	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/22/2021	
		MHL049-157				
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
BLUE HOP	RIZONS		NT JILL CIRCLE VILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	The complaint was s (Intake ID #NC0018 cited. This facility is license	3213). A deficiency was ed for the following service				
	Treatment Staff Sect Adolescents.	C 27G .1700 Residential ure for Children or				
V 110	27G .0204 Training/ Paraprofessionals	Supervision	V 110			
	SUPERVISION OF I (a) There shall be n paraprofessionals. (b) Paraprofessional associate profession	A COMPETENCIES AND PARAPROFESSIONALS o privileging requirements for Is shall be supervised by an al or by a qualified ified in Rule .0104 of this				
	population served. (d) At such time as	d abilities required by the				
	professionals shall d					
	<ul> <li>(2) cultural awarene</li> <li>(3) analytical skills;</li> <li>(4) decision-making</li> <li>(5) interpersonal skills</li> </ul>	ess; J; ills;				
		skills; and ody for each facility shall ent policies and procedures				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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V 110	Continued From page	e 1	V 110			
	for the initiation of the plan upon hiring each	e individualized supervision n paraprofessional.				
	former staff (FS #2) f	ews and interviews, 1 of 1 ailed to demonstrate the I abilities required by the				
	record revealed: - Admission date: 9-7 - Diagnoses: Opposit (ODD); Cannabis Use related Disorder; Hist abuse - Discharge date: 11- - FC #2 is 17 years o - Treatment Plan date Goal: demonstrate in of ODD, as evidence physical aggression of aggression per review limited to hitting, kick threatening	ional Defiant Disorder e Disorder; Mild Tobacco tory of physical and sexual 10-21 f age ed 9-3-21: nprovement in her symptoms d by zero incidents of or threats of physical w period including but not ing, punching, spitting and				
	Goal: no more than or aggression per review limited to cursing, yel Goal: will demonstrat directives without req prompts from staff mo	w period including but not ling and name calling e compliance to staff uiring more than 2 verbal embers of FS #2's record revealed:				

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			A. BUILDING:			
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V 110	Continued From page	e 2	V 110			
	- Training: Confidenti (Health Insurance an	m Employment: 11-10-21 ality, Client Rights, HIPPA d Accountability Act), ofessional Ethics, Meeting Population, Incident				
	Health Care Persona 11-10-21 revealed: Incident dated 11-9-2 reported to a staff (ur #2) had been having with [FC #2]. [FS #2] #2] and [FS #2] with texting [FC #2's] cell - Report to HCPR 11-	hknown staff) that she (FS an inappropriate relationship had posted a video of [FC a blunt, on social media, phone." -10-21 Being Made: Resident Abuse				
	<ul> <li>The Owner conduct 11-10-21</li> <li>FC #2 had already a</li> <li>Owner interviewed sinterviewed FS #2</li> <li>Owner informed Dir process of this incide</li> <li>The Director release on 11-10-21</li> <li>The Director obtained posted on social media</li> </ul>	ed FS #2 from employment ed video of FC #2 and FS #2 dia video and text messages n FC #2 and FS #2 revealing tionship vestigation was a				
	-	1 with Client #1 revealed: 2] I'd see on the back porch				

STATE FORM

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY	
		MHL049-157	B. WING		11/00/0001		
NAME OF PI	ROVIDER OR SUPPLIER		B. WING         11/22/2021           EET ADDRESS, CITY, STATE, ZIP CODE         11/22/2021				
BLUE HO	RIZONS	130 SAI	NT JILL CIRCLE				
		STATES	VILLE, NC 28625				
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V 110	Continued From page	e 3	V 110				
	(porch off kitchen exi cigarettes). Then the smelling of smoke."	t) smoking blackies (small y would come inside					
	Social Services (DSS - DSS Social Worker request for an intervie Health Service Regu - DSS Social Worker	1 with FC #2's Department 6) Social Worker revealed: contacted FC #2 with the ew by DHSR (Division of lation Surveyor) on 11-23-21 reported that 't want to talk about this					
	<ul> <li>Her role is to educa be firm with them. "I'r home residents) frien for some reason.</li> <li>I don't know why [C allegation about me s Horizons Administrat test). But they never</li> <li>I have a child and a jeopardize either of the</li> </ul>	a degree. I would never					
	Interview on 11-15-2 Manager/Direct Care - There were concerr weed						
	Interview on 11-16-2 Manager/QP Supervi - "I'm here on a daily alth Service Regulation						

STATE FORM

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V 110	Continued From page	e 4	V 110			
		d it (FS#2 and FC#2 nd drinking alcohol). I'm and usually gone when the				
	dated 11-10-21 by the worker (SW) with FC - "[FC #2] states she (weed and alcohol). They (FC #2 and FS smoke. She (FS #2) alcohol) to her the first hire date of 10-16-21 get away with stuff. - [FS #2] thought she everyone. She (FC # social media and she pictures of them." - According to the inter see the social media FC #2 reported "she	is the only one using it None of the other girls were. #2) would go outside and started offering it (weed and st day she started (FS #2 ). She (FS #2) was trying to e could make friends with 2) was friends with her on e would post on snapchat erview, SW requested to posts and text messages. dropped it (her cell phone) ble to see the screen. [FC				
	between FS #2 and F FS #2: "They (Horizo You didn't believe me (shaking my head). D man (what the F**k). personal cell phones didn't you delete your FC #2: "Ok" FS #2: "Where in the drinking?"	ns Kids, LLC) got access. e. Your mom and them. SMH **n, lost a good job. WTF Get off here (texting on ). Write me on snap. Why				
	told them ig (I guess) together?"					

STATE FORM

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V 110	Continued From page	e 5	V 110			
	Saturday (no date) tir FS #2 and FC #2:	ne 6:11 PM texted between				
	FC #2: "We smoking	tn (tonight)?"				
	FS #2: " send video t					
	FC #2: "There's too. I					
		ap then send it to me on text				
	I need that whole vide	-				
	FC #2: "It's the first one." FS #2: "O d**n didn't see that. My bad"					
		Text message 10-29-21 at 12:45 PM:				
	•	FC #2: "Hey you no you picking me up before you				
	go to Statesville."					
		a blunt. (Laughing emojis				
	and 100% sign)"					
		Review of a picture (appears to be a selfie) no date just Saturday 6:11 PM of FS #2 and FC #2 in				
		middle finger raised for the				
		and FS #2 are sitting on the				
	grass.					
	-Review of a picture of	dated 10-23-21 at 10:57 PM				
		e) of FS #2 (wearing a dark				
	baseball cap) and FC	••				
	0 1 2	sphere (bright neon lights,				
	dark background).	(appears to be a solfie) of FC				
		(appears to be a selfie) of FC n of FS #2's dark baseball				
	cap and un-identifiab					
		s to be the same nightclub				
	party atmosphere.	5				
	-	wo (22) second video of FS				
		ed FC #2 is sitting next to FS				
		dentified rapper with words				
		k and gangster. FC #2 has (F**k you). FS #2 sings				
	along with FC #2.	$\pi$ K you). TO $\pi$ Z sings				
	Attempted interview of	on 11-17-21 with FS #2 to				
		d text messages revealed,				
		the telephone call as of the				

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V 110	Continued From pag	e 6	V 110			
	exit date of the surve	ey.				
	dated 11-22-21 (per of Quality Assurance Correvealed: What immediate active ensure the safety of the "Horizons Kids will correct administer Competed orientation (see compatization (see compatization) Responsible Party/He - ensure Paraprofesses supervision plan duri - report the unethical supervisor and/or HF Resources) Responsible Party/He - provide supportive of when unethical beha Responsible Party/He Supervisor/Ongoing Describe your plans happens: - The Competency B administered during of facilitate a refresher of Conduct" and "Socia Relationship" to com management program Responsible Party/He These trainings are p Competency. Responsible Party/He Time Line: These action part of our training re continuously occur to needed to care for our	on will the facility take to the consumers in your care? ontinue to: ency Based training during petency test and ow Often: Trainer/ ongoing sionals understand and sign ng orientation behavior to immediate & Administrator (Human ow Often: All Staff/ongoing coaching and redirection vior arises ow Often: QP to make sure the above ased Test will be orientation. The Trainer will courses on the "Standard of I and Therapeutic ply with our risk m. ow Often: Trainer/11-23-21 oart of our Employee Based ow Often: Trainer/ongoing tions were implemented as egimen. Training will o ensure staff has support				

Division of Health Service Regulation STATE FORM

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
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V 110	Continued From page	e 7	V 110			
	Oppositional Defiant Disorder; Mild Tobaca of physical and sexua professional role as a Paraprofessional to p guidance and educat decision to befriend F professional role, pla further jeopardized h FS #2 offered and the FC #2. FC #2's confid when FS #2 posted p media pages. FS #2 professional decision friendship role verses placed FC #2 in a po goals. This constitute serious neglect and r days. An administrati imposed. If the violati	provide safety, supervision, ion to FC #2. FS #2's FC #2 and step outside her ced FC #2 in a situation that er Cannabis Use Disorder as en smoked marijuana with dentiality was compromised bictures and a video on social showed a lack of making by partaking in a s a professional role which sition to fail at her treatment es a Type A1 rule violation for must be corrected within 23 ve penalty of \$1,000.00 is ion is not corrected within 23 dministrative penalty of				