Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
	ACE	109 PAR	KER LANE		
PARK PLA	ACE	MORGA	NTON, NC 28655	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	completed on 10/05/2 substantiated (Intake Deficiencies were cite This facility is licensed	d for the following service 27G .1300 Residential			
V 109	27G .0203 Privileging	/Training Professionals	V 109		
	QUALIFIED PROFES ASSOCIATE PROFES (a) There shall be no qualified professionals (b) Qualified professi professionals shall de and abilities required (c) At such time as a employment system is then qualified profess professionals shall de (d) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication s (7) clinical skills. (e) Qualified professi NCAC 27G .0104 (18 met the requirements employment system in MH/DD/SAS. (f) The governing boo	privileging requirements for so or associate professionals. onals and associate professionals and associate professionals are proposed professionals and associate profess			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL012-137	B. WING		10	0/05/2021
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
		109 PAR	KER LANE			
PARK PLA	ACE	MORGA	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	<u> </u>	V 109			
	for the initiation of an plan upon hiring each (g) The associate prosupervised by a quali	individualized supervision associate professional. ofessional shall be fied professional with the the period of time as				
	This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:					
	-Hire date of 09/03/20 -Documentation of co the following areas; P (PCP) Training- 09/17 Training - 7/8/2019, F	1 of QP's record revealed: 010. ompleted trainings included Personal Centered Plan 7/2019, Crisis Response Person-Centered Thinking - and Family Teams Training				
	-Job Description signs specified: "Oversight or offense specific click held by an individual position supervised a within their assigned administratively."	ed by QP on 8/16/2017 of Level II Residential facility entele. This position must be with a QP status. This II therapeutic milieu staff facility, both clinically and				
	in monitoring the state treatment goals as ou monthly CFT meeting including all safety, al					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		· · · ·	E SURVEY PLETED	
		MHL012-137	B. WING		10	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	·	
PARK PLA	ACE.	109 PAR	KER LANE			
		MORGA	NTON, NC 28655			
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V 109	Continued From page	e 2	V 109			
	2). Submit incident re Improvement Director verification. Submit le residential service co process."	r for tracking and evel 2 incident reports to the ordinator for supervision  1 and 09/23/2021 of the				
	facility incident reports from 06/01/2021 to 09/14/2021 revealed: -Incident report regarding Former Client (FC) #6 submitted 06/08/2021 by the Quality Improvement (QI) DirectorSexual Abuse/Assault/Rape was checked: "Client was approached by a peer [FC #7] who tried to pull his pants down and repeatedly asked					
	for the client to allow fellatio." -The report indicated incident on 06/08/202	the provider learned of the				
	"Client [FC #6] had be by peer [FC #7]." -The incident prevent	ident was described as een repeatedly approached ion was "Client [FC #6] did previous advances made				
		eached out to staff for knowledged the importance n with adults he trusts when				
	Entity (LME) dated 06	ted comments by the				
	statement signed and	1 of the QP's handwritten I dated 06/05/2021 021 incident revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
		MHL012-137	B. WING		10	)/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
PARK PLA	ACE	109 PAR	KER LANE			
		MORGAN	ITON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	: 3	V 109			
	informed methat he inappropriate act with said, 'he gave me hea	2021 @ 7:30 pm [FC #7] e had been engaged in an that peer [FC #6][FC #7] ad'" and dated the statement on				
	Disorder (ADHD), Pel (dysthymia disorder), Disorder (ODD) -Adol DisorderComprehensive Clini addendum dated 04/0 experiencing frequent setting, consistently diverbal aggression cal names; makes threat verbal aggression, dephysically posturing a and where he wants with redirection the curriconsists of setting for problem sexualized binave successfully cor	/29/2021. /30/2021.  on Deficit Hyperactive resistent Depressive Disorder Oppositional Defiant escent-onset type Conduct cal Assessment (CCA) 07/2021 specified; "Client and severe conflict in the emonstrates defiance and ling staff and peers vulgar and false accusations; fiance and disrespect, and blocking staff to get what will not follow prompts or ent group home primarily adolescent males with ehaviors (PSBs) after they inpleted the PSB program. In the propert of the program is yet continues to make				
	harassment. Shows n and never apologizes sexualized behaviors. Review on 9/17/21 of a summary of [FC #7'	<u> </u>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPL	
		A. BOILDING.			
	MHL012-137	B. WING		10/0	5/2021
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
DADK BLAGE	109 PARI	KER LANE			
PARK PLACE	MORGAN	NTON, NC 28655	i		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 109 Continued From page	e 4	V 109			
-"[FC #7] makes sexulthat appeared to mak uncomfortable." -"He told a peer that I his body and said, "I twice. Said 'Umm'! (a out of the bathroom a shaving)." -"Told staff and peersthat he needs 8 inc"Had saran wrap in his front of peers that it weber as ticking things in his research that he was goin "head" in the bathroode "He asked staff and fellatio was and if the asked a peer again the and proceeded to use meaning of the word know what [FC #6] meaning of the word know wh	all comments and gestures to his peers feel unsafe and the wanted his oily hands on like a man with oily hands" feer that same peer came offer showering and the what he likes put in his butter thes."  In shook bag and told staff in was his homemade condom." liked about anal sex and the ar."  In g to give a classmate of the mat evening if he liked fellation to gestures to explain the when the peer said he didn't eant."  In the when the peer said he didn't eant."  In the when the peer said he didn't eant."  In the when the peer said he didn't eant."  In the when the peer said he didn't eant."  In the when the peer said he didn't eant."  In the when the peer said he didn't eant."  In the what sexual positions he some d**k. D**k tastes  In the peer a close eye on him one with a certain peer, he is butt. It is noted that [FC is basketball court on a chair while making inappropriate at staff could hear in h."  In what he would like to do to een saying, 'Umm.' It is noted the follow this peer around	V 109			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
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PARK PL	ACE	MORGA	NTON, NC 28655			
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V 109	straddling the back of horseblowing kiss eating finger good in pushing up his breas bounced around his -"Due to [FC #7's] be always be near him to safe"  Review on 09/16/202 revealed: -Admission date of 0-Discharge date of 0-Discharge date of 0-Age 19 yearsDiagnoses of ADHD Anxiety DisorderCCA addendum dat "Prior to coming to F Services (Licensee), with first degree state engaging in sexually his siblings and misureoffended in the hor probation and, as a reference to see the NC Sex OffenderThe client, who turn remained 8 additional fiscal year 2020.	of the couch as if he is on a les at staff, licking his feet, a sexual mannerand as as he danced and peers and staff." The chavioral one staff had to to keep him and his peers  21 of FC #8's record  22/28/2020.  8/10/2021.  20, ODD, and Generalized  31 ded 07/26/2021 specified, focus Behavioral Health  [FC#8] had been charged autory sexual offense for inappropriate behaviors with use of 911. [FC#8]  32 me after being placed on result, [FC#8] was placed on result, [FC#8] was placed on result, [FC#8] while at the facility, all months after the end of the	V 109	DEFICIEN	CY)	
	surveyors due to his -The QP talked him of from her granddaugh Mitsubishi Galant.	client would want to talk to experiences at the facility.  (FC #8) into buying a car onter for \$3,000 - a 2006				
		and the FC#8's mother had FC #8) a car - a 1995				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		109 PARKI	ER LANE		
PARK PLA	ACE	MORGANT	TON, NC 28655	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 6	V 109		
	Chevrolet CavalierAfter FC #8's got his forth from the facility for the	license, he drove back and			
	Interview on 09/21/2021 with the QP revealed: -She was responsible for developing, implementing and updating all client treatment plans goals and strategiesShe wasn't at the facility when the incident (06/02/2021) happened"Kids didn't say anything until a couple of days later." -FC #7 remained at the facility after FC #6 reported the incident"We had to keep eyes on that client (FC #7) at all times. We didn't have a 1:1 staff and [Managed Care Organization-MCO] said they would give us one. I had to keep eyes on this				
	client (FC #7) at all times because I wanted to make sure someone was watching him (FC #7)."  -Held meeting on 06/09/2021 for FC #6. Team decided it was best to have him admitted to the hospital.  -"He [FC #6] said he would hurt that kid [FC #7] if he went back to the facility."  -She (the QP) and therapist attempted to locate placement for FC #7 prior to the 06/02/2021 incident.  -Sent out numerous referrals for FC #7 and no one would take him due to his behaviors.  -Department of Social Services (DSS) was initially given a 30-day discharge notice for FC #6 on April 28, 2021 by the facility.  -After the 06/02/2021 incident, "[the facility's North Carolina (NC) Program Director] told them they [DSS] were just going to have to come and pick him [FC#7] up. The discharge notice got				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
DA DIZ DI Z	10E	109 PARK	ER LANE			
PARK PLA	ACE	MORGAN	TON, NC 28655	5		
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V 109	Continued From page	÷ 7	V 109			
	extended to June 30th -Staffing ratio for the first and yis the only of we only have to have requirement - but we -FC # 7 was making at the time" but he wash -The facility typically at Level III programs (O sexualized behaviors treatment plans and at the treatment plans and at the treatment plans are -"Oh no, he [FC #7] of facility that's why it's repoint we should have -"For this facility then to be developed"FC #8 turned 19 yearshe was told the facing 21FC #8 worked Monda carHis mother sold him -He took the car to all where he workedHe needed a car that ran." -She mentioned to FC a car for sale and he had car for sale and he had car staff went with him in could only drive with a sa he only had his per this deficiency is cross NCAC 27G.1301 Sco	facility was 1:6. day we don't have two staff - one staff - one staff is the have two most of the time." sexualized comments "all it acting on them. admitted clients from their ffense Specific (OS)) where were already in the she (the QP) would update s needed. idn't come from an OS not in the plan. I see your added that for [FC #7]." nain goals were for life skills  rs old while at the facility. illity could take clients up to ay through Friday and had a a car that did not run. local tire shop which was t ran - "So, we got a car that C #8 her grand-daughter had (FC #8) asked to look at it. ed her grand-daughter's car. in the car to get gas; FC #8 a licensed driver at the time				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
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			ITON, NC 28655		T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 110	Continued From page	e 8	V 110		
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110		
	SUPERVISION OF P.  (a) There shall be not paraprofessionals.  (b) Paraprofessionals associate professional professional as specifications associate professional professional as specification (a) Paraprofessionals knowledge, skills and population served.  (d) At such time as a employment system in the qualified professionals shall defend the professionals shall defend the professionals shall defend the professionals shall defend the professional shall defend the professional shall defend the professional shall defend the professional shall the pr	fied in Rule .0104 of this s shall demonstrate abilities required by the  competency-based s established by rulemaking, cionals and associate emonstrate competence. Il be demonstrated by including: dge; sss;  dlls; ekills; and dy for each facility shall ent policies and procedures individualized supervision			
	This Rule is not met Based on record revie	as evidenced by: ews, and interviews, the			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
		MHL012-137	B. WING		10	0/05/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PARK PL	ACE.	109 PAR	RKER LANE			
PARK PL	ACE	MORGA	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 110	facility failed to ensure demonstrated knowle the population serves #2, #3, and #4) audit Review on 09/15/202 record revealed: -Hire date of 06/15/2 - Employed as a Rest-Documentation of cert following areas; Training-07/10/2020 Supervision-05/05/20-Job description sign specified,"maintain with the clients at all underground community to the following areas; Review on 09/15/202 record revealed: -Hire date of 03/17/2-Employed as a Rest-Documentation of cert following areas; and informed Supervision-Job description sign specified, "assist proving their behat treatment goals in or Staff members are referengage clients server goals. Maintain a direction of sight of clients" -Disciplinary notice of 06/02/2021 incident line of sight of clients.	re paraprofessionals edge, skills and abiliites for d for 4 of 4 Staff (Staff #1, ed. The findings are: 21 of Staff #1's personnel  020.  Sidential Milieu Counselor.  Completed trainings included Specific Population and Informed  020.  ed by Staff #1 on 06/15/2020 on a direct line of supervision times to prevent inication, physical, sexual, or happening. Monitor clients on"  21 of Staff #2's personnel  006.  idential Milieu Counselor.  completed trainings included Sexual Behaviors in Children vision 08/02/2006.  ed by Staff #2 on 08/16/2017 oppulation served in viors and meeting their der to become independent. Die models and actively d to meet overall behavior ect line of supervision with	V 110			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
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		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
PARK PLA	NCE.	109 PARK	ER LANE			
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V 110	Continued From page	e 10	V 110			
	-"[Staff #2], it was ide were not in the hallwathere is more than 1 a footage around 4:25 p-Additional disciplinar provide group superv 2/23/2021, 04/20/20206/16/2021.	ntified on June 2 that you ay monitoring clients when as seen on video camera om".  y notices for failure to ision to clients on; 1, 05/25/2021, and				
	Review on 09/27/2021 of Staff #3's personnel record revealed: -Hire date of 06/15/2018Employed as a Residential Milieu CounselorJob description signed by Staff #3 on 06/15/2018 specified," assist population served in improving their behaviors and meeting their treatment goals in order to become independent. Staff members are role models and actively engage clients served to meet overall behavior goals. Maintain a direct line of supervision with clients"					
	-Disciplinary notice da 06/02/2021 incident for line of sight of clients supervision as require and Procedures 7-00 -"[Staff #3], it was ide were not in the hallwasthere is more than 1 a footage around 4:25 provide supervision a 03/31/2020, 06/30/20 04/20/2021, and 05/20	or failure to maintain direct and provide continuous ed by the Licensee's Policy 7. ntified on June 2 that you ay monitoring clients when as seen on video camera om". y notices for failure to nd group supervision on; 20, 02/23/2021, 03/16/2021,				
	record revealed: -Hire date of 02/04/20 -Employed as a Resid	·				

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DIVISION	n rieditii Service Negu	iation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		MHL012-137	B. WING		10/0	5/2021
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				DETICIENCY)		
V 110	Continued From page	e 11	V 110			
	•	ffense Specific Populations				
	and Sexual Behaviors	s Training-01/12/2007.				
	-Job description signe	ed by Staff #4 on 02/04/2019				
	specified," assist p					
		viors and meeting their				
		der to become independent.				
		le models and actively				
		d to meet overall behavior				
	_	ect line of supervision with				
	clients"					
	-Offense Specific Pop					
	Behaviors Training-0	1/12/2007.				
	Review on 09/14/202	1 and 09/23/2021 of the				
	facility incident report	s from 06/01/2021 to				
	09/14/2021 revealed:					
	-Incident report subm	itted 06/08/2021 for				
	•	egarding Former Client (FC)				
	#6:	ogaramig i omini omini (i o)				
		ned by a peer [FC #7] who				
		down and repeatedly asked				
	for the client to allow					
		Till to give the client				
	fellatio."	(O) F:				
	· ·	t (QI) Director completed				
	incident report.					
	•	l 09/12/2021 at 11:45 am				
	regarding Client #2:					
	-"Client refused to tall	k to his parents and walked				
	off the property. Staff	walked around the building				
	to look for the client a	and could not locate him".				
	-Staff searched for CI	ient #2 in company vehicle.				
		playing in the neighborhood				
	creek.	. , 5				
	-Staff #1 completed in	ncident report				
	Stan # 1 completed if	iolasiit iopoit.				
	Interview on 00/15/20	021 with Staff #1 revealed:				
		itored at all times and never				
	unsupervised.					
		utside alone, but the client				
	must remain in his (S	taff #1) line of sight at all				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10/05/2021	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	10,00,2021	
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PARK PLA	ACE	MORGAN	TON, NC 28655	<b>;</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 110	complete chores inside monitoring Client #2 (window"He (Client #2) was to outside, but it ended walk off." -Noticed Client #2 walline of sight, informed and then went to look vehicleFound Client#2 playing bottom of the street.	as monitoring other clients de the facility and also (who was outside) through a making a 5-10 minute timeout up being an hour. I saw him as no longer in his (Staff #1) I his co-worker (Staff #4) I for Client #2 in the facility's mg in the creek at the	V 110			
	-She was on duty dur-Arrived at 11 am and picnic table outsideChecked on him eve-Last check he was g-Called the Qualified informed to call 911Staff #1 went to look vanClient #2 was missin minutes when Staff # back to the facilityShe was no longer a employee with the ag (09/12/2021).  Review on 09/22/202 09/12/2021 incident re-Staff #4 called 911 a	ing the 09/12/2021 incident. I Client #2 was seated at  ry 2-3 minutes. one. Professional (QP) and was  for Client #2 in the facility's  g for approximately 20 1 found and brought him  n as needed (PRN) ency as of 2 Sunday's ago  1 of the 911 recording of evealed:				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF D	ROVIDER OR SUPPLIER	OTDEET ADE	DECC CITY CTA	TE 7/D 00DE	
NAME OF F	NOVIDER OR SUFFLIER	109 PARKI	RESS, CITY, STA	ile, zif code	
PARK PLA	ACE		ON, NC 28655	5	
	CLIMMA DV CT	ATEMENT OF DEFICIENCIES	1		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 110	Continued From page	e 13	V 110		
	Interview on 09/15/20 -Clients must be monStaff did a head cour clients are within their -"With these 5 boys the only 1 staff. Saturday for few hours with no -Denied being aware occurrences between incident report on 06/ Interview on 09/23/20 -She was on duty dur -"I was in the bathroot expectation was for the on clients when I was was the staff that was that and it will not hap #2) was probably in the and I usually sit right.  This deficiency is cross NCAC 27G.1301 Scott	itored at all times. Int every 5 minutes to ensure review. Intere are times when it is and Sunday; 1 staff is left other staff." In of any attempted sexual actients. However, per 102/2021 she was on shift. In of any attempted sexual actients. However, per 102/2021 she was on shift. In of any attempted sexual actients. However, per 102/2021 incident. In when that happened. The ne other staff to keep eyes as in the bathroom. [Staff #2] as there. I got reprimanded for open again. I think she (Staff the med (medication) room			
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112		
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyond) The plan shall income.	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. clude:  ) that are anticipated to be			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL012-137	B. WING		1(	0/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
PARK PL	ACE		RKER LANE			
0/0/15	STIMMADA	STATEMENT OF DEFICIENCIES	NTON, NC 28655	PROVIDER'S PLAN OF	CORRECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	projected date of ac (2) strategies; (3) staff responsibl (4) a schedule for annually in consulta responsible person (5) basis for evalua outcome achieveme (6) written consent responsible party, o	chievement; de; review of the plan at least ution with the client or legally or both; ation or assessment of	V 112			
	facility failed to deve strategies to meet the clients audited (Clients (FC) audited are:  Review on 09/16/20 #2's record revealed -Admission date of -Age 16 yearsDiagnoses of Bipol Disorder, Personal personal hx (history other circumstances abuse-perpetrator. -Clinical Assessmer	views and interviews the elop and implement goals and the needs for 1 of 2 current and #2) and 2 of 3 Former at (#6 and #7). The findings				

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MHL012-137  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  109 PARKER LANE MORGANTON, NC 28655   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  V 112  Continued From page 15 include the following: left a note on the door for a  ID PREFIX TAG  NHL012-137  STREET ADDRESS, CITY, STATE, ZIP CODE  109 PARKER LANE MORGANTON, NC 28655  ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 112  V 112	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  109 PARKER LANE  MORGANTON, NC 28655   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 15  V 112			MIII 040 407	B WING		40/05/0004	
PARK PLACE    Continued From page 15   109 PARKER LANE   MORGANTON, NC 28655   MORGANTON, NC 28655			MHL012-137	D. WING		10/05/2021	
MORGANTON, NC 28655  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112 Continued From page 15  WORGANTON, NC 28655  ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE)  V 112	NAME OF PROV	VIDER OR SUPPLIER			TE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112 Continued From page 15  V 112  V 112	PARK PLACE	E					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112 Continued From page 15  PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTIC TAG (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 112		OLIMANA DV OT		·		<u>,                                      </u>	
	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
include the following: left a note on the door for a	V 112 C	ontinued From page	: 15	V 112			
year old neighbor asking to have sex, history of watching child pormography, excessive masturbation, using mother's sex toys in anus, running down the street in his underwear, participated in oral sex with male peers at current location and made a plan to rape an individual, rubbing the nipples on an animal, draws pornography (including babies and toddlers), and getting on porn at school."  Interview on 9/15/21 with Staff #1 revealed:  -One of Client #2's peers let him know the clients room smelled.  -When he inspected, he noticed Client #2 had urinated in 3 different places in his room.  -This continued to be a problem for Client #2.  -One client can go outside alone, but the client must remain in his line of sight at all times.  -On 9/12/21 he was monitoring other clients' complete chores inside the facility and also monitoring Client #2 (who was outside) through a window.  -"He (Client #2) was taking a 5-10 minute timeout outside, but it ended up being an hour. I saw him walk off."  -Noticed Client #2 was no longer in his (Staff #1) line of sight, informed his co-worker (Staff #4) and then went to look Client #2 in the company vehicle.  -Found Client #2 playing in the creek at the bottom of the street.  Interview on 9/15/21 with Staff #2 revealed:  -Client #2 had been urinating on the wall and floor of his room.  -he would walk outside hollering and singing.  -he walked up and down the street.	ind 9 with mru parallor parallor paralor parallor parallor parallor parallor parallor parallor p	include the following: year old neighbor as yeatching child pornog nasturbation, using n unning down the stree articpated in oral sep pocation and made a p ubbing the nipples or ornography (includin etting on porn at sch other treview on 9/15/21 to One of Client #2's per pom smelled. When he inspected, rinated in 3 different This continued to be One client can go ou nust remain in his line On 9/12/21 he was m omplete chores inside nonitoring Client #2 ( vindow. I'He (Client #2) was to utside, but it ended to yealk off." Noticed Client #2 was ne of sight, informed and then went to look ehicle. Found Client #2 play ottom of the street. Interview on 9/15/21 to Client #2 had been u of his room. The would walk outsid the walked up and do	left a note on the door for a sking to have sex, history of graphy, excessive nother's sex toys in anus, set in his underwear, it with male peers at current plan to rape an individual, in an animal, draws ag babies and toddlers), and nool."  with Staff #1 revealed: eers let him know the clients the noticed Client #2 had places in his room. a problem for Client #2. tside alone, but the client e of sight at all times. In nonitoring other clients the facility and also who was outside) through a making a 5-10 minute timeout tup being an hour. I saw him so no longer in his (Staff #1) his co-worker (Staff #4) Client #2 in the company ing in the creek at the with Staff #2 revealed: rinating on the wall and floor the hollering and singing. We the street.	V 112			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			B. WING			
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		109 PAR	KER LANE			
PARK PLA	ACE		NTON, NC 2865	5		
	CLIMMA DV CT		·			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
\/ 112	Continued Frame none	- 10	V 112			
V 112	Continued From page	2 16	V 112			
	Interview on 09/27/20	21 with Staff #4 revealed:				
	-She was on duty dur	ing the 09/12/2021 incident.				
		Client #2 was seated at				
	picnic table outside.					
	-Checked on him eve	rv 2-3 minutes				
	-Last check he was g					
	•	Professional (QP) and was				
	informed to call 911.	reference (Qr ) and mas				
	-Staff #1 went to look	for Client #2 in the				
	company van.	TOT CHOIL WE HT LIE				
		g for approximately 20				
		1 found and brought him				
	back to the facility.	Tiodid and brought him				
	_	n employee with the agency				
	as of 2 Sunday's ago					
	as of 2 Suriday's ago	(09/12/2021).				
	Review on 00/22/202	1 of the 911 recording of				
	09/12/2021 incident re	_				
	-Staff #4 called 911 a					
		#2 had been missing for an				
	hour.	72 Had been missing for an				
	nour.					
	Interview on 9/21/21	with Client #2's				
	parent/guardian revea					
		l of supervision was that				
		e two staff on duty and eyes				
	would be on them at					
		e time the client left the				
	facility property without					
		eeks ago, Sunday, staff				
	called and said he wa	as waining down the				
	driveway.	a staff navar last sight of the				
		e staff never lost sight of the				
		sure staff followed him to				
	where he was going.	B				
		e police were called or not.				
		hat the client was at the end				
		and gone for almost an hour.				
	-He was notified by th	ne Qualified Professional				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL012-137	B. WING		10/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PARK PLA	ACE.	109 PARKE	ER LANE		
PARK FLA	40E	MORGANT	ON, NC 28655	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 17	V 112		
V 112	(QP) of the client purpon the bed and on his -This was a known be in their FOCUS Level -Him urinating in inap to cover up when he rewished with the extra time in the shown Review on 9/16/21 of Person-Centered Pro 7/15/21 revealed: -"[Client #2] struggles and not expressing his way." -"[Client #2] continues boundaries with is pestruggles with building -under goal #2 - " Zinappropriate behavior engaging in sexually touching others in a sother to touch him secon buttocks to others, activity with children, others, etc)." -"[Client #2] struggles hygiene and keeping clean, and free of clut socializing with others out in the community society." -there were no strateg the client urinating in	cosely urinating in his room, is wall.  chavior when the client was all program.  propriate places was a way masturbated.  Level III the staff allocated wer to allow for that.  Client #2's file (PCP) last updated  with arguing with others is feelings in an appropriate eric as well as staff and grappropriate relationships."  ero incidents of sexually oric (viewing porn, grooming, explicit conversations, exual manner, allowing xually, exposing his genitals engaging in any sexual or masturbating in front of a with maintaining proper his surroundings neat, terneeds help with and reacclimating to being as a productive member of gies to specifically address inappropriate places to g, and none to address him	V 112		
	Review on 09/16/202 revealed: -Admission date of 01	1 of FC #7's record			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		MHL012-137	B. WING		10/	05/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	,	
TO AVIC OF T	NOVIDEN ON OUR PEIER		(ER LANE	12, 211 0002		
PARK PLA	ACE		ITON, NC 28655	•		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN	OF CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 18	V 112			
V 1112	-Age 16 yearsDiagnoses of Attention Disorder (ADHD), Pe (dysthymia disorder), Disorder (ODD)-Adoli DisorderComprehensive Clin addendum dated 04/0" Previously recomme interim level II therapithis placement fell thriaggression and inappescalated. As such, clevel III placed based client's identified need client experiencing from the setting, consistentiand verbal aggression vulgar names; makes accusations; verbal addisrespect, physically to get what and where prompts or redirection primarily consists of swith problem sexualized behaviors. Review on 9/17/21 of	on Deficit Hyperactive rsistent Depressive Disorder Oppositional Defiant escent-onset type Conduct ical Assessment (CCA) 07/2021 specified; ended transitioning to an eutic foster home however rough and client's verbal propriate behaviors have only slient is being referred to a on the following criteria: ds cannot be met d/t (due to) equent and severe conflict in tly demonstrates defiance in calling staff and peers at threat and false ggression, defiance and a posturing and blocking staff in the e wants will not follow in the current group home setting for adolescent males are dehaviors (PSBs) after lay completed the PSB aware of this yet continues realized comments and it would be characterized as Shows no remorse for his ologizes. Client laughs at his ."	V 1112			
	a summary of [FC #7 from March 16th - Ju -"[FC #7] makes sexu	a document entitled "This is 's] comments and concerns ne 29th, 2021" included: ual comments and gestures te his peers feel unsafe and				
		he wanted his oily hands on				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		OOWII EETEB
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		109 PARKE	ER LANE		
PARK PLA	ACE.		ON, NC 2865	5	
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 19	V 112		
V 112	his body and said, "I I twice. Said 'Umm'! (arout of the bathroom a shaving)."  -"Told staff and peersthat he needs 8 incl -"Had saran wrap in he front of peers that it webecause if he was goir "head" in the bathrood 'He asked staff and a fellatio was and if the asked a peer again the and proceeded to use meaning of the word know what [FC #6] meaning of the was allowed because if he was allowed grab that peer's meaning staff to keep because if he was allowed grab that peer's "Telling another peer the peer's butt and the noted that [FC #7] ap around and stand tood-"[FC #7] sings a lot costaff and peersmake	ike a man with oily hands" fter that same peer came fter showering and  what he likes put in his butt hes." his book bag and told staff in vas his homemade condom." ked about anal sex and fear." hig to give a classmate m at school" a peer if they knew what y had ever done that. He hat evening if he liked fellatio he gestures to explain the when the peer said he didn't heant." hout what sexual positions he some d**k. D**k tastes  Ap a close eye on him he with a certain peer, he he basketball court on a chair while making inappropriate hat staff could hear in h." What he would like to do to hen saying, 'Umm'. It is hear to speared to follow this peer he closely to the peer" of inappropriate lyrics around hes inappropriate gestures	V 112		
		verking, hiking shorts up to only wearing a t-shirt,			
		the couch as if he is on a			
	_	es at staff, licking his feet,			
	eating finger good in pushing up his breast	a sexual mannerand is as he danced and			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<del></del>		
		MHL012-137	B. WING		10/05/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE	109 PARK				
		MORGAN	TON, NC 28655	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
V 112	Continued From page	e 20	V 112			
	bounced around his p					
	facility incident report 09/14/2021 revealed: -Incident report subm 06/02/2021 incident r (FC) #6 and #7: -"Client was approach	itted 06/08/2021 for egarding Former Clients ned by a peer [FC #7] who down and repeatedly asked				
	4/23/21 with goal reviewed 6/23/21 revealed: -"[FC #7] struggles wifeedbackappears to program expectations -Goal reviewed 5/18/2 boundaries, was make comments, gestures a mannerGoal reviewed 6/23/2 comments to peers, to sexual harassment, cas his crush, talks abwould like the man to wanted to do to other -"[FC #7] appears to so thers, making unkind a lack of empathy toward a daily basisneeds relationships and his decisions.	21 - client not checking his ing inappropriate sexual and dancing in a provocative 21 - client making sexual hree peers complained of lient refers to another peer out wanting a man, what he do to him, and what he s. struggle with not thinking of d remarks about others, and wards his staff and peers on work on building positive ability to make more positive ntinue learning life skills that				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 501251110.			
		MHL012-137	B. WING		10/05/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE	109 PARKE				
			ON, NC 28655		T	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 112	Continued From page	21	V 112			
	-There was no specific goal addressing the client's sexualized behavior or strategies to curtail the behaviors.  Review on 09/16/2021 of FC #8's record revealed: -Admission date of 02/28/2020Age 19 yearsDiagnoses of ADHD, ODD, and Generalized Anxiety DisorderCCA addendum dated 07/26/2021 specified, "Prior to coming to Focus Behavior Heath Services (Licensee), [FC#8] had been charged					
	engaging in sexually his siblings and misus	tory sexual offense for inappropriate behaviors with se of 911. [FC#8] ne after being placed on				
	•	esult, [FC#8] was placed on Registry at the age of 15."				
	Review on 09/16/202 Person-Centered Pro revealed:					
	manner and admits th	th acting in an immature nat he needs help managing o balance wants and needs				
		ntinue developing ills and apply these skills in evidenced by]: balancing				
	wants and needs i.e. money, writing check	depositing and budgeting s"				
	therapy, accept feedb	ention): to participate in eack and alter ways of nonest, contact licensee in				
	situations of escalatin	g or in emergencies, and ily Team meetings.				
	<ul> <li>There were no speci the client will manage</li> </ul>	fic strategies to indicate how his money.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				, , ,	) DATE SURVEY COMPLETED	
			7.1. 20.23.110.			
		MHL012-137	B. WING		10	0/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DADK DI	• • •	109 PAR	KER LANE			
PARK PLA	ACE	MORGAI	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 22	V 112			
	-FC #8 worked at a lo Monday-Friday, unsu and was driven to and until FC #8 obtained later of the results of th	pocal tire shop full time, pervised by the facility staff of from work by facility staff this driver's license. If the strategies to address or community safety pork given FC #8 's NC Sex status.  With FC #8's parent/guardian the state of				
	-She was the QP for to develop, implement goals and strategiesClient #2 left the prethe creek down the round -After 15 minutes of sthe policeThis was the first time.	mises (9/12/21) and went to				
	-She talked with Clier therapist after this inc	ient was upset, he could				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		MHL012-137	B. WING		10/0	05/2021
NAME OF D	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE 710 CODE		
INAIVIE OF FI	NOVIDER OR SUFFLIER			TE, ZIF GODE		
PARK PLA	ACE		KER LANE			
		MORGAN	NTON, NC 2865	5		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
V 112	Continued From page	e 23	V 112			
	-Staff were to check of	on him when he went				
		was there and the next				
	check he was gone (	referring to the above				
	incident).					
		he goes outside the staff will				
	have to keep eyes on					
		to the treatment plan as they				
		ing it Monday (9/20/21).				
	_	exualized comments "all the				
	time" but he wasn't a	-				
		admitted from their Level III				
	programs (Offense S					
	sexualized behaviors	•				
		she would update them once				
	in the Level II facility.					
	-FC #7's treatment pl	an had to not touch anybody				
	and to maintain boun	daries.				
	-"Oh no, he [FC #7] d	lidn't come from an OS				
	facility that's why it's	not in the plan. I see your				
	point we should have	added that for [FC #7]."				
	-For this facility the m	nain goals were for life skills				
	to be developed.					
	-FC #8 worked Mond	ay through Friday and had a				
	car.					
	-His mother sold him	(FC #8) a car that did not				
	run.					
	-FC #8 took the car to	o a local tire shop which was				
	where he worked.					
	-FC #8 needed a car	that ran - "So, we got a car				
	that ran."	,				
	-She mentioned to F0	C #8 that her granddaughter				
		d he (FC #8) asked to look at				
	it.	,				
		r granddaughter's car.				
		8 in the car to get gas; FC				
		ith a licensed driver at the				
	time as he only had h					
	anno do no only nad n	no pomine				
	This deficiency is cro-	ss referenced into 10A				
		ope (V179) for a Type A1 rule				
	11000 213.1301 300	γρο (vira) ioi a Type Ai Tule	1			1

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			(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF D			DDEGG OITY OTA	TE 7/D 00DE	10.00.2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE	
PARK PLA	ACE		ER LANE	=	
			TON, NC 2865		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 24	V 112		
		corrected within 23 days.			
V 179	27G .1301 Residentia	al Tx - Scope	V 179		
	10A NCAC 27G .130	1 SCOPE Section apply only to a			
	residential treatment				
		level II, program type			
	service.	7. 6 7.			
		tment facility providing			
	· ·	level III service, shall be			
		n 10A NCAC 27G .1700. tment facility for children and			
		-standing residential facility			
		ctured living environment			
	-	re approach for children or			
		e a primary diagnosis of			
	may also have other	tional disturbance and who			
	_	designed to address the			
		e child or adolescent and			
		f-control, communication			
	skills, social skills, an				
		nts may receive services in a , have a job placement, or			
	attend school.	,			
		designed to support the			
		gaining the skills necessary			
		al, or therapeutic home			
	setting. (f) The residential tre	eatment facility shall			
		individuals and agencies			
	within the client's sys				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10	)/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	·	
PARK PLA	ACE		KER LANE NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 179	Continued From page	⊋ 25	V 179			
	facility failed to operal program which is to penvironment within a adolescents who hav illness, emotional distaffecting five of five c and #5) and 3 of 3 Fo (#6, #7 and #8). The CROSS REFERENC Competencies of Quantum Associate Profession reviews and interview Professional (QP) fail knowledge, skills and population served.  CROSS REFERENC Competencies and Services, and interviewensure paraprofessionals (V reviews, and interviewensure paraprof	ews and interviews, the te within the scope of their provide a structured living system of care approach for e diagnoses of mental turbance or other disabilities, lients (Clients #1, #2, #3, #4 prmer Clients (FC) audited findings are:  E: 10A NCAC 27G .0203 calified Professionals and cals (V109).Based on record rest of 1 audited Qualified led to demonstrate abilities required by the second record rest of 10). Based on record rest of 10). Based on record rest of 10, Based on record rest of 10, Based on record rest of 10, and #4) audited.  E: 10A NCAC 27G .0204 conclusion of 110 and the facility failed to nals demonstrated opulation served for 4 of 4 and #4) audited.  E: 10A NCAC 27G .0205				
	current clients audited Former Clients (FC) a CROSS REFERENC Staff (V180). Based of	et the needs for 1 of 2 d (Client #2) and 2 of 3 audited (#7 and #8). E: 10A NCAC 27G. 1302 on record reviews and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		_			
MHL012-	137	B. WING		10/0	5/2021
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
PARK PLACE	109 PARKE MORGANT	:R LANE ON, NC 28655	;		
(X4) ID SUMMARY STATEMENT OF DEFICE PREFIX (EACH DEFICIENCY MUST BE PRECED TAG REGULATORY OR LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
times at least one direct care staff wa with every four children or adolescen five of five clients (Clients #1, #2, #3, CROSS REFERENCE: 10A NCAC 2 Operations (V182). Based on record interviews, the facility failed to assure the age limitations for clients in a 130 affecting 1 of 3 Former Clients (FC) at CROSS REFERENCE: 10A NCAC 2 Incident Response Requirements for and B Providers (V366). Based on reand interviews, the facility failed to inwritten policies governing their responsend level III incidents.  CROSS REFERENCE: 10A NCAC 2 Incident Reporting Requirements for and B Providers (V367). Based on in record review, the facility failed to encevel II and III incidents be reported. Management Entity (LME) for the cate where services are provided within 7 becoming aware of the incident.  CROSS REFERENCE: 10A NCAC 2 Client's Personal Funds (V542). Based reviews and interviews, the facility fa and encourage 1 of 3 Former Clients audited (#8) to maintain and invest personal fund account.  Review on 10/01/2021 of the Plan of (POP) dated and signed by the Quali Improvement Director on 10/01/2021 -(1) What Immediate action will the face ensure the safety of the consumers in -"(A) 10A NCAC 27G.0203 (V109): Consumers in	ats affecting #4 and #5).  7G. 1303 reviews and e clients met 00 facility audited (#8).  7G. 0603 Category A cord reviews aplement anse to level II  7G. 0604 Category A terview and sure that all to the Local tchment area 2 hours of  7F.0105 ed on record iled to assist a (FC) ersonal  Protection ity revealed: acility take to n your care?	V 179			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL012-137	B. WING	<del> </del>	10	/05/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	·	
PARK PL	ACE		NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 179	qualified professionals (b) Qualified professionals professionals shall de and abilities required (c) At such time as a employment system is then qualified profess professionals shall de (d) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awareness (3) analytical skills; (4) decision-making; (5) interpersonal skills (6) communication ski (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18 met the requirements employment system in MH/DD/SAS. (f) The governing bod develop and implement for the initiation of an plan upon hiring each (g) The associate prosupervised by a qualification population served for specified in Rule .010 CORRECTION: Case complete a retraining immediately; this proceither the Program, Creoccurring client behilby staff and not identification.	privileging requirements for so or associate professionals. In a sociate emonstrate knowledge, skills by the population served. It is competency-based in sestablished by rulemaking, ionals and associate emonstrate competence. It is demonstrated by including: ge;	V 179			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			ER LANE	,	
PARK PLA	ACE		TON, NC 28655	i	
0(1) ID	STIMMADA ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	MI OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 179	Continued From page	e 28	V 179		
V 179	-"(B) 10A NCAC 27G and Supervision of Pa (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional as speci Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system i then qualified profess professionals shall de (e) Competence shall exhibiting core skills i (1) technical knowled (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skills (6) communication sk (7) clinical skills. (f) The governing bod develop and implement for the initiation of the plan upon hiring each CORRECTION: Staff to their supervisor or care staff do not show	anaprofessionals privileging requirements for a shall be supervised by an all or by a qualified fied in Rule .0104 of this a shall demonstrate a bilities required by the competency-based as established by rulemaking, sionals and associate emonstrate competence. I be demonstrated by including: ge; s; s; s; sills; and dy for each facility shall ent policies and procedures endividualized supervision	V 179		
	will immediately find a	a replacement and fill in at			
	the group home until -"(C) 10A NCAC 27G	.0205(c) (V112):			
	Assessment and Trea				
	assessment and in pa	developed based on the artnership with the client or erson or both, within 30 days			

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DIVISION	of Health Service Regu	liation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	=1ED
		MHL012-137	B. WING	B. WING		5/2021
		WITEOTZ-107			10/0	3/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	VCE	109 PARI	(ER LANE			
FAINTE	-OL	MORGAN	ITON, NC 28655	5		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				,		
V 179	Continued From page	e 29	V 179			
	of admission for clien	ts who are expected to				
	receive services beyo	ond 30 days.				
	CORRECTION: Staff	will provide the client with a				
	30 day discharge not	ice and then apply for a				
	waiver to extend the	client's stay in the program				
	when placement is pr	oblematic. This waiver will				
		spective MCO and DHSR.				
	-"(D) 10A NCAC 27G					
	` '	have a director who has a				
	_	s' experience in child or				
		and who has educational				
		stration, education, social				
		ology or a related field.				
	• •	st one direct care staff				
		sent with every four children				
		dren or adolescents are				
	-	buildings, the ratios shall				
	apply to each building					
		e clients are in the facility, an				
		aff shall be readily available				
	within 30 minutes.	and able to reach the facility				
		Itation shall be available as				
	needed for each clier					
		on shall be provided by a				
	( )	th professional to each				
	facility at least twice a	·				
	_	I times, at least one direct				
		all be present with every				
		scents. If the ratio is 5 or 6				
		iff available at all times. If				
		ats are cared for in separate				
		hall apply to each building.				
	Management - Lead					
	_	be notified immediately				
	-	shortage or a staff no-show				
		ill ensure appropriate staffing				
		ntained in keeping with the				
		eing served. If coverage is				
		ne of the above mentioned				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	JRVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		COMPLE	
				<del></del>		
		MHL012-137	B. WING		10/04	5/2021
			1		1 10/0	J/ 202 I
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE		(ER LANE			
		MORGAN	ITON, NC 28655	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 179	Continued From page	30	V 179			
V 179	management position until appropriate staffi The goal is to have st keeping with agency   State and Federal reg-"(E) 10A NCAC 27G. (d) Age Limitation. If a birthday while receiving facility, he may conting months or until the enwhichever is longer. Owhen an adolescent birthday Focus BHS we Entity for the client cannot be after their 18th birthday fiscal year (whichever all future clients having requested from DHSF maintain the client uncan be obtained. Was an ongoing basis to eapproved to go outside requirements."  -"(F) 10A NCAC 27G. Response Requirements."  -"(F) 10A NCAC 27G. Response Requirements who were not involved were not responsible with direct professions services at the time or review team shall confollows:  (A) review the copy of the contraction of t	s will be required to cover ng ratios can be achieved. aff ratios met at all times in policy and procedure and gulations."  1303(d) (V182): Operations an adolescent has his 18th and treatment in a residential ue in the facility for six at of the state fiscal year, CORRECTION: In the future is approaching his 18th will notify the Managed Care at get approval for services discharged by the 6 months and or the end of the state is longer). In addition, for ag this issue a Waiver will be a so that the agency can till appropriate placement aivers will be completed on ansure the agency is the limits of the statutory.  0603 (V366): Incident ents for Category A and B ing a meeting of an internal hours of the incident. The shall consist of individuals d in the incident and who for the client's direct care or all oversight of the client's fithe incident. The internal applete all of the activities as	V 179			
	and make recommen- occurrence of future in (B) gather other inform	•				

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			B. WING		
		MHL012-137	B. WING		10/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE	
		109 PAR	KER LANE		
PARK PLA	ACE		ITON, NC 2865	5	
	OLIMANA DV OT		<u> </u>		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( - /
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 179	Continued Frame none	- 24	V 179		
V 179	79 Continued From page 31		V 179		
	(C) issue written preli	minary findings of fact within			
	five working days of t	he incident. The preliminary			
		be sent to the LME in whose			
	catchment area the p	rovider is located and to the			
		resides, if different; and			
		en report signed by the			
	, ,	onths of the incident. The			
		ent to the LME in whose			
	•	rovider is located and to the			
		resides, if different. The			
	final written report sha				
	identified by the interr				
		uments pertinent to the			
	-	ake recommendations for			
		ence of future incidents. If			
	_	d for the report are not			
		months of the incident, the			
	LME may give the pro	ovider an extension of up to			
	three months to subm	•			
		.0604 (V367): Incident			
	Reporting Requireme	nts for Category A and B			
		ory A and B providers shall			
	report all level II incid	ents, except deaths, that			
	occur during the prov	ision of billable services or			
	while the consumer is	on the providers premises			
	or level III incidents a	nd level II deaths involving			
	the clients to whom the	ne provider rendered any			
	service within 90 days	s prior to the incident to the			
	LME responsible for t	he catchment area where			
	services are provided	within 72 hours of			
	becoming aware of th	e incident. The report shall			
	be submitted on a for	m provided by the			
	Secretary. The report	may be submitted via mail,			
		r encrypted electronic			
		all include the following			
	information:	Ç			
	(1) reporting provider	contact and identification			
	information;				
	(2) client identification	information:			1

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(3) type of incident;

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.				
		MHL012-137	B. WING		10	/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
PARK PLA	ACE.	109 PARI	KER LANE				
FARR FLA	40E	MORGAN	NTON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 179	Continued From page	32	V 179				
	(4) description of incid (5) status of the effort the incident; and (6) other individuals or responding. (b) Category A and B missing or incomplete shall submit an updat report recipients by the day whenever: (1) the provider has reinformation provided it erroneous, misleading (2) the provider obtain the incident form that (c) Category A and B request by the LME, or regarding the incident (1) hospital records in information; (2) reports by other and (3) the provider's responding to the incident of the inc	dent; to determine the cause of ar authorities notified or providers shall explain any information. The provider ed report to all required are end of the next business eason to believe that in the report may be g or otherwise unreliable; or ns information required on was previously unavailable. providers shall submit, upon other information obtained it, including: including confidential uthorities; and inconse to the incident.					
	Mental Health, Develo Substance Abuse Ser	reports to the Division of opmental Disabilities and vices within 72 hours of e incident. Category A					
	providers shall send a incidents involving a d Health Service Regul	<u> </u>					
	death within seven da restraint, the provider immediately, as requi .0300 and 10A NCAC (e) Category A and B report quarterly to the	ays of use of seclusion or shall report the death red by 10A NCAC 26C					
	report shall be submit	ted on a form provided by					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMF	PLETED
		MHL012-137	B. WING		10	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
			(ER LANE	,		
PARK PLA	ACE		TON, NC 28655	5		
04414	CHMMADV CT	ATEMENT OF DEFICIENCIES	<u>,                                      </u>	PROVIDER'S PLAN OF	CORRECTION	1 000
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 179	Continued From page	e 33	V 179			
		ctronic means and shall				
	include summary info					
	(1) medication errors					
	definition of a level II	ntions that do not meet the				
	definition of a level II					
	(3) searches of a clie	,				
		property or property in the				
	possession of a clien					
	(5) the total number of					
	incidents that occurre					
		ating that there have been no				
	reportable incidents v	vhenever no incidents have				
	occurred during the q	uarter that meet any of the				
	criteria as set forth in	Paragraphs (a) and (d) of				
	this Rule and Subpar	agraphs (1) through (4) of				
	this Paragraph.					
		agency policy and procedure				
		gency will follow all statutory				
	T	ates to reporting of serious				
		I incidents must be reported				
	within 24 hours to the					
	shall follow instruction	ne Program Manager - QP				
		conducting investigation,				
		taff statements. At no time				
	•	more than 24 hours to				
	report any incidents of					
		nts shall follow 27G.0604 for				
		dents, except deaths, that				
		provision of billable services				
	or while the consume					
	premises or Level III	incidents and level II deaths				
	involving the clients to	o whom the provider				
	rendered any service	within 90 days prior to the				
	incident to the LME re	esponsible for the catchment				
		are provided within 72 hours				
		f the incident. If the lead is				
		the lead WILL make the				
	report within 24 hours	s or immediately to all				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
	MHL012-137	B. WING		10	/05/2021	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE			
	109 PAR	KER LANE				
PARK PLACE	MORGAI	NTON, NC 28655				
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 179 Continued From page 3	34	V 179				
required entities. The in all be completed accordand Federal requiremer -"(H) 10A NCAC 27F.01 Personal Funds  (a) This Rule applies to typically provides reside clients for more than 30 (b) Each competent addabove the age of 16 sharencouraged to maintain personal fund account of this shall include, but no investment of funds in in (c) If funds are manage employee, management in accordance with polici (1) assure to the client the withdraw money;  (2) regulate the receipt a personal fund account (3) provide for the receif friends, relatives or other (4) provide for the keep records on all transaction deposit in personal fund (5) assure that a client's kept separate from any facility;  (6) provide for the deduct account payment for the services when authorized responsible person upon admission of the client;  (7) provide for the issued depositing or withdrawing (8) provide the client with of his personal fund account (9) Authorization by the	investigative reports must ding to agency and State ints."  105 (V542): Client's  any 24-hour facility which ential services to individual o days.  alt client and each minor all be assisted and in or invest his money in a other than at the facility. Heed not be limited to, interest-bearing accounts. In dor a client by a facility of the funds shall occur by and procedures that: the right to deposit and and distribution of funds in the right to deposits made by ears; ing of adequate financial ons affecting funds on diaccount; apersonal funds will be operating funds of the action from a personal fund eatment or habilitation end by the client or legally on or subsequent to ance of receipts to persons ing funds; and the a quarterly accounting count.	V 179				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING: _			
		MHL012-137	B. WING		10	)/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE.	109 PAR	(ER LANE			
PARK PL	ACE	MORGAN	ITON, NC 28655	<b>i</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 179	can be made from a pany amount owed or a damages done or alled the client:  (1) to the facility; (2) an employee of the (3) to a visitor of the foliant of t	personal fund account for alleged to be owed for aged to have been done by the facility; acility; or acility; or acility; or acility; or acility; or acility. The shall be no further between any clients of a or their family. They shall shed Focus Policies around a funds. This shall be aff in question upon their and personnel action shall ther, when clients maintain accounts, staff shall do and follow the ADL Client are ensuring they are able to ads. There will be within the client's medical are shave been addressed. In the client's medical and shall be established an anage those funds for a our agency policy around a funds and maintaining all transactions. This may a lead QP will receive	V 179			
	happensNo response indicate	ed.				
	Plan of Protection (Po North Carolina (NC) F 10/05/2021 revealed:					

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Division of Health Service Regulation

DIVISION	n nealth Service Negu	ialion				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED
			B. WING			
		MHL012-137	B. WING		10/0	05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		109 PARK	ER LANE			
PARK PLA	ACE	MORGAN	ON, NC 2865	5		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE API	PROPRIATE	DATE
				DEFICIENCY)		
V 179	Continued From page	e 36	V 179			
	ensure the safety of t	he consumers in your care?				
	_	.0203 (V109): Competencies				
	of Qualified Profession					
		EECTION: Case responsible				
		training of PCP guidelines				
	and rules immediately					
		the Program, Clinical				
	and/or QI Director; tra	_				
		naviors that are addressed				
		ified as a need in the PCP				
	_ =	be changed, revised and/or				
		be retrained in exploitation,				
		ie to the indirect involvement				
		Lead QP's daughter's car.				
		begin with Lead QP and				
		ctor for a minimum of two				
	months which will titra	ate to monthly to oversee				
	concerns addressed	and general policies and				
	procedures and be tw	veaked as needed."				
	-(B)"10A NCAC 27G	.0204 Competencies and				
	Supervision of Parapı	rofessionals (V110).				
	CORRECTION: Staff	will immediately reach out				
	to their supervisor or	on-call staff when direct				
	care staff do not shov	v up or identify that they will				
	be late for their shift.	Supervisor or on-call staff				
		a replacement and fill in at				
	the group home until					
	shortages continue (c	due to COVID) then the				
		will consider changing the				
	home to a 4 bed grou	ıp home. We will hold				
	Laurenda accountable					
		y meetings and QI and				
	Program director will					
	monthly meetings. Du					
		nd neglect will be reviewed				
	with staff and the imp					
		o be addressed on and				
		nt's PCP including goals. QI				
	and Program Director	r will review the needs of				

Division of Health Service Regulation

ensuring staff provide adequate notice when they

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	Division of	of Health Service Regu	ılation				
MHL012-137    B. WING				, ,			
MAKE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  109 PARKER LANE  MORGANTON, NC 28665  (X41)D  SUMMARY STATEMENT OF DEPICIENCY MUST SE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 179  Continued From page 37  are calling in for their shift. Will review with direct care staff the needs they need to meet their goals - i.e. line of sight (supervision of clients), calling immediately when staff doesn't come into work." -(C) "10A NCAC 27G.0205(c) (V112): Assessment and Treatment/Habilitation or Service Plan. CORRECTION: Staff will provide the client with a 30 day discharge notice and then apply for a waiver to extend the client's stay in the program when placement is problematic. This waiver will be provided to the respective MCO and DHSR. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go thought the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will go though the PCP training, particularly regarding a member's needs are identified in the plan.  CORRECTION: At all times, if children or adolescents ar							
PARK PLACE    SUMMARY STATEMENT OF DEPICENCIES   SUMMARY STATEMENT OF DEPICENCIES   PREPIX   SUMMARY STATEMENT OF DEPICENCIES   PREPIX   PROVIDERS PLAN OF CORRECTION     (EACH DEPICENCY MUST BE PRECEDED BY FULL   PREPIX   TAG     (EACH OPERICENCY MUST BE PRECEDED BY FULL   PREPIX   TAG     (EACH OPERICENCY MUST BE PRECEDED BY FULL   PREPIX   TAG     (EACH OPERICENCY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE     (CONSTRUCTION OF CONTROL OF COMMAND OF COMMAND OF CROSS-REFERENCED TO THE APPROPRIATE     (CONSTRUCTION OF COMMAND OF COMMAND OF CROSS-REFERENCED TO THE APPROPRIATE     (CONSTRUCTION OF COMMAND OF COMMAND OF CROSS-REFERENCED TO THE APPROPRIATE     (CONSTRUCTION OF COMMAND OF COMMAND OF CROSS-REFERENCED TO THE APPROPRIATE     (CONSTRUCTION OF CROSS-REFEREN			MHL012-137	B. WING		10/0	5/2021
MORGANTON, NC 28655	NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
(Y4) ID SUMMARY STATEMENT OF DEFICIENCIES PREETX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 179 Continued From page 37  are calling in for their shift. Will review with direct care staff the needs they need to meet their goals - i.e. line of sight (supervision of clients), calling immediately when staff doesn't come into work."  -(C) "10A NCAC 27G.0205(c) (V112):  Assessment and Treatment/Habilitation or Service Plan. CORRECTION: Staff will provide the client with a 30 day discharge notice and then apply for a waiver to extend the client's stay in the program when placement is problematic. This waiver will be provided to the respective MCO and DHSR. Laurenda will got hrough the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will plan to update the PCP at the next CFT meeting unless the behavior requires an immediately change - and an immediate emergency CFT meeting will occur to address the behaviors."  -(D) "10A NCAC 27G.1302 (V180): Staff.  CORRECTION: At all times, at least one direct care staff member shall be present with every four children or adolescents. If the ratio is 5 or 6 there shall be two staff available at all times. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. Management - Lead QP, QI Director and Program Director will be notified immediately when there is a staff shortage or a staff no-show for their shift. This will ensure appropriate staffing			109 PAR	KER LANE			
PREFIX TAG  (EACH OERICITIVE ACTION SHOULD BE REQULATORY OR LSC IDENTIFYING INFORMATION)  V 179  Continued From page 37  are calling in for their shift. Will review with direct care staff the needs they need to meet their goals - i.e. line of sight (supervision of clients), calling immediately when staff doesn't come into work."  -(C) "10A NCAC 27G.0205(c) (V112):  Assessment and Treatment/Habilitation or Service Plan. CORRECTION: Staff will provide the client with a 30 day discharge notice and then apply for a waiver to extend the client's stay in the program when placement is problematic. This waiver will be provided to the respective MCO and DHSR. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will plan to update the PCP at the next CFT meeting unless the behavior requires an immediately change - and an immediate emergency CFT meeting will occur to address the behaviors."  -(D) "10A NCAC 27G.1302 (V180): Staff.  CORRECTION: At all times, at least one direct care staff member shall be present with every four children or adolescents. If the ratio is 5 or 6 there shall be two staff available at all times. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. Management - Lead QP, QI Director and Program Director will be notified immediately when there is a staff shortage or a staff no-show for their shift. This will ensure appropriate staffing	PARK PLA	ACE	MORGA	NTON, NC 2865	5		
are calling in for their shift. Will review with direct care staff the needs they need to meet their goals - i.e. line of sight (supervision of clients), calling immediately when staff doesn't come into work." -(C) "10A NCAC 27G.0205(c) (V112): Assessment and Treatment/Habilitation or Service Plan. CORRECTION: Staff will provide the client with a 30 day discharge notice and then apply for a waiver to extend the client's stay in the program when placement is problematic. This waiver will be provided to the respective MCO and DHSR. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will plan to update the PCP at the next CFT meeting unless the behavior requires an immediately change – and an immediate emergency CFT meeting will occur to address the behaviors." -(D) "10A NCAC 27G.1302 (V180): Staff. CORRECTION: At all times, at least one direct care staff member shall be present with every four children or adolescents. If the ratio is 5 or 6 there shall be two staff available at all times. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. Management - Lead QP, QI Director and Program Director will be notified immediately when there is a staff shortage or a staff no-show for their shift. This will ensure appropriate staffing	PRÉFIX	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETE DATE
care staff the needs they need to meet their goals - i.e. line of sight (supervision of clients), calling immediately when staff doesn't come into work." -(C) "10A NCAC 27G.0205(c) (V112): Assessment and Treatment/Habilitation or Service Plan. CORRECTION: Staff will provide the client with a 30 day discharge notice and then apply for a waiver to extend the client's stay in the program when placement is problematic. This waiver will be provided to the respective MCO and DHSR. Laurenda will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. Laurenda will plan to update the PCP at the next CFT meeting unless the behavior requires an immediately change - and an immediate emergency CFT meeting will occur to address the behaviors." -(D) "10A NCAC 27G.1302 (V180): Staff. CORRECTION: At all times, at least one direct care staff member shall be present with every four children or adolescents. If the ratio is 5 or 6 there shall be two staff available at all times. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. Management - Lead QP, QI Director and Program Director will be notified immediately when there is a staff shortage or a staff no-show for their shift. This will ensure appropriate staffing	V 179	Continued From page	e 37	V 179			
safety of the clients being served. If coverage is not available, then one of the above mentioned management positions will be required to cover until appropriate staffing ratios can be achieved. The goal is to have staff ratios met at all times in keeping with agency policy and procedure and State and Federal regulations. Two staff will be scheduled at all times during awake hours."		are calling in for their care staff the needs to i.e. line of sight (sup immediately when star-(C) "10A NCAC 27G Assessment and Treat Service Plan. CORREST the client with a 30 data apply for a waiver to a program when placer waiver will be provide and DHSR. Laurenda training, particularly reare identified in the plarise. Laurenda will personate identified in t	shift. Will review with direct they need to meet their goals pervision of clients), calling aff doesn't come into work."  1.0205(c) (V112): atment/Habilitation or ECTION: Staff will provide any discharge notice and then extend the client's stay in the ment is problematic. This ed to the respective MCO a will go through the PCP regarding a member's needs lan, even as new issues plan to update the PCP at the less the behavior requires ge - and an immediate etting will occur to address the stall be present with every rescents. If the ratio is 5 or 6 off available at all times. If this are cared for in separate thall apply to each building. QP, QI Director and be notified immediately shortage or a staff no-show and the stall times are cared in keeping with the reging served. If coverage is the of the above mentioned and swill be required to cover fing ratios can be achieved. It affer ratios met at all times in policy and procedure and gulations. Two staff will be				

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-(E) "10A NCAC 27G.1303(d) (V182): Operations.

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PRINTED: 10/26/2021

Division of	of Health Service Regu	lation			FURIVI F	APPROVED
STATEMENT	r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLET	
		MHL012-137	B. WING		10/05	3/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
DADK DI	10E	109 PARI	KER LANE			
PARK PLA	ACE	MORGAN	NTON, NC 2865	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 179	Continued From page	e 38	V 179			
	CORRECTION: In the	e future when an adolescent				
	is approaching his 18	th birthday Focus BHS will				
		are Entity for the client and				
		ces if the client cannot be				
	birthday or the end of	nonths after their 18th				
	_	In addition, for all future				
	clients having this iss					
		R so that the agency can				
		til appropriate placement				
	can be obtained. Wai	vers will be completed on an				
	ongoing basis to ensu	ure the agency is approved				
	to go outside the limit					
	requirements. Progra					
	I =	ight ensuring that the MCO				
		of the need to continue til placement can be found."				
		.0603 Incident Response				
		egory A and B Providers				
		AC 27G .0604 Incident				
	Reporting Requireme	ents for Category A and B				
	Providers (V367). CO	RRECTION: Per agency				
	· · · · · ·	and APSM 30-1 the agency				
	1	requirements as it relates				
	. •	s incidents. All Level III				
		orted within 24 hours to the				
	QI Director and NC P	rogram Director. The QP shall follow instructions				
	, ,	priate entities, conducting				
	investigation, obtainir					
	_	e will the Lead QP wait				
		report any incidents of a				
		rting requirements shall				

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follow 27G.0604 for reporting Level II incidents, except deaths, that occurring 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

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DIVISION	n nealth Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		109 PARK	ER LANE		
PARK PLA	ACE		TON, NC 2865	5	
			1014, 140 2003		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
IAG	THE COLD TO OTT OTT	iso is a real first and order to the	TAG	DEFICIENCY)	W (1 L
V 179	Continued From page	÷ 39	V 179		
	catchment area where	e services are provided			
	within 72 hours of bed	•			
		_			
		aware on day 1 then the			
		eport within 24 hours or			
	immediately to all req				
	investigative reports r				
	according to agency a	and State and Federal			
	requirements. Progra	m director will monitor Lead			
	QP and QI director to	ensure that reports are			
	dated."				
	-(G) "10A NCAC 27F	.0105 Client's Personal			
	-(G) "10A NCAC 27F .0105 Client's Personal Funds (V542). CORRECTION: There shall be no				
	, ,	actions between any clients			
		aff or their family. They shall			
		shed Focus Policies around			
	management of client				
		aff in question upon their			
		and personnel action shall			
		her, when clients maintain			
	jobs and have bank a				
	•	nd follow the ADL Client			
	Training handbook for	r ensuring they are able to			
	manage their own fun	ds. There will be			
	documentation kept w	vithin the client's medical			
	record that these issu	es have been addressed.			
	Should a client have of	difficulty in maintaining their			
		wellbeing then a financial			
		an shall be established			
	•	nanage those funds for			
		our agency policy around			
		funds and maintaining			
	_	al transactions. This may be			
	•				
	the Lead QP. The lea				
	supervision around th				
		and abuse policies will be			
		Director with the Lead QP,			
		at the next staff meeting that			
	occurs this month and				
	management staff A	refresher class will occur by	1		

Division of Health Service Regulation

the end of October."

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Division of	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
				_		
		MUI 042 427	B. WING		40/05/0004	
		MHL012-137			10/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		109 PAR	KER LANE			
PARK PLA	ACE	MORGAI	NTON, NC 2865	5		
040.15	QUMMADV QT	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	N 0/5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
V 179	Continued From page	e 40	V 179			
	-(2) Describe your pla	ans to make sure the above				
	happens.	ans to make sale the above				
	-" The North Carolina	Program Director in				
		Quality Improvement (QI)				
	-	responsible for oversight				
	_	s of the plan of protection				
		nforced according to State,				
		•				
	Federal and agency policy and procedure.  Timelines of all plans of protection will be fully					
		rected within a maximum of				
	•	the date of this plan of				
		rting documentation to show				
		lan of Protection will be				
		request by DHSR and/or				
		n timeline for all items wot be				
		owed will be December				
		If possible, all POP items				
		nuch earlier. The following				
		mmediately and throughout				
	2021":	ea.a.e., aa aeagea.				
	-(A)"The NC Director	will begin monthly				
		the Park Place facility to do				
		nt interviews, supervision of				
	floor staff and oversig	•				
	Profession."	,				
	-(B)"QI Director will m	neet and discuss weekly				
	updates and issues re	•				
	Protection as needed					
		ining and clinical supervision				
		otection will begin with the				
		al, starting Thursday October				
		ursday thereafter for up to 2				
	months."	•				
	-(D)"The NC Program	n Director and QI Director				
		affing meetings-October 26,				
		nd following meetings in				
	November and Decer					
	Clients #1, #2, #3, #4	, #5, Former Client (FC) #6,				
	#7, and #8 ranged in	age from 14-19 years old				

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIR CODE		
TVAIVIL OF T	TOVIDER OR GOLT EIER		ER LANE	11 L, ZII OOBL		
PARK PLA	ACE		TON, NC 2865	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 179	Continued From page	e 41	V 179			
	and had mental healt not limited to, Adjustra Attention-Deficit Hype Bipolar Disorder, Auti Conduct Disorder Ch Post-Traumatic Stres Defiant Disorder. The trauma, sexualized be behaviors, and eloped years old with diagno Autism Spectrum Disself-harm, other perset trauma, and other circ sexual abuse-perpetr behaviors to include a leaving the facility wit treatment plan was not behavioral issues to i and elopement as the continued to experient supervision deficits, where the facility without perpetrate the opportute facility without perpetrate in a creek. FC diagnoses of Disrupti Disorder (DMDD), Of Presentation, and Coonset with serious victorial was 16 years old with Persistent Depressive disorder) and ODD (AC Conduct Disorder). To sexual assault pertain 06/02/2021. FC #6, to remain at the same alleged offender. FC	h diagnoses including, but nent Disorder, eractivity Disorder (ADHD), sm Spectrum Disorder, ildhood onset, s Disorder, and Oppositional by had extensive histories of ehaviors, self-injurious ment. Client #2 was 16 ses of Bipolar Disorder, order, Personal history of onal history of psychological cumstances related to child ator. He began to exhibit urinating in his room and hout permission. His of updated to address include sexualized behaviors by arose. More so, the facility are staff shortages and which on 09/12/2021, unity for Client #2 to leave rmission and unsupervised 2) was later found down the #6 was 16 years old with we Mood Dysregulation DD, ADHD-Combined induct Disorder (Adolescent olations of rules) and FC #7 in diagnoses of ADHD, in Disorder (dysthymia adolescent-onset type there was allegation of ning to FC #6 and FC #7 on the alleged victim was forced in facility with his (FC #6)				
	which resulted in FC committed, thus provi	#6 being involuntarily iding the separation between				

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Division of	of Health Service Regu	lation				_
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	<b>∤CE</b>	109 PARK MORGAN	ER LANE TON, NC 28655	i		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 179	Continued From page	<del>2</del> 42	V 179			
	the alleged victim and began to exhibit persidirected toward staff arriving at the facility. to develop goals and sexualized behaviors began, which led to to 06/02/2021. FC #8 without the facility to ensure the adult, was permitted to clients around the sar protective measures of facility to ensure the aprotection of the adolf FC #8, who had a perinfluenced but the facility to purchase the granddaughter, who will moving. The QP did rand/or administrative the needs of Client #2 include but not limited to address behavioral resulting in continued used her influence to her granddaughter's wexploitation. The facil thorough and efficient alleged sexual assaul by their policy and proalso did not implement procedures, which results deficiency constitutions. The serious Neglect and Ecorrected within 23 decorrected within 24 decorrec	d offender. In addition, FC #7 istent sexualized behaviors and peers within weeks of However, the facility failed strategies to address those clinically when they initially the alleged sexual assault on as a registered sex offender old, 2 months prior to cility. FC #8, a competent to integrate and interact with me age of his victims. No were put in place by the continued safety and escents served. In addition, resonal vehicle was cility's Qualified Professional vehicle of her (the QP) was in the process of not provide the clinical oversight required to meet 2, FC #6, #7 and #8 to d to updating treatment plans and difficulties as they arise neglect. More so, the QP organize the purchase of vehicle by FC #8, resulting in ity did not complete a tinvestigation into the lation 06/02/2021 as specified ocedures. In addition, they not written policies and sulted in continued neglect dividuals served.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10/05/2021	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	10/03/2021	
PARK PLA	ACE	109 PARK	ER LANE			
		MORGAN	TON, NC 28655	<b>i</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 179	Continued From page	e 43	V 179			
	administrative penalty imposed for each day compliance beyond the					
V 180	V 180 27G .1302 Residential Tx - Staff		V 180			
	minimum of two years adolescent services a preparation in adminimum ork, nursing, psycho (b) At all times, at least member shall be presor adolescents. If chicared for in separate apply to each building (c) When two or moran emergency on-cal available by telephon the facility within 30 m (d) Psychiatric consuneeded for each clien (e) Clinical consultation.	have a director who has a sexperience in child or and who has educational stration, education, social plogy or a related field. The ast one direct care staff sent with every four children ldren or adolescents are buildings, the ratios shall give clients are in the facility, and staff shall be readily e or page and able to reach minutes. Itation shall be available as att.				
	facility failed to ensure one direct care staff v	ews and interviews, the e that at all times at least vas present with every four its affecting five of five				
	Review on 10/5/21 of	Client #1's record revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE		(ER LANE ITON, NC 28655	5		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u>,                                      </u>	PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 180	Continued From page	e 44	V 180			
	anxiety/depressed mo	A/21/2021. ment Disorder - mixed ood, Primary Insomnia, and eractivity Disorder (ADHD)-				
	#2's record revealed: -Admission date of 7/ -Age 16 yearsDiagnoses of Bipolar Disorder, Personal his	Disorder, Autism Spectrum story of self-harm, other sychological trauma, and				
	-Admission date of 06 -Age 16 years. -Diagnoses of Disrupi and divorce, Other sp stressor-related Disor	tion of family by separation secified trauma-and rder, Child sexual abuse, ounter, ADHD - combined				
	-Admission date of 08 -Age 14 years.	ct Disorder Childhood onset				
	-Admission date of 08 -Age 14 years. -Diagnoses of Disrupi Disorder, Conduct Dis injury, Oppositional D	Client #5's record revealed: 8/19/2021.  tive Mood Dysregulation sorder, Mild Traumatic Brain refiant Disorder and ADHD.  221 with Staff #1 revealed:				

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DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	
			KER LANE	,	
PARK PLA	ACE				
		MORGAI	NTON, NC 28655		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
TAG	NEGOLATORT OR I	EGO IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	INTE
V 180	Continued From page	e 45	V 180		
	Clianta must be man	itarad at all times and navor			
		itored at all times and never			
	be unsupervised.				
		itside alone, but the client			
	must remain in his lin				
		as monitoring other clients			
		de the facility and also			
	•	(who was outside) through a			
	window.				
	-" He (Client #2) was				
		t ended up being an hour. I			
	saw him walk off."				
		is no longer in his (Staff #1)			
	9	l his co-worker (Staff #4)			
	and then went to look	for Client #2 in the facilty's			
	vehicle.				
	-Found Client#2 playi	ing in the creek at the			
	bottom of the street.				
	-"Typically, there is a	two hour gap" on Sunday			
	where he was the onl	y staff member.			
	-The second staff me	mber comes in at 11 am			
	and works until 9 pm.				
	-He usually just had t	he clients stay in bed until			
	10:30 am which was	breakfast time.			
	Interview on 09/27/20	021 with Staff #4 revealed:			
	-The level of supervis	sion expectation was to have			
	the clients in our sigh	t at all times.			
	-She was on duty dur	ing the 09/12/2021 incident.			
	-Arrived at 11 am and	I Client #2 was seated at			
	picnic table outside.				
	-Checked on him eve	ry 2-3 minutes.			
	-Last check he was g				
	-Called the Qualified	Professional (QP) and was			
	informed to call 911.	-			
	-Staff #1 went to look	for Client #2 in the facilty's			
	van.	-			
	Interview on 09/15/20	021 with Staff #2 revealed:			
	-Clients must be mon	itored at all times.			

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-Staff did a head count every 5 minutes to ensure

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
PARK PLA	ACE		(ER LANE ITON, NC 28655	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 180	only 1 staff. Saturday for few hours with no Interview on 09/14/20 QP revealed: -There were 2 PRN (a that worked on Sundato 6 pmStaffing ratio for the f-Sunday was the only duty at all times.  Interview on 09/21/20 Program Director revershe was not aware of staffing on SundaysThe second staff condittle late to her"The minute the clier of bed) there should be. They have had troub to Covid 19If there was a gap in look at the reason for This deficiency is cross NCAC 27G .1301 Scots	r view. here are times when it is and Sunday; 1 staff is left other staff."  21 and 09/21/2021 with the as needed) staff members by; their hours were 12 noon facility was 1:6. I day, 2 staff were not on  21 with the facility's NC ealed: If the 2-3 hour gap in hing in at 11 am sounded a lats feet hit the floor (get out be a second staff there."  Ile recruiting more staff due staffing then "we need to	V 180		
V 182	10A NCAC 27G .1303 (b) Family Involveme other responsible adu	nt. Family members or Its shall be involved in in order to assure a smooth	V 182		

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
			A. BUILDING		
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
PARK PLA	ACE		KER LANE		
	CLIMMADY CT		NTON, NC 28655		u
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 182	Continued From page	: 47	V 182		
	(c) Education. Childresiding in a residenti receive appropriate ethrough a facility-base services, or through a Transition to a public of the treatment plan. (d) Age Limitation. If birthday while receiving facility, he may conting months or until the enwhichever is longer. (e) Clothing. Each of his own clothing and a in its selection and cate (f) Personal Belonging adolescent shall be expersonal belongings to counter-indicated in the (g) Hours of Operatic operate 24 hours per	ren and adolescents al treatment facility shall ducational services, either ed school, 'home-based' a day treatment program. school setting shall be part an adolescent has his 18th ng treatment in a residential ue in the facility for six d of the state fiscal year, hild or adolescent shall have shall have training and help re. gs. Each child or ntitled to age-appropriate unless such entitlement is ne treatment plan.			
	facility failed to assure	ews and interviews, the e clients met the age n a 1300 facility affecting 1			
	Review on 09/16/202 revealed: -Admission date of 02 -Discharge date of 08	2/28/2020.			

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STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
PARK PL	VCE	109 PAR	KER LANE		
	102	MORGAI	NTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 182	Continued From page	÷ 48	V 182		
	-19 years oldDiagnoses of Attentic Disorder (ADHD), Op (ODD), and Generaliz -Commprehensive Cl addendum dated 07/2 coming to Focus, [FC first degree statutory in sexually inapproprisiblings and misuse of the home after being a result, [FC#8] was proffender Registry at the company of the sexual to the sexua	on Deficit Hyperactive positional Defiant Disorder red Anxiety Disorder. inical Assessment (CCA) 26/2021 specified, "Prior to #8] had been charged with sexual offense for engaging ate behaviors with his f 911. [FC#8] reoffended in placed on probation and, as placed on the NC Sex he age of 15." fender registry has limited ding placement in the			
	until they were 21 year	ealed: could remain in the facility ars old because this was a n life skills that prepared the			
	sexual behaviors, this -Age group for their L years oldFC #8 was the oldes facilityHe was a special cas because that was who siblingsHe was also on the s made it difficult to find	ector revealed: a facility for clients with a was their Level III facilities. evel II facility was 12-21  at that had resided at the se; he could not go home ere his victims were - his ex offender registry and this I housing.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		MHL012-137	B. WING		10/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PARK PLA	ACE	109 PARKE		_	
			ON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 182	Continued From page		V 182		
	<ul> <li>FC #8 was stepped of finishing their Level II</li> </ul>	down after successfully I program.			
	-Due to him being a re	egistered adult sex offender			
	it was impossible to fi -The QP probably app	olied to more than 50 places			
	and he kept being der				
	<ul> <li>-The goal was to get him out much sooner, but he would have been homeless and then possibly incarcerated.</li> <li>-The Local Management Entity (LME) was aware</li> </ul>				
	of his extended stay a	and approved this.			
	-She was aware of the possibility to request a waiver but did not think about this for the client.				
	-She thought since th all that was needed.	e LME approved it that was			
V 366	27G .0603 Incident R	esponse Requirments	V 366		
	10A NCAC 27G .0603 RESPONSE REQUIR	REMENTS FOR			
	CATEGORY A AND B (a) Category A and B	S PROVIDERS S providers shall develop and			
	implement written pol				
	shall require the provi	·			
	(1) attending to of individuals involved	the health and safety needs			
	(2) determining	the cause of the incident;			
	(3) developing a measures according to	and implementing corrective to provider specified			
	timeframes not to exc	eed 45 days;			
	to prevent similar inci-	and implementing measures dents according to provider			
	•	not to exceed 45 days; erson(s) to be responsible			
	for implementation of	the corrections and			
	preventive measures; (6) adhering to	confidentiality requirements			
		article 2A, 10A NCAC 26B,			

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	of Health Service Regu				I
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF D	ROVIDER OR SUPPLIER	STPEET A	DDRESS, CITY, STATE	= ZIR CODE	-
NAME OF F	ROVIDER OR SUFFLIER			E, ZIF GODE	
PARK PLA	ACE		KER LANE		
	T		NTON, NC 28655		T
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(* )
PREFIX TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 366	Continued From page	e 50	V 366		
	. •				
		3 and 45 CFR Parts 160 and			
	164; and				
		documentation regarding			
		) through (a)(6) of this Rule.			
	. ,	requirements set forth in Rule, ICF/MR providers			
	,	its as required by the federal			
	regulations in 42 CFF				
	_	requirements set forth in			
		Rule, Category A and B			
		ICF/MR providers, shall			
		ent written policies governing			
		evel III incident that occurs			
		delivering a billable service			
		on the provider's premises.			
	The policies shall red	uire the provider to respond			
	by:				
	(1) immediately	y securing the client record			
	by:				
	, , ,	e client record;			
	(B) making a p				
		ne copy's completeness; and			
	` '.	the copy to an internal			
	review team;				
	( )	a meeting of an internal			
		4 hours of the incident. The shall consist of individuals			
		ed in the incident and who			
		for the client's direct care or			
	•	nal oversight of the client's			
		of the incident. The internal			
		mplete all of the activities as			
	follows:				
		copy of the client record to			
		and causes of the incident			
		ndations for minimizing the			
	occurrence of future				
		er information needed;			
		en preliminary findings of fact			

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DIVISION	of Health Service Regu	liauon			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			_	<del></del>	
			B. WING		
		MHL012-137	D. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STRFFTA	DDRESS, CITY, STA	TE. ZIP CODE	
				, 3052	
PARK PLA	CE		KER LANE		
		MORGA	NTON, NC 28655	<u> </u>	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE
				22,	
V 366	Continued From page	e 51	V 366		
		ays of the incident. The			
		of fact shall be sent to the			
	LME in whose catchn	nent area the provider is			
	located and to the LM	IE where the client resides,			
	if different; and				
		I written report signed by the			
	` ,	onths of the incident. The			
	final report shall be se	ent to the LME in whose			
		rovider is located and to the			
		resides, if different. The			
		all address the issues			
		nal review team, shall			
	-	uments pertinent to the			
		ake recommendations for			
	~	rence of future incidents. If			
		d for the report are not			
		months of the incident, the			
	LME may give the pro	ovider an extension of up to			
	three months to subm	nit the final report; and			
	(3) immediately	y notifying the following:			
		sponsible for the catchment			
	` '	ces are provided pursuant to			
	Rule .0604;				
		nere the client resides, if			
	different;				
	•	r agency with responsibility			
	for maintaining and u				
		erent from the reporting			
	provider;	Significant the reporting			
	•	aont:			
	(D) the Departm				
	` '	legal guardian, as			
	applicable; and				
	(F) any other a	uthorities required by law.			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		109 PARI	KER LANE		
PARK PLA	ACE		NTON, NC 28655	3	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TON (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 366	Continued From page	e 52	V 366		
	facility failed to imple	ews and interviews, the ment their written policies to level II and level III			
	Health Services (Lice Policy with effective of a client, visitor, or other responsible for the inincident."  -"The completed incident reviewed by the Qual Director or designed documentation is added follow-up action was	itial documentation of the dent report form will be ity Improvement to determine that equate and immediate			
	for review, evaluation appropriate investigate to specific Level II inclinition incidents. A verbal redesignated staff to the on a quarterly basis."  -"All pertinent information involving the following Client Rights Committival actual or alleged -(b) abuse, neglect, or -(c) improper or unaubehavioral intervention -(d) injury requiring the first aid resulting from of the intervention.	ation was conducted related bidents and all Level III port will be given by a le Client Rights Committee ation regarding incidents g will be forwarded to the stee for review": client right violations. For exploitation. Ithorized use of restrict lens. leatment, other than minor in the use			
	Services (DSS) that of	d to Department Social occurred within a Focus rvices, LLC facility while			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION (X3) DATE SURVICES (COMPLETED		
		MHL012-137	B. WING		10	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
D4 D14 D1		109 PAR	KER LANE			
PARK PLA	ACE	MORGA	NTON, NC 28655			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 366	Continued From page	e 53	V 366			
	services were being	rendered or involve staff.				
	-"Incidents involving	clients will be reported to the				
	facility Supervisor an	d the Quality				
	Improvement Directo					
	-Reporting Category					
		acility supervisor within 24				
	hours and document					
		must be reviewed by the				
	supervisor and subm	itted within 72 hours of the				
	-"(3) The facility supe	ervisor must verbally notify				
		nent Director within 24 hours				
	or the next business/	working day".				
	-"(4) A copy of the inc	cident report must be				
	forwarded to the Qua	ality				
		t Director within 72"				
		will be reviewed at the next				
		e meeting and a report will				
	_	ty Improvement Committee				
	by the Client Rights (	Committee Chairperson."				
	-Reporting Category	III Incidents:				
		visor within 12 hours and				
	document in IRIS (In	<u>.</u>				
	Improvement System					
		ervisor/team leader must				
	_	le supervisor through the				
	on-call staff within 24	command and the clinical				
		ours of operation the Clinical				
		Improvement Director must				
		f the incident within 24 hours.				
		vening, and weekends) the				
	` `	cy contact will be notified				
		will in turn notify the Clinical				
		Improvement Director. The				
		ections shall be notified of all				
	Level III incidents as					
	-"(5) A copy of the inc	cident report must be				
	forwarded to the Qua	ality Improvement Director				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
7.1.2 . 2.1.			A. BUILDING: _		"	
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE	109 PARKE				
		MORGANT	ON, NC 28655	; 		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	the Client Rights Con Improvement Director information is shared their review."  -"(7) If warranted the request further informincident, reviewing intercetive actions tak Intervention Advisory Quality Improvement review, recommendat taken."  -"(9) AWOL (Absent Vany absence that requivestigations:  -"The Quality Improvemust complete the included and develop a report timeline of events to be Authority Client Right Division of Health Seapplicable)"  Review on 09/16/202  #2's record revealed:  -Admission date of 7/ -Diagnoses of Bipolar Disorder, Personal hipersonal hx of psychocircumstances related abuse-perpetrator.	ncidents will be reviewed by nmittee. The Quality r will ensure that all pertinent with the Committee during  Client Rights Committee will nation or investigation of the terventions utilized and en. The Client Rights and Committee will report to the committee regarding the tions, or further actions  Nithout Leave) > 3 hours or uires police contact"  ement Director or designee cident investigation within 10 ereceipt of incident report of investigation findings and be submitted to the Area as Department and the rvice Regulation (if  11 and 09/17/2021 of Client  123/2021.  T Disorder, Autism Spectrum story (hx) of self-harm, other blogical trauma, and other	V 366	DEFICIENCY)		
	-Admission date of 02 -Discharge date of 07 -Diagnoses of Disrup					

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	T OF DEFICIENCIES OF CORRECTION					
		MHL012-137	B. WING		10	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PARK PL	ACF	109 PAR	KER LANE			
I AIXIX I L		MORGAI	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 366	Continued From page	e 55	V 366			
	(ODD), Attention Defi (ADHD)-Combined P	opositional Defiant Disorder icit Hyperactive Disorder resentation, and Conduct onset with serious violations				
	Disorder (dysthymia	1/29/2021. 30/2021. , Persistent Depressive				
	county of the facility, licensee of the facility 06/01/2021-09/14/20 -Level III report enter 06/02/2021 incident r	21 revealed: ed on 06/08/2021 for egarding FC #6. IRIS for Client #2 regarding				
	facility's incident report 09/14/2021 revealed: -Quality Improvement Level III IRIS report of incident regarding FC -The report indicated incident on 06/08/202 -Sexual Abuse/Assau -The cause of the incident [FC #6] had be by peer [FC #7]." -The incident prevent not inform staff of the by peer [FC #7]. Clied communicated and research of the communicated and research reveals.	t (QI) Director submitted on 06/08/2021 for 06/02/2021 c. #6. the provider learned of the 21. ult/Rape was checked. ident was described as een repeatedly approached cion was "Client [FC #6] did a previous advances made				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED  (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED				
		MHL012-137	B. WING		10	0/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
PARK PL	ACE	109 PAR	KER LANE			
PARK PLA	ACE	MORGAI	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 366	Continued From page	e 56	V 366			
	of sharing information he feels uncomfortab -Incident comments be Entity (LME) dated 06 document how the coissues are being additional -There were no updar provider after 06/11/2  Review on 09/17/202 investigation report	n with adults he trusts when le." by the Local Management 6/11/2021 were "Please onsumer's health and safety ressed." ted comments by the 2021.				
	investigation report (undated) and completed by the QI Director revealed:  -Name and identifying information for only FC #6 referenced.  -"Incident details: [FC #6] alleged that a peer attempted to pull his pants and underwear down and that he believed the peer wanted to perform fellatio on him."  -"Investigation: Statements were obtained by peers, staff, therapist and client. Please see attached."  -"Review Summary: Per the investigation reports					
	client was approache went into the first bed are no cameras. Clien walked into the bedro attempted to perform review of the camera block view of the hall One staff was sitting other was in the kitch boys were behind the client returning to the minute. This informat [FC #6] reported it or -Both staff on duty at up for failure to maint #6 and #7.	lient and staff, on June 2nd, d by a peer. Both clients froom on the left where there intreported that he willingly from with the peer who then fellatio on the client. In two doors were left open to way from the milieu area. The event where both two open doors and the milieu was less than a lion was not realized until in [Staff #1] June 6th."  It time of incident were written that of CP) informed all staff				

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DIVISION	n nealth Service Negu	ilation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
			D WING			
		MHL012-137	B. WING		10/0	05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE. ZIP CODE		
		109 PARKI				
PARK PLA	ACE.		ON, NC 2865	5		
		WIORGAN	UN, NC 2005	<b>5</b>		1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5) COMPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		DATE
ind		,	IAG	DEFICIENCY)		
V 366	Continued From page	e 57	V 366			
	about the incident wh	en she learned about it (the				
	06/02/2021 incident).	ich she learned about it (the				
	,	that one of the staff were to				
		cused at all times. IRIS was				
		ps were called due to the				
	alleged incident."	ps were called due to the				
	-On 06/08/2021, FC#	6 was involuntarily				
	committed due to ago					
		•				
	, ,	urned to the facility and was				
		niatric Residential Treatment				
	Facility on 07/12/202					
	_	I not have a start or end				
	date.					
		nce an internal review team				
		of disclosure of the incident.				
		s of the incident were not				
	determined after the i	_				
	-Recommendations for					
	occurrences of future	incidents were not				
	documented.					
		4 (50 %)				
	Review on 09/17/202	* ·				
		d dated 06/07/2021 revealed:				
		7:30 pm-8:00 pm FC #7				
	,	C #6) if he wanted oral sex.				
	He (FC #6) stated, "N					
	_	ed that night of 06/01/2021.				
		een 2:30 pm-4 pm while				
		n to whisper to him (FC #6),				
		e?, Can I at least give you				
	head?"					
	-"He (FC #6) respond					
		grab his (FC #6) private				
		C #6) swatted his hand and				
	moved. All clients we	nt back into to the facility				
	and began hygiene ro	outine.				
	-"FC #7 asked him (F	C #6) if he wanted a pair of				
	headphones and he (					
		noticed the headphones in				

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his room.

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE	109 PARK	ER LANE FON, NC 28655			
040.15	CLIMMADY CT	ATEMENT OF DEFICIENCIES	<del></del>	PROVIDER'S PLAN OF CORRECTION	NI OCT	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET	E
V 366	Continued From page	e 58	V 366			
V 300	-While walking up the wrist/arm area and puempty room.  -"[FC #7] then attemps shorts. He stated, 'He on his right side in the asked [FC #6], Why oresponded, This shouthous exit the round of the stated staff the headphones into trouble and did not in the stated staff the headphones into trouble and did not trouble and the state of the state	thallway, FC #6 grabbed his alled him (FC #6) into an off that the pull down his (FC #6) are rib cage. [FC #7] then did you do that?, [FC #6] all dhave never happened." om. he was going to give the but was fearful he would get out want to get in trouble for see his court date was the see his court date was the court date was the court date was, of oral sex when (QP) left my name and said yes he pecause he had it in three coutdoor rec (recreation), he he and said yes out of knew what he was referring to sit on the bench and called	V 300			
		1 of Client #3's handwritten				

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	.ETED
		MHL012-137	B. WING		10/0	05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		109 PARK	ER LANE			
PARK PLA	ACE	MORGAN	TON, NC 2865	5		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 366	Continued From page	e 59	V 366			
	he wanted a big long mustard. Now what h he said it made it a w [FC #7] like to stare. I me at most time in wh Review on 09/17/202	1 of Staff #1's handwritten				
	-"[FC #6] connected v (06/06/2021) about w	l dated 06/07/2021 revealed: with me on Sunday hat happened on Friday				
	(06/04/2021)."  -FC #6 revealed he attacked [FC #7], because he (FC #7) was coming on to him (FC #6).  -FC #7 asked him if he could give him head, whereas he (FC #6) said "No and that he was not gay."					
	-When (FC #6) was w (FC #7) grabbed him inside the empty roon	valking by the empty room, (FC #6) and pulled him n. ed his pants and pulled his				
	pants down and he tr #6] said that's when h pulled his pants back	ied to go down on him. [FC ne pushed [FC #7] away and up."				
	right away. [FC #6] sa time because he was trouble with staff and	whe didn't report him (FC #7) aid he didn't report it at the afraid that he would get in case worker. I (Staff #1) on conversation to my ."				
	statement signed and -On 06/01/2021, FC # knew what fellatio me -FC #7 asked (FC #6 -She intervened and -Later witnessed FC # #6 if he wanted fellati	) if he did it or liked it. redirected FC #7. #7 from his doorway ask FC				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			B. WING			
		MHL012-137	B. WING		10	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PARK PLA	ACE.	109 PAR	KER LANE			
PARK PLA	ACE	MORGA	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 366	don't recall what I was client engaging in an the hygiene door and the doors were block the doors."  -QP signed document Review on 09/17/202 Professional's (QP) and dated 06/05/202 -On 06/04/2021 at 7 the inappropriate set #5 and #6 that occur -No documented refushe (QP) notified oth Review on 09/23/202 Committee (CRC) M Virtual Meeting reversible QP Director was minutes.  -No quarterly incider 2021 were presented Interview on 09/27/2 06/02/2021 incident -"The other guy was me to do sexual thin headphones in my recommand tried to purpunched him in the cand my mom. They supposed to be there not supposed to leave	veen 4:00 pm-4:30 pm, "I as doing. I did not see either by inappropriate act. I did see do bathroom door open and king the hall camera, so I shut as a witness.  21 of the Qualified handwritten statement signed 21 revealed: 30 pm, she was informed of exual encounter between FC erred on 06/02/2021.  Berence as to who or when hers of the incident.  21 of Client Right's linutes from 08/25/2021 aled: as present and recorded the ent reports from April-June dd.	V 366	DEFICIENT	CY)	

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
			D MINO			
		MHL012-137	B. WING		10/0	5/2021
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDER OR OUT FIER			, 2.11 0002		
PARK PLA	ACE	109 PARK		_		
		MORGAN	TON, NC 2865	5		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	KIAI E	DAIL
V 366	Continued From page	e 61	V 366			
		ed me because the kid				
	_	sent me to the hospital, said				
		led me up and said they				
	couldn't do it because	e I was too aggressive."				
	Interview on 09/23/20	21 with FC #6				
	parent/guardian revea	aled:				
	-She did not learn abo	out the 06/02/2021 incident				
	until a week or so after	er it happened.				
		out aggressively toward FC				
	<b>#</b> 7.	33 ,				
		e facility would contact local				
	police about the 06/02					
	•	al police) and they did an				
	investigation."	ar police) and they are an				
	~	they (facility) would remove				
		om the home and separate				
		re not able to do so, and the				
		same home together."				
	•	•				
		rs in [FC #6] increased. He				
		dn't understand why he had				
		e with the other individual				
	[FC #7]."					
		nit him in the hospital to get				
		[QP] asked me to have him				
		m ([FC #6) from hurting the				
		as triggered because he				
	was placed in the san	ne situation he was in when				
	his adoptive father ab	oused him. He didn't				
	understand why he ha	ad to be removed and the				
	other boy did not."					
		ey would remove the child				
	and they did not remo					
	•					
	Attempted interviews	on 09/21/2021 and				
	-	7's DSS guardian were				
		no response to calls or				
	emails.	io responde to dallo di				
	GITIGIIS.					
	Interview on 00/21/20	21 with the QP revealed:				
	HITCH VIEW OH US/Z 1/ZU	ZI WILLIE WI IEVEAIEU.	1			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
		MIII 040 407	B. WING		10/0	<b>=</b> /0004
		MHL012-137	B. W		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE	109 PARKE				
			ON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	Continued From page	e 62	V 366			
V 366	-She wasn't at the fact (06/02/2021) happend -"Kids didn't say anythater""Notified [the facility's [Quality Improvement Parents/Guardians, a -She did not recall ex Director or the facility -"[FC #7] told his soci mom about the incided -"[Quality Improvement those kids, then forem she interviewed the srahe incident report incidents." -"Had a meeting and going to hurt that clien him come back to fact hospital." -FC #7 remained at the reported the incidentThey (facility) did not "We had to keep eyes we didn't have a 1:1 Organization-MCO] srahe to keep eyes on because I wanted to matching him." -Held meeting on 06/6	cility when the incident ed. hing until a couple of days  s NC Program Director], t Director], Police, and state via incident report". act date she notified QI 's NC Program Director. ial worker and his foster ent and they never told us." nt Director] had to interview nsic interview by police. Then taff." uality Improvement (QI) completing the IRIS report. ncident reports, if a level II statement. They don't write ts - I do. The staff do level I  [FC#6] expressed he was nt (FC #6) so we couldn't let cility. He was committed to the facility after FC #6  It leave FC #7 by himself. Is on that room at all times staff and [Managed Care aid they would give us one. In this client at all times make sure someone was	V 366			
	decided it was best to hospital.	have him admitted to the				
	-"That was the conve (therapist, mom, and	rsation between all of us probation office). Mom said o the magistrate office and ted himself. I went to				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _		OOMI EETED
		MHL012-137	B. WING		10/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DADIC DI A		109 PARKE	R LANE		
PARK PLA	ACE	MORGANT	ON, NC 28655	;	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
	#6] said he would hur the facility." -She (QP) and therap placement for FC #7	mom and grandad. He [FC t that kid if he went back to sist attempted to locate prior to 06/02/2021 incident. eferrals for FC #7 and no			
	-Sent out numerous referrals for FC #7 and no one would take him due to his behaviors.  -DSS was initially given a 30-day discharge notice for FC #7 on 04/28/2021.  -After the 06/02/2021 incident, "the facility's [NC Program Director] told them [County Department				
	have to come and pic	SS] they were just going to k him (FC #7) up. The extended to June 30th."			
	-"Outburst happened maybe she didn't tell -"Informed [QP] when incident) you need to -"Investigation ended two - can't give you a -Internal investigation	Monday (06/07/2021). on Friday (06/04/2021), me until Monday." I you first learned of it (an tell me". probably within a week or			
	his report. Explained like. The [QP] would hand I helped her with when any child make statements, call DSS,-FC #7 was given an due to the DSS refusitive. Tec #6] wasn't there there, it would have by victim and predator in	to him what the process look have made the notifications IRIS. Decided in moment s accusation - let's get and police make report." extended discharge date ing to come and pick him up. e anymore, if [FC#7] was still een different. Can't have a			
	revealed:	Just gather information.			

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		PLETED
		MHL012-137	B. WING		10	/05/2021
					1 10	103/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE		KER LANE	_		
	Т	MORGAI	NTON, NC 28655	)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 366	Continued From page	e 64	V 366			
	(Interview boys, look					
	-	d safety plan) and give to				
	other people."					
		e boys [FC #6 and #7],				
	because we could no					
		s no place to put them in.				
		ng to the hospital and that				
	•	t. He then got leveled up to				
		#7], his DSS agency would				
	_	Gave notice, they did not				
		go above their head to get				
		ade complaints about me.				
	, -	egative behaviors with buying				
		d total disregard for the other				
	kids. Made comment	s and just had provocative				
		vas able to maintain himself				
	for a little while but er	nded up losing it. [FC #7] did				
		r program at all and [FC #6]				
	came in from Day Pro	ogram but no residential"				
	Interview on 09/21/20	021 with the facilty's North				
	Carolina (NC) Progra					
		June, something occurred				
		each other rooms. Staff get				
		vise like they are supposed				
	l 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I corrected. Don't think				
	anything sexual happ					
		se, the facility teaches the				
	clients to call out fire					
		the allegation kept going				
		that happens, we get				
		etor and QP] are more				
	_	igation. I remember being				
	apprised of it."	igation. I formattibol boiling				
		was written up about it or I				
	would have been told					
		ements and she (QP) was				
		n kitchen cooking and the				
	other staff was in the					
		06/02/2021 incident was not				

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	or periornoire		(VO) MULTIPLE	CONCEDUCTION	TV2) DATE CHDVEV
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	
			KER LANE	,	
PARK PLA	ACE .		NTON, NC 28655	•	
	0.11.11.12.77.07				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	( - /
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	
				DEFICIENCY)	
V 366	Continued From page	- 65	V 366		
. 000					
		ights Committee (CRC) for			
	review.				
		ent) should have been			
		erything was reported,			
		rsight. Usually present			
		exploitation. Client rights			
		mmendations, sometimes			
	they don't."				
	-"Investigations are v	•			
		with QI Director and QP.			
	•	alls about it (06/02/2021			
	incident).				
		rom a level 3, we know what			
	•	m the community, we don't			
	know their history. W				
		making things more secure.			
		Staff not having eyes on is			
	what happened here.				
		scharge was a courtesy. t presentation on what the			
		ethical, give a notice, and a			
	_	xtend it from 60 to 90 days.			
		eason I would extend it is if			
		ropriate placement. I am not			
		kid out in streets, if I don't			
	feel he is safe."	na oat iii oa ooto, ii i aoii t			
	loor no lo calo.				
	Review of Incident re	port dated 09/12/2021 at			
	11:45 am regarding C				
	-Level 1 incident repo				
	-Consumer Absence				
		talk to his parents and			
		ty. Staff walked around the			
		e client and could not locate			
	him."				
		ient #2 in company vehicle.			
		playing in the neighborhood			
	creek.	F,g a.ee.g.ibe.iileed			
	-Staff #1 completed in	ncident report.			
		QP, [Client #2's father], and			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PARK PLA	ACE	109 PARKE			
		MORGANT	ON, NC 28655	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 66	V 366		
	[Facility's Therapist].	reflect 911 call (police			
	09/12/2021 incident r -Staff #4 called 911 a -Reported Client#2 ha	t roughly 2:05 pm. ad been missing for an hour. 11 call placed from the			
	-On 09/12/2021 he w complete chores inside monitoring Client #2 ( window. -"He [Client #2] was to outside, but it ended walk off." -Noticed Client #2 wa				
	-She was on duty dur -Called the QP and w -Called 911 to report -Client #2 was missin minutes when Staff # back to the facility.	21 with Staff #4 revealed: ing the 09/12/2021 incident. as informed to call 911. Client #2 missing. g for approximately 20 1 found and brought him the tape, it was an hour."			
	-Client #2 left the pred the creek down the ro	earching for him, staff			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL012-137	B. WING		10/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
PARK PLA	ACE		ER LANE		
		MORGAN	TON, NC 28655	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
V 366	Continued From page	e 67	V 366		
	-Upon his return, she cancel the callThe police came to the backThe police did not control of the call of the call. This deficiency is cross NCAC 27G.1301 Sco	instructed staff to call 911 to ne facility and Client #2 was mplete a police report. ss referenced into 10 A pe (V179) for a Type A1 rule corrected within 23 days.			
V 367	10A NCAC 27G .0604 REPORTING REQUI CATEGORY A AND B (a) Category A and B	REMENTS FOR	V 367		
	the provision of billab consumer is on the princidents and level II of to whom the provider 90 days prior to the in responsible for the ca services are provided	e services or while the coviders premises or level III deaths involving the clients rendered any service within cident to the LME tchment area where within 72 hours of e incident. The report shall			
	Secretary. The report in person, facsimile of means. The report shinformation:  (1) reporting projection informat  (2) client identification informat  (3) type of incidentification in the company of the incident;  (5) status of the cause of the incident;	t may be submitted via mail, rencrypted electronic hall include the following by			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			5			
		MHL012-137	B. WING		10/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACF	109 PARKE	R LANE			
		MORGANT	ON, NC 2865	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE	
V 367	Continued From page	e 68	V 367			
V 367	(b) Category A and E missing or incomplete shall submit an updat report recipients by the day whenever:  (1) the provided erroneous, misleading (2) the provided required on the incided unavailable.  (c) Category A and B upon request by the Lobtained regarding the (1) hospital recipiformation;  (2) reports by conformation;  (3) the provided (d) Category A and B of all level III incident Mental Health, Develous Substance Abuse See becoming aware of the providers shall send a incidents involving a conformation of the complete of the client death within second restraint, the provided in the death within second and 10 A NCAC (e) Category A and B report quarterly to the catchment area when the report shall be suby the Secretary via expectation of the catchment area when the report shall be suby the Secretary via expectation.	a providers shall explain any information. The provider shall report to all required the end of the next business. Thas reason to believe that in the report may be gor otherwise unreliable; or robtains information and form that was previously a providers shall submit, and the incident, including: ords including confidential and the authorities; and the rauthorities; and the rauthorities; and the response to the incident. The providers shall send a copy reports to the Division of the incident. Category A a copy of all level III action within 72 hours of the incident. In cases of the incident. In cases of the incident. In cases of the shall report the death red by 10A NCAC 26C to 27E .0104(e)(18). The providers shall send a securious and shall responsible for the electronic means and shall remation as follows: errors that do not meet the	V 367			
	of all level III incident Mental Health, Develon Substance Abuse Selbecoming aware of the providers shall send a incidents involving a dealth Service Regulbecoming aware of the client death within selon restraint, the providing and 10A NCAC (e) Category A and Ereport quarterly to the catchment area when The report shall be suby the Secretary via einclude summary info	reports to the Division of opmental Disabilities and rvices within 72 hours of the incident. Category A a copy of all level III client death to the Division of ation within 72 hours of the incident. In cases of the incident. In cases of the ven days of use of seclusion of the shall report the death the red by 10A NCAC 26C to 27E .0104(e)(18). The providers shall send a security Lamber 19 European 19				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		MHL012-137	B. WING		10	0/05/2021
NAME OF P	ROVIDER OR SUPPLIER	109 PARI	DDRESS, CITY, STATE	ZIP CODE		
		MORGAN	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 367	the definition of a level (3) searches of (4) seizures of the possession of a control (5) the total nuincidents that occurre (6) a statement been no reportable in incidents have occurrence the criterian of the criterian search (3) search (4) search (5) a statement (6) a	nterventions that do not meet el II or level III incident; f a client or his living area; client property or property in dient; mber of level II and level III ed; and t indicating that there have diedents whenever no red during the quarter that ria as set forth in Paragraphs e and Subparagraphs (1)	V 367			
	failed to ensure that a be reported to the Lo (LME) for the catchm provided within 72 ho the incident. The find Refer to tag 366 for sindicents that occurre 09/12/2021.  Review on 09/16/202 #2's record revealed: -Admission date of 7/-Diagnoses of Bipola Disorder, Personal has personal hx (history)	and record review, the facility all Level II and III incidents cal Management Entity ent area where services are ours of becoming aware of dings are:  specific details about ed on 06/02/2021 and				

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	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10	0/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
PARK PLA	ACE		KER LANE				
	T		NTON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
V 367	Continued From page	<del>2</del> 70	V 367				
	abuse-perpetrator.						
	record revealed: -Admission date of 02 -Discharge date of 07 -Diagnoses of Disrup Disorder (DMDD), Op (ODD), ADHD (Comb Conduct Disorder (Ac violations of rules).  Review on 09/16/202 revealed: -Admission date of 07 -Discharge date of 6/2 -Diagnoses of ADHD, Disorder (dysthymia of (Adolescent-onset typ Review on 09/14/202 facility incident report 09/14/2021 revealed: -Quality Improvement Level III Incident Res (IRIS) report on 06/08 incident regarding FO -The report indicated incident on 06/08/202 Review on 09/17/202 Professional's (QP) h and dated 06/05/202 -She was informed of encounter between F at 07:30 pm on 06/04	tive Mood Dysregulation opositional Defiant Disorder bined Presentation) and dolescent onset with serious  1 of FC #7's record  1/29/2021. 30/2021. Persistent Depressive disorder); ODD oe Conduct Disorder).  1 and 09/23/2021 of the seriom 06/01/2021 to  1 (QI) Director submitted ponse Improvement System 3/2021 for 06/02/2021 co. #7.  1 the provider learned of the 21.  1 of the Qualified andwritten statement signed 1 revealed: 1 the inappropriate sexual C# 6 and #7 on 06/02/2021 co. #7.  1 rence as to who or when					
	Review of Incident re	port dated 09/12/2021 at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING		
	MHL012-137	B. WING		10/05/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
PARK PLACE	109 PARK MORGAN	ER LANE FON, NC 28655	;	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET
building to look for the him".  -Staff searched for Cli-Client #2 was found proceed.  -Staff #1 completed in Individuals notified; [6] [Facility's Therapist].  -Document does not motification.  Review on 09/22/2020 09/12/2021 incident results and the second process of the facility on 09/12/2021.  Review on 09/12/2021.  Review on 09/14/2022.  Response Improvement of the facility from 06/01/2-Level III report entered 06/02/2021 incident results from 06/01/2-level III report entered 06/02/2021 incident results from 09/12/2021.  Interview on 09/15/2021.  Interview on 09/15/2021.  Interview on 09/12/2021 he was complete chores inside monitoring Client #2 (window.  -" He (Client #2) was to the second process from the second process in the secon	lient #2 revealed: rt completed. (0-3 hours) selected. talk to his parents and ty. Staff walked around the c client and could not locate tient #2 in company vehicle. playing in the neighborhood acident report. QP], [Client #2's father], and reflect Police and/or LME  1 of the 911 recording of evealed: t roughly 2:05 pm. ad been missing for an hour. 11 call placed from the  1 and 09/23/2021 of Incident ent System (IRIS) by county f the facility, and licensee of /2021-09/14/2021 revealed: red on 06/08/2021 for regarding Former Client (FC)  the system for Client #2 021 incident. 21 with Staff #1 revealed: as monitoring other clients' let the facility and also who was outside) through a	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	ſ
		MHL012-137	B. WING		10/05/202	21
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PARK PLA	ACE		ER LANE			
		MORGAN	TON, NC 28655	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF T	BE COM	(X5) MPLETE DATE
V 367	Continued From page saw him walk off." -Noticed Client #2 wa		V 367			
	-Noticed Client #2 was no longer in his (Staff #1) line of sight, informed his co-worker (Staff #4) and then went to look for Client #2 in the company vehicleFound Client#2 playing in the creek at the bottom of the street.  Interview on 09/27/2021 with Staff #4 revealed: -She was on duty during the 09/12/2021 incidentCalled the Qualified Professional (QP) and was informed to call 911Called 911 to report Client #2 missingClient #2 was missing for approximately 20 minutes when Staff #1 found and brought him back to the facility.					
	-She wasn't at the fact (06/02/2021) happend -"Kids didn't say anythe later""Notified [NC Program Improvement Director Parents/Guardians, a -Could not recall exact (06/02/2021) incident -Client #2 left the pretente creek down the romagnetic recall of the police at he -Upon his return, she cancel the callThe police came to the back.	m Director], [Quality r], Police, nd state via incident report". ct day she reported the . mises (9/12/21) and went to bad. earching for him, staff				
	Interview on 09/21/20 revealed:	21 with QI Director				

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-Investigation started Monday (06/07/2021).

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL012-137	B. WING		10/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
		109 PAR	(ER LANE			
PARK PLA	ACE		TON, NC 28655			
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	IN (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 367	Continued From page	e 73	V 367			
	-"Outburst happened maybe she (QP) didn -"Informed [QP] wher incident) you need to -"Investigation ended two - can't give you a -Internal investigation This deficiency is cro- NCAC 27G.1301 Sco	on Friday (06/04/2021), 't tell me until Monday." n you first learned of it (an tell me". probably within a week or				
V 542	27F .0105(a-c) Client Funds	Rights - Client's Personal	V 542			
	typically provides resclients for more than (b) Each competent above the age of 16 sencouraged to maintapersonal fund accour This shall include, bu investment of funds in (c) If funds are manaemployee, managem in accordance with po (1) assure to thand withdraw money; (2) regulate the funds in a personal furth of the control of the con	to any 24-hour facility which idential services to individual 30 days. adult client and each minor shall be assisted and ain or invest his money in a not other than at the facility. It need not be limited to, in interest-bearing accounts. It is ged for a client by a facility ent of the funds shall occur olicy and procedures that: the client the right to deposit are ceipt and distribution of and account; the receipt of deposits made or others; the keeping of adequate all transactions affecting				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	(X3) DATE SURVEY COMPLETED			
		MUI 042 427	B. WING		40/05/2024	
		MHL012-137			10/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PARK PLA	ACE	109 PAR	KER LANE			
FAIRITE	40L	MORGA	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPI THE APPROPRIATE DAT	LETE
V 542	J	e 74 m any operating funds of the	V 542			
	facility; (6) provide for personal fund account habilitation services for legally responsible to admission of the count (7) provide for persons depositing of	the deduction from a int payment for treatment or when authorized by the client e person upon or subsequent dient; the issuance of receipts to or withdrawing funds; and e client with a quarterly				
	facility failed to assis Former Clients (FC)	as evidenced by: iews and interviews, the t and encouage 1 of 3 audited (#8) to maintain and rsonal fund account. The				
	Disorder (ADHD), Op (ODD), and Generali -Comprehensive Clir addendum dated 07/ coming to Focus Ber (Licensee), [FC #8] In degree statutory sex sexually inappropriat and misuse of 911. [ home after being pla	2/28/2020. 8/10/2021.  ion Deficit Hyperactive opositional Defiant Disorder zed Anxiety Disorder. nical Assessment (CCA) (26/2021 specified, "Prior to navioral Healthcare and been charged with first ual offense for engaging in the behaviors with his siblings (FC #8] reoffended in the ced on probation and, as a laced on the NC Sex				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU	
		IDENTIFICATION NOMBER.	A. BUILDING: _		COMITEE	.ILD
		MHL012-137	B. WING		10/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
PARK PL	ACE	109 PARK	ER LANE			
FARRE		MORGAN	TON, NC 28655	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE	(X5) COMPLETE DATE
V 542	Continued From page	e 75	V 542			
	manner and admits the his money, learning to"  -"[FC #8] wants to co independent living skew his daily life AEB [as wants and needs i.e. money"  -02/26/2021 - goal remaining for management skills to and to buy a car[For management skills to and to buy a car insurance]  -05/26/2021 - goal remove working full time, look not handling his own car, has car insurance  Interview on 9/21/21 revealed:  -FC #8's parent did not talk to surveyors did facility.  -The Qualified Professinto buying a car from \$3,000 - a 2006 Mitsulance  \$\$\frac{1}{2}\$\$ FC #8 had numerous	ith acting in an immature nat he needs help managing to balance wants and needs ills and apply these skills in evidenced by]: Balancing depositing and budgeting viewed - client goes to work C #8] is using his money save money to rent a house C #8] puts his paycheck in ay and only uses \$20.00 of unless he needs personal k[FC #8] always checks it aking any money out of his viewed - "[FC #8] is looking d a car he can afford to buy viewed - "[FC #8] is still king for a place to rent and is money. [FC #8] purchased a e and his permit"  with FC #8's parent  ot feel the FC #8 would want use to his experiences at the sional (QP) talked FC #8 in her granddaughter for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
PARK PLA	ACE	109 PARK MORGAN	ER LANE FON, NC 28655	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 542	-After FC #8 got his liback and forth from the timeAs far as FC #8's pato assist FC #8 in lear getting his license bare. Interview on 09/21/20-FC #8 worked MondacarHis mother sold him runFC #8 took the car to where he workedFC #8 needed a car that ran." -Her granddaughter wand was selling her carbon was sell	dier- he did not need a car. cense he (FC #8) drove he facility to work all the rent knew staff was allowed rning to drive (prior to ck).  221 with the QP revealed: ay through Friday and had a (FC #8) a car that did not o a local tire shop which was that ran - "So, we got a car was in the process of moving ar.	V 542		
V 752	EQUIPMENT	4 FACILITY DESIGN AND	V 752		
		ity shall be designed, oped in a manner that safety of clients, staff and			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-137	B. WING		10	/05/2021	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE			
PARK PLA	ACE		KER LANE ITON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 752	visitors.  (4) In areas of the exposed to hot water, water shall be maintal degrees Fahrenheit.  This Rule is not met Based on observation failed to maintain wat 100-116 degrees Fahrane:  Observation of the fact approximately 12:30 libelow normal hot wat following areas:  -Bathroom#1 sink 89°-Bathroom#2 sink 89°-Bathroom#2 tub 89°-Interview on 09/15/20-Interview on 09/15/	the facility where clients are the temperature of the ined between 100-116  as evidenced by: as and interviews, the facility er temperatures between renheit (°F). The findings  cility on 09/14/2021 between PM-12:50 PM revealed er temperatures in the  2F = 21 with Client #1 revealed: enough." ad Professional (QP) and ast 116.  21 with Client #3 revealed: emperature when he arrived e 2021.	V 752				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION (X3) DATE SUR COMPLETE		
		A. BUILDING:				
		MHL012-137	B. WING		10	05/2021
NAME OF PROVIDER	OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
PARK PLACE			KER LANE	-		
			TON, NC 2865	I		
	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 752 Contin	ued From page	e 78	V 752			
Intervie -Hot w -"I don - Wher does n -It (hot at the p -Was to water)  Intervie - "Hot w -It (hot -Hot w months  Intervie walkthe -"We p	ew on 09/15/20 ater is cold.  't like it here." In hot water is to ot get hot. It water) has been on 09/15/20 water is never is water) goes congement is awaretures.  ater has been on 09/14/20 rough revealed ourchased a neneed to have middle.	221 with Client #4 revealed:  urned up, it (hot water) still en like this since he arrived acility) was getting it (the hot  221 with Staff #2 revealed: too hot."  old. re of the low hot water  cold for the last couple of	V 732			

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