Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-970	B. WING		10/2	9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
HOWARI	D DAY TREATMENT		DEN ROAD			
		FAYETTE	/ILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	on October 29, 202	plaint survey was completed 1. The complaint was e #NC00182240). Deficencies				
	category: 10A NCA	sed for the following service C 27G .1400 Day Treatment olescents with Emotional or inces.				
V 132	G.S. 131E-256(G) H Allegations, & Prote	-	V 132			
	REGISTRY (g) Health care facil Department is notifi health care personr unknown source, w any act listed in sub (which includes: a. Neglect or abus facility or a person t as defined by G.S. b. Misappropriation in a health care faci (b) of this section in care services as de hospice services as are being provided. c. Misappropriation healthcare facility. d. Diversion of dru facility or to a patier e. Fraud against a a patient or client fo providing services).	health care facility or against or whom the employee is				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					C	
		MHL026-970	B. WING		10/2	9/2021
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S IDEN ROAD	STATE, ZIP CODE		
HOWAR	D DAY TREATMENT		VILLE, NC 2	28306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 132	acts are investigate to protect residents investigation is in p investigations must	ed and must make every effort from harm while the rogress. The results of all be reported to the five working days of the initial	V 132			
	facility failed to report the Health Care Perfailed to submit the within five working the Department. The Finding #1: Review on 09/26/22 Response Improve client #1 and submice - Date of incident: 100 - Time of incident: 100 - Allegation of physicagainst Qualified Proportedly shoved of were walking out of - Provider Comments	views and interview, the ort an allegation of abuse to rsonnel Registry (HCPR) and results of all investigations days of the initial notification to be findings are: 1 of a North Carolina Incident ment System (IRIS) report for itted 10/08/21 revealed: 19/29/21. 1:00pm. ical abuse was identified rofessional (QP) #1. "Staff client from the back as they				

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STATE FORM 5899 XW6711 If continuation sheet 2 of 25

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	Division	of Health Service Re	egulation				
NAME OF PROVIDER OR SUPPLIER HOWARD DAY TREATMENT THOU SUMMARY STATEMENT OF DEFICIENCIES (IXA) IID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 132 Continued From page 3 through the door and hesitated, Qp motivated him in coach-like fashion and stated "now come on and let's do this you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp							
HOWARD DAY TREATMENT Californ Californ			MHL026-970	B. WING		_	
HOWARD DAY TREATMENT Californ Californ	NAME OF E	DDOVIDED OD SLIDDLIED	STREET AN	DDESS CITY S	TATE ZID CODE		
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLE DEFICIENCY) OF REFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 132 Continued From page 3 V 132 V 132 through the door and hesitated, Qp motivated him in coach-like fashion and stated "now come on and let's do this you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp	NAIVIL OI F	FIGURER OR SUFFLIER			STATE, ZIF CODE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 132 Continued From page 3 through the door and hesitated, Qp motivated him in coach-like fashion and stated "now come on and let's do this you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp	HOWARI	D DAY TREATMENT			8306		
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in coach-like fashion and stated "now come on and let's do this you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp	V 132	Continued From pa	age 3	V 132			
behavior. Consumer stated that he would think about his behavior. Consumers demeanor was relaxed on composed. Consumer displayed no aggressive posture nor any defiant aggressive acts. Consumer asked if he could sit with [Client #2] which was the objective of his defiance. Qp told consumer that he had to sit in another location and that he had to work on assignments that he refused to complete an hour earlier. Consumer accepted that response and said that he would work on his assignments and sat in the prescribed area. Qp returned to classroom 16 and observed for the duration of the session." - "CPS (Child Protective Services) was called to report the incident. Internal investigation was also completed by [Program Manager] to get statements. Staff (QP #1) will not be working directly with this client any longer." - "Describe the cause of this incident, (the details of what led to this incident). The client (#1) was being disruptive during Science class. Staff (QP		through the door are in coach-like fashio and let's do this y prompted consumer motivating him like ramp, Consumer stabout doing his woo outside already kno suspended for an is told the consumer to option based on ad schools disciplinary explained and cour Day Treatment was behaviors because negative encounter manage his sarcas encouraged consumer about his behavior. Consumer about his behavior. relaxed on compose aggressive posture acts. Consumer as #2] which was the cool to consumer that location and that he that he refused to consumer accepte he would work on horescribed area. Quand observed for the "CPS (Child Protested by [Programments. Staff (Consuments. Staff (Consuments) staff	and hesitated, Qp motivated him on and stated "now come on you can do this!" and physically er on the back right shoulder a coach. While walking up the tated that he was not worried rk and wondered if he could go owing that that privilege was saue on the bus yesterday. Qp that going outside was not an aministrative ruling from the y division. Qp emphatically neeled to the consumer that is trying to help him with his is he would have a lot of its as he grew up if he did not an and negative attitude. Qp mer to think about his er stated that he would think. Consumers demeanor was seed. Consumer displayed not an any defiant aggressive ked if he could sit with [Client objective of his defiance. Qp he had to sit in another the had to work on assignments complete an hour earlier. In that the preturned to classroom 16 and duration of the session." The cetive Services is was called to a linternal investigation was also gram Manager] to get QP #1) will not be working the entire that is incident, (the details incident). The client (#1) was incident). The client (#1) was				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		LETED	
		MHL026-970	B. WING		10/2	9/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ADDRESS, CITY, STATE, ZIP CODE				
HOWAR	D DAY TREATMENT		IDEN ROAD VILLE, NC 2	8306			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 132	the environment so disruptive. As the cowas pushed/shoved - "Describe how this been prevented or as well as any corresponding to the put incident. This incide future by removing direct involvement member will receive counseling from his increased monitoring supervisor with any with. In the moment when needed to he standards. Programmember and provide AYN's Do's and Do - The results of the submitted as require Finding #2: Review on 10/26/20 revealed no Level I submitted for clients. Review on 10/26/20 submitted North Carevealed: - Date of Incident: A Restrictive Intervent - Sitting restraint 3 - Incident Comment counselor) reported become very upset instruction. The clients.	he would stop being lient was exiting the room he d by the staff member." It is type of incident may have may be prevented in the future extive measures that have in place as a result of the ent will be prevented in the this staff member from having with this client. The staff is edirect care retraining and is supervisor, and will have any of his interventions from the rand all clients he engages it corrections will take place all preinforce expectations and in Manager counseled the staff died him with a printout of in the NC IRIS website. It incident report was #2 dated 10/26/21. 1 of the NC IRIS website Ill incident report was #2 dated 10/26/21. 1 of an entered and not arolina IRIS report for client #2. 10/06/21. 2:35pm. Allegation of Abuse and attion.	V 132				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	` '			LETED
		A. BOILDING.			
	MUI 026 070	B. WING		40/2	
	MHL026-970			10/2	9/2021
NAME OF PROVIDER OR SUPPLI	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOWARD DAY TREATMEN		IDEN ROAD			
	FAYETTE	VILLE, NC 2	28306		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 132 Continued From	page 5	V 132			
campus. When [QP #1] reported punch him with I that he blocked client's arms to reattack. Mr. [QP and down to the floor not restricting by Restraint Provide that Mr. [QP #1] hands on him fire a punch. Afterware [QP #1] grabbed corner (on the flee Physical Abuse comments "The #1] (mental heal him first, which participated him and the floor) aggreses - Restrictive Interview on the street of the comments of the comments of the comments of the grabbed him and the floor) aggreses - Restrictive Interview on the street of the comments of the c	Ir. [QP #1] stood in his way, Mr. that the client attempted to is right hand. Mr. [QP #1] states he punch and grabbed the estrain him from any further 1] reports that he took the client but tried to make sure he was eathing. Incorrect Physical or 10/07/2021 The client reported mental health counselor) put his or, which prompted him to throw ords, the client reported that Mr. him and restrained him in the or) aggressively." identified in the IRIS report and client (#2) reported that Mr. [QP h counselor) put his hands on rompted him to throw a punch. lient reported that Mr. [QP #1] restrained him in the corner (on sively."				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		E SURVEY PLETED
		MHL026-970	B. WING			C 29/2021
	PROVIDER OR SUPPLIER D DAY TREATMENT	1608 CAN	DRESS, CITY, S IDEN ROAD VILLE, NC 2	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 132	incident but was no properly submitted He completed inte	ge 6 IRIS report for client #2's t aware it had not been rnal investigations for the g client #1 and client #2.	V 132			
V 318	The reporting by he Department of all al personnel as define including injuries of done within 24 hour becoming aware of the health care facility.	, -	V 318			
	facility failed to report Health Care Person hours of becoming findings are: Refer to V132 for not HCPR notifications - Client #1 made an	views and interviews the ort an allegation of abuse to anel Registry (HCPR) within 24 aware of the allegations. The ot completing and submitting and reports as required. I allegation of abuse against and (QP) #1 on 09/29/21 and				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		A. BUILDING:				
		MHL026-970	B. WING			, 9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOWAR	D DAY TREATMENT		IDEN ROAD			
		FAYETTE	VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 318	Continued From pa	ge 7	V 318			
		21 the Program Manager ow up on the reports for				
V 367	27G .0604 Incident	Reporting Requirements	V 367			
	level II incidents, exithe provision of billar consumer is on the incidents and level to whom the providing 90 days prior to the responsible for the services are provided becoming aware of be submitted on a factorial secretary. The reprin person, facsimiled means. The report information: (1) reporting identification information: (2) client identification information: (3) type of incidentification information: (4) descriptions of the incidentification information: (5) status of the incidentification information: (6) other indication information: (7) client identification information: (8) client identification information: (9) client identification information: (1) reporting identification information: (1) reporting identification information: (1) reporting identification information: (1) reporting identification information: (2) client identification information: (3) type of incidentification information: (4) description information: (5) status of the incidentification information: (6) other indication information: (7) and the incidentification information: (8) type of incidentification information: (9) client identification information: (1) reporting identification information: (2) client identification information: (3) type of incidentification information: (4) description information: (5) status of the incidentification information: (8) type of incidentification information: (9) type of incidentification information: (1) reporting identification information: (1) reporting identification information: (2) client identification information: (3) type of incidentification information: (4) description identification information: (5) status of the incidentification information:	UIREMENTS FOR B PROVIDERS B providers shall report all accept deaths, that occur during able services or while the providers premises or level III II deaths involving the clients are rendered any service within incident to the LME catchment area where ad within 72 hours of the incident. The report shall orm provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and ation; atification information; cident; n of incident; the effort to determine the				

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ווטופועום	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMP	LETED
			D. WING			
		MHL026-970	B. WING		10/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIOVACAD		1608 CAM	IDEN ROAD			
HOWAR	D DAY TREATMENT	FAYETTE	VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 8	V 367			
V 307	(1) the provide information provide erroneous, mislead (2) the provide required on the inci unavailable. (c) Category A and upon request by the obtained regarding (1) hospital reinformation; (2) reports by (3) the provide (d) Category A and of all level III incide Mental Health, Dev Substance Abuse Secoming aware of providers shall send incidents involving a Health Service Reg becoming aware of client death within sor restraint, the provimmediately, as reconsidered and 10A NCA (e) Category A and report quarterly to the catchment area who The report shall be by the Secretary via include summary in (1) medication definition of a level (2) restrictive the definition of a level (3) searches	ler has reason to believe that d in the report may be ing or otherwise unreliable; or ler obtains information dent form that was previously B providers shall submit, at LME, other information the incident, including: ecords including confidential of other authorities; and ler's response to the incident. B providers shall send a copy intreports to the Division of elopmental Disabilities and dervices within 72 hours of the incident. Category A did a copy of all level III at client death to the Division of ulation within 72 hours of the incident. In cases of the incident. In cases of the incident. In cases of the incident of the incident of the ere services are provided. Submitted on a form provided at electronic means and shall formation as follows: In errors that do not meet the III or level III incident; interventions that do not meet evel II or level III incident; of a client or his living area; of client property or property in	V 307			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			`
		MHL026-970	B. WING		10/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOWAR	D DAY TREATMENT		IDEN ROAD VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 367	incidents that occur (6) a statement been no reportable incidents have occur meet any of the crit	number of level II and level III red; and ent indicating that there have incidents whenever no arred during the quarter that eria as set forth in Paragraphs cule and Subparagraphs (1)	V 367			
	facility failed to report Management Entity Finding #1: Review on 09/26/22 Response Improve client #1 and subminate of incident: 000 and 1000 and	views and interview, the ort incidents to the Local vas required. The findings are: If of a North Carolina Incident ment System (IRIS) report for itted 10/08/21 revealed: 10/29/21. I:00pm. ical abuse was identified rofessional (QP) #1. "Staff client from the back as they the classroom." and not been properly submitted the incident as required. If of an entered and not prolina IRIS report for client #2				

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ווטופועום	of Health Service Re	guiation	1		1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						,
		MHL026-970	B. WING			9/2021
		WITIL020-970			10/2	.9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		1608 CAM	DEN ROAD			
HOWARI	D DAY TREATMENT		VILLE, NC 2	8306		
040.15	CLIMMAN DV CTA	TEMENT OF DEFICIENCIES	-		ON	0(5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 367	Continued From pa	go 10	V 367			
v 301	Continued From pa	ge 10	V 307			
	- Type of incident: A	Allegation of Abuse and				
	Restrictive Interven	tion.				
	- Sitting restraint 3 i	minutes in length.				
	- The IRIS report had not been properly submitted within 72 hours of the incident as required.					
	Interview on 10/26/21 and 10/27/21 the Program Manager stated: - He had created an IRIS report for client #1's allegation and he would ensure the documentation was submitted as required.					
		ave a planned strategy for				
		ons in his Person Centered				
	Plan.					
		n IRIS report for client #2's				
		t aware it had been properly				
	submitted.					
		the facility since 2018 and				
		2 restrictive interventions.				
		o on the submission of IRIS				
	reports.					
V 512	27D .0304 Client Ri	ghts - Harm, Abuse, Neglect	V 512			
		04 PROTECTION FROM				
		EGLECT OR EXPLOITATION				
		Il protect clients from harm,				
		exploitation in accordance				
	with G.S. 122C-66.					
		Il not subject a client to any				
		glect, as defined in 10A NCAC				
	27C .0102 of this C					
	` '	ces shall not be sold to or				
		lient except through				
	established governi					
		Il use only that degree of force				
		or secure a violent and				
		nd which is permitted by				
	governing body poli	cy. The degree of force that				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-970	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOWAR	D DAY TREATMENT		IDEN ROAD /ILLE, NC 2	8306		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 512	Continued From pa	ge 11	V 512			
	characteristics of the and physical and mof aggressiveness of intervention proced Subchapter 10A NO (e) Any violation by	ds upon the individual le client (such as age, size ental health) and the degree displayed by the client. Use of ures shall be compliance with CAC 27E of this Chapter. If an employee of Paragraphs is Rule shall be grounds for ployee.				
	three Qualified Prof	et as evidenced by: views and interviews, one of fessionals (QP) (#1) abused d clients (#1 and #2). The				
	revealed: - Date of Hire: 03/2	Intervention (TCI) dated				
	revealed: - 11 year old male Admission date of - Diagnoses of Disr Disorder (DMDD) a Hyperactivity Disord	uptive Mood Dysregulation nd Attention Deficit				
	Response Improver client #1 and submit - Date of incident: 0 - Time of incident: 1	ment System (IRIS) report for itted 10/08/21 revealed: 19/29/21.				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1608 CAMDER NOAD [X4] ID SUMMARY STATEMENT OF DEFICIENCIES PREVENTE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 12 against QP #1. "Staff reportedly shoved client from the back as they were walking out of the classroom." - Provider Comments: Client #1's description "We were in science class and Mr. [QP #1] started yelling at me and told me to go to the hut. On my way out the door, he shoved me in the back." - QP #1's description "Qp (#1) observed consumer (client #1) repeatedly interrupt the science class and refused to adhere to the rules despite several interventions from the teacher. The teacher had to address C[Client #1] as well as the other 2 consumers. The teacher addressed [Client #1] repeaking out of turn, disrupting others through teasing and picking, and being disrespectful to others. Qp determined that the teacher was not in control despite trying to get the group and especially [Client #1] to adhere to the rules. Qp decided to interject and explain the purpose of Day Treatment to the Class as well as the teacher. Consumer store that it was not AYN (Alexander Youth Network-Licensee) time and he did not want to hear about rules. Qp directed the consumer sto review the rules listed on the dry erase board. [Client #1] apmentatively contested that he had broken any of the rules. Qp, knowing the consumer well, determined that the consumer warned to take the opportunity and try to debate the rules and his adherence to them. Qp directed the consumer to be quiet and not to interrupt the class session and to observe the rules. Qp, knowing the consumer, summarized	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER HOWARD DAY TREATMENT THOUGH PROFIDENCY MUST BE PRECEDED BY FULL TAG WALL DE SUMMARY STATEMENT OF DEFICIENCIES TAG WALL DEFICIENCY MUST BE PRECEDED BY FULL TAG V 512 Continued From page 12 against QP #1. "Staff reportedly shoved client from the back as they were walking out of the classroom." - Provider Comments: Client #1's description "We were in science class and Mr. [QP #1] started yelling at me and told me to go to the hut. On my way out the door, he shoved me in the back." - QP #1's description "Qp (#1) observed consumer (client #1) repeatedly interrupt the science class and fertused to adhere to the rules despite several interventions from the teacher. The teacher addressed [Client #1] for speaking out of turn, disrupting others through teasing and picking, and being disrespectful to others. Qp determined that the teacher was not in control despite trying to get the group and especially [Client #1] to adhere to the rules. Qp decided to interject and explain the purpose of Day Treatment to the Class as well as the teacher. Consumer stated that it was not AYN (Alexander Youth Network-Licensee) time and he did not want to hear about rules. Qp directed the consumers to review the rules listed on the dry erase board. [Client #1] argumentatively contested that he had broken any of the rules. Qp, knowing the consumer to be quiet and not to linterrupt the class session and to observe the linter of the first part of the dry in the purpose of Day Treatment to the dry erase board. [Client #1] argumentatively contested that he had broken any of the rules. Qp, knowing the consumer to be quiet and not to linterrupt the class session and to observe the linter the consumer to be quiet and not to linterrupt the class session and to observe the linter the class as session and to observe the linter the class as session and to observe the linter the class as session and to observe the linter the class as session and to observe the linter the class and the linter the class as each and to				A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER HOWARD DAY TREATMENT 1608 CAMDEN ROAD 1608 CAMDEN ROAD			MHI 026-970	B. WING			
CALL DAY TREATMENT SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL R. OZ 2306	NAME OF			L		10/2	3/202 I
CX4 D SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROPRIETY TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE V 512	NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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PRÉFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG		T	FAYETTE	VILLE, NC 2	8306		
against QP #1. "Staff reportedly shoved client from the back as they were walking out of the classroom." - Provider Comments: Client #1's description "We were in science class and Mr. [QP #1] started yelling at me and told me to go to the hut. On my way out the door, he shoved me in the back." - QP #1's description "Qp (#1) observed consumer (client #1) repeatedly interrupt the science class and refused to adhree to the rules despite several interventions from the teacher. The teacher had to address [Client #1] as well as the other 2 consumers. The teacher addressed [Client #1] for speaking out of turn, disrupting others through teasing and picking, and being disrespectful to others. Op determined that the teacher was not in control despite trying to get the group and especially [Client #1] to adhere to the rules. Op decided to interject and explain the purpose of Day Treatment to the Class as well as the teacher. Consumer stated that it was not AYN (Alexander Youth Network-Licensee) time and he did not want to hear about rules. Op directed the consumers to review the rules listed on the dry erase board. [Client #1] argumentatively contested that he had broken any of the rules. Op, knowing the consumer walled to take the opportunity and try to debate the rules and his adherence to them. Op directed the consumer wanted to take the opportunity and try to debate the rules and his adherence to them. Op directed the consumer to be quiet and not to interrupt the class session and to observe the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
against QP #1. "Staff reportedly shoved client from the back as they were walking out of the classroom." - Provider Comments: Client #1's description "We were in science class and Mr. [QP #1] started yelling at me and told me to go to the hut. On my way out the door, he shoved me in the back." - QP #1's description "Qp (#1) observed consumer (client #1) repeatedly interrupt the science class and refused to adhere to the rules despite several interventions from the teacher. The teacher had to address [Client #1] as well as the other 2 consumers. The teacher addressed [Client #1] for speaking out of turn, disrupting others through teasing and picking, and being disrespectful to others. Qp determined that the teacher was not in control despite trying to get the group and especially [Client #1] to adhere to the rules. Qp decided to interject and explain the purpose of Day Treatment to the Class as well as the teacher. Consumer stated that it was not AYN (Alexander Youth Network-Licensee) time and he did not want to hear about rules. Qp directed the consumers to review the rules listed on the dry erase board. [Client #1] argumentatively contested that he had broken any of the rules. Qp, knowing the consumer walted to take the opportunity and try to debate the rules and his adherence to them. Qp directed the consumer to be quiet and not to interrupt the class session and to observe the	V 512	Continued From pa	ae 12	V 512			
that the consumer's motive was to be near his peer [Client #2] who was in the Day Treatment auxiliary facility and would not cease his disruptive behaviors. Qp, historically knowing how to redirect the consumer, utilized an elevated tone and directed the consumer to go to the auxiliary facility. As the exit door was opened and	V 512	against QP #1. "Staffrom the back as the classroom." - Provider Commer were in science classed yelling at me and to way out the door, he against QP #1's description consumer (client #1 science class and respite several interespite several intere	aff reportedly shoved client ey were walking out of the ats: Client #1's description "We as and Mr. [QP #1] started ald me to go to the hut. On my e shoved me in the back." on "Qp (#1) observed all repeatedly interrupt the efused to adhere to the rules arventions from the teacher. address [Client #1] as well as ers. The teacher addressed king out of turn, disrupting and picking, and being ers. Qp determined that the control despite trying to get the ly [Client #1] to adhere to the or interject and explain the atment to the Class as well as mer stated that it was not AYN etwork-Licensee) time and he or about rules. Qp directed the law the rules listed on the dry to take the opportunity and es and his adherence to them. Insumer well, determined that ed to take the opportunity and es and his adherence to them. Insumer to be quiet and not to be session and to observe the the consumer, summarized as motive was to be near his owas in the Day Treatment would not cease his so. Qp, historically knowing how umer, utilized an elevated he consumer to go to the	V 512			

Division of Health Service Regulation

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 512 Continued From page 13 encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved	DIVISION OF Hear	<u>alth Service Re</u>	egulation				
NAME OF PROVIDER OR SUPPLIER HOWARD DAY TREATMENT STREET ADDRESS, CITY, STATE, ZIP CODE 1608 CAMDEN ROAD FAYETTEVILLE, NC 28306 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 13 encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved							
NAME OF PROVIDER OR SUPPLIER HOWARD DAY TREATMENT STREET ADDRESS, CITY, STATE, ZIP CODE 1608 CAMMEN ROAD FAYETTEVILLE, NC 28306 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 13 encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved STREET ADDRESS, CITY, STATE, ZIP CODE 1608 CAMMEN ROAD PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 512 V 512			MHI 026-970	B. WING		_	
HOWARD DAY TREATMENT Continued From page 13 Consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved Casabase Casabase						10/2	3/2021
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE V 512 Continued From page 13 encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved CX5) CMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLET DATE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLET CROSS-REFERENCED TO THE APPROP	NAME OF PROVIDER	ER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 13 encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved X5 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (X5) COMPLET TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	HOWARD DAY T	TREATMENT					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 13 encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE V 512 V 512 V 512			FAYETTE	VILLE, NC 2	8306		
encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved	PRÉFIX (EA	EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved	V 512 Contin	inued From pa	age 13	V 512			
in coach-like fashion and stated "now come on and let's do this" you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp encouraged consumer to think about his behavior. Consumer demeanor was relaxed on composed. Consumer displayed no aggressive posture nor any defiant aggressive acts. Consumer any defiant aggressive acts. Consumer that he had to sit in another location and that he had to work on assignments that he refused to complete an hour earlier. Consumer accepted that response and said that he would work on his assignments and sat in the prescribed area. Qp returned to classroom 16 and observed for the duration of the session." - "CPS (Child Protective Services) was called to report the incident. Internal investigation was also completed by (Program Manager) to get	encour his dis the cor work the throug in coad and left promp motivar ramp, about a courside susper told the option school explair Day Tr behaving and left managemencour behaving about relaxed aggress acts. C #2] who told colocation that he consulte work prescriand obtains the consulte report.	uraged and directions and that he was de influence of igh the door are ach-like fashio et's do this you the consumer store and the consumer to be already known and the consumer to based on adols disciplinary ained and cour Treatment was viors because tive encounter age his sarcas uraged consumer that be the consumer that ion and that he consumer that ion and that he refused to compose the consumer that ion and that he refused to consumer that ion and that he refused to consumer accepte ould work on horibed area. Question the incident.	rected the consumer to stop viors and verbally motivated eep up the good academic oing and not to get distracted [Client #2]. Consumer moved and hesitated, Qp motivated him on and stated "now come on you can do this!" and physically er on the back right shoulder a coach. While walking up the tated that he was not worried rk and wondered if he could go owing that that privilege was saue on the bus yesterday. Qp that going outside was not an aministrative ruling from the y division. Qp emphatically as trying to help him with his en he would have a lot of ers as he grew up if he did not em and negative attitude. Qp mer to think about his er stated that he would think. Consumers demeanor was seed. Consumer displayed no en or any defiant aggressive elsed if he could sit with [Client objective of his defiance. Qp he had to sit in another en had to work on assignments complete an hour earlier. It is assignments and said that he preturned to classroom 16 and duration of the session." The ective Services was called to linternal investigation was also				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI	E CONSTRUCTION	(X3) DATE	QLID\/EV
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′		` /	LETED
			A. BUILDING.			
			D WING		C	
		MHL026-970	B. WING		10/2	9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1608 CAN	IDEN ROAD			
HOWARI	D DAY TREATMENT		VILLE, NC 2			
(V4) ID	SLIMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX	_	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 512	Continued From pa	ge 14	V 512			
	directly with this client any longer." - "Describe the cause of this incident, (the details					
		ncident). The client (#1)was				
		ring Science class. Staff (QP lient to remove himself from				
		he would stop being				
		lient was exiting the room he				
		by the staff member."				
		s type of incident may have				
	been prevented or may be prevented in the future					
	as well as any corrective measures that have					
		n place as a result of the				
		ent will be prevented in the				
		this staff member from having				
	direct involvement v	with this client. The staff				
	member will receive	e direct care retraining and				
		s supervisor, and will have				
		ng of his interventions from the				
		and all clients he engages				
		t corrections will take place				
		lp reinforce expectations and				
		Manager counseled the staff				
		led him with a printout of				
	AYN's Do's and Do					
	notified.	cial Services (DSS) was				
		onnel Registry (HCPR) was				
		ation and no documentation a				
		ibmitted as required.				
	o day report was so	ionnitica as requirea.				
	Review on 10/26/21	l of an unsigned internal				
		ent #1 and QP #1 revealed the				
		s reported in the IRIS report				
	submitted 10/08/21					
	Interview on 10/26/2	21 client #1 stated:				
	- He was 11 years o					
	- He was in the 6th					
	- QP #1 used to wo					
	- QP #1 would inter	rupt him during class.				

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	or realth Service IN				0.60 - 1	0.151/51/
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND I LAN	O. CONTRECTION	DENTI TO A TOTAL MODIFICA	A. BUILDING:		JOIVIE	
		MHL026-970	B. WING		10/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AN	DDESS CITY S	STATE, ZIP CODE		
NAME OF	TROVIDER OR SOLT EIER			TATE, ZII GODE		
HOWAR	D DAY TREATMENT		IDEN ROAD	9206		
	T		VILLE, NC 2	8306		T
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
17.0		,	.,,,,	DEFICIENCY)		
V/ E10	Continued From no	ao 15	V 512			
V 512	Continued From pa	ge 15	V 512			
	- He recalled the inc	cident on 09/29/21 with QP #1.				
		quit talking and QP #1				
	"pushed me."					
		go out and when he walked				
	out QP #1 pushed h					
	- QP #1 did not wor	k with him after that incident.				
	Desire the least section	10/00/04 OD #4				
		terview on 10/26/21 QP #1				
	stated:					
	- He had worked at a sister facility and was filling					
	in at the facility for approximately 1 month He worked in the classrooms as a QP.					
		cident on 09/29/21 with client				
	#1.	Siderit on 09/29/21 with client				
		ent on the 09/29/21 incident				
	with client #1.	ient on the 09/29/21 modern				
		g "sarcasm" and he had to				
		and address the rules of the				
	facility.	and dadress the raise of the				
		natic" voice which seemed to				
	"shock the teacher."					
	- "I was telling him (client #1) to get to the hut				
	(building outdoors).	, ,				
		ed client #1 to go outside.				
		an like a coach would do				
		ient #1 on the back)."				
		hy it was said he shoved				
	client #1.					
		otics" of the video may have				
		nk he had shoved client #1				
	but he did not know					
	· ·	pt is different than a two hand				
	push."	ager did discuss issues with				
		d incident however he was not				
	suspended until a la					
	Suspended until a la	ALOI IIIOIUGIIL.				
	Interview on 10/26/	21 the Assistant Teacher				
	stated:	LI GIO / GOIOGAIR TOGOTIO				
		ng in the facility classroom in				

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-970	B. WING		10/2) 9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOWARI	D DAY TREATMENT		IDEN ROAD VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 512	class Facility staff helpe assist with de-esca - She recalled the ir QP #1 on 09/29/21 Another teacher wascience class "[Client #1] was go stopped the class QP #1 began to reclassroom and whather of the class of the class of the class of the door "I saw him (QP #1 on 09/29/21 She recalled the ir QP #1 on 09/29/21 She was in the clate QP #1 "shouting." - QP #1 was pointing told client #1 to go of the door Client #1 was wall and did not need to she reported the interview on the clate of the door Client #1 was wall and did not need to she reported the interview on the clate of the video was reviered the interview on the clate of the video was reviered the interview on the clate of the video was reviered the interview on the clate of the video was reviered the interview on the video was reviered the video w	r provided instruction in the d to regulate behaviors and lation of clients. Incident between client #1 and It was providing a lesson in Letting mouthy" and QP #1 Leview his position in the Leview his position in the Let the class was about. Let to go outside. Legonna show your a*s Lessequently pushed client #1 Leview him (client #1)." Leview his position in the Leview	V 512			
		spended after that incident. 21 the School Principal stated:				

Division of Health Service Regulation

- He had reviewed the 09/29/21 incident between

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					c	:
		MHL026-970	B. WING			9/2021
				2747F 7ID 00DF		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOWARI	DAY TREATMENT		IDEN ROAD			
			VILLE, NC 2	88306		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
				DEFICIENCY)		
V 512	Continued From pa	go 17	V 512			
V 312	•	_	V 312			
	QP #1 and client #1					
		atement regarding the				
	investigation.					
		etermine the amount of force				
	in which QP #1 pus					
		the staff was "obvious" the				
	force was unnecess	sary. n seated in his chair and did				
	not appear to be a threat to himself or others "It appeared unnecessary for him (client #1) to					
	be removed."					
	- The video was no longer available for review.					
		3				
	Finding #2:					
		of client #2's record				
	revealed:					
	- 12 year old male.	00/05/04				
	- Admission date of					
	- Diagnoses of Opp ADHD.	ositional Defiant Disorder and				
	АИПИ.					
	Review on 10/26/21	of the NC IRIS website				
		incident report was submitted				
	for client #2 dated 1					
	Review on 10/26/21	of an entered and not				
		rolina IRIS report for client #2				
	revealed:	0.10.0.10.4				
	- Date of Incident: 1					
	- Time of incident: 2					
	- Type of Incident: <i>P</i> Restrictive Interven	Allegation of Abuse and				
	- Sitting restraint 3					
		ts: "Mr. [QP #1] (mental health				
		that the client (#2) had				
	, .	and defiant towards				
		nt attempted to walk through				
		e the cottage and exit the				
	campus. When Mr.	[QP #1] stood in his way, Mr.				
		at the client attempted to				

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ווטופועום	of Health Service Re	guiation	1		•	,
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL026-970	B. WING			, 9/2021
		WITE020-970			10/2	3/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		1608 CAM	IDEN ROAD			
HOWARI	D DAY TREATMENT	FAYETTE	VILLE, NC 2	8306		
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 512	Continued From pa	ne 18	V 512			
V 0.12	-					
		right hand. Mr. [QP #1] states				
		punch and grabbed the				
		rain him from any further				
		reports that he took the client				
		ut tried to make sure he was				
		hing. Incorrect Physical				
		10/07/2021 The client reported				
		ental health counselor) put his				
	hands on him first, which prompted him to throw a punch. Afterwards, the client reported that Mr.					
	[QP #1] grabbed him and restrained him in the					
	corner (on the floor) aggressively."					
		entified in the IRIS report and				
		ent (#2) reported that Mr. [QP				
		counselor) put his hands on				
		mpted him to throw a punch.				
		nt reported that Mr. [QP #1]				
		estrained him in the corner (on				
	the floor) aggressiv					
		ntion was identified as not				
	administered prope	rly.				
	- Debriefing with the	e QP #1: "Program Manager				
	debriefed with staff	on the day of the incident,				
	reiterating the cond	itions by which restrain it				
	•	as the correct restraints to				
	use."					
	5					
		l of an unsigned internal				
	investigation for clie					
		Client #2] Name of Staff				
		ate of incident: 10/06/2021."				
		[[Client #2]) Record of Events s: 'I wasn't doing anything,				
		it his hands on me, so I swung				
	at him and he starte					
		1- Name: Mr. [QP #1] Record				
		/ee's own words: 'Consumer				
		d oppositional defiance,				
		ctivity, and erratic irrational				
		ner was removed from class				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 19 of 25 XW6711

DIVISION	<u>of Health Service Re</u>	egulation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_	
		MUI 026 070	B. WING		40/2	
		MHL026-970	B. WING		10/2	9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			IDEN ROAD			
HOWARI	D DAY TREATMENT		VILLE, NC 2	8306		
			VILLE, NC 2			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
17.0		,	17.0	DEFICIENCY)		
V 512	Continued From pa	ge 19	V 512			
	activities for defiant	and disruptive behaviors				
	activities for defiant and disruptive behaviors. Consumer broke a fidget item. QP ([QP #1]) told the consumer that he would send picutre of the					
		nother. Consumer put on his				
		ed towards the QP who was				
		rway and said, 'm*******r				
		here n***a.' Consumer then				
		rith his right hand. QP blocked				
		physically prompted consumer				
	by holding him to the floor. QP held consumer's hands while stradling his legs. QP was sure not					
		rea of the consumer and				
		on of the consumer. QP let				
		go once consumer was				
	deemed to be emot	tionally stable to do so."				
	 "Manager/Director 	rs Administrative Response:				
	Program Manager (([Program Manager]) met with				
	the client (#2) to ch	eck for any physical damage				
	or discomfort. Prog	gram Manager then met with				
	Mr. [QP #1] to get a	description of what occurred.				
		Mr. [QP #1] to contact the				
		xplain the situation (since he				
		d) as soon as possible.				
		p with the mother later that				
		th), as well as in the morning.				
		himself to remain with Mr. [QP				
	0	day to assist with any				
	. 0	ns of the clients that he				
	primarily works with					
	primarily works with	1.				
	Interview on 10/26/	21 client #2 stated:				
		old and started the program in				
	August 2021.	ora and started the program in				
		a similar program at a sister				
		a similar program at a sister				
	facility.	ent incident when "M" [OD #41				
		ent incident when "Mr. [QP #1]				
		ound" and the Teacher came				
	in.	(bis mass				
		1 his nose was stuffed up.				
	- He got upset and	threw a toy on the ground and				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 20 of 25 XW6711

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-970	B. WING		10/2) 9/2021
NAME OF		CTDEET AD		STATE, ZIP CODE	•	
NAIVIE OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
HOWAR	D DAY TREATMENT		IDEN ROAD VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 512	Continued From pa	ge 20	V 512			
	- QP #1 put him in ton his back QP #1 had "his kn held me at least reaminute." - QP #1 had his har while holding his har while holding his har "His (QP #1) hand choking me." - QP #1 was not on down "[Teacher] told hin The next day they had not been back	butside building. ace and he swung at QP #1. the corner and he was laying nees outside of my legs he al quick 50 seconds or a ands crossed across his chest ands. Is were so big he was like top of him but was being held an (QP #1) to get off me." told QP #1 to leave and he to the facility. Program Manager protected				
	- He recalled the inc 10/06/21 He wrote a summ client #2 Client #2 had bee while he was talking - Client #2 threw do entrance to the outs - Client #2 did not w about his behaviors - "He (client #2) got (M****r F****r) you of to the floor when he - Client #2 was on t "straddling" his legs - He and client #2 w	vant QP #1 to tell his mom s that day. It his book bag and said MF can't keep me here. We went e swung." Ithe floor and he was s. Ithe vere just inside the doorway. It was not in the corner.				
		e in approximately 30 or 40				

Division of Health Service Regulation

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-970	B. WING		C 10/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			IDEN ROAD	,		
HOWAR	D DAY TREATMENT		VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 512	Continued From pa	ge 21	V 512			
	seconds after he wall - Client #2 did say hin no distress. - He was holding clarce or cheek area. - The hold lasted for the Teacher was a down and he told had to client #2 was not and the had TCI training. - He was suspendeded the had TCI training. - He would not answed on client #2 was not and worked a she had various to interventions. - She had various to interventions. - She was currently linstitute. - She recalled the in #2 and QP #1. - When she walked attempting to pull a current was a current was a currently linstitute. - Client #2 had his ling the corner. - Client #2 was "we collect the corner. - Client #2 was "we collect was "we currently linstitute. - "I asked him seventhe refused to release QP #1 did not have weight was pressed QP #1 was "short QP #1 was not how weight was not h	as holding client #2. The could not breathe but was sent #2's hands around the r "5 or 7 minutes." Tright there during the hold. The attempting to calm client #2 er to step back. The injured. The hold has attempted as TCI approved. 21 the Teacher stated: The hold he as TCI approved. 21 the Teacher stated: The school for 2 years. The arinings in restrictive trained in Crisis Prevention ancident on 10/06/21 with client into the building client #2 was way from QP #1. The thing to wards the floor. The added in the corner." The and saying he could not aral times lessen the hold and the collent #2)." The his hands crossed but his don client #2's shoulders.				

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- The incident lasted about five minutes.

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Division of Health Service Regulation

DIVISION	of Fleatiff Service INC	guiation	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_ ا	<u> </u>
			D WINC			
		MHL026-970	B. WING		10/2	9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			IDEN ROAD	•		
HOWARI	DAY TREATMENT					
		FAYELLE	VILLE, NC 2	28306		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PREFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
V 512	Continued From pa	ne 22	V 512			
	Continuou i rom pu	90 22				
	Interview on 10/26/2	21 and 10/27/21 the Program				
	Manager stated:	· ·				
		n at the facility until someone				
	could be hired.	,				
	- Staff were trained	in TCI				
		the facility since 2018.				
		QP #1 pushing client #1 and				
	created an internal					
	- He had created a Level II IRIS report regarding					
		use against QP #1 by client				
	#1 .					
		PR were notified of the				
	allegation against C	QP #1 on 09/29/21.				
	- He was not aware	the 5 day HCPR had not				
	been officially subm	nitted for the 09/29/21				
	allegation of abuse.					
		abuse was unsubstantiated				
		ist of "Do's and Don'ts" to QP				
	#1. There was no w					
		IRIS report for the 10/06/21				
		#2 but was not aware it had				
	not been officially s					
		e incident between client #2				
	and QP #1.					
		internal investigation and it				
		P #1 used an unapproved				
	restrictive interventi					
		h any holds while clients are				
	laying down on the					
	- Client #2 was not	injured during the improper				
	restraint.					
	- QP #1 was susper	nded and was provided with a				
		the 2 allegations in one week.				
	•	•				
	Interview on 10/29/5	21 the Agency Human				
		ted she was not able to locate				
		#1's personnel record.				
	a reprimaria in QF 1	, i o porsonno record.				
	Paviaw on 10/27/24	I of a "Plan of Protection"				
	INCAICM OIL IO/51/5	ו טו מ דומוו טו דוטנטטווו				

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Division of Health Service Regulation

	or riealth Service Ne					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AIND LEAIN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LLILD
		MHL026-970	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STDEET VUI	DESS CITY S	STATE, ZIP CODE		
NAIVIL OI	FINOVIDEIX OIX SOFFEIEIX					
HOWAR	D DAY TREATMENT		IDEN ROAD			
			VILLE, NC 2			I
(X4) ID	_	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 512	Continued From pa	ge 23	V 512			
V 312			V 312			
	dated 10/27/21 and signed by the Program Manager revealed: - "What immediate action will the facility staff take					
		of the consumers in your				
		return to program, staff will				
		on model of care and				
		provided every 30 days on				
		ues and crisis intervention."				
	- "Describe your plans to make sure the above					
	happens. We will continue to provide staff with					
	training on appropriate de-escalation technique.					
		nt's crisis plans monthly to				
		de-escalate crises. Yearly				
		sis intervention) refreshers for				
	all direct-care staff.	,				
	Client #1 and client	#2 were 11 and 12 years old				
		iclude DMDD, ADHD and				
		attend the program within the				
		public school. The classrooms				
		program staff and county				
		the local school system. On				
		d interrupted the classroom to				
		nd the functions of the facility				
		s heard shouting from the				
		eeded to make client #1 leave				
		behaviors. As client #1 was				
		P #1 was heard being				
		pushed client #1 out of the				
		and Teacher Assistant were				
		tions of QP #1 and notified the				
	school Principal. Th	ne school Principal reviewed				
		dent and determined QP #1				
	did not need to inte	rrupt the classroom. The next				
		volved in another incident this				
		QP #1 was observed to have				
		an un-approved hold. Client #2				
		e could not breathe and QP				
		g him improperly. The facility				
	did not ensure the p	proper documentation was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		MHL026-970	B. WING		10/2	9/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
HOWARD DAY TREATMENT 1608 CAMDEN ROAD FAYETTEVILLE, NC 28306						
(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 CROSS-REFERENCED TO THE APPROFIUE DEFICIENCY)	ORRECTIVE ACTION SHOULD BE CFERENCED TO THE APPROPRIATE	
V 512	completed and sub- appropriate agencie yet subjected client This deficiency con- violation for serious within 23 days. An a \$3,000 is imposed. within 23 days, an a penalty of \$500.00		V 512			

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