they used it to cut the ribs"</li> <li>- he did not tell anyone he took the knife and matches because he wanted to wait for FC#4 to go to sleep</li> <li>- he didn't know what FC#4 might do if he told while he was awake</li> <li>- he told the police that night when they came</li> <li>- staff searched the clients when they came from school for their safety</li> </ul> <p>During attempted interview on 6/29/21 client #2 did not feel well and client #3 refused to be interviewed by surveyor</p> <p>During interview on 6/29/21 staff #8 reported:</p> <ul style="list-style-type: none"> <li>- she had worked at the facility for a year</li> <li>- she worked first and second shift</li> <li>- room searches were done when clients arrived from school</li> <li>- clients took their coats off; note books &amp; book</li> </ul>	V 503		

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V 503	<p>Continued From page 20</p> <p>bags were checked &amp; a "pat down" of the clients</p> <ul style="list-style-type: none"> <li>- she was unsure how FC#4 got lizards and matches in the facility</li> <li>- staff could have missed the items during the room search</li> <li>- searches were documented only if contraband was found</li> <li>- she had not found any contraband</li> </ul> <p>During interview on 6/28/21 the House Manager reported:</p> <ul style="list-style-type: none"> <li>- she does not work much with the clients</li> <li>- she visited the facility 2 - 3 days a week</li> <li>- she reviewed medication administration records and medications for compliance</li> <li>- she worked at the facility during the 6/4/21 incident. They attended a cookout for FC#4's graduation from middle school. When they returned from the cookout FC#4 had a lizard. She requested he take the lizard out of the facility. He said it was his pet. He said he had some matches she requested the matches. He said a friend at school gave him the matches. She explained he would put everyone in the facility in danger if he had matches. She never witnessed the matches. She completed a search of the clients after the cookout and nothing was found. During bedtime she smelled smoke and asked the clients where it came from. The clients informed her FC#4's bedroom. A room search was done. After FC#4 refused to tell her where the matches were, she called the police. After the police were called, the other clients informed her where FC#4 kept the contraband. FC#4 had threatened them not to tell. One knife was found during the search. She was not sure where it came from because there were not any knives at the facility. A pair of broken scissors (like a teacher's scissors) were found, they were broken in half. She did not find the matches. A shank was found in his closet and</li> </ul>	V 503		

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V 503	<p>Continued From page 21</p> <p>a school laptop computer. The officer that was present, returned it to school.</p> <ul style="list-style-type: none"> <li>- any searches done should be documented</li> <li>- incident reports were completed if contraband was found</li> <li>- if clients took bookbags to school, then they were searched</li> <li>- she felt searches were not being completed like they should</li> </ul> <p>During interview on 6/30/21 FC#4's guardian reported:</p> <ul style="list-style-type: none"> <li>- FC#4 was involuntary committed on 6/4/21 because facility's staff had a celebration for his 8th grade graduation ...they had a cookout she assumed at the facility. He stole matches from the cookout. Later that day a staff smelled smoke. Staff told her while FC#4 was in the shower around 11:30pm, the clients were brave enough to tell staff about items in his bedroom. He had threatened the clients not to tell. Staff searched FC#4's room and found weapons, knives, bunch of scissors that he made shanks with. Staff smelled smoke earlier that day but didn't investigate until later that evening. A staff was supposed to get off but had to stay later that night due to the incident</li> <li>- client #4 had an obsession with weapons</li> <li>- he made weapons out of paper at their home, sharp enough to harm someone</li> <li>- he was very talented</li> <li>- when he resided at their home, she searched him in the morning and when he came from school</li> <li>- she conducted searches not for safety but he liked to steal</li> <li>- she made the Licensee/Qualified Professional (QP) aware of his obsession and her searches while he was home</li> </ul>	V 503		

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V 503	<p>Continued From page 22</p> <p>During interview on 6/30/21 staff #6 reported:</p> <ul style="list-style-type: none"> <li>- she worked third shift during the week and first shift on the weekends</li> <li>- FC#4 would inform her sometimes that he had sharp objects but she could not recall what the objects were</li> <li>- she never witnessed knives, only something he made creative like guns made out of paper</li> <li>- he was intelligent</li> <li>- she would complete room searches on first shift because they were asleep on third shift</li> <li>- she completed searches by looking in dresser draws, in their clothes and under carpet but only found pencils</li> <li>- staff are supposed to search daily</li> <li>- she was not sure how he was able to hide a school laptop in the facility</li> <li>- staff do not have to document searches unless contraband was found</li> <li>- she was in disbelief when told the number of items found in his bedroom the day he was involuntary committed (IVC)</li> </ul> <p>During interview on 6/30/21 an officer reported:</p> <ul style="list-style-type: none"> <li>- he responded to the facility on 6/4/21 because a client played with matches</li> <li>- he did not smell anything upon arrival to the facility</li> <li>- staff completed a search and found a small size knife in FC#4's closet</li> <li>- the other clients that lived there informed staff where the knife was</li> <li>- he didn't witness any matches</li> </ul> <p>During interview on 7/15/21 the Licensee/QP reported:</p> <ul style="list-style-type: none"> <li>- mandatory searches were done daily due to the population served</li> <li>- the clients have severe behaviors</li> <li>- staff documented only if contraband was</li> </ul>	V 503		

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V 503	Continued From page 23  found - FC#4 was at the facility for 2 1/2 years - contraband was found the day he was IVC (6/4/21) however, it could have accumulated over the period of time he was there  This deficiency is crossed referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 503		
V 744	27G .0304(b) Safety  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the facility was equipped in a manner that ensured the safety of clients, staff and visitors. The findings are:  Observation on 6/29/21 at 4pm revealed a space heater in the kitchen area of the facility  During interview on 6/29/21 staff #8 reported: - she used the space heater due to coldness in the facility - she did not touch the thermostat due to it being on a set temperature - she could not step outside to warm up because the clients had to be monitored - clients did not get cold, it was mostly staff	V 744	Plan of Correction V-744 Safety  Corrected Measures: On July 15, 2021, an annual survey was completed by DHSR. During the survey, several deficiencies were cited. Immediately after the annual survey, Management Willie Gilchrist Jr., brief staff of possible citations.  On July 15, 2021, Willie Gilchrist scheduled a mandatory staff meeting for all residential staff including Qualified Professionals to reemphasize the safety of persons serve, staff and visitors in order to be in compliant with 10A NCAC 27G .0304.	



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V 744	<p>Continued From page 24</p> <p>During interview on 6/30/21 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- he was aware space heaters were not allowed in the facility</li> <li>- some of the staff were cold due to health issues</li> <li>- he would remove the space heater from the facility</li> </ul> <p>During interview on 7/15/21 a construction surveyor with the Division of Health Service Regulation reported:</p> <ul style="list-style-type: none"> <li>- space heaters are prohibited in facilities licensed for 4 or more clients based on building code 428.2.4.</li> </ul>	V 744	<p>On July 16, Willie Gilchrist facilitated the mandatory Safety Policy training. All residential staff were present for the training. Mr. Gilchrist discussed the importance of being in compliant with 10A NCAC 27G .0304. and discussed grounds for termination if the Safety Policy is violated.</p> <p>Preventive Measures: On July 16, 2021 A mandatory Safety Policy training with all residential staff were completed. Mr. Gilchrist reminded each staff of the agency's house policy on space heater. Mr. Gilchrist informed each staff of any usage of space heaters at the facility is a violation and anyone found utilizing a space heater at the facility will be terminated. Mr. Gilchrist as each staff to report any usage or siting of space heaters at the facility to Management or Qualified Professional.</p> <p>Who Will Monitor: All Qualified Professionals, Associate Professionals, Direct Care Staff and persons serve will pay close attention to the facility to ensure no space heaters are in use at the facility. If any space heat usage are identified, the usage including both direct care staff will be reported to management.</p> <p>How Often: The observance of space heater usage will be done at all times to ensure compliant with 10A NCAC 27G .0304.</p>	