Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-137	A. BUILDING: _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	109 PARKER LANE MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on 10/05/2021. The complaint was substantiated (Intake #NC00178144). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures	V 109		

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V 109	Continued From page 1 for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. 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: Review on 09/14/2021 of QP's record revealed: -Hire date of 09/03/2010. -Documentation of completed trainings included the following areas; Personal Centered Plan (PCP) Training- 09/17/2019, Crisis Response Training - 7/8/2019, Person-Centered Thinking - 8/29/2017 and Child and Family Teams Training (CFT) - 2/14/2018. -Job Description signed by QP on 8/16/2017 specified: "Oversight of Level II Residential facility or offense specific clientele. This position must be held by an individual with a QP status. This position supervised all therapeutic milieu staff within their assigned facility, both clinically and administratively." -Job Duty Description and comments: " ...Assist in monitoring the status of clients achieving treatment goals as outlined in PCP, attend monthly CFT meeting. Oversight of facility including all safety, all client coordination of care, all staff personnel. Oversight of facility and client	V 109	Case responsible QP will complete a retraining of PCP guidelines and rules immediately; this process will be completed with either the Program, Clinical and/or QI Director; training will include reoccurring client behaviors that are addressed by staff and not identified as a need in the PCP warrants for goals to be changed, revised and/or added. Lead QP will be retrained in exploitation, neglect and abuse due to the indirect involvement with client buying the Lead QP's daughter's car. Weekly meetings will begin with Lead QP and Program and QI Director for a minimum of two months which will titrate to monthly to oversee concerns addressed and general policies and procedures and be tweaked as needed. Case responsible QP completed a retraining of PCP guidelines and rules immediately; this process was completed with QI Director. Reoccurring client behaviors that are addressed by staff and not identified as a need in the PCP warrants for goals to be changed, revised and/or added; this was addressed by Program and QI Director in October's facility staff meeting.	12/04/2021

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V 109	Continued From page 2 funds. Approve all incident reports (Level 1 and 2). Submit incident reports to the Quality Improvement Director for tracking and verification. Submit level 2 incident reports to the residential service coordinator for supervision process." Review on 09/14/2021 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) Director. -Sexual 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 him to give the client fellatio." -The report indicated the provider learned of the incident on 06/08/2021. -The cause of the incident was described as "Client [FC #6] had been repeatedly approached by peer [FC #7]." -The incident prevention was "Client [FC #6] did not inform staff of the previous advances made by peer [FC #7]. Client should have communicated and reached out to staff for assistance. Client acknowledged the importance of sharing information with adults he trusts when he feels uncomfortable." -Incident comments by the Local Management Entity (LME) dated 06/11/2021 were "Please document how the consumer's health and safety issues are being addressed." -There were no updated comments by the provider after 06/11/2021. Review on 09/17/2021 of the QP's handwritten statement signed and dated 06/05/2021 regarding the 06/02/2021 incident revealed:	V 109	QP was provided supervision on 10/07, 10/14, 10/21, 10/26, 10/27 & 10/28. Program & QI Director will continue to work with the QP to continue developing her skills to the PCP when there are significant client behaviors and appropriate incident reporting requirements. This is ongoing.	10/28/2021

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-"On Friday June 4th, 2021 @ 7:30 pm [FC #7] informed me ...that he had been engaged in an inappropriate act with that peer [FC #6] ....[FC #7] said, 'he gave me head' ..."
-She (the QP) signed and dated the statement on 06/05/2021.

Review on 09/16/2021 of FC #7's record revealed:
-Admission date of 01/29/2021.
-Discharge date of 06/30/2021.
-Age 16 years.
-Diagnoses of Attention Deficit Hyperactive Disorder (ADHD), Persistent Depressive Disorder (dysthymia disorder), Oppositional Defiant Disorder (ODD) -Adolescent-onset type Conduct Disorder.
-Comprehensive Clinical Assessment (CCA) addendum dated 04/07/2021 specified;"Client experiencing frequent and severe conflict in the setting, consistently demonstrates defiance and verbal aggression calling staff and peers vulgar names; makes threat and false accusations; verbal aggression, defiance and disrespect, physically posturing and blocking staff to get what and where he wants will not follow prompts or redirection ... the current group home primarily consists of setting for adolescent males with problem sexualized behaviors (PSBs) after they have successfully completed the PSB program. Client very aware of this yet continues to make graphic sexualized comments and physical gestures that would be characterized as sexual harassment. Shows no remorse for his actions and never apologizes. Client laughs at his sexualized behaviors."

Review on 9/17/21 of a document entitled "This is a summary of [FC #7's] comments and concerns from March 16th - June 29th, 2021" revealed:

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-"[FC #7] makes sexual comments and gestures that appeared to make his peers feel unsafe and uncomfortable."
-"He told a peer that he wanted his oily hands on his body and said, "I like a man with oily hands" twice. Said 'Umm'! (after that same peer came out of the bathroom after showering and shaving)."
-"Told staff and peers what he likes put in his butt ...that he needs 8 inches."
-"Had saran wrap in his book bag and told staff in front of peers that it was his homemade condom."
-"Several times he talked about anal sex and sticking things in his rear."
-"He said he was going to give a classmate "head" in the bathroom at school..."
-"He asked staff and a peer if they knew what fellatio was and if they had ever done that. He asked a peer again that evening if he liked fellatio and proceeded to use gestures to explain the meaning of the word when the peer said he didn't know what [FC #6] meant."
-"Made comments about what sexual positions he likes and said, I want some d**k. D**k tastes good."
-"Warning staff to keep a close eye on him because if he was alone with a certain peer, he would grab that peer's butt. It is noted that [FC #7] would sit near the basketball court on a chair and watch that peer while making inappropriate sexual statements that staff could hear in reference to his "crush."
-"Telling another peer what he would like to do to the peer's butt and then saying, 'Umm.' It is noted that [FC #7] appeared to follow this peer around and stand too closely to the peer ..."
-"[FC #7] sings a lot of inappropriate lyrics around staff and peers ...makes inappropriate gestures and dance moves. Twerking, hiking shorts up to make it look like he is only wearing a t-shirt,

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straddling the back of the couch as if he is on a horse ...blowing kisses at staff, licking his feet, eating finger good in a sexual manner ...and pushing up his breasts as he danced and bounced around his peers and staff."
-"Due to [FC #7's] behavioral one staff had to always be near him to keep him and his peers safe ..."

Review on 09/16/2021 of FC #8's record revealed:
-Admission date of 02/28/2020.
-Discharge date of 08/10/2021.
-Age 19 years.
-Diagnoses of ADHD, ODD, and Generalized Anxiety Disorder.
-CCA addendum dated 07/26/2021 specified, "Prior to coming to Focus Behavioral Health Services (Licensee), [FC#8] had been charged with first degree statutory sexual offense for engaging in sexually inappropriate behaviors with his siblings and misuse of 911. [FC#8] reoffended in the home after being placed on probation and, as a result, [FC#8] was placed on the NC Sex Offender Registry at the age of 15."
-The client, who turned 19 while at the facility, remained 8 additional months after the end of the fiscal year 2020.

Interview on 9/21/21 with FC #8's parent revealed:
-He did not feel the client would want to talk to surveyors due to his experiences at the facility.
-The QP talked him (FC #8) into buying a car from her granddaughter for $3,000 - a 2006 Mitsubishi Galant.
-He (FC #8) has had numerous problems with that car.
-He (FC #8's parent) and the FC#8's mother had already bought him (FC #8) a car - a 1995

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V 109	Continued From page 6 Chevrolet Cavalier. -After FC #8's got his license, he drove back and forth from the facility to work all the time. -As far as he (FC #8's parent) knew staff was allowed to assist him in learning to drive (prior to getting his license). Interview on 09/21/2021 with the QP revealed: -She was responsible for developing, implementing and updating all client treatment plans goals and strategies. -She 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	V 109		

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V 109	Continued From page 7 extended to June 30th." -Staffing ratio for the facility was 1:6. -"Sunday is the only day we don't have two staff - we only have to have one staff - one staff is the requirement - but we have two most of the time." -FC # 7 was making sexualized comments "all the time" but he wasn't acting on them. -The facility typically admitted clients from their Level III programs (Offense Specific (OS)) where sexualized behaviors were already in the treatment plans and she (the QP) would update the treatment plans as needed. -"Oh no, he [FC #7] didn'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 main goals were for life skills to be developed". -FC #8 turned 19 years old while at the facility. -She was told the facillity could take clients up to age 21. -FC #8 worked Monday through Friday and had a car. -His mother sold him a car that did not run. -He took the car to a local tire shop which was where he worked. -He needed a car that ran - "So, we got a car that ran." -She mentioned to FC #8 her grand-daughter had a car for sale and he (FC #8) asked to look at it. -He (FC #8) purchased her grand-daughter's car. -Staff went with him in the car to get gas; FC #8 could only drive with a licensed driver at the time as he only had his permit. This deficiency is cross referenced into 10A NCAC 27G.1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 109	Staff ratio will always be at least 1 staff for every 4 kids, 24 hours a day, 7 days a week. Counseled with the QP that goals must be updated and reviewed to ensure that any pressing behaviors are identified and work on. Agency did have an oversight on requesting a waiver for FC#8; the agency should have submitted the appropriate paperwork to DHSR if a similar situation arises.	10/28/2021 10/27/2021

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V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews, and interviews, the	V 110		

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V 110	Continued From page 9 facility failed to ensure paraprofessionals demonstrated knowledge, skills and abiliites for the population served for 4 of 4 Staff (Staff #1, #2, #3, and #4) audited. The findings are: Review on 09/15/2021 of Staff #1's personnel record revealed: -Hire date of 06/15/2020. - Employed as a Residential Milieu Counselor. -Documentation of completed trainings included the following areas; Specific Population Training-07/10/2020 and Informed Supervision-05/05/2020. -Job description signed by Staff #1 on 06/15/2020 specified," ...maintain a direct line of supervision with the clients at all times to prevent underground communication, physical, sexual, or verbal behavior from happening. Monitor clients during hours of sleep ..." Review on 09/15/2021 of Staff #2's personnel record revealed: -Hire date of 03/17/2006. -Employed as a Residential Milieu Counselor. -Documentation of completed trainings included the following areas; Sexual Behaviors in Children and informed Supervision 08/02/2006. -Job description signed by Staff #2 on 08/16/2017 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 dated 06/08/2021 for 06/02/2021 incident for failure to maintain direct line of sight of clients and provide continuous supervision as required by the Licensee's Policy and Procedures.	V 110	Staff will immediately reach out to their supervisor or on-call staff when direct care staff do not show up or identify that they will be late for their shift. Supervisor or on-call staff will immediately find a replacement and fill in at the group home until one arrives. If staff shortages continue (due to COVID) then the senior management will consider changing the home to a 4 bed group home. We will hold QP accountable of requirements throughout the weekly meetings and QI and Program director will attend the upcoming monthly meetings. During these meetings, exploitation, abuse and neglect will be reviewed with staff and the importance of identifying behaviors that need to be addressed on and being aware of a client's PCP including goals. QI and Program Director will review the needs of ensuring staff provide adequate notice when they 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.	10/05/2021

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-"[Staff #2], it was identified on June 2 that you were not in the hallway monitoring clients when there is more than 1 as seen on video camera footage around 4:25 pm".
-Additional disciplinary notices for failure to provide group supervision to clients on; 2/23/2021, 04/20/2021, 05/25/2021, and 06/16/2021.

Review on 09/27/2021 of Staff #3's personnel record revealed:
-Hire date of 06/15/2018.
-Employed as a Residential Milieu Counselor.
-Job 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 dated 06/08/2021 for 06/02/2021 incident for failure to maintain direct line of sight of clients and provide continuous supervision as required by the Licensee's Policy and Procedures 7-007.
-"[Staff #3], it was identified on June 2 that you were not in the hallway monitoring clients when there is more than 1 as seen on video camera footage around 4:25 pm".
-Additional disciplinary notices for failure to provide supervision and group supervision on; 03/31/2020, 06/30/2020, 02/23/2021, 03/16/2021, 04/20/2021, and 05/25/2021.

Review on 09/27/2021 of Staff #4's personnel record revealed:
-Hire date of 02/04/2019.
-Employed as a Residential Milieu Counselor.
-Documentation of completed trainings included

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the following area; Offense Specific Populations and Sexual Behaviors Training-01/12/2007.
-Job description signed by Staff #4 on 02/04/2019 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 ..."
-Offense Specific Populations and Sexual Behaviors Training-01/12/2007.

Review on 09/14/2021 and 09/23/2021 of the facility incident reports from 06/01/2021 to 09/14/2021 revealed:
-Incident report submitted 06/08/2021 for 06/02/2021 incident regarding Former Client (FC) #6:
-"Client was approached by a peer [FC #7] who tried to pull his pants down and repeatedly asked for the client to allow him to give the client fellatio."
-Quality Improvement (QI) Director completed incident report.
-Incident report dated 09/12/2021 at 11:45 am regarding Client #2:
-"Client refused to talk to his parents and walked off the property. Staff walked around the building to look for the client and could not locate him".
-Staff searched for Client #2 in company vehicle.
-Client #2 was found playing in the neighborhood creek.
-Staff #1 completed incident report.

Interview on 09/15/2021 with Staff #1 revealed:
-Clients must be monitored at all times and never unsupervised.
-"One client can go outside alone, but the client must remain in his (Staff #1) line of sight at all

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	Continued From page 12 times." -On 09/12/2021 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 for Client #2 in the facility's vehicle. -Found Client#2 playing in the creek at the bottom of the street. Interview on 09/27/2021 with Staff #4 revealed: -The level of supervision expectation was to have the clients in our site at all times. -She was on duty during the 09/12/2021 incident. -Arrived at 11 am and Client #2 was seated at picnic table outside. -Checked on him every 2-3 minutes. -Last check he was gone. -Called the Qualified Professional (QP) and was informed to call 911. -Staff #1 went to look for Client #2 in the facility's van. -Client #2 was missing for approximately 20 minutes when Staff #1 found and brought him back to the facility. -She was no longer an as needed (PRN) employee with the agency as of 2 Sunday's ago (09/12/2021). Review on 09/22/2021 of the 911 recording of 09/12/2021 incident revealed: -Staff #4 called 911 at roughly 2:05 pm. -Reported that Client#2 had been missing for an hour.	V 110		

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V 110	Continued From page 13 Interview on 09/15/2021 with Staff #2 revealed: -Clients must be monitored at all times. -Staff did a head count every 5 minutes to ensure clients are within their view. -"With these 5 boys there are times when it is only 1 staff. Saturday and Sunday; 1 staff is left for few hours with no other staff." -Denied being aware of any attempted sexual occurrences between clients. However, per incident report on 06/02/2021 she was on shift. Interview on 09/23/2021 with Staff #3 revealed: -She was on duty during the 06/02/2021 incident. -"I was in the bathroom when that happened. The expectation was for the other staff to keep eyes on clients when I was in the bathroom. [Staff #2] was the staff that was there. I got reprimanded for that and it will not happen again. I think she (Staff #2) was probably in the med (medication) room and I usually sit right there at that desk." This deficiency is cross referenced into 10A NCAC 27G.1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a	V 112	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.	10/05/2021

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V 112	Continued From page 14 projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies to meet the needs for 1 of 2 current clients audited (Client #2) and 2 of 3 Former Clients (FC) audited (#6 and #7). The findings are: Review on 09/16/2021 and 09/17/2021 of Client #2's record revealed: -Admission date of 7/23/2021. -Age 16 years. -Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Personal hx of self-harm, other personal hx (history) of psychological trauma, other circumstances r/t (related to) child sexual abuse-perpetrator. -Clinical Assessment dated 07/13/2021 specified, "[Client #2] inappropriate sexualized behaviors	V 112		

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V 112	Continued From page 15 include the following: left a note on the door for a 9 year old neighbor asking to have sex, history of watching child pornography, excessive masturbation, using mother's sex toys in anus, running down the street in his underwear, particpated 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. -usually she would motion for him to come back in and he would.	V 112		

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V 112	Continued From page 16 Interview on 09/27/2021 with Staff #4 revealed: -She was on duty during the 09/12/2021 incident. -Arrived at 11 am and Client #2 was seated at picnic table outside. -Checked on him every 2-3 minutes. -Last check he was gone. -Called the Qualified Professional (QP) and was informed to call 911. -Staff #1 went to look for Client #2 in the company van. -Client #2 was missing for approximately 20 minutes when Staff #1 found and brought him back to the facility. -She was no longer an employee with the agency as of 2 Sunday's ago (09/12/2021). Review on 09/22/2021 of the 911 recording of 09/12/2021 incident revealed: -Staff #4 called 911 at roughly 2:05 pm. -Reported that Client#2 had been missing for an hour. Interview on 9/21/21 with Client #2's parent/guardian revealed: -He was told the level of supervision was that there would always be two staff on duty and eyes would be on them at all times. -He was aware of one time the client left the facility property without permission. -It was a couple of weeks ago, Sunday, staff called and said he was walking down the driveway. -As far as he knew the staff never lost sight of the client; he was pretty sure staff followed him to where he was going. -He was not sure if the police were called or not. -He was not notified that the client was at the end of street, in a creek, and gone for almost an hour. -He was notified by the Qualified Professional	V 112		

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V 112	Continued From page 17 (QP) of the client purposely urinating in his room, on the bed and on his wall. -This was a known behavior when the client was in their FOCUS Level III program. -Him urinating in inappropriate places was a way to cover up when he masturbated. -When he was in the Level III the staff allocated extra time in the shower to allow for that. Review on 9/16/21 of Client #2's Person-Centered Profile (PCP) last updated 7/15/21 revealed: -"[Client #2] struggles with arguing with others and not expressing his feelings in an appropriate way." -"[Client #2] continues to struggle with appropriate boundaries with is peers as well as staff and struggles with building appropriate relationships." -under goal #2 - " ...Zero incidents of sexually inappropriate behaviors (viewing porn, grooming, engaging in sexually explicit conversations, touching others in a sexual manner, allowing other to touch him sexually, exposing his genitals or buttocks to others, engaging in any sexual activity with children, or masturbating in front of others, etc)." -"[Client #2] struggles with maintaining proper hygiene and keeping his surroundings neat, clean, and free of clutter ...needs help with socializing with others and reacclimating to being out in the community as a productive member of society." -there were no strategies to specifically address the client urinating in inappropriate places to cover up masturbating, and none to address him leaving without permission/supervision. Review on 09/16/2021 of FC #7's record revealed: -Admission date of 01/29/2021.	V 112		

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V 112	Continued From page 18 -Age 16 years. -Diagnoses of Attention Deficit Hyperactive Disorder (ADHD), Persistent Depressive Disorder (dysthymia disorder), Oppositional Defiant Disorder (ODD)-Adolescent-onset type Conduct Disorder. -Comprehensive Clinical Assessment (CCA) addendum dated 04/07/2021 specified; "Previously recommended transitioning to an interim level II therapeutic foster home however this placement fell through and client's verbal aggression and inappropriate behaviors have only escalated. As such, client is being referred to a level III placed based on the following criteria: client's identified needs cannot be met d/t (due to) client experiencing frequent and severe conflict in the setting, consistently demonstrates defiance and verbal aggression calling staff and peers vulgar names; makes threat and false accusations; verbal aggression, defiance and disrespect, physically posturing and blocking staff to get what and where he wants will not follow prompts or redirection ... the current group home primarily consists of setting for adolescent males with problem sexualized behaviors (PSBs) after they have successfully completed the PSB program. Client very aware of this yet continues to make graphic sexualized comments and physical gestures that would be characterized as sexual harassment. Shows no remorse for his actions and never apologizes. Client laughs at his sexualized behaviors." Review on 9/17/21 of a document entitled "This is a summary of [FC #7's] comments and concerns from March 16th - June 29th, 2021" included: -"[FC #7] makes sexual comments and gestures that appeared to make his peers feel unsafe and uncomfortable." -"He told a peer that he wanted his oily hands on	V 112		

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V 112	Continued From page 19 his body and said, "I like a man with oily hands" twice. Said 'Umm'! (after that same peer came out of the bathroom after showering and shaving)." -"Told staff and peers what he likes put in his butt ...that he needs 8 inches." -"Had saran wrap in his book bag and told staff in front of peers that it was his homemade condom." -"Several times he talked about anal sex and sticking things in his rear." -"He said he was going to give a classmate "head" in the bathroom at school..." -"He asked staff and a peer if they knew what fellatio was and if they had ever done that. He asked a peer again that evening if he liked fellatio and proceeded to use gestures to explain the meaning of the word when the peer said he didn't know what [FC #6] meant." -"Made comments about what sexual positions he likes and said, I want some d**k. D**k tastes good." -"Warning staff to keep a close eye on him because if he was alone with a certain peer, he would grab that peer's butt. It is noted that [FC #7] would sit near the basketball court on a chair and watch that peer while making inappropriate sexual statements that staff could hear in reference to his "crush." -"Telling another peer what he would like to do to the peer's butt and then saying, 'Umm'. It is noted that [FC #7] appeared to follow this peer around and stand too closely to the peer ..." -"[FC #7] sings a lot of inappropriate lyrics around staff and peers ...makes inappropriate gestures and dance moves. Twerking, hiking shorts up to make it look like he is only wearing a t-shirt, straddling the back of the couch as if he is on a horse ...blowing kisses at staff, licking his feet, eating finger good in a sexual manner ...and pushing up his breasts as he danced and	V 112		

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V 112	Continued From page 20	V 112		

bounced around his peers and staff."
-"Due to [FC #7's] behavioral one staff had to always be near him to keep him and his peers safe ..."

Review on 09/14/2021 and 09/23/2021 of the facility incident reports from 06/01/2021 to 09/14/2021 revealed:
-Incident report submitted 06/08/2021 for 06/02/2021 incident regarding Former Clients (FC) #6 and #7:
-"Client was approached by a peer [FC #7] who tried to pull his pants down and repeatedly asked for the client to allow him to give the client fellatio."

Review on 9/16/21 of FC #7's PCP last updated 4/23/21 with goal review dates of 5/18/21 and 6/23/21 revealed:
-"[FC #7] struggles with accepting redirection and feedback ...appears to find it difficult to follow program expectations on a daily basis.
-Goal reviewed 5/18/21 - client not checking his boundaries, was making inappropriate sexual comments, gestures and dancing in a provocative manner.
-Goal reviewed 6/23/21 - client making sexual comments to peers, three peers complained of sexual harassment, client refers to another peer as his crush, talks about wanting a man, what he would like the man to do to him, and what he wanted to do to others.
-"[FC #7] appears to struggle with not thinking of others, making unkind remarks about others, and a lack of empathy towards his staff and peers on a daily basis ...needs work on building positive relationships and his ability to make more positive decisions.
-"[FC #7] needs to continue learning life skills that will help him live independently."

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V 112	Continued From page 21 -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 02/28/2020. -Age 19 years. -Diagnoses of ADHD, ODD, and Generalized Anxiety Disorder. -CCA addendum dated 07/26/2021 specified, "Prior to coming to Focus Behavior Heath Services (Licensee), [FC#8] had been charged with first degree statutory sexual offense for engaging in sexually inappropriate behaviors with his siblings and misuse of 911. [FC#8] reoffended in the home after being placed on probation and, as a result, [FC#8] was placed on the NC Sex Offender Registry at the age of 15." Review on 09/16/2021 of FC #8's Person-Centered Profile dated 02/02/2021 revealed: -"[FC #8] struggles with acting in an immature manner and admits that he needs help managing his money, learning to balance wants and needs ..." -"[FC #8] wants to continue developing independent living skills and apply these skills in his daily life AEB [as evidenced by]: balancing wants and needs i.e. depositing and budgeting money, writing checks ..." -How (Support/Intervention): to participate in therapy, accept feedback and alter ways of communications, be honest, contact licensee in situations of escalating or in emergencies, and attend Child and Family Team meetings. -There were no specific strategies to indicate how the client will manage his money.	V 112		

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V 112	Continued From page 22 -FC #8 worked at a local tire shop full time, Monday-Friday, unsupervised by the facility staff and was driven to and from work by facility staff until FC #8 obtained his driver's license. -There were no specific strategies to address level of supervision or community safety measures while at work given FC #8 's NC Sex Offender Registry status. Interview on 9/21/21 with FC #8's parent/guardian revealed: -He did not feel the client would want to talk to surveyors due to his experiences at the facility. -The QP talked FC #8 into buying a car from her granddaughter for $3,000 - a 2006 Mitsubishi Galant. -FC #8 had numerous problems with that car. -FC #8's parents had already bought him a car - a 1995 Chevrolet Cavalier- he did not need a car. -After the client got his license he drove back and forth from the facility to work all the time. -As far as he knew staff was allowed to assist him in learning to drive (prior to getting his license back). Interview on 9/21/21 with the QP revealed: -She was the QP for the facility and responsible to develop, implement and update treatment plan goals and strategies. -Client #2 left the premises (9/12/21) and went to the creek down the road. -After 15 minutes of searching for him staff called the police. -This was the first time Client #2 left the property. -Usually he would walk down the driveway and sit in the grass. -She talked with Client #2, his dad and the therapist after this incident. -They agreed if the client was upset, he could step outside and sit on the picnic table.	V 112		

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V 112	Continued From page 23 -Staff were to check on him when he went outside; one time he was there and the next check he was gone (referring to the above incident). -Now that they know he goes outside the staff will have to keep eyes on him at all times. -This was not added to the treatment plan as they just talked about adding it Monday (9/20/21). -FC #7 was making sexualized comments "all the time" but he wasn't acting on them. -Usually clients were admitted from their Level III programs (Offense Specific (OS) where sexualized behaviors were already in the treatment plans and she would update them once in the Level II facility. -FC #7's treatment plan had to not touch anybody and to maintain boundaries. -"Oh no, he [FC #7] didn'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 main goals were for life skills to be developed. -FC #8 worked Monday through Friday and had a car. -His mother sold him (FC #8) a car that did not run. -FC #8 took the car to 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 FC #8 that her granddaughter had a car for sale and he (FC #8) asked to look at it. -FC #8 purchased her granddaughter's car. -Staff went with FC #8 in the car to get gas; FC #8 could only drive with a licensed driver at the time as he only had his permit. This deficiency is cross referenced into 10A NCAC 27G.1301 Scope (V179) for a Type A1 rule	V 112		

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V 112	Continued From page 24 violation and must be corrected within 23 days.	V 112		
V 179	27G .1301 Residential Tx - Scope 10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.	V 179		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 179	Continued From page 25 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate within the scope of their program which is to provide a structured living environment within a system of care approach for adolescents who have diagnoses of mental illness, emotional disturbance or other disabilities, affecting five of five clients (Clients #1, #2, #3, #4 and #5) and 3 of 3 Former Clients (FC) audited (#6, #7 and #8). The findings are: CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109).Based on record reviews and interviews, 1 of 1 audited Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. CROSS REFERENCE: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on record reviews, and interviews, the facility failed to ensure paraprofessionals demonstrated competency for the population served for 4 of 4 Staff (Staff #1, #2, #3, and #4) audited. CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews the facility failed to develop goals and strategies to meet the needs for 1 of 2 current clients audited (Client #2) and 2 of 3 Former Clients (FC) audited (#7 and #8). CROSS REFERENCE: 10A NCAC 27G. 1302 Staff (V180). Based on record reviews and interviews, the facility failed to ensure that at all	V 179	Program & QI Director attended monthly staff meeting on 10/26 and discussed the staff of the importance of ensuring that clients who may have struggles between each other that pose a risky and/or unsafe behaviors need to be monitored more closely. Focus BHS will update the policy to better reflect the type of setting and structure a Residential Level II group home should encompass. The update in policy and job descriptions will be reviewed by staff during November's staff meeting. Client's who approach their 18th birthday Focus BHS staff will acquire a waiver.	10/26/2021

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	MHL012-137	A. BUILDING: _____ B. WING _____	10/05/2021

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times at least one direct care staff was present with every four children or adolescents affecting five of five clients (Clients #1, #2, #3, #4 and #5).

CROSS REFERENCE: 10A NCAC 27G. 1303 Operations (V182). Based on record reviews and interviews, the facility failed to assure clients met the age limitations for clients in a 1300 facility affecting 1 of 3 Former Clients (FC) audited (#8).

CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to implement written policies governing their response to level II and level III incidents.

CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on interview and record review, the facility failed to ensure that all Level II and III incidents be reported to the Local Management Entity (LME) for the catchment area where services are provided within 72 hours of becoming aware of the incident.

CROSS REFERENCE: 10A NCAC 27F .0105 Client's Personal Funds (V542). Based on record reviews and interviews, the facility failed to assist and encourage 1 of 3 Former Clients (FC) audited (#8) to maintain and invest personal money in a personal fund account.

Review on 10/01/2021 of the Plan of Protection (POP) dated and signed by the Quality Improvement Director on 10/01/2021 revealed:
-(1) What Immediate action will the facility take to ensure the safety of the consumers in your care?
-"(A) 10A NCAC 27G.0203 (V109): Competencies of Qualified Professionals and Associate

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V 179	Continued From page 27 Professionals. (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. CORRECTION: Case responsible QP will complete a retraining of PCP guidelines and rules immediately; this process will be completed with either the Program, Clinical and/or QI Director; reoccurring client behaviors that are addressed by staff and not identified as a need in the PCP warrants for goals to be changed, revised and/or added."	V 179	Case responsible QP completed a retraining of PCP guidelines and rules immediately; this process will be completed with either the Program, Clinical and/or QI Director; reoccurring client behaviors that are addressed by staff and not identified as a need in the PCP warrants for goals to be changed, revised and/or added."	10/27/2021

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V 179	Continued From page 28 -"(B) 10A NCAC 27G.0204 (V110): Competencies and Supervision of Paraprofessionals (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. CORRECTION: Staff will immediately reach out to their supervisor or on-call staff when direct care staff do not show up or identify that they will be late for their shift. Supervisor or on-call staff will immediately find a replacement and fill in at the group home until one arrives." -"(C) 10A NCAC 27G.0205(c) (V112): Assessment and Treatment/Habilitation or Service Plan (c) The plan shall be developed based on the assessment and in partnership with the client or legally responsible person or both, within 30 days	V 179	Staff will immediately reach out to their supervisor or on-call staff when direct care staff do not show up or identify that they will be late for their shift. Supervisor or on-call staff will immediately find a replacement and fill in at the group home until one arrives.	10/26/2021

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V 179	Continued From page 29 of admission for clients who are expected to receive services beyond 30 days. 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. -"(D) 10A NCAC 27G.1302 (V180): Staff (a) Each facility shall have a director who has a minimum of two years' experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field. (b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. (c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes. (d) Psychiatric consultation shall be available as needed for each client. (e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month, 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 ratios are always maintained in keeping with the safety of the clients being served. If coverage is not available, then one of the above mentioned	V 179	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. 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 ratios are always maintained in keeping with the 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.	10/05/2021 10/05/2021

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V 179	Continued From page 30 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." -"(E) 10A NCAC 27G.1303(d) (V182): Operations (d) Age Limitation. If an adolescent has his 18th birthday while receiving treatment in a residential facility, he may continue in the facility for six months or until the end of the state fiscal year, whichever is longer. CORRECTION: In the future when an adolescent is approaching his 18th birthday Focus BHS will notify the Managed Care Entity for the client and get approval for services if the client cannot be discharged by the 6 months after their 18th birthday or the end of the state fiscal year (whichever is longer). In addition, for all future clients having this issue a Waiver will be requested from DHSR so that the agency can maintain the client until appropriate placement can be obtained. Waivers will be completed on an ongoing basis to ensure the agency is approved to go outside the limits of the statutory requirements." -"(F) 10A NCAC 27G.0603 (V366): Incident Response Requirements for Category A and B Providers. (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed;	V 179	In the future when an adolescent is approaching his 18th birthday Focus BHS will notify the Managed Care Entity for the client and get approval for services if the client cannot be discharged by the 6 months after their 18th birthday or the end of the state fiscal year (whichever is longer). In addition, for all future clients having this issue a Waiver will be requested from DHSR so that the agency can maintain the client until appropriate placement can be obtained. Waivers will be completed on an ongoing basis to ensure the agency is approved to go outside the limits of the statutory requirements.	10/05/2021

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V 179	Continued From page 31 (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report." -"(G) 10A NCAC 27G.0604 (V367): Incident Reporting Requirements for Category A and B Providers. (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident;	V 179		

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V 179	Continued From page 32 (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by	V 179		

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V 179	Continued From page 33 the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. CORRECTION: Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager - QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all	V 179	Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager - QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all required entities. The investigative reports must all be completed according to agency and State and Federal requirements.	10/05/2021

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required entities. The investigative reports must all be completed according to agency and State and Federal requirements."
-"(H) 10A NCAC 27F.0105 (V542): Client's Personal Funds
(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.
(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.
(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:
(1) assure to the client the right to deposit and withdraw money;
(2) regulate the receipt and distribution of funds in a personal fund account;
(3) provide for the receipt of deposits made by friends, relatives or others;
(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;
(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;
(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;
(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and
(8) provide the client with a quarterly accounting of his personal fund account.
(d) Authorization by the client or legally responsible person is required before a deduction

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V 179	Continued From page 35 can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client: (1) to the facility; (2) an employee of the facility; (3) to a visitor of the facility; or (4) to another client of the facility. CORRECTION: There shall be no further financial transactions between any clients of Focus and direct staff or their family. They shall follow already established Focus Policies around management of client funds. This shall be addressed with the staff in question upon their return from vacation and personnel action shall accompany that. Further, when clients maintain jobs and have bank accounts, staff shall do financial counseling and follow the ADL Client Training handbook for ensuring they are able to manage their own funds. There will be documentation kept within the client's medical record that these issues have been addressed. Should a client have difficulty in maintaining their finances and financial wellbeing then a financial trustee and/or guardian shall be established within the agency to manage those funds for them. We must follow our agency policy around management of client funds and maintaining records of any financial transactions. This may be the Lead QP. The lead QP will receive supervision around these issues." -(2) Describe your plans to make sure the above happens. -No response indicated. Review on 10/05/2021 of the Addendum to the Plan of Protection (POP) dated and signed by the North Carolina (NC) Program Director on 10/05/2021 revealed: -(1) What Immediate action will the facility take to	V 179	This was addressed during the month of October with various supervisions. There shall be no further financial transactions between any clients of Focus and direct staff or their family. They shall follow already established Focus Policies around management of client funds. This shall be addressed with the staff in question upon their return from vacation and personnel action shall accompany that. Further, when clients maintain jobs and have bank accounts, staff shall do financial counseling and follow the ADL Client Training handbook for ensuring they are able to manage their own funds. There will be documentation kept within the client's medical record that these issues have been addressed. Should a client have difficulty in maintaining their finances and financial wellbeing then a financial trustee and/or guardian shall be established within the agency to manage those funds for them. We must follow our agency policy around management of client funds and maintaining records of any financial transactions. This may be the Lead QP. The lead QP will receive supervision around these issues.	10/28/2021

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V 179	Continued From page 36 ensure the safety of the consumers in your care? -(A) "10A NCAC 27G.0203 (V109): Competencies of Qualified Professionals and Associate Professionals. CORRECTION: Case responsible QP will complete a retraining of PCP guidelines and rules immediately; this process will be completed with either the Program, Clinical and/or QI Director; training will include reoccurring client behaviors that are addressed by staff and not identified as a need in the PCP warrants for goals to be changed, revised and/or added. Lead QP will be retrained in exploitation, neglect and abuse due to the indirect involvement with client buying the Lead QP's daughter's car. Weekly meetings will begin with Lead QP and Program and QI Director for a minimum of two months which will titrate to monthly to oversee concerns addressed and general policies and procedures and be tweaked as needed." -(B)"10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). CORRECTION: Staff will immediately reach out to their supervisor or on-call staff when direct care staff do not show up or identify that they will be late for their shift. Supervisor or on-call staff will immediately find a replacement and fill in at the group home until one arrives. If staff shortages continue (due to COVID) then the senior management will consider changing the home to a 4 bed group home. We will hold Laurenda accountable of requirements throughout the weekly meetings and QI and Program director will attend the upcoming monthly meetings. During these meetings, exploitation, abuse and neglect will be reviewed with staff and the importance of identifying behaviors that need to be addressed on and being aware of a client's PCP including goals. QI and Program Director will review the needs of ensuring staff provide adequate notice when they	V 179	This has been addressed with QP and staff in meetings throughout the month of October. Staff will immediately reach out to their supervisor or on-call staff when direct care staff do not show up or identify that they will be late for their shift. Supervisor or on-call staff will immediately find a replacement and fill in at the group home until one arrives. We will hold QP accountable of requirements throughout the weekly meetings and QI and Program director will attend the upcoming monthly meetings. During these meetings, exploitation, abuse and neglect will be reviewed with staff and the importance of identifying behaviors that need to be addressed on and being aware of a client's PCP including goals. QI and Program Director will review the needs of ensuring staff provide adequate notice when they 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	10/26/2021

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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 ratios are always maintained in keeping with the 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." -(E) "10A NCAC 27G.1303(d) (V182): Operations.	V 179	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. QP will go through the PCP training, particularly regarding a member's needs are identified in the plan, even as new issues arise. QP 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. 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 ratios are always maintained in keeping with the 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.	10/05/2021 10/05/2021

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V 179	Continued From page 38 CORRECTION: In the future when an adolescent is approaching his 18th birthday Focus BHS will notify the Managed Care Entity for the client and get approval for services if the client cannot be discharged by the 6 months after their 18th birthday or the end of the state fiscal year (whichever is longer). In addition, for all future clients having this issue a Waiver will be requested from DHSR so that the agency can maintain the client until appropriate placement can be obtained. Waivers will be completed on an ongoing basis to ensure the agency is approved to go outside the limits of the statutory requirements. Program director will be responsible for oversight ensuring that the MCO and DHSR are aware of the need to continue providing services until placement can be found." -(F) "10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) AND 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). CORRECTION: Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager - QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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	V 179	In the future when an adolescent is approaching his 18th birthday Focus BHS will notify the Managed Care Entity for the client and get approval for services if the client cannot be discharged by the 6 months after their 18th birthday or the end of the state fiscal year (whichever is longer). In addition, for all future clients having this issue a Waiver will be requested from DHSR so that the agency can maintain the client until appropriate placement can be obtained. Waivers will be completed on an ongoing basis to ensure the agency is approved to go outside the limits of the statutory requirements. Program director will be responsible for oversight ensuring that the MCO and DHSR are aware of the need to continue providing services until placement can be found. Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager - QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all required entities. The investigative reports must all be completed according to agency and State and Federal requirements. Program director will monitor Lead QP and QI director to ensure that reports are dated.	10/205/2021 10/22/2021

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V 179	Continued From page 39 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all required entities. The investigative reports must all be completed according to agency and State and Federal requirements. Program director will monitor Lead QP and QI director to ensure that reports are dated." -(G) "10A NCAC 27F .0105 Client's Personal Funds (V542). CORRECTION: There shall be no further financial transactions between any clients of Focus and direct staff or their family. They shall follow already established Focus Policies around management of client funds. This shall be addressed with the staff in question upon their return from vacation and personnel action shall accompany that. Further, when clients maintain jobs and have bank accounts, staff shall do financial counseling and follow the ADL Client Training handbook for ensuring they are able to manage their own funds. There will be documentation kept within the client's medical record that these issues have been addressed. Should a client have difficulty in maintaining their finances and financial wellbeing then a financial trustee and/or guardian shall be established within the agency to manage those funds for them. We must follow our agency policy around management of client funds and maintaining records of any financial transactions. This may be the Lead QP. The lead QP will receive supervision around these issues. The exploitation, neglect and abuse policies will be reviewed by Program Director with the Lead QP, with direct care staff at the next staff meeting that occurs this month and agency wide for management staff. A refresher class will occur by the end of October."	V 179	There shall be no further financial transactions between any clients of Focus and direct staff . They shall follow already established Focus Policies around management of client funds. This was addressed with the staff in question upon their return from vacation and personnel action shall accompany that. Further, when clients maintain jobs and have bank accounts, staff shall do financial counseling and follow the ADL Client Training handbook for ensuring they are able to manage their own funds. There will be documentation kept within the client's medical record that these issues have been addressed. Should a client have difficulty in maintaining their finances and financial wellbeing then a financial trustee and/or guardian shall be established within the agency to manage those funds for them. We must follow our agency policy around management of client funds and maintaining records of any financial transactions. This may be the Lead QP. The lead QP will receive supervision around these issues. The exploitation, neglect and abuse policies will be reviewed by Program Director with the Lead QP, with direct care staff at the next staff meeting that occurs this month and agency wide for management staff. A refresher class will occur by the end of October.	10/11/2021

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V 179	Continued From page 40 -(2) Describe your plans to make sure the above happens. -" The North Carolina Program Director, in Partnership with the Quality Improvement (QI) Director will be solely responsible for oversight and ensuring all areas of the plan of protection are adhered to and enforced according to State, Federal and agency policy and procedure. Timelines of all plans of protection will be fully implemented and corrected within a maximum of 45 days timeline from the date of this plan of protection. All supporting documentation to show enforcement of this Plan of Protection will be readily available upon request by DHSR and/or MCO. Final maximum timeline for all items wot be implemented and followed will be December November 18, 2021. If possible, all POP items will be implemented much earlier. The following will be implemented immediately and throughout 2021": -(A)"The NC Director will begin monthly unannounced visits to the Park Place facility to do random reviews, client interviews, supervision of floor staff and oversight of the Qualified Profession." -(B)"QI Director will meet and discuss weekly updates and issues regarding this Plan of Protection as needed." -(C)"More intense training and clinical supervision around this plan of protection will begin with the Qualified Professional, starting Thursday October 7, 2021 and every Thursday thereafter for up to 2 months." -(D)"The NC Program Director and QI Director will attend monthly staffing meetings-October 26, 2021 9am to 11 am and following meetings in November and December 2021." Clients #1, #2, #3, #4, #5, Former Client (FC) #6, #7, and #8 ranged in age from 14-19 years old	V 179	The North Carolina Program Director, in Partnership with the Quality Improvement (QI) Director will be solely responsible for oversight and ensuring all areas of the plan of protection are adhered to and enforced according to State, Federal and agency policy and procedure. Timelines of all plans of protection will be fully implemented and corrected within a maximum of 45 days timeline from the date of this plan of protection. All supporting documentation to show enforcement of this Plan of Protection will be readily available upon request by DHSR and/or MCO. Final maximum timeline for all items wot be implemented and followed will be December November 18, 2021. If possible, all POP items will be implemented much earlier. The following will be implemented immediately and throughout 2021": -(A)"The NC Director will begin monthly unannounced visits to the Park Place facility to do random reviews, client interviews, supervision of floor staff and oversight of the Qualified Profession." -(B)"QI Director will meet and discuss weekly updates and issues regarding this Plan of Protection as needed." -(C)More intense training and clinical supervision around this plan of protection will begin with the Qualified Professional, starting Thursday October 7, 2021 and every Thursday thereafter for up to 2 months." -(D)The NC Program Director and QI Director will attend monthly staffing meetings-October 26, 2021 9am to 11 am and following meetings in November and December 2021 Program Director has visited the facility for the month of October on the 28th and has been meeting [redacted] weekly.	12/04/2021

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V 179	Continued From page 41	V 179		

and had mental health diagnoses including, but not limited to, Adjustment Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Autism Spectrum Disorder, Conduct Disorder Childhood onset, Post-Traumatic Stress Disorder, and Oppositional Defiant Disorder. They had extensive histories of trauma, sexualized behaviors, self-injurious behaviors, and elopement. Client #2 was 16 years old with diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Personal history of self-harm, other personal history of psychological trauma, and other circumstances related to child sexual abuse-perpetrator. He began to exhibit behaviors to include urinating in his room and leaving the facility without permission. His treatment plan was not updated to address behavioral issues to include sexualized behaviors and elopement as they arose. More so, the facility continued to experience staff shortages and supervision deficits, which on 09/12/2021, presented the opportunity for Client #2 to leave the facility without permission and unsupervised by staff. He (Client #2) was later found down the street in a creek. FC #6 was 16 years old with diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), ODD, ADHD-Combined Presentation, and Conduct Disorder (Adolescent onset with serious violations of rules) and FC #7 was 16 years old with diagnoses of ADHD, Persistent Depressive Disorder (dysthymia disorder) and ODD (Adolescent-onset type Conduct Disorder). There was allegation of sexual assault pertaining to FC #6 and FC #7 on 06/02/2021. FC #6, the alleged victim was forced to remain at the same facility with his (FC #6) alleged offender. FC #6 began to act out aggressively toward FC #7 (alleged offender), which resulted in FC #6 being involuntarily committed, thus providing the separation between

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V 179	Continued From page 42 the alleged victim and offender. In addition, FC #7 began to exhibit persistent sexualized behaviors directed toward staff and peers within weeks of arriving at the facility. However, the facility failed to develop goals and strategies to address those sexualized behaviors clinically when they initially began, which led to the alleged sexual assault on 06/02/2021. FC #8 was a registered sex offender who turned 18 years old, 2 months prior to admission into the facility. FC #8, a competent adult, was permitted to integrate and interact with clients around the same age of his victims. No protective measures were put in place by the facility to ensure the continued safety and protection of the adolescents served. In addition, FC #8, who had a personal vehicle was influenced but the facility's Qualified Professional (QP) to purchase the vehicle of her (the QP) granddaughter, who was in the process of moving. The QP did not provide the clinical and/or administrative oversight required to meet the needs of Client #2, FC #6, #7 and #8 to include but not limited to updating treatment plans to address behavioral difficulties as they arise resulting in continued neglect. More so, the QP used her influence to organize the purchase of her granddaughter's vehicle by FC #8, resulting in exploitation. The facility did not complete a thorough and efficient investigation into the alleged sexual assault on 06/02/2021 as specified by their policy and procedures. In addition, they also did not implement written policies and procedures, which resulted in continued neglect and exploitation of individuals served. This deficiency constitutes a Type A1 Violation for serious Neglect and Exploitation and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional	V 179		

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V 179	Continued From page 43 administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 179		
V 180	27G .1302 Residential Tx - Staff 10A NCAC 27G .1302 STAFF (a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field. (b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. (c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes. (d) Psychiatric consultation shall be available as needed for each client. (e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that at all times at least one direct care staff was present with every four children or adolescents affecting five of five clients (Clients #1, #2, #3, #4 and #5). The findings are: Review on 10/5/21 of Client #1's record revealed:	V 180	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-shows for their shift. This will ensure appropriate staffing ratios are always maintained in keeping with the 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.	10/05/2021

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V 180	Continued From page 44 -Admission date of 04/21/2021. -Age 15 years. -Diagnoses of Adjustment Disorder - mixed anxiety/depressed mood, Primary Insomnia, and Attention-Deficit Hyperactivity Disorder (ADHD)-combined type. Review on 09/16/2021 and 09/17/2021 of Client #2's record revealed: -Admission date of 7/23/2021. -Age 16 years. -Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Personal history of self-harm, other personal history of psychological trauma, and other circumstances- child sexual abuse-perpetrator. Review on 10/5/21 of Client #3's record revealed: -Admission date of 06/03/2021. -Age 16 years. -Diagnoses of Disruption of family by separation and divorce, Other specified trauma-and stressor-related Disorder, Child sexual abuse, confirmed, initial encounter, ADHD - combined type and Parent-child relational problem. Review on 10/5/21 of Client #4's record revealed: -Admission date of 08/10/2021. -Age 14 years. -Diagnoses of Conduct Disorder Childhood onset and Post-Traumatic Stress Disorder. Review on 10/5/21 of Client #5's record revealed: -Admission date of 08/19/2021. -Age 14 years. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder, Mild Traumatic Brain injury, Oppositional Defiant Disorder and ADHD. Interview on 09/15/2021 with Staff #1 revealed:	V 180		

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-Clients must be monitored at all times and never be unsupervised.
-One client can go outside alone, but the client must remain in his line of sight at all times.
-On 09/12/2021 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 for Client #2 in the facilty's vehicle.
-Found Client#2 playing in the creek at the bottom of the street.
-"Typically, there is a two hour gap ..." on Sunday where he was the only staff member.
-The second staff member comes in at 11 am and works until 9 pm.
-He usually just had the clients stay in bed until 10:30 am which was breakfast time.

Interview on 09/27/2021 with Staff #4 revealed:
-The level of supervision expectation was to have the clients in our sight at all times.
-She was on duty during the 09/12/2021 incident.
-Arrived at 11 am and Client #2 was seated at picnic table outside.
-Checked on him every 2-3 minutes.
-Last check he was gone.
-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 09/15/2021 with Staff #2 revealed:
-Clients must be monitored at all times.
-Staff did a head count every 5 minutes to ensure

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V 180	Continued From page 46 clients are within their view. -"With these 5 boys there are times when it is only 1 staff. Saturday and Sunday; 1 staff is left for few hours with no other staff." Interview on 09/14/2021 and 09/21/2021 with the QP revealed: -There were 2 PRN (as needed) staff members that worked on Sunday; their hours were 12 noon to 6 pm. -Staffing ratio for the facility was 1:6. -Sunday was the only day, 2 staff were not on duty at all times. Interview on 09/21/2021 with the facility's NC Program Director revealed: -She was not aware of the 2-3 hour gap in staffing on Sundays. -The second staff coming in at 11 am sounded a little late to her. -"The minute the clients feet hit the floor (get out of bed) there should be a second staff there." -They have had trouble recruiting more staff due to Covid 19. -If there was a gap in staffing then " ...we need to look at the reason for that." This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 180		
V 182	27G .1303 (B-G) Residential Tx - Operations 10A NCAC 27G .1303 OPERATIONS (b) Family Involvement. Family members or other responsible adults shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.	V 182		

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V 182	Continued From page 47 (c) Education. Children and adolescents residing in a residential treatment facility shall receive appropriate educational services, either through a facility-based school, 'home-based' services, or through a day treatment program. Transition to a public school setting shall be part of the treatment plan. (d) Age Limitation. If an adolescent has his 18th birthday while receiving treatment in a residential facility, he may continue in the facility for six months or until the end of the state fiscal year, whichever is longer. (e) Clothing. Each child or adolescent shall have his own clothing and shall have training and help in its selection and care. (f) Personal Belongings. Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Hours of Operation. Each facility shall operate 24 hours per day, at least five days per week, at least 50 weeks per year, excluding legal holidays. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure clients met the age limitations for clients in a 1300 facility affecting 1 of 3 Former Clients (FC) audited (#7). The findings are: Review on 09/16/2021 of FC #7's record revealed: -Admission date of 02/28/2020. -Discharge date of 08/10/2021.	V 182	In the future when an adolescent is approaching his 18th birthday Focus BHS will notify the Managed Care Entity for the client and get approval for services if the client cannot be discharged by the 6 months after their 18th birthday or the end of the state fiscal year (whichever is longer). In addition, for all future clients having this issue a Waiver will be requested from DHSR so that the agency can maintain the client until appropriate placement can be obtained. Waivers will be completed on an ongoing basis to ensure the agency is approved to go outside the limits of the statutory requirements.	10/05/2021

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V 182	Continued From page 48 -19 years old. -Diagnoses of Attention Deficit Hyperactive Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Generalized Anxiety Disorder. -Commprehensive Clinical Assessment (CCA) addendum dated 07/26/2021 specified, "Prior to coming to Focus, [FC#8] had been charged with first degree statutory sexual offense for engaging in sexually inappropriate behaviors with his siblings and misuse of 911. [FC#8] reoffended in the home after being placed on probation and, as a result, [FC#8] was placed on the NC Sex Offender Registry at the age of 15." -"Being on the sex offender registry has limited [FC #8] options in finding placement in the community once he leaves level 2 ..." Interview on 09/21/2021 with the Qualified Professional (QP) revealed: -She thought clients could remain in the facility until they were 21 years old because this was a facility that focused on life skills that prepared the clients to be successful in the community. Interview on 09/21/2021 with the Quality Improvement (QI) Director revealed: -The facility was not a facility for clients with sexual behaviors, this was their Level III facilities. -Age group for their Level II facility was 12-21 years old. -FC #8 was the oldest that had resided at the facility. -He was a special case; he could not go home because that was where his victims were - his siblings. -He was also on the sex offender registry and this made it difficult to find housing. Interview on 09/21/2021 with the facilty's North Carolina (NC) Program Director revealed:	V 182		

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V 182	Continued From page 49 -FC #8 was stepped down after successfully finishing their Level III program. -Due to him being a registered adult sex offender it was impossible to find placement. -The QP probably applied to more than 50 places and he kept being denied. -The goal was to get him out much sooner, but he would have been homeless and then possibly incarcerated. -The Local Management Entity (LME) was aware of his extended stay 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 the LME approved it that was all that was needed.	V 182		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B,	V 366		

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V 366	Continued From page 50 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact	V 366		

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within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;
(D) the Department;
(E) the client's legal guardian, as applicable; and
(F) any other authorities required by law.

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V 366	Continued From page 52 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their written policies governing responses to level II and level III incidents. The findings are: Review on 09/22/2021 of the Focus Behavioral Health Services (Licensee) Incident Reporting Policy with effective date 07/31/2017 revealed: -"The employee who discovers or witnesses an incident or to whom an incident is reported by a client, visitor, or other non-employee, is responsible for the initial documentation of the incident." -"The completed incident report form will be reviewed by the Quality Improvement Director or designee to determine that documentation is adequate and immediate follow-up action was initiated as needed." -"The Client Rights Committee will be responsible for review, evaluation, and ensuring an appropriate investigation was conducted related to specific Level II incidents and all Level III incidents. A verbal report will be given by a designated staff to the Client Rights Committee on a quarterly basis." -"All pertinent information regarding incidents involving the following will be forwarded to the Client Rights Committee for review": -(a) actual or alleged client right violations. -(b) abuse, neglect, or exploitation. -(c) improper or unauthorized use of restrict behavioral interventions. -(d) injury requiring treatment, other than minor first aid resulting from the use of the intervention. -(e) incidents reported to Department Social Services (DSS) that occurred within a Focus Behavioral Health Services, LLC facility while	V 366	Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager – QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all required entities. The investigative reports must all be completed according to agency and State and Federal requirements. Program Director will monitor Lead QP and QI Director to ensure that reports are dated.	10/05/2021

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services were being rendered or involve staff.
-"Incidents involving clients will be reported to the facility Supervisor and the Quality Improvement Director within 24 hours."
-Reporting Category II Incidents:
-"(1) Notify the facility supervisor within 24 hours and document in IRIS."
-"(2) The IRIS report must be reviewed by the supervisor and submitted within 72 hours of the incident."
-"(3) The facility supervisor must verbally notify the Quality Improvement Director within 24 hours or the next business/working day".
-"(4) A copy of the incident report must be forwarded to the Quality
Improvement Director within 72 ..."
-"(8) The information will be reviewed at the next scheduled Committee meeting and a report will be given to the Quality Improvement Committee by the Client Rights Committee Chairperson."

-Reporting Category III Incidents:
-"(1) Notify the supervisor within 12 hours and document in IRIS (Incident Response Improvement System)."
-"(2) The facility supervisor/team leader must notify their responsible supervisor through the appropriate chain of command and the clinical on-call staff within 24 hours."
-"(3) During normal hours of operation the Clinical Director and Quality Improvement Director must be verbally notified of the incident within 24 hours. During afterhours (evening, and weekends) the after-hours emergency contact will be notified within 24 hours who will in turn notify the Clinical Director and Quality Improvement Director. The agency Board of Directions shall be notified of all Level III incidents as appropriate ..."
-"(5) A copy of the incident report must be forwarded to the Quality Improvement Director

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within 72 hours."
-"(6) All Category III incidents will be reviewed by the Client Rights Committee. The Quality Improvement Director will ensure that all pertinent information is shared with the Committee during their review."
-"(7) If warranted the Client Rights Committee will request further information or investigation of the incident, reviewing interventions utilized and corrective actions taken. The Client Rights and Intervention Advisory Committee will report to the Quality Improvement committee regarding the review, recommendations, or further actions taken."
-"(9) AWOL (Absent Without Leave) > 3 hours or any absence that requires police contact ..."
-Investigations:
-"The Quality Improvement Director or designee must complete the incident investigation within 10 days of the date of the receipt of incident report and develop a report of investigation findings and timeline of events to be submitted to the Area Authority Client Rights Department and the Division of Health Service Regulation (if applicable)..."

Review on 09/16/2021 and 09/17/2021 of Client #2's record revealed:
-Admission date of 7/23/2021.
-Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Personal history (hx) of self-harm, other personal hx of psychological trauma, and other circumstances related to child sexual abuse-perpetrator.

Review on 09/16/2021 of Former Client (FC) #6's record revealed:
-Admission date of 02/07/2021.
-Discharge date of 07/12/2021.
-Diagnoses of Disruptive Mood Dysregulation

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Disorder (DMDD), Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactive Disorder (ADHD)-Combined Presentation, and Conduct Disorder (Adolescent onset with serious violations of rules).

Review on 09/16/2021 of FC #7's record revealed:
-Admission date of 01/29/2021.
-Discharge date of 6/30/2021.
-Diagnoses of ADHD, Persistent Depressive Disorder (dysthymia disorder); ODD (Adolescent-onset type Conduct Disorder).

Review on 09/14/2021 and 09/23/2021 of IRIS by county of the facility, name of the facility, and licensee of the facility from 06/01/2021-09/14/2021 revealed:
-Level III report entered on 06/08/2021 for 06/02/2021 incident regarding FC #6.
-No report entered in IRIS for Client #2 regarding the 09/12/2021 incident.

Review on 09/14/2021 and 09/23/2021 of the facility's incident reports from 06/01/2021 to 09/14/2021 revealed:
-Quality Improvement (QI) Director submitted Level III IRIS report on 06/08/2021 for 06/02/2021 incident regarding FC #6.
-The report indicated the provider learned of the incident on 06/08/2021.
-Sexual Abuse/Assault/Rape was checked.
-The cause of the incident was described as "Client [FC #6] had been repeatedly approached by peer [FC #7]."
-The incident prevention was "Client [FC #6] did not inform staff of the previous advances made by peer [FC #7]. Client should have communicated and reached out to staff for assistance. Client acknowledged the importance

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of sharing information with adults he trusts when he feels uncomfortable."
-Incident comments by the Local Management Entity (LME) dated 06/11/2021 were "Please document how the consumer's health and safety issues are being addressed."
-There were no updated comments by the provider after 06/11/2021.

Review on 09/17/2021 of the facility's 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 and interviews with client and staff, on June 2nd, client was approached by a peer. Both clients went into the first bedroom on the left where there are no cameras. Client reported that he willingly walked into the bedroom with the peer who then attempted to perform fellatio on the client. In review of the camera, two doors were left open to block view of the hallway from the milieu area. One staff was sitting at the milieu table and the other was in the kitchen. The event where both boys were behind the two open doors and the client returning to the milieu was less than a minute. This information was not realized until [FC #6] reported it on [Staff #1] June 6th."
-Both staff on duty at time of incident were written up for failure to maintain direct line of sight of FC #6 and #7.
-Qualified Professional (QP) informed all staff

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about the incident when she learned about it (the 06/02/2021 incident).
-"[QP] informed them that one of the staff were to keep eyes on the accused at all times. IRIS was submitted and the cops were called due to the alleged incident."
-On 06/08/2021, FC#6 was involuntarily committed due to aggressive behaviors.
-He (FC#6) never returned to the facility and was leveled up to a Psychiatric Residential Treatment Facility on 07/12/2021.
-The investigation did not have a start or end date.
-There was no evidence an internal review team met within 24 hours of disclosure of the incident.
-The facts and causes of the incident were not determined after the investigation.
-Recommendations for minimizing the occurrences of future incidents were not documented.

Review on 09/17/2021 of FC #6's typed statement signed and dated 06/07/2021 revealed:
-06/01/2021 between 7:30 pm-8:00 pm FC #7 began to ask him (FC #6) if he wanted oral sex. He (FC #6) stated, "No."
-Nothing else occurred that night of 06/01/2021.
-On 06/02/2021 between 2:30 pm-4 pm while outside, "FC #7 began to whisper to him (FC #6), Will you penetrate me?, Can I at least give you head?"
-"He (FC #6) responded No."
-FC #7 attempted to grab his (FC #6) private area, whereas he (FC #6) swatted his hand and moved. All clients went back into to the facility and began hygiene routine.
-"FC #7 asked him (FC #6) if he wanted a pair of headphones and he (FC #6) said No."
-After his shower, he noticed the headphones in his room.

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V 366	Continued From page 58 -While walking up the hallway, FC #6 grabbed his wrist/arm area and pulled him (FC #6) into an empty room. -"[FC #7] then attempts to pull down his (FC #6) shorts. He stated, 'Hell NO' and punched [FC #7] on his right side in the rib cage. [FC #7] then asked [FC #6], Why did you do that?, [FC #6] responded, This should have never happened." -Both boys exit the room. -"[FC #6] then stated he was going to give the staff the headphones but was fearful he would get into trouble and did not want to get in trouble for hitting [FC #6], because his court date was the next day." Review on 09/17/2021 of FC #7's handwritten statement signed and dated 06/07/2021 revealed: -"On Tuesday (06/01/2021), I asked [FC #6] if he wanted fellatio. He (FC #6) asked what it was, and I made a gesture of oral sex when (QP) left us unsupervised." -"[FC #6] whispered my name and said yes he wanted some 'head' because he had it in three months." -"Wednesday during outdoor rec (recreation), he (FC #6) came up to me and said yes out of nowhere. I of course knew what he was referring to. He (FC #6) went to sit on the bench and called me over. He (FC #6) said give me those headphones for it. I immediately agreed. When we got back inside, he started to do his hygiene. I put the headphones in his room ... he then asked, 'do you want it now?.' I agreed. We (FC #6 and #7) then went to an empty room and engaged in oral sex. We (FC #6 and #7) did it for about a minute, then stopped because I heard someone coming." Review on 09/17/2021 of Client #3's handwritten statement signed and dated 06/07/2021 revealed:	V 366		

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	MHL012-137	A. BUILDING: _____ B. WING _____	10/05/2021

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V 366	Continued From page 59 -"On 06/06/2021, [FC #7] stated in the milieu that he wanted a big long hotdog with ketchup and mustard. Now what he said in tale is ok, but how he said it made it a whole different issue. Also, [FC #7] like to stare. I have visual boundaries with me at most time in which I walk by." Review on 09/17/2021 of Staff #1's handwritten statement signed and dated 06/07/2021 revealed: -"[FC #6] connected with me on Sunday (06/06/2021) about what 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 walking by the empty room, (FC #7) grabbed him (FC #6) and pulled him inside the empty room. -"Then [FC #7] grabbed his pants and pulled his pants down and he tried to go down on him. [FC #6] said that's when he pushed [FC #7] away and pulled his pants back up." -"I asked [FC #6] why he didn't report him (FC #7) right away. [FC #6] said he didn't report it at the time because he was afraid that he would get in trouble with staff and case worker. I (Staff #1) reported the connection conversation to my supervisor right away." Review on 09/17/2021 of Staff #3's handwritten statement signed and dated 06/07/2021 revealed: -On 06/01/2021, FC #7 asked her (Staff #3) if she knew what fellatio meant. -FC #7 asked (FC #6) if he did it or liked it. -She intervened and redirected FC #7. -Later witnessed FC #7 from his doorway ask FC #6 if he wanted fellatio. -"[FC #6] said what does it mean? All this is in the	V 366		

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progress note."
-On 06/02/2021 between 4:00 pm-4:30 pm, "I don't recall what I was doing. I did not see either client engaging in any inappropriate act. I did see the hygiene door and bathroom door open and the doors were blocking the hall camera, so I shut the doors."
-QP signed document as a witness.

Review on 09/17/2021 of the Qualified Professional's (QP) handwritten statement signed and dated 06/05/2021 revealed:
-On 06/04/2021 at 7:30 pm, she was informed of the inappropriate sexual encounter between FC #5 and #6 that occurred on 06/02/2021.
-No documented reference as to who or when she (QP) notified others of the incident.

Review on 09/23/2021 of Client Right's Committee (CRC) Minutes from 08/25/2021 Virtual Meeting revealed:
-The QI Director was present and recorded the minutes.
-No quarterly incident reports from April-June 2021 were presented.

Interview on 09/27/2021 with FC #6 regarding the 06/02/2021 incident revealed:
-"The other guy was gay. He (FC #7) kept asking me to do sexual things. I said 'no'. He threw headphones in my room and pulled me into a room and tried to pull my pants down and I punched him in the chest. They called police in and my mom. They (facility staff) said I was not supposed to be there, but the police said I was not supposed to leave. I didn't tell staff that day, because I had court the next day. I thought I would get in trouble for hitting a kid. They told me it did not happen; the only 2 staff that said it did happen was the 2 overnight awake staff. They (2

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staff) said they believed me because the kid confessed to it. They sent me to the hospital, said the Group Home leveled me up and said they couldn't do it because I was too aggressive."

Interview on 09/23/2021 with FC #6 parent/guardian revealed:
-She did not learn about the 06/02/2021 incident until a week or so after it happened.
-FC #6 began to act out aggressively toward FC #7.
-She was informed the facility would contact local police about the 06/02/2021 incident.
-"I talked to them (local police) and they did an investigation."
-"I was informed that they (facility) would remove the other individual from the home and separate the boys, but they were not able to do so, and the boys remained in the same home together."
-"Aggressive behaviors in [FC #6] increased. He didn't feel safe and didn't understand why he had to remain in the home with the other individual [FC #7]."
-" I was asked to admit him in the hospital to get him out of the house. [QP] asked me to have him committed to keep him ([FC #6) from hurting the other boy. [FC #6] was triggered because he was placed in the same situation he was in when his adoptive father abused him. He didn't understand why he had to be removed and the other boy did not."
-"The Director said they would remove the child and they did not remove him."

Attempted interviews on 09/21/2021 and 09/23/2021 with FC #7's DSS guardian were unsuccessful due to no response to calls or emails.

Interview on 09/21/2021 with the QP revealed:

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V 366	Continued From page 62 -She wasn't at the facility when the incident (06/02/2021) happened. -"Kids didn't say anything until a couple of days later". -"Notified [the facility's NC Program Director], [Quality Improvement Director], Police, Parents/Guardians, and state via incident report". -She did not recall exact date she notified QI Director or the facility's NC Program Director. -"[FC #7] told his social worker and his foster mom about the incident and they never told us." -"[Quality Improvement Director] had to interview those kids, then forensic interview by police. Then she interviewed the staff." -She (QP) and the Quality Improvement (QI) Director worked on completing the IRIS report. -"Staff do their own incident reports, if a level II they have to write a statement. They don't write level II incident reports - I do. The staff do level I incidents." -"Had a meeting and [FC#6] expressed he was going to hurt that client (FC #6) so we couldn't let him come back to facility. He was committed to hospital." -FC #7 remained at the facility after FC #6 reported the incident. -They (facility) did not leave FC #7 by himself. "We had to keep eyes on that room 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 at all times because I wanted to make sure someone was watching him." -Held meeting on 06/09/2021 for FC #6. Team decided it was best to have him admitted to the hospital. -"That was the conversation between all of us (therapist, mom, and probation office). Mom said she would take him to the magistrate office and he voluntarily committed himself. I went to	V 366		

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magistrate office with mom and grandad. He [FC #6] said he would hurt that kid if he went back to the facility."
-She (QP) and therapist attempted to locate placement for FC #7 prior to 06/02/2021 incident.
-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 of Social Services-DSS] they were just going to have to come and pick him (FC #7) up. The discharge notice got extended to June 30th."

Interview on 09/21/2021 with QI Director revealed:
-Investigation started Monday (06/07/2021).
-"Outburst happened on Friday (06/04/2021), maybe she didn't tell me until Monday."
-"Informed [QP] when you first learned of it (an incident) you need to tell me".
-"Investigation ended probably within a week or two - can't give you an exact date".
-Internal investigations are done within days.
-"I went after and spoke with [FC #6] to confirm his report. Explained to him what the process look like. The [QP] would have made the notifications and I helped her with IRIS. Decided in moment when any child makes accusation - let's get statements, call DSS, and police make report."
-FC #7 was given an extended discharge date due to the DSS refusing to come and pick him up.
-"[FC #6] wasn't there anymore, if [FC#7] was still there, it would have been different. Can't have a victim and predator in the same house."

Interview on 09/23/2021 with Licensed Therapist revealed:
- "I don't investigate. Just gather information.

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V 366	Continued From page 64 (Interview boys, look at video, obtain statements/developed safety plan) and give to other people." -"I did therapy with the boys [FC #6 and #7], because we could not separate them." -"Honestly, there was no place to put them in. [FC#6] ended up going to the hospital and that helped to resolve that. He then got leveled up to PRTF. Even with [FC #7], his DSS agency would not come get him ... Gave notice, they did not show up. We had to go above their head to get things done. They made complaints about me. They rewarded his negative behaviors with buying him food. [FC #7] had total disregard for the other kids. Made comments and just had provocative behaviors. [FC #6] was able to maintain himself for a little while but ended up losing it. [FC #7] did not come through our program at all and [FC #6] came in from Day Program but no residential ..." Interview on 09/21/2021 with the facilty's North Carolina (NC) Program Director revealed: -She remembered "In June, something occurred with 2 clients being in each other rooms. Staff get busy and don't supervise like they are supposed to. Staff caught it and corrected. Don't think anything sexual happened." -Should incidents arise, the facility teaches the clients to call out fire drill. -"The one that made the allegation kept going back and forth. Once that happens, we get statements. [QI Director and QP] are more involved in the investigation. I remember being apprised of it." -"Don't think anyone was written up about it or I would have been told." -QP usually gets statements and she (QP) was told that 1 staff was in kitchen cooking and the other staff was in the office. -Was not aware that 06/02/2021 incident was not	V 366		

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submitted to Client Rights Committee (CRC) for review.
-"It (06/02/2021 incident) should have been submitted. I know everything was reported, probably was an oversight. Usually present abuse, neglect, and exploitation. Client rights usually just give recommendations, sometimes they don't."
-"Investigations are very thorough."
-Staffed investigation with QI Director and QP. Had several phone calls about it (06/02/2021 incident).
-"My kids that come from a level 3, we know what to expect. If come from the community, we don't know their history. We had more serious incidents. Looking at making things more secure. Train the staff better. Staff not having eyes on is what happened here."
-FC #7's extended discharge was a courtesy.
-"We make an honest presentation on what the kids are doing, most ethical, give a notice, and a lot of times have to extend it from 60 to 90 days. More than likely the reason I would extend it is if we haven't found appropriate placement. I am not going to discharge a kid out in streets, if I don't feel he is safe."

Review of Incident report dated 09/12/2021 at 11:45 am regarding Client #2 revealed:
-Level 1 incident report completed.
-Consumer Absence (0-3 hours) selected.
-" ...Client refused to talk to his parents and walked off the property. Staff walked around the building to look for the client and could not locate him."
-Staff searched for Client #2 in company vehicle.
-Client #2 was found playing in the neighborhood creek.
-Staff #1 completed incident report.
-Individuals notified; QP, [Client #2's father], and

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V 366	Continued From page 66 [Facility's Therapist]. -Document does not reflect 911 call (police notification). Review on 09/22/2021 of the 911 recording of 09/12/2021 incident revealed: -Staff #4 called 911 at roughly 2:05 pm. -Reported Client#2 had been missing for an hour. -Only 1 Emergency 911 call placed from the facility on 09/12/2021. Interview on 09/15/2021 with Staff #1 revealed: -On 09/12/2021 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 for Client #2 in the company vehicle. -Found 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 incident. -Called the QP and was informed to call 911. -Called 911 to report Client #2 missing. -Client #2 was missing for approximately 20 minutes when Staff #1 found and brought him back to the facility. -"If I said an hour on the tape, it was an hour." Interview on 09/21/2021 with the QP revealed: -Client #2 left the premises (9/12/21) and went to the creek down the road. -After 15 minutes of searching for him, staff called the police at her (QP) direction.	V 366	Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager – QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all required entities. The investigative reports must all be completed according to agency and State and Federal requirements. Program director will monitor Lead QP and QI director to ensure that reports are dated.	10/05/2021

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V 366	Continued From page 67 -Upon his return, she instructed staff to call 911 to cancel the call. -The police came to the facility and Client #2 was back. -The police did not complete a police report. This deficiency is cross referenced into 10A NCAC 27G.1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

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V 367	Continued From page 68 (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367		

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V 367	Continued From page 69 (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all Level II and III incidents be reported to the Local Management Entity (LME) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Refer to tag 366 for specific details about indicents that occurred on 06/02/2021 and 09/12/2021. Review on 09/16/2021 and 09/17/2021 of Client #2's record revealed: -Admission date of 7/23/2021. -Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Personal hx (history) of self-harm, other personal hx (history) of psychological trauma, and other circumstances related to child sexual	V 367	Per agency policy and procedure and APSM 30-1 the agency will follow all statutory requirements as it relates to reporting of serious incidents. All Level III incidents must be reported within 24 hours to the QI Director and NC Program Director. The Program Manager – QP shall follow instructions for reporting to appropriate entities, conducting investigation, obtaining client and staff statements. At no time will the Lead QP wait more than 24 hours to report any incidents of a serious nature. Reporting requirements shall 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 catchment area where services are provided within 72 hours of becoming aware of the incident. If the lead is aware on day 1 then the lead WILL make the report within 24 hours or immediately to all required entities. The investigative reports must all be completed according to agency and State and Federal requirements. Program director will monitor Lead QP and QI director to ensure that reports are dated.	10/05/2021

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V 367	Continued From page 70 abuse-perpetrator. Review on 09/16/2021 of Former Client (FC) #6's record revealed: -Admission date of 02/07/2021. -Discharge date of 07/12/2021. -Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Oppositional Defiant Disorder (ODD), ADHD (Combined Presentation) and Conduct Disorder (Adolescent onset with serious violations of rules). Review on 09/16/2021 of FC #7's record revealed: -Admission date of 01/29/2021. -Discharge date of 6/30/2021. -Diagnoses of ADHD, Persistent Depressive Disorder (dysthymia disorder); ODD (Adolescent-onset type Conduct Disorder). Review on 09/14/2021 and 09/23/2021 of the facility incident reports from 06/01/2021 to 09/14/2021 revealed: -Quality Improvement (QI) Director submitted Level III Incident Response Improvement System (IRIS) report on 06/08/2021 for 06/02/2021 incident regarding FC #7. -The report indicated the provider learned of the incident on 06/08/2021. Review on 09/17/2021 of the Qualified Professional's (QP) handwritten statement signed and dated 06/05/2021 revealed: -She was informed of the inappropriate sexual encounter between FC# 6 and #7 on 06/02/2021 at 07:30 pm on 06/04/2021. -No documented reference as to who or when she (QP) notified others of the incident. Review of Incident report dated 09/12/2021 at	V 367		

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V 367	Continued From page 71 11:45 am regarding Client #2 revealed: -Level 1 incident report completed. -Consumer Absence (0-3 hours) selected. -" ...Client refused to talk to his parents and walked off the property. Staff walked around the building to look for the client and could not locate him". -Staff searched for Client #2 in company vehicle. -Client #2 was found playing in the neighborhood creek. -Staff #1 completed incident report. -Individuals notified; [QP], [Client #2's father], and [Facility's Therapist]. -Document does not reflect Police and/or LME notification. Review on 09/22/2021 of the 911 recording of 09/12/2021 incident revealed: -Staff #4 called 911 at roughly 2:05 pm. -Reported Client#2 had been missing for an hour. -Only 1 Emergency 911 call placed from the facility on 09/12/2021. Review on 09/14/2021 and 09/23/2021 of Incident Response Improvement System (IRIS) by county of the facility, name of the facility, and licensee of the facility from 06/01/2021-09/14/2021 revealed: -Level III report entered on 06/08/2021 for 06/02/2021 incident regarding Former Client (FC) #6. -No report entered in the system for Client #2 regarding the 09/12/2021 incident. Interview on 09/15/2021 with Staff #1 revealed: -On 09/12/2021 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	V 367		

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V 367	Continued From page 72	V 367		

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 for Client #2 in the company vehicle.
-Found 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 incident.
-Called the Qualified Professional (QP) and was informed to call 911.
-Called 911 to report Client #2 missing.
-Client #2 was missing for approximately 20 minutes when Staff #1 found and brought him back to the facility.

Interview on 09/21/2021 with the QP revealed:
-She wasn't at the facility when the incident (06/02/2021) happened.
-"Kids didn't say anything until a couple of days later".
-"Notified [NC Program Director], [Quality Improvement Director], Police, Parents/Guardians, and state via incident report".
-Could not recall exact day she reported the (06/02/2021) incident.
-Client #2 left the premises (9/12/21) and went to the creek down the road.
-After 15 minutes of searching for him, staff called the police at her (QP) direction.
-Upon his return, she instructed staff to call 911 to cancel the call.
-The police came to the facility and Client #2 was back.
-The police did not complete a police report.

Interview on 09/21/2021 with QI Director revealed:
-Investigation started Monday (06/07/2021).

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V 367	Continued From page 73 -"Outburst happened on Friday (06/04/2021), maybe she (QP) didn't tell me until Monday." -"Informed [QP] when you first learned of it (an incident) you need to tell me". -"Investigation ended probably within a week or two - can't give you an exact date". -Internal investigations are done within days. This deficiency is cross referenced into 10A NCAC 27G.1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will	V 542		

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V 542	Continued From page 74 be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assist and encouage 1 of 3 Former Clients (FC) audited (#8) to maintain and invest money in a personal fund account. The findings are: Review on 09/16/2021 of FC #8's record revealed: -Admission date of 02/28/2020. -Discharge date of 08/10/2021. -Age 19 years. -Diagnoses of Attention Deficit Hyperactive Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Generalized Anxiety Disorder. -Comprehensive Clinical Assessment (CCA) addendum dated 07/26/2021 specified, "Prior to coming to Focus Behavioral Healthcare (Licensee), [FC #8] had been charged with first degree statutory sexual offense for engaging in sexually inappropriate behaviors with his siblings and misuse of 911. [FC #8] reoffended in the home after being placed on probation and, as a result, [FC #8] was placed on the NC Sex Offender Registry at the age of 15."	V 542	There shall be no financial transactions between any clients of Focus and direct care staff. They shall follow already established Focus Policies around management of client funds. This was addressed with the staff in question upon their return from vacation. Further, when clients maintain jobs and have bank accounts, staff shall do financial counseling and follow the ADL Client Training handbook for ensuring they are able to manage their own funds. There will be documentation kept within the client's medical record that these issues have been addressed. Should a client have difficulty in maintaining their finances and financial wellbeing then a financial trustee and/or guardian shall be established within the agency to manage those funds for them. We must follow our agency policy around management of client funds and maintaining records of any financial transactions. The lead QP has received supervision around these issues. The exploitation, neglect and abuse policies will be reviewed by Program Director with the Lead QP, with direct care staff at the next staff meeting that occurs this month and agency wide for management staff. A refresher was provided during the staffing meeting of October.	10/28/2021

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V 542	Continued From page 75 Review on 09/16/2021 of FC #8's Person-Centered Profile dated 02/02/2021 revealed: -"[FC #8] struggles with acting in an immature manner and admits that he needs help managing his money, learning to balance wants and needs ..." -"[FC #8] wants to continue developing independent living skills and apply these skills in his daily life AEB [as evidenced by]: Balancing wants and needs i.e. depositing and budgeting money ..." -02/26/2021 - goal reviewed - client goes to work Monday - Friday; "[FC #8] is using his money management skills to save money to rent a house and to buy a car ...[FC #8] puts his paycheck in the bank every Monday and only uses $20.00 of his money per week, unless he needs personal items or tools for work ...[FC #8] always checks it out with staff before taking any money out of his bank account ...." -04/26/2021- goal reviewed - "[FC #8] is looking for a place to rent and a car he can afford to buy ..." -05/26/2021 - goal reviewed - "[FC #8] is still working full time, looking for a place to rent and is not handling his own money. [FC #8] purchased a car, has car insurance and his permit ..." Interview on 9/21/21 with FC #8's parent revealed: -FC #8's parent did not feel the FC #8 would want to talk to surveyors due to his experiences at the facility. -The Qualified Professional (QP) talked FC #8 into buying a car from her granddaughter for $3,000 - a 2006 Mitsubishi Galant. -FC #8 had numerous problems with that car. -FC #8's parents had already bought him a car - a	V 542		

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V 542	Continued From page 76 1995 Chevrolet Cavalier- he did not need a car. -After FC #8 got his license he (FC #8) drove back and forth from the facility to work all the time. -As far as FC #8's parent knew staff was allowed to assist FC #8 in learning to drive (prior to getting his license back). Interview on 09/21/2021 with the QP revealed: -FC #8 worked Monday through Friday and had a car. -His mother sold him (FC #8) a car that did not run. -FC #8 took the car to a local tire shop which was where he worked. -FC #8 needed a car that ran - "So, we got a car that ran." -Her granddaughter was in the process of moving and was selling her car. -She (QP) mentioned to FC #8 that her granddaughter had a car for sale and he asked to look at it. -FC #8 test drove the car. "It was a good buy." -"I let him know she had a vehicle for sell. I had nothing to do with the sale. I didn't want to be involved." -FC #8 purchased her granddaughter's car. This deficiency is cross referenced into 10A NCAC 27G.1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 542		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and	V 752		

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V 752	Continued From page 77 visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit (°F). The findings are: Observation of the facility on 09/14/2021 between approximately 12:30 PM-12:50 PM revealed below normal hot water temperatures in the following areas: -Bathroom#1 sink 89°F -Bathroom#1 tub 90°F -Bathroom#2 sink 89°F -Bathroom#2 tub 89°F -Kitchen sink 90°F Interview on 09/15/2021 with Client #1 revealed: -"I don't think it is hot enough." -Informed the Qualified Professional (QP) and she said it can't go past 116. Interview on 09/15/2021 with Client #3 revealed: -"Hot water is not hot." -He noticed the low temperature when he arrived at the program in June 2021. -Water gets hot but does not stay hot. -The left bathroom takes a long time to heat up. -Bathroom on right side gets hot fast but will not stay hot. -Reported it (the hot water temperature) to the (QP) a while back.	V 752	A new water heater was ordered and delivery was delayed. It has been installed and now registered at 115 degrees.	10/23/2021

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V 752	Continued From page 78 Interview on 09/15/2021 with Client #4 revealed: -Hot water is cold. -"I don't like it here." - When hot water is turned up, it (hot water) still does not get hot. -It (hot water) has been like this since he arrived at the program. -Was told they (the facility) was getting it (the hot water) fixed. Interview on 09/15/2021 with Staff #2 revealed: - "Hot water is never too hot." -It (hot water) goes cold. -Management is aware of the low hot water temperatures. -Hot water has been cold for the last couple of months. Interview on 09/14/2021 with the QP during walkthrough revealed: -"We purchased a new hot water heater." -"Do I need to have maintenance to turn it (hot water) up?"	V 752		