

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2021
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NAME OF PROVIDER OR SUPPLIER ELEVATED FAMILY SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 128 LAURA AVENUE WINSTON SALEM, NC 27105
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 14, 2021. The complaint was unsubstantiated (Intake #NC00180915). Deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 audited staff (#1 and #2) received training to meet the needs of the clients. The findings are:</p> <p>Review on 9/9/21 of staff #1's record revealed: -A hire date of 6/1/21 -A job description of Paraprofessional -No documentation of training on Fetal Alcohol Syndrome (FAS) -No documentation of training on Reactive Attachment Disorder (RAD)</p> <p>Review on 9/9/21 of staff #2's record revealed: -A hire date of 6/7/21 -A job description of Paraprofessional -No documentation of training on Fetal Alcohol Syndrome (FAS) -No documentation of training on Reactive Attachment Disorder (RAD)</p> <p>Review on 9/8/21 of Former Client #1 (FC #1)'s record revealed: -An admission date of 8/13/21 -Diagnoses of Reactive Attachment Disorder (RAD), Generalized Anxiety Disorder (GAD), Oppositional Defiant Disorder (ODD) and Fetal Alcohol Syndrome (FAS). -A discharge date of 8/27/21 -Age 15</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Reviews on 9/9/21 of staff #1 and staff #2's record revealed: -Had not been trained in FAS -Had not been trained in RAD</p> <p>Interviews on 9/8/21 with staff #1 and staff #2 revealed: -Had not had any training on Fetal Alcohol Syndrome (FAS) -Had not had any training on Reactive Attachment Disorder the client (#1). in the diagnosis of Reactive Attachment Disorder (RAD). And fetal alcohol syndrome.</p> <p>Interview on 9/10/21 with the Licensed Professional (LP) revealed: -When asked if the facility staff had been trained on FAS and RAD, the LP stated "-I am not sure if there was specific training or Fetal Alcohol Syndrome or RAD. I know the Chief Executive Officer/Qualified Professional/Licensee (CEO/QP/L) did a mini in-service with them (facility staff) ..."</p> <p>Interview on 9/9/21 with the CEO/QP/L revealed: -Had not trained the facility staff on FAS, but "I am teaching my staff about RAD."</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills once per shift per quarter. The findings are:</p> <p>Review on 9/9/21 of the facility's fire and disaster drills from 12/1/20 to 9/9/21, revealed: -2/6/21 at 2:30pm Fire -6/23/21 at 8:05pm, fire -8/1/821 at 7:45pm, fire -No other documentation of fire drills -No documentation of any disaster drills</p> <p>Interviews on 9/8/21 with clients #2 and #3 revealed: -They had participated in only one fire drill and one disaster drill.</p> <p>Interview on 9/9/21 with the Chief Executive Officer/Qualified Professional/Licensee (CEO/QP/L) revealed: -Was aware both fire and disaster drills were to be conducted once per shift per quarter. -"We can do a little better than what we have done (conducting drills)"</p>	V 114		

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V 131	Continued From page 4	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire. The findings are:</p> <p>Review on 9/9/21 of staff #1's record revealed: -A hire date of 6/1/21 -A job description of Paraprofessional -A HCPR accessed on 6/7/21</p> <p>Review on 9/9/21 of staff #2's record revealed: -A hire date of 6/7/21 -A job description of Paraprofessional -A HCPR accessed on 6/7/21</p> <p>Review on 9/9/21 of the Chief Executive Officer/Qualified Professional/Licensee (CEO/QP/L)'s record revealed: -A hire date of : 6/4/2019 -A job description of CEO -A HCPR accessed on 9/13/2019</p> <p>Interview on 9/9/21 with the CEO/QP/L revealed:</p>	V 131		

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V 131	Continued From page 5 -Was aware HCPR checks were to be accessed prior to hire. -"I do not have a good excuse as to why they were not done."	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a	V 133		

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V 133	Continued From page 6 criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.	V 133		

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V 133	<p>Continued From page 7</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in 	V 133		

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V 133	Continued From page 8 compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter	V 133		

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V 133	<p>Continued From page 9</p> <p>90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment. The findings are:</p> <p>Review on 9/9/21 of the CEO/QP/L's record</p>	V 133		

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V 133	Continued From page 10 revealed: -A hire date of : 6/4/2019 -A job description of Chief Executive Officer (CEO) -A criminal history background check completed on 9/13/2019 Interview on 9/9/21 with the CEO/Qualified Professional/Licensee (CEO/QP/L) revealed: -Was aware HCPR checks were to be accessed prior to hire. -"I do not have a good excuse as to why they were not done."	V 133		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.	V 295		

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V 295	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have at least one full-time direct care staff who meets the requirements of the Associate Professional (AP). The findings are:</p> <p>Review on 9/9/21 of the Former Associate Professional (FAP)'s record revealed: -A hire date of 5/13/21 -A job description of AP -A separation date of 8/20/21</p> <p>Interview on 9/10/21 with the Licensed Professional revealed: -The facility had been without an AP since August 20, 2021. -The Chief Executive Officer/Qualified Professional/Licensee (CEO/QP/L) had been looking very hard to fill the position of AP.</p> <p>Interview on 9/8/21 with the CEO/QP/L revealed: -The facility did not have a current AP -Had "some nibbles" from applicants -Would continue to advertise with a national staffing company until she was able to fill the position.</p>	V 295		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 12</p> <p>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 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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2021
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NAME OF PROVIDER OR SUPPLIER ELEVATED FAMILY SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 128 LAURA AVENUE WINSTON SALEM, NC 27105
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V 367	<p>Continued From page 13</p> <p>(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 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).</p> <p>(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:</p> <ol style="list-style-type: none"> (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. 	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the LME responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 9/9/21 of the facility's incident reports revealed: -The incidents reviewed met the definition of Level II incident reports -There was no documentation in IRIS for the following Level II incident reports. -Level 1 Incidents: "8/26/21 at 6:00pm. Staff (#1) asked consumer (FC #1) to put away laptop. Staff asked the consumer to put up the Chromebook. Consumer told staff to "shut up". Consumer grabbed staff by the shirt. Staff had to barricade door shut with herself (foot). Consumer not resorting to unnecessary violence. Threatening to smash Chromebook and run away from the facility." -On 8/26/21 "another consumer (FC #1) verbally provoked said consumer (client #2). Consumer and another consumer grew aggressive toward one another and staff (staff #1 and the CEO/QP/L had to intervene. Consumer will work with staff on improving her communication skills." -On 8/22/21 "consumer (#3) sending threatening email to another client (FC #1). Consumer in question sent a threatening email to another consumer during school hours and was subjected to in school suspension. Consumer will use their school laptop for school only."</p> <p>Review on 9/9/21 of the Incident/Investigation Report, from a local city's police department</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>revealed:</p> <ul style="list-style-type: none"> -Simple Assault call on 8/22/21 (Sunday at 15:49pm), no victim listed, and other involved was (The Chief Executive Office/Qualified Professional/Licensee (CEO/QP/L) -"Prosecution Declined") -No marks or bruises were documented <p>Further review on 9/9/21 of Incident/Investigation Report revealed:</p> <ul style="list-style-type: none"> -8/27/2021 8:26am (Friday) -Simple Assault, victim was (FS #3) -"Was assaulted by [FC #1.]. Victim refused to press charges" -No marks or bruises were documented <p>Interview on 9/8/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> -There was an incident with FC #1 on 8/26/21 -" She (FC #1) was to turn in her laptop. She did not want to do that. We went through a swap, I got her mp3 player and exchanged it for the laptop. She grabbed my shirt, but I was able to get out of my shirt. Since she needed to turn in her laptop, we made a deal that she would get her mp3 player. After about 5 minutes. I had to wiggle myself out of my shirt and close the office door. There was no spitting by anyone. I am not sure for that specific incident, if the police came out or not. The other staff were in the kitchen with the therapist. I believe the [LCSW] tried to talk to [FC #1],but it didn't help. Staff called [FC #1]'s mother and she was able to talk with her. [FC #1] went to her room because she thought her mom was mad. We said no and her mom assisted with getting the laptop turned over." <p>Interview on 9/10/21 with the CEO/QP/L revealed:</p> <ul style="list-style-type: none"> -Had completed only level I incidents -Failed to submit level II incident reports into IRIS -Would ensure to submit level II incident reports into IRIS in the mandated time frames. 	V 367		

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