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	MHL080-217	A. BUILDING: _____ B. WING _____	R 08/30/2021

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S & S RESIDENTIAL SERVICES	1325 WEST RIDGE ROAD SALISBURY, NC 28147

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V 000	INITIAL COMMENTS An annual, follow-up and complaint survey was completed on 8/30/21. The complaint was substantiated (intake #NC179801). Deficiences were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure fire and disaster drills in a 24-hour facility were held at least quarterly and shall be repeated for each shift. The findings are: Interview on 8/23/21 with staff #1 revealed: -work 1st and 2nd shift;	V 114		

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V 114	Continued From page 1 -shifts are as follows: 1st 8am-4pm, 2nd 4pm-12am, 3rd 12am-8am; -fire and disaster drills done on different shifts; -seen some drills done in the mornings. Review on 8/23/21 and 8/25/21 of the facility's fire and disaster documentation from 8/1/2020-8/23/21 revealed the following: -no first shift fire drill from 1/1/21-3/31/21; -no second or third shift disaster drill from 1/1/21-3/31/21; -no first or second shift disaster drill from 4/1/21-6/30/21; -no first or third drill disaster drill from 10/1/20-12/31/20. Interview on 8/30/2 with the Director revealed: -thought disaster drills had to be completed once a quarter; -will ensure from now on disaster drills will be completed as required per shift per quarter.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	V 118		

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V 118	Continued From page 2 (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered on the written doctor's order and failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and medications administered were recorded immediately after administration affecting 2 of 3 clients(#1, #3). The findings are: Finding #1: Review on 8/23/21 and 8/25/21 of client #1's record revealed: -admission date of 3/19/21 with diagnoses of Oppositional Defiant Disorder(ODD), Post Traumatic Stress Disorder(PTSD) and Intermittent Explosive Disorder;	V 118		

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V 118	Continued From page 3 -physician's order dated 6/29/21 for Selenium Sulfide 2.5% lotion apply daily for 7 days; -physician's order dated 5/19/21 for Flovent HFA 110mcg inhale two puffs twice daily; -physician's order dated 5/19/21 for Restasis eye drops 0.05% one drop each eye every 12 hours. Observations on 8/23/21 at 12:40pm of client #1's medications revealed: -Selenium Sulfide 2.5% lotion apply daily for 7 days dispensed 6/30/21; -Flovent HFA 110mcg inhale two puffs twice daily dispensed 8/1/21; -Restasis eye drops 0.05% one drop each eye every 12 hours dispensed 8/1/21. Review on 8/23/21 of client #1's MARs from 6/1/2021-8/23/2021 revealed: -Selenium Sulfide 2.5% lotion apply daily for 7 days documented as administered 7/1/21-7/12/21(12 days); -Flovent HFA 110mcg inhale two puffs twice daily dosage dates of 8/1 at 7pm and 8/14 at 7am left blank with no explanation; -Restasis eye drops 0.05% one drop each eye every 12 hours dosage dates of 8/20 at 7am left blank with no explanation. Interview on 8/23/21 with client #1 revealed: -take medications; -get her medications every day; -staff never forgot her medications. Finding #2: Review on 8/23/21 and 8/25/21 of client #3's record revealed: -date of admission of 9/26/20 with diagnoses of ODD, Major Depressive Disorder, Other Specified Trauma and Stressor related Disorder; -physician's order dated 7/12/21 for	V 118		

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V 118	Continued From page 4 Tri-Lo-Estarylla birth control one daily; -physician's order dated 6/14/21 for fluoxetine HCL 10mg one tablet at bed. Observations on 8/23/21 at 1:48pm of client #3's medications revealed: -Tri-Lo-Estarylla birth control one daily dispensed 8/2/21; -fluoxetine HCL 10mg one tablet at bed not on site; -oxcarbazepine 600mg one tablet at night for 7 days, then increase to 2 tablets at night dispensed 7/23/21; -Midazolam one spray as needed dispensed 7/23/21. Review on 8/23/21 of client #3's MARs from 6/1/2021-8/23/2021 revealed: -Tri-Lo-Estarylla birth control one daily documented as administered on 8/1-8/6 then "d/c" written on August 2021 MAR; -fluoxetine HCL 10mg one tablet at bed not listed on August 2021 MAR; -oxcarbazepine 600mg one tablet at night for 7 days, then increase to 2 tablets at night documented as administered 7/28/21-8/23/21; -Midazolam one spray as needed not listed on July 2021 MAR and August 2021 MAR. Further review on 8/23/21 of client #3's record revealed: -no physician's discontinue order for Tri-Lo-Estarylla birth control one daily; -no physician's discontinue order for -fluoxetine HCL 10mg one tablet at bed; -no physician's order for oxcarbazepine 600mg one tablet at night for 7 days, then increase to 2 tablets at night; -no physician's order for Midazolam one spray as needed;	V 118		

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V 118	Continued From page 5 -hospital after inpatient visit summary dated 7/21/21-7/23/21 hospitalization for client due to Seizure. Medications prescribed: oxcarbazepine 600mg take one pill at night for the first 7 days then increase to 2 pills at night and Midazolam 5mg/0.1ml solution one spray nasal route prn(as needed). Interview on 8/23/21 with client #3 revealed: -take medications; -staff never forget to give her medications; -had a seizure; -went the hospital and stayed three days; -got some new medications; -not had any more seizures.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following:	V 293		

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V 293	Continued From page 6 (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. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the facility coordinated with other individuals and agencies within the child or adolescent's system of care affecting 1 of 3 clients(#3). The findings are: Interview on 8/23/21 with client #3 revealed:	V 293		

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V 293	Continued From page 7 -had a seizure; -went to the ER(Emergency Room) that night; -EMS(Emergency Medical Services) came; -came home from the ER; -had another seizure that morning; -went to the hospital; -stayed three days; -got some new medications; -not had any more seizures. -dad set up appt with the neurologist in September; -also have a sleep test set up already; -her dad or her mom set it all up in the hospital. Review on 8/23/21 of client #3's record revealed: -ER after visit summary dated 7/20/21 seen at ER for Altered Mental State Dx: Seizure. Schedule follow-up appointment with Neurology and Primary Care Physician as soon as possible; -hospital after inpatient visit summary dated 7/21/21-7/23/21 hospitalization for client due to Seizure. Medications prescribed: oxcarbazepine 600mg take one pill at night for the first 7 days then increase to 2 pills at night and Midazolam 5mg/0.1ml solution one spray nasal route prn(only one dose). Follow-up with pediatric neurology and sleep and follow up with primary care; -no documentation of follow-up appointments in record. Interview on 8/26/21 with client #3's father revealed: -was with client #3 at the hospital for her seizures; -neurologist told him there were three med(medication) options he could put client #3 on; -neurologist put client #3 on a med the first day; -day of client #1's discharge, the Doctor(Dr) came and changed her meds;	V 293		

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V 293	Continued From page 8 -first med he put her on he said she will need to follow-up(f/u) with neurologist or her primary care to get her bloodwork done; -then Dr changed her med and said she did not need to have f/u for bloodwork with this new med. -neurologist told him client #3 did not need to have a f/u with new med as long as she is doing ok; -there was an f/u appt scheduled the hospital did when she was put on first med; -guess Dr did not cancel the appointment(appt) he made; -he told the Qualified Professional(QP) that client #3 did not need a f/u and told the QP to disregard the appt; -gave the group home the discharge paperwork -once she is discharged to his home, he will take her back to see the neurologist in his local city; -not sure if the group home took client #3 to see her primary care; -she has a primary care in town where facility is located; -not talked to a therapist who is seeing client #3; -did not talk to a therapist until three weeks ago; -did not even know his child's therapist name; -not had any family therapy since client #3 has been at the facility; -when talked to the therapist recently, there were thing he told her about what client #3 did when she was home that therapist had no idea; -now the facility is talking discharge and he said he does not think discharge should happen yet as there has not been any family therapy. Interview on 8/26/21 with the Associate Professional(AP) revealed: -client #3 had a seizure, EMS was called and client #3 went to the ER; -client #3 was in the hospital, they did testing and put her on meds for seizures;	V 293		

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V 293	Continued From page 9 follow-up appt with neurologist, everything booked out; -she did not schedule appts; -the QP handles the appts then lets her know when the appts are made; -since client #3 has been on the new meds, she has not had any seizures. Interview on 8/26/21 with the QP revealed: -the father had custody of client #3; -the father went with client #3 to the hospital and took over; -he said he would take care of all appts; -he was supposed to do the follow-ups; -he said the Dr at the hospital told him client #3 did not need a follow-up; -she got a call with an appt for client #3 and told the father about it; -she had not been aware of this appt scheduled. -he said no need for follow-up because that is what the Dr from hospital told him; -she did not take client #3 to the Dr for f/u as father said he would; -she did what he said.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents;	V 296		

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V 296	Continued From page 10 (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (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. (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. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the required staffing of two direct	V 296		

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V 296	Continued From page 11 care staff were present for one, two, three or four children or adolescents affecting 3 of 3 clients(#1, #2 and #3). The findings are: Observations 8/23/21 revealed: -2:58pm school bus arrived in front of the the facility; -Only one staff on site staff #1; -client #1 came on site and was sent next door to the sister facility; -3:11pm staff #2 arrived on site. Interview on 8/23/21 with staff #1 revealed she sent client #1 next door to the sister facility. Interview on 8/23/21 with client #1 revealed: -woke up this morning and there was only one staff at the facility; -when she gets off the bus, she goes next door; -two staff next door; -her staff come in about 4pm; -have to wait until staff come in to come over here; -her bus been getting to the facilty between 2:30-2:40pm. Interview on 8/23/21 with client #2 revealed: -wake up 6;30am and her bus comes at 730am; -only one staff working this morning; -another staff came in when she was getting on the bus; -one Saturday a staff worked some by herself; -another staff came in later to work with this staff; -one client was on a home visit that Saturday. Interview on 8/30/21 with the Director revealed: -thought could have client #1 go next door since have two staff until her staff comes in on shift; -did not think about had to have both houses fully staffed and treated as separate facilities;	V 296		

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V 296	Continued From page 12 -will ensure this facility is fully staffed when client #1 comes home from school; -will ensure facility staffed at all times as required.	V 296		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure a Licensed Professional(LP) provided clinical oversight and therapy to address the clients' Mental Health(MH) needs affecting 3 of 3 clients(#1, #2 and #3). The	V 297		

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V 297	Continued From page 13 findings are: Review on 8/23/21 and 8/25/21 of client #1's record revealed: -admission date of 3/19/21 with diagnoses of Oppositional Defiant Disorder(ODD), Post Traumatic Stress Disorder(PTSD) and Intermittent Explosive Disorder; -Clinical Comprehensive Assessment(CCA) dated 2/19/21 documented the following issues: property destruction, aggression, oppositional, threats of SI(suicidal ideation), anger outbursts, irritability, chronic impulsivity, easily angered, abused and neglected by parents, parental rights terminated, hx(history) of inpatient(inpt) psychiatric(psyche) care, disrupted prior placements, complex trauma hx, dissociative reactions, distressing memories and reports of being sexually abused by birth father; -no documentation of any substance abuse related diagnoses. Interview on 8/23/21 with client #1 revealed: -see the LP by face time; -had not seen her since school started; -been in school since 8/11/21; -did not see her last week or the week before. Review on 8/23/21 and 8/25/21 of client #2's record revealed: -date of admission of 8/9/21 with diagnoses of ADHD(Attention Deficit Hyperactivity Disorder), Unspecified Trauma-Stressor Related, and PTSD; -Clinical update dated 7/22/21 documented the following issues: hx of trauma, sexual and physical abuse victim, numerous disrupted placements, hx of elopement, aggression and property destruction; -no documentation of any substance abuse	V 297		

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V 297	Continued From page 14 related diagnoses. Interview on 8/23/21 with client #2 revealed not seen the LP yet. Review on 8/23/21 and 8/25/21 of client #3's record revealed: -date of admission of 9/26/20 with diagnoses of ODD, Major Depressive Disorder, Other Specified Trauma and Stressor related Disorder; -CCA addendum dated 9/16/20 documented the following issues: increased non-compliance, SI, defiant, verbal and physical aggression, fought with peers, threw chairs at teachers, expelled from school, past inpt psyche, lower level of care placements and outpatient treatment were not successful and aggressive towards family members; -no documentation of any substance abuse related diagnoses. Interview on 8/23/21 with client #3 revealed: -her therapist is up the street at an office; -sees her therapist every Wednesday; -therapist only sees her, not the other girls, -haven't been able to go to office so do Zoom; -Zoom with her therapist last Wednesday. Review on 8/25/21 of the LP's personnel record revealed: -hire date of 8/21/17; -LCAS(Licensed Clinical Addiction Specialist) license expires 12/31/22; -Certified Clinical Supervisor(CCS) certification expires 12/31/21. Interview on 8/25/21 with the LP revealed: -LP for this site; -services provided include individual and some group therapy;	V 297		

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V 297	Continued From page 15 -work with client #1; -do individual weekly and part of skills group; -currently do Zoom therapy with client #1; -not been on site since COVID to the facility; -don't work with client #3; -haven't started with client #2, must be a new client; -credentials are LCAS and CCS; -client #1 had some substance abuse use in her hx when initially came so started seeing her; -do not see the clients individually who do not have a substance abuse diagnoses; -those clients are referred out to a mental health clinician. Interview on 8/30/21 with the Director revealed: -LP does groups with clients; -clients see other therapists in the community for MH issues; -was not aware the LP had to provide clinical oversight for the MH issues of the clients and current LP was not able to do that; -have started interviewing for an MH therapist for role of LP to address MH issues as this had already been questioned by the LME/MCO.	V 297		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where	V 367		

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V 367	Continued From page 16	V 367		

services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A

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V 367	Continued From page 17 providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II incidents were	V 367		

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V 367	Continued From page 18 reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Interview on 8/23/21 with client #3 revealed: -had a seizure; -went to the ER(Emergency Room) that night; -EMS(Emergency Medical Services) came; -came home from the ER; -had another seizure that morning; -went the hospital; -stayed three days; -got some new medications; -not had any more seizures. Interview on 8/23/21 with client #1 revealed EMS came out because client #3 had a seizure. Interview on 8/23/21 with staff #2 revealed: -was working with client #3 had her seizure; -she and the Associate Professional(AP) and clients were watching movies; -client #3 took her shower and was fine; -heard a sound, not like a normal scream, heard a loud thud, went to the bathroom door; -client #3 had collapsed by the bathroom door; -saw client #3's leg shaking; -she knew it was seizure due to being trained as an EMT(Emergency Medical Technician); -had the AP call 911; -sent the other girls to their rooms; -had her stethoscope with her and checked client #3's vitals; -EMS came; -EMS took client #1 to the ER; -happened about 11pm that night; -client #3's medications were changed when she returned to the facility.	V 367		

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V 367	Continued From page 19 Interview on 8/26/21 with the AP revealed: -was there when client #3 had her seizure that night; -called EMS to the facility. Interview on 8/23/21 with the Qualified Professional(QP) revealed have no incident reports for the facility in the last three months. Review on 8/23/21 and 8/26/21 of the IRIS(Incident Response Improvement System) from 2/16/21(last survey) until present revealed: -by county of location of the facility no incidents; -by the facility name no incidents; -by the licensee name no incidents; -by current clients' names no incidents. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 8/23/21 at 4:25pm revealed:	V 736		

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V 736	Continued From page 20 -using outdoor folding blue metal and mesh chairs for seating at the dining table; -no light fixture and no bulbs in bathroom off of bedroom on left of hall (only bare socket over sink); -toilet paper holder coming off the wall in hall bathroom and sheetrock broken where holder was attached; -small hole in the wall behind the hall bathroom door level with doorknob; -edging on the cabinet where sink was coming off and loose on the right side in hall bathroom; -back wooden deck with patio table had no chairs because using chairs for seating at the dining table. Interview on 8/23/21 with staff #1 revealed: -kitchen chairs were not sturdy and the girls broke them; -had to throw them away; -been using the outdoor chairs the past month. Interview on 8/23/21 with the Qualified Professional(QP) revealed using the outdoor chairs because clients broke the other chairs. Interview on 8/30/21 with the Director: -have purchased new chairs for the facility; -have a picture on her cell phone of new table and chairs; -will ensure other issues are resolved. Review on 8/30/21 of a picture on the Director's cell phone revealed: -wooden dining table with matching wooden chairs; -outdoor chairs no longer at dining table.	V 736		