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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 11-2-21. The complaint was unsubstantiated (NC00182202). Deficiences were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, interviews and observations the facility failed to administer prescriptions only on the authorization of a physician and failed to keep a current MAR effecting two of three clients (Client #1 and Client #2). The findings are: Finding A Review on 10-15-21 of Client #1's record revealed: -Admitted 7-8-21. -13 years old. -Diagnoses of: Disruptive Mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Reaction to Severe Stress, Post Traumatic Stress Disorder, Oppositional Defiant Disorder (ODD). -No physician's orders were available for review on 10-15-21. Review on 10-15-21 and 10-25-21 of Client #1's October 2021 MAR revealed: - Lamotrigine 25 milligrams (mg), two tablets (tabs) in the morning (ODD), when reviewed on 10-25-21 the dosage had been crossed out with 100 mg ½ tab 2x day written in. -Vyvanse 40 mg (ADHD) one capsule (cap) in the morning. -Lithium 300 mg one tab twice daily (ODD). -Quetiapine 100mg (depression) one tab at	V 118		

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bedtime.
-Hydroxyzine 25 mg (anxiety) one tab every 6 hours prn (pro re nata) started on 10-19-21.
-October 16 through the 19, 2021 Vyvanse 40 mg circled on the front with the notation "out of meds (medications)" written on the back.
-Lithium 300 mg crossed out with no pm documentation after 10-21-21 and no am documentation after 10-23-21.
-No Lithium 150 mg documented as having been administered.

Review on 10-25-21 of physician's orders dated 10-19-21 revealed the following medications;
-Lamotrigine 100 mg 1/2 tablet twice a day.
-Lithium Carbonate 150 mg.
-Vyvanse 40 mg 1 cap every morning.
-Hydroxyzine HCl 25 mg 1 tab every 6 hours PRN.
-No physician's orders for Lithium 300 mg or Lamotrigine 25mg two tabs in the am.

Review on 10-25-21 of Client #1's September 2021 MAR revealed:
-Lamotrigine 25 mg 2 tabs every morning.
-Vyvanse 40 mg 1 capsule every morning.
-Lithium 450 1 tab twice daily (crossed out and undated with 300 mg written in).
-Quetiapine 100 mg 1 1/2 tab at bedtime (1 1/2 tab crossed out but undated and and 1 tab written in).
-Quetiapine 100 1/2 tab every morning (documented stopped on 9-9-21).
-September 17th through the 19th and the the morning of the 20th 2021, Lithium was circled and documented "out of meds" on the back.
-No physician's orders for Lithium 450mg or for any changes in Lithium.
-No physician's orders for Quetiapine of any

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dosage.

Review on 10-25-21 of Client #1's MAR for August 2021 revealed:
-Lamotrigine 25 mg two tabs in am.
-Vyvanse 40 mg 1 capsule in the am.
-Lithium 450 1 tab twice daily.
-Quetiapine 100 mg take 1 1/2 tabs at bedtime (written in was instructions take 1/2 tab in morning by mouth started 8-14-21).
-Hydroxyzine 25 mg 1 tab every 6 hours prn.
-August 18-22 2021 Quetiapine circled with notation "out of meds" written on the back.

Observation on 11-1-21 of Client #1's medications revealed:
-Quetiapine 100mg one tab at bedtime, Vyvanse 40 mg 1 cap in the am, Lamotrigine 100 mg 1/2 tab twice a day, Hydroxyzine HCl 25mg 1 tab every 6 hour prn.

Interview on 10-14-21 with Client #1 revealed:
-He did not know what his medications were, but he received them daily.

Finding B

Review on 10-15-21 of Client #2's record revealed:
-Admitted 7-19-21.
-16 years old.
-Diagnoses include: Conduct Disorder severe, cannabis use moderate in early remission in controlled environment, tobacco use disorder severe, persistent (chronic) motor or vocal disorder with motor tics only, Attention Deficit/Hyperactivity Disorder, Circadian Rhythm Sleep Disorder.
-No physician's orders were available for

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review on 10-15-21.

Review on 10-15-21 and 10-25-21 of Client #2's MAR for October 2021 revealed:
-Sertraline 25mg (behavior) 1 tab in am,
-Cetrazine 10 mg (allergies) 1 tab daily,
- Guanfacine 2 mg (ADHD) 1 tab twice a day,
-Trazadone 50 mg nightly (sleep). The dosage for the Trazadone had white out on it with the number "1" written in.
-Review on 10-25-21 of October MAR revealed; Trazadone 50 mg October 1st through the 19, 2021 circled with notation; Out of meds written on the back. Sertraline 25 mg was crossed out, Sertraline 50 mg was written in.

Review on 10-25-21 of medication orders dated 10-19-21 revealed the following medications:
-Guanfacine 2mg 1 tab twice a day,
- Trazadone 50 mg.
-Sertraline 50 mg 1 tab in am.
-No physician's orders for Sertraline 25 mg.
-No physician's orders to change or discontinue Trazadone or Sertraline.

Review on 10-25-21 of Client #2's September 2021 MAR revealed:
-"Pomozide" 1 mg 1 tab am.
-Sertraline 25mg 1 tab in am.
-Cetrazine 10 mg 1 tab daily.
-Guanfacine 2mg 1 tab twice a day.
-Trazadone 50 mg 1/2 tab nightly.
-No medication orders for "Pomozide".
-Notation on 9-28-21 that the "Pomozide" was discontinued.
-Trazadone 50 mg circled on September 9 through the 11th and the 25th through the 30th with a notation on the back stating they were out of medication
-"Pomozide" 1mg circled on Sept 5th through

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the 27th 2021 with a notation on the back saying they were out of medication.
-No physicians orders to change or discontinue "Pomizide".

Review on 10-25-21 of Client #2's August 2021 MAR revealed:
-Pimozide 1 mg 1 tab daily (motor tics),
-Sertraline 25mg, 1 tab in am,
-Cetrazine 10 mg 1 tab daily,
-Guanfacine 2mg 1 tab twice a day,
-Trazadone 50 mg 1/2 tab nightly,
-Hydroxyz 50 1 cap twice a day prn.
-No physician's order for Hydroxzy 50 mg.
-Sertraline 25 mg circled 8-22-21 with notation they were out of medication.

Observation on 11-1-21 of Client #2's medications revealed:
-Sertraline 50 mg 1 tab every morning, Guanfacine ER 2mg 1 tab twice a day, Trazadone 50 mg 1 tab nightly.

Interview on 10-14-21 with Client #2 revealed:
-He did not know what his medications were but he received them daily.

Interview on 10-29-21 and 11-1-21 with the Director revealed:
-There was not a specific person in charge of medications. The Qualified Professional, Staff #2, and himself all worked on them.
-Most of the visits were telemed and the physician would not send the orders.
-They would go to the pharmacy to pick up the medications and that was when they would know that the medications had changed.
-The pharmacy had not wanted to give them copies of the prescriptions from the doctor.
-They had been trying to look for a new

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medication management company but had not had any success as of yet.

-Client #1's Lithium had been discontinued entirely, that is why there was none in his medication box.

-He had talked with his staff already about using white out on the MARs and the proper way to document changes.

-Due to the failure to accurately document medication administration could not be determined if clients received their medications as ordered by the physician.

Review on 11-2-21 of the Plan of Protection dated 11-2-21 and signed by the Qualified Professional on 11-1-21 revealed:

What immediate action will the facility take to ensure the safety of the consumers in your care?

" -Staff reeducation/reminder.
-QP (Qualified Professional) weekly medication check to include accuracy of medication log
-Reeducation for staff as identified during weekly medication checks
-QP/Director will update medication record log to ensure ease of read and accurate documentation.
-Revive Housing will follow up with Medication Support/Pharmacy for all active client's medication orders."

Describe you plans to make sure the above happens.

"-House meeting with staff was completed on October 29, 2021. Meeting covered the correct protocol for updating the medication record to include signature and protocol when medication

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V 118	Continued From page 7 is refused/not given as well as discontinued. Staff were advised that white out is never permitted under any circumstances. -QP has begun weekly medication book checks as of 10-29-21-QP will identify any gaps in the medication log and immediately rectify with staff. QP will implement any necessary trainings as a result of future findings in the records. the executive director will be made aware of any issues with medications as needed (changes, discontinuation, etc.) by any staff member who identifies such issues. -QP will use continue company notification system to immediately notify staff of important changes, corrections, etc. -QP/Executive director will modify the medication logs for November by end of day November 5, 2021 to include more concrete information on administration (Medication/admin instructions/date dispensed etc.) -QP/Executive director will follow up with Medication Support/Pharmacy to obtain all active medication orders of which a copy will be placed in client records and verifiable/visible by all staff." Client #1 had diagnoses that included; Disruptive Mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Reaction to Severe Stress, Post Traumatic Stress Disorder, Oppositional Defiant Disorder (ODD). He has behaviors including self harm, unsafe, risky behaviors (running into traffic) property destruction, physical and verbal aggression. Client #2 had diagnoses that include; Conduct Disorder severe, cannabis use moderate in early remission in controlled environment, tobacco use disorder severe, persistent (chronic) motor or vocal disorder with motor tics only, Attention Deficit/Hyperactivity Disorder, Circadian Rhythm	V 118		

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V 118	Continued From page 8 Sleep Disorder. He has behaviors including going AWOL (absent without leave), shoplifting and destroying property. Both Client #1 and Client #2 had several substantial medications including Lithium, Vyvanse, Guanfacine, and Quetiapine . Both had several medication changes within 3 months. There had been no medication orders obtained for the medications and no medication orders documenting the changes and/or discontinuation of medications. Both client's MARs had medications crossed out or changed with no explanation. Client #1's MARs documented that he missed the following medications during October, September, and August 2021: October 16-19 Vyvanse 40 mg, September 17, 18, 19, and the morning of the 20th 2021 Lithium, August 18-22, 2021 Quetiapine, and no documentation of Lithium 150 mg ever being administered during October 2021. Client #2's MAR had documentation that he missed the following doses during October, September, August 2021; Trazadone 50 mg September 9-11 and September 25-30, -"Pomozide" 1mg Sept 5-27 2021, and Sertraline 25 mg circled August 22-21, all with the notation that the facility was "out of meds." Due to the client having no medication orders and no physician's orders for changes, and multiple missed doses, this constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of 2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of 500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope	V 293		

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V 293	Continued From page 9 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.	V 293		

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V 293	Continued From page 10 (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews the facility failed to ensure services were designed to minimize the occurrence of behaviors related to functional deficits and ensure safety and deescalate out of control behaviors effecting three of three clients (Client #1, Client #2, and Client #3). The findings are: Cross reference 10A NCAC 27 G .1704 Minimum Staffing Requirements (V296): Based on observation, interviews, and record reviews, the facility failed to ensure a minimum of two direct care staff were present when clients were at the facility effecting three of three clients (Client #1, Client #2, and Client #3). Cross reference: 10A NCAC 27E .0107 Training On Alternatives To Restrictive Interventions (V536): Based on interviews and record reviews one of three audited staff (Staff #1) failed to demonstrate competency in alternatives to restrictive interventions. Cross reference 10A NCAC. 0108 Training In Seclusion, Physical Restraint and Isolation Time	V 293		

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V 293	Continued From page 11 out (V537): Based on interviews and record reviews one of three audited staff (Staff #1) failed to demonstrate competency in performing a restrictive intervention. Review on 11-2-21 of the Plan of Protection dated 11-1-21 signed by the Director on 11-1-21 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "The immediate action that the facility has taken to ensure the safety of the consumers is using EBPI (Evidence Based Protective Interventions) de-escalation protocol demonstration during our staff meeting on 10-29-21. On 11-16-21 Revive will host a EBPI refresher for Therapeutic holds, physical restraints, and verbal de-escalation techniques for all staff. On 10-30-21 Revive Housing sent out de-escalation steps to ensure verbal de-escalation techniques were always used appropriately. Revive has hired more staff to correct the minimum staffing requirements." Describe your plans to make sure the above happens "Revive Housing, LLC will utilize EBPI as our restrictive intervention tool. The agency has an outside instructor ([Outside agency]) that is certified EBPI instructor for our agency. [Outside agency] will meet with the effected staff member and provide refresher training in EPI. The refresher training training consisted of Part 1 (verbal de-escalation techniques) and Part 2 (therapeutic holds). EBPI will also be discussed, and techniques will be demonstrated once a month during all agency meeting going forward. This will be accomplished by utilizing role plays. Revive Housing have hired additional staff to fulfill	V 293		

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V 293	Continued From page 12 the necessary roles for Level III home which has been on going as of 8-2021. As of 11-1-21 Revive Housing is fully staffed. Staff will be notified during November house meeting of requirement to have two staff present at all times." Clients #1, #2, and #3 had diagnoses that included; Disruptive Mood Dysregulation Disorder, Post Traumatic Stress disorder, Oppositional Defiant Disorder, substance abuse, Conduct Disorder and Attention Deficit Disorder. Clients behaviors include; verbal and physical aggression, AWOL (absent without leave) behavior and property destruction. On 10-6-21 Staff #1 was working by herself do to the Director leaving her alone while he went to the store. Staff #1 attempted to have Client #1 get out of bed. She took his bed covers, and Client #1 became agitated. Staff #1 then asked Client #1 what he was going to due, further agitating him. Client #1 attempted to strike Staff #1. Staff #1 attempted to put Client #1 in a therapeutic hold, both falling to the ground, with Client #1 striking his head, causing a small laceration that did not require medical attention. Both staff and clients report that Staff #1 has worked by herself several times before. On 10-25-21 Staff #1 left the facility taking two client to school, leaving one staff with two clients. Due to the client's history, Staff #1's failure to implement his calming techniques which resulted in an improper intervention lasting approximately one minute in which both Staff #1 and Client #1 fell to the ground, this constitutes a Type A1 for serious neglect and must be corrected within 23 days. An administrative fine of 2,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of 500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		

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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 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to have at least one full time direct care staff who meets or exceeds the requirements of an Associate Professional (A.P.). The findings are: Review on 10-14-21 of Staff roster revealed: -No staff designated as an Associate Professional.	V 295		

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V 295	Continued From page 14 Interview on 10-15-21 with the Director revealed: -They had an A.P. initially but that person had decided it was too far to drive for the position. -They were looking for another A.P.. Interview on 11-1-21 with the Qualified Professional revealed: -She had been doing the duties of the A.P.. -It had been her understanding that the Qualified Professional could step in if needed and fulfill the A.P.'s duties. -The facility was looking for an A.P. to hire.	V 295		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;	V 296		

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V 296	Continued From page 15 (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews the facility failed to ensure a minimum of two direct care staff were present when clients were at the facility effecting three of three clients (Client #1, Client #2, and Client #3). The findings are: Finding A. Review on 10-15-21 of Client #1's record revealed: -Admitted 7-5-21. -13 years old. -Diagnoses include; Disruptive Mood	V 296		

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Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder, Post Traumatic Stress Disorder, Reaction to Severe Stress, Oppositional Defiant Disorder.

- "He has a difficult time refocusing and has expressed learning to cope with stress or anger by listening to music or playing with electronics... complete lack of control over his impulsivity...becomes antagonistic, verbally abusive... there is a cycle that continues to happen where he is placed in the hospital and becomes very calm by listening to music and watching TV...."

-Crisis Plan dated 7-1-21 revealed: "gets upset when he doesn't get his way, when he is told to do something and when his electronics are taken away or broken ...history of physical and verbal aggression, property destruction, self harm ...likes to be left alone when he is angry ...allow time and space to calm down."

-Crisis plan updated 10-20-21: "gets upset...when he is told to do something... and when his electronics (or belongings) are taken away or broken."

Review on 10-15-21 of Client #2's record revealed:

-Admitted 7-19-21.

-Diagnoses include: Conduct disorder severe, cannabis use moderate in early remission in controlled environment, tobacco use disorder severe, persistent (chronic) motor or vocal disorder with motor tics only, Attention Deficit/Hyperactivity Disorder, circadian rhythm sleep disorder.

-Assessment dated 6-29-21 revealed: Will go AWOL (absent without leave), destroy property, shoplift.

Review on 10-15-21 of Client #3's record

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revealed:
-Admitted 7-1-21
-16 years old.
-Diagnoses include; Attention Deficit/Hyper Activity Disorder, Conduct Disorder, and Disruptive Mood Dysregulation Disorder.
-Assessment dated 6-25-21 revealed: posturing, delusional thinking, aggression, gaslighting, strong support system, present as narcissistic personality disorder but no diagnosis due to age, currently on probation, no relationships. Unable to form bonds even at child birth, zero empathy.

Review on 10-15-21 of incident report dated 10-6-21 submitted by Staff #1 revealed:
-Refer to tag 537 for complete incident report.
-Incident report signed by Staff #1

Review on 10-15-21 of camera video taken on 10-6-21 revealed:
-Refer to tag 537 for full camera review.
-Only one staff (Staff #1) viewed on camera.
-Staff attempts to secure client by holding his arms.
-Staff struggles to control Client #1. Holding him by the arms with his side pressed up against her front.
-Client #1 head butts Staff #1 twice and attempts to slide out of her grasp.
- at 6:34.09 am both Client #1 and Staff #1 fall to the ground and upper bodies are out of camera range. Staff #1's legs were on top of Client #1's legs. Client #1 appeared to be face up, from the position of his legs, his feet pointing upward.
-6:34.21 am Staff #1 releases Client #1 and gets up.
-Cameras only showing one staff (staff #1) in the camera range.

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V 296	Continued From page 18 Interview 10-21-21 with Client #1 revealed: -"That day (the day of the incident 10-6-21) it was only her (Staff #1)." -"They (facility) are trying to get more staff in the morning." Interview on 10-21-21 with Client #2 revealed: -The morning of the incident on 10-6-21 Staff #1 was working by herself. -"Every morning, she is the only one working." Interview on 10-21-21 with Client #4 revealed: -There are usually two staff in the morning but sometimes Staff #1 works by herself. -Sometimes one staff will go to the store and leave one staff by themselves. Interview on 10-25-21 with Staff #1 revealed: -During the incident on 10-6-21 she had been at the facility by herself. -The Director was working the shift, but he had gone to the store to buy milk. -"Now, I'm never on shift by myself." -"I asked for help a long time now." Interview on 10-14-21 with Staff #2 revealed: -Staff #1 does work by herself sometimes. -"The facility just had a meeting (no date provided) about that." Interview on 10-26-21 with Staff #4 revealed: -She has never worked by herself "not saying the other staff haven't but I've never worked by myself." Interview on 10-29-21 with the Director revealed: -Staff #1 had not been by herself the day of the incident. Another staff had a family	V 296		

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V 296	Continued From page 19 emergency so he had come in at 4:00 that morning (10-6-21) to cover the shift. -At the time of the incident he had been at the store to buy milk for breakfast. -In the past staff had occasionally worked by themselves, due to the second staff calling out at the last minute. -He has told the staff to let the facility know if they are going to be out and not wait until the last minute. -They have hired more people and were now fully staffed so they would have adequate coverage. Finding B. Observation on 10-25-21 at approximately 7:00am revealed: -One staff (Staff #2) at the facility with clients #2 and #3. Interview on 10-25-21 with Staff #2 revealed: -Staff #1 had taken the other two clients to school and would return soon. -Clients #2 and #3 go to a school that starts later in the morning. This deficiency is crossed referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
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	V 366		

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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, 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

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V 366	Continued From page 21 (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 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	V 366		

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V 366	Continued From page 22 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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement written policies to address their response to level I, II, or III incidents. The findings are: Review on 10-15-21 of level I incident reports dated from 8-6-21 through 10-6-21 revealed: -8-6-21- "During the room checks after 15 minutes of quiet time client (client #2) went AWOL (absent without leave) and staff was unable to locate after searching for approximately 20 minutes. Police were called and legal guardian notified. Client returned on 8-7-21." -9-26-21- Client #3 went to the store and purchased a cell phone. Staff advised him that cell phones were not allowed but he refused to relinquish the phone. The Director was called. Client #3 called the police and reported he felt threatened. The Director arrived at the facility, and Client #3 lunged at him, resulting in Client #3 being placed in a therapeutic hold. Police arrived	V 366		

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and Client #3 gave them the cell phone.

-8-6-21-Description of the Incident: "During the morning routine client (Client #1) was agitated and aggressive toward staff upon being woken up to complete routine prior to transport to school. Client was woken up for school at 6am. Staff (Staff #1) checked on client's progress at 6:20 and client was still in bed. Staff prompted client to get out of bed and to start preparing for school of which the client ignored staff request and client stayed in bed. Staff checked on client again approximately 20 minutes later to ensure that client was preparing for school, client was still in bed. Staff then advised client that the bed covers would be removed so he would get up and begin to get ready for school. Client refused to get up. Staff took away client's bed covers to ensure the client would get up and begin to prepare for school. As a result of removing bed covers from the client, the client began to use vulgar language and charge at staff with his fist balled up. Staff immediately placed client in a therapeutic hold to prevent self-harm and injury to others. In the process of placing the client in the therapeutic hold, the client and staff fell into the doorway of which the client hit his head. Client then began to attempt to bit and head butt staff. Client was held in a therapeutic hold for approximately 10 minutes of which he eventually calmed down. Client was asked if he was ok of which he responded with more vulgar language. Client was monitored as he prepared for school and was off to school by 7:10a. House manager and DSS (Department of Social Services) were notified of the incident."

-"Was the individual injured? If so, describe the injury (laceration, sprain, etc.), "..."A small cut on members head as member and staff went to the floor after member head butted staff twice causing the fall. Member was ok and given a

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V 366	Continued From page 24 bandage and Neosporin. No additional medical assistance needed." No documentation of determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents according, or assigning person (s) to be responsible for implementation of corrective measures. Interview on 10-14-21 with Staff #2 revealed: -Whatever staff is on duty is the one that fills out the incident report	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;	V 367		

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V 367	Continued From page 25 (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.	V 367		

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V 367	Continued From page 26 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; (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 record reviews and interviews the facility failed to report Level II incident to the Local Management Entity within 72 hours of learning about the incident. The findings are: Review on 10-27-21 of 911 calls from the facility revealed: -Police were called to the facility on 8-3-21, runaway. - 8-6-21, missing person -8-7-21, follow up - 8-10-21, missing person. - 9-26-21, threat.	V 367		

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V 367	Continued From page 27 Review on 10-28-21 of Police reports for the facility revealed: -8-3-21- Miscellaneous runaway. -8-6-21-Miscellaneous runaway. Review on 10-28-21 of county communications reports revealed: -8-10-21 Missing person at risk..."I found the juvenile near the [local doughnut shop] area when spotted he ran across the street towards [shopping area] I was able to catch him And secure him back to [facility]." -9-26-21-"[Client #3] had a cell phone and knows he is not supposed to, when [Director] tried to get it from him, [Client #3] put his hands on [Director]..." Review on 10-14-21 of the Incident Response Improvement System (IRIS) revealed: -No level II incidents had been filed with the system. Interview on 10-20-21 with an Administrator of the IRIS system revealed: -There had been no reports submitted by the facility. -There was a report dated 9-26-21 that had been created but not submitted. Interview on 11-1-21 with the Director revealed: -He was unfamiliar with the system and thought that if he got a conformation number, that meant the report had been submitted. -He has since put the incident from 9-26-21 into the IRIS system. -He had not submitted the incident from 8-6-21.	V 367		

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V 536	Continued From page 28	V 536		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	V 536		

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V 536	Continued From page 29 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		

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by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.

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V 536	Continued From page 31 (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interviews and record reviews one of three audited staff (Staff #1) failed to demonstrate competency in alternatives to restrictive interventions. The findings are: Review on 10-15-21 of Staff #1's personnel record revealed: -Hire date of 6-21-21 as a Direct Care Specialist. -Trainings include: EBPI (Evidence Based Protective Intervention) 7-7-21. Review on 10-15-21 of Client #1's record revealed: -Admitted 7-5-21. -13 years old. -Diagnoses include; Disruptive Mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder, Post Traumatic	V 536		

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Stress Disorder, Reaction to Severe Stress, Oppositional Defiant Disorder.

-Person Centered Plan last updated 7-1-21 revealed: "He has a difficult time refocusing and has expressed learning to cope with stress or anger by listening to music or playing with electronics... complete lack of control over his impulsivity... when denied his desires...becomes antagonistic, verbally abusive... there is a cycle that continues to happen where he is placed in the hospital and becomes very calm by listening to music and watching TV... shows very little desire to refrain from using electronics to self-sooth and escape from having to process in treatment..."

-Goals include: will decrease the episodes of emotional Dysregulation which manifest as: AWOL (absent without leave), self-harming behaviors, unsafe, risky behaviors (i.e. running into traffic, etc.,),property destruction, physical and verbal aggression, making threats to harm others...address poor quality interpersonal relationships.

-Crisis Plan dated 7-1-21 revealed: "gets upset when he doesn't get his way, when he is told to do something and when his electronics are taken away or broken ...history of physical and verbal aggression, property destruction, self harm ...likes to be left alone when he is angry ...allow time and space to calm down."

-Crisis plan updated 10-20-21: "gets upset...when he is told to do something... and when his electronics (or belongings) are taken away or broken."

Review on 10-15-21 of level I incident report dated 10-6-21 submitted by Staff #1 revealed:

-Refer to tag 537 for complete incident report.

-"...Staff (Staff #1) then advised client that the bed covers would be removed so he would get up

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and begin to get ready for school. Client refused to get up. Staff took away client's bed covers to ensure the client would get up and begin to prepare for school. As a result of removing bed covers from the client, the client began to use vulgar language and charge at staff with his fist balled up...."

Review on 10-15-21 of video dated 10-6-21 of the hallway outside Client #1's bedroom revealed:
-Refer to tag 537 for complete camera review.
-Staff #1 went into Client #1's bedroom.
-Loud voices are heard, unable to determine whose voices.
- Client #1 can then be heard cursing loudly.
-Staff #1 comes out carrying Client #1's bed covers.
-Client #1 comes out of his room with his left hand in a ball but hanging by his side.
-Client #1 approaches Staff #1.
-Client #1 and Staff #1 appeared to be approximately 1-2 feet apart.
-Staff #1 asks Client #1 "What you gonna do?"

Interview on 10-14-21 and 10-21-21 with Client #1 revealed:
-"Staff treats us like crap"
-When asked if it was any staff in particular he replied that it was Staff #1.
-"She (Staff #1) always starts stuff with me."
-"She is always lying on staff and us."
-He was never pulled out of bed but Staff #1 "jerked" his covers off of him.
-Staff #1 was the only staff he had issues with.
-"I find it funny that when she works by herself, she does whatever she wants, but when another staff works, she doesn't do anything."

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V 536	Continued From page 34 Interview on 10-14-21 and 10-21-21 with Client #2 revealed: -Staff #1 "makes s**t up." -"She (Staff #1) threatened me, said she could get her boyfriend to f**k me up." -Staff #1 regularly would pull the covers off of Client #1. Interview on 10-14-21 with Client #3 revealed: -"I think it's fair to say there are moments she (Staff #1) does things she shouldn't to both staff and clients. Some staff try to get each other in trouble." -Client #3 did not see the altercation between Client #1 and Staff #1 as he had been asleep. Interview on 10-25-21 with Staff #1 revealed: -She had been at the facility since June 2021. -They went over all the client's treatment plans so they would be familiar with the clients. -"I wake him (Client #1) up at 6:00 am, but he won't get up." -"Another girl (Staff #4) told me that he will get up if you take his covers." -"After 6:35, I took his covers. Mind you, I've been taking his covers the last few days. He wasn't getting up." -She had asked Client #1 what he was going to do to give him a chance to calm down and walk away. Interview on 10-14-21 with Staff #2 revealed: -The clients do complain about Staff #1, that they get "nit picked." -"I have told her (Staff #1) to leave [Client #1] alone. She would call me in the morning. [Client #1], you need to leave him alone, he will have no problem. She (Staff #1) keeps at him." -Stated that she has told the Director about	V 536		

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V 536	Continued From page 35 the problem. Interview on 10-14-21 with Staff #3 revealed: -He has worked at the facility approximately one month. -Clients have complained to him about Staff #1. -"They say she (Staff #1) is rough on them, nothing specific. I know with [Client #1], you have to ask him 3-4 times before he will move." Interview on 10-26-21 with Staff #4 revealed: -It was hard to get Client #1 to get out of bed in the morning. -She has pulled his covers down, but never took them from him. -"It just made him irritable, it made him rebellious even more. You have to give in to him a little bit." -Pulling his covers down was something that she tried, but realized it wouldn't work. -She stated that his crisis plan says to leave him alone to calm down. So now she will do that until 6:30 am. -Client #1 only has issues with Staff #1. -"Waking him (Client #1) up at 6 just doesn't go with his processing. She (Staff #1) goes in at 6 and turns on the light... He (Client #1) is totally different with her than me, he has never called me out my name. If I'm on shift with her in the morning, he is still not with it." Interview on 10-21-21 with Staff #5 revealed: -Client #1 has complained to him about Staff #1. -He has never worked with Staff #1. Interview on 11-1-21 with the Director revealed: -Since this incident they have had a staff meeting on 10-29-21 and discussed ways to help	V 536		

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V 536	Continued From page 36 Client #1 get up in the morning. -They also went over the steps for de-escalation for all clients. This deficiency is crossed referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives,	V 537		

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measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(1) refresher information on alternatives to the use of restrictive interventions;
(2) guidelines on when to intervene (understanding imminent danger to self and others);
(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
(4) strategies for the safe implementation of restrictive interventions;
(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
(6) prohibited procedures;
(7) debriefing strategies, including their importance and purpose; and
(8) documentation methods/procedures.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the

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V 537	Continued From page 38 outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation	V 537		

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V 537	Continued From page 39 time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interviews and record reviews one of	V 537		

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three audited staff (Staff #1) failed to demonstrate competency in performing a restrictive intervention. The findings are:

Review on 10-15-21 of Staff #1's personnel record revealed:
-Hire date of 6-21-21 as a Direct Care Specialist .
-Trainings include: EBPI (Evidence Based Protective Intervention) 7-7-21, and First Aid training 4-6-21.

Review on 10-15-21 of Client #1's record revealed:
-Admitted 7-5-21.
-13 years old.
-Diagnoses include; Disruptive Mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder, Post Traumatic Stress Disorder, Reaction to Severe Stress, Oppositional Defiant Disorder.
-Person Centered Plan last updated 7-1-21 revealed: "13-year-old teenager who has a history of mental health issues, multiple placements, hospitalizations and possible sexual trauma... He has a difficult time refocusing and has expressed learning to cope with stress or anger by listening to music or playing with electronics... complete lack of control over his impulsivity... when denied his desires...becomes antagonistic, verbally abusive... there is a cycle that continues to happen where he is placed in the hospital and becomes very calm by listening to music and watching TV... shows very little desire to refrain from using electronics to self-sooth and escape from having to process in treatment..."
-Goals include: will decrease the episodes of emotional Dysregulation which manifest as: AWOL (absent without leave), self-harming behaviors, unsafe, risky behaviors (i.e. running

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	MHL080-222	A. BUILDING: _____ B. WING _____	11/02/2021

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into traffic, etc.,) Property destruction, Physical and verbal aggression, Making threats to harm others, address poor quality interpersonal relationships, will perform to his academic potential and achieve his educational objectives by earning passing grades in all courses, attending scheduled classes (at least 75 percent of the days offered), will address his history of trauma and understand its impact on his current life and relationships, will address his negative self-image.

-Crisis Plan dated 7-1-21 revealed: "gets upset when he doesn't get his way, when he is told to do something and when his electronics are taken away or broken ...history of physical and verbal aggression, property destruction, self harm ...likes to be left alone when he is angry ...allow time and space to calm down."

-Crisis plan updated 10-20-21: "gets upset...when he is told to do something... and when his electronics (or belongings) are taken away or broken."

Review on 10-15-21 of incident report dated 10-6-21 submitted by Staff #1 revealed:

-Description of the Incident: "During the morning routine client (Client #1) was agitated and aggressive toward staff upon being woken up to complete routine prior to transport to school. Client was woken up for school at 6am. Staff (Staff #1) checked on client's progress at 6:20 and client was still in bed. Staff prompted client to get out of bed and to start preparing for school of which the client ignored staff request and client stayed in bed. Staff checked on client again approximately 20 minutes later to ensure that client was preparing for school, client was still in bed. Staff then advised client that the bed covers would be removed so he would get up and begin to get ready for school. Client refused to get up.

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Staff took away client's bed covers to ensure the client would get up and begin to prepare for school. As a result of removing bed covers from the client, the client began to use vulgar language and charge at staff with his fist balled up. Staff immediately placed client in a therapeutic hold to prevent self-harm and injury to others. In the process of placing the client in the therapeutic hold, the client and staff fell into the doorway of which the client hit his head. Client then began to attempt to bit and head butt staff. Client was held in a therapeutic hold for approximately 10 minutes of which he eventually calmed down. Client was asked if he was ok of which he responded with more vulgar language. Client was monitored as he prepared for school and was off to school by 7:10a. House manager and DSS (Department of Social Services) were notified of the incident."

-"Was the individual injured? If so, describe the injury (laceration, sprain, etc.), "..."A small cut on members head as member and staff went to the floor after member head butted staff twice causing the fall. Member was ok and given a bandage and Neosporin. No additional medical assistance needed."

Review on 10-15-21 of hallway camera video taken on 10-6-21 at approximately 6:20am through approximately 6:40am revealed:

-Approximately 6:20 am Staff #1 stood at Client #1's bedroom door and requested he get up and get ready for school.

-At approximately 6:33 am Staff #1 went back to Client #1's bedroom door, told him he needed to get up.

-Staff #1 stated "You hear me?"

-Staff #1 made dismissive hand gesture (flipped her hands).

-Staff #1 went into Client #1's bedroom.

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-Loud voices are heard, unable to determine whose voices.
- Client #1 can then be heard cursing loudly.
-Staff #1 comes out of Client #1's bedroom carrying Client #1's bed covers.
-Client #1 comes out of his room with his left hand in a ball but hanging by his side.
-Client #1 approaches Staff #1.
-Client #1 and Staff #1 appeared to be approximately 1-2 feet apart.
-Staff #1 asks Client #1 "What you gonna do?"
-At 6:33.27 Client #1 raises his left arm in a blocking motion. Staff #1 reaches out and put her hand on Client #1's left arm. Client #1 swings right arm in circular motion twice then attempts to hit Staff #1 with his right fist.
-At 6:33.28 Staff attempts to secure client by holding his arms.
-Staff struggles to control Client #1, holding him by the arms with his side pressed up against her front.
-Client #1 head butts Staff #1 twice and attempts to slide out of her grasp.
-At 6:34.08 both Client #1 and Staff #1 fall to the ground and upper bodies are out of camera range. Staff #1's legs were on top of Client #1's legs. Client #1 appeared to be face up, from the position of his legs.
-6:34.24 am Staff #1 releases Client #1 and Staff #1 gets up exits the bedroom.

Interview on 10-14-21 with Client #1 revealed;
-Staff #1 had pushed him.
-"She made my head bleed."
-He hit his head on the door frame.
-He had not needed any medical attention.
-"Wasn't doing anything, she just pushed me."
-Staff #1 had never jerked him out of bed, but

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had pulled his covers off.

Interview on 10-14-21 with Client #2 revealed:
-Staff #1 pulls the covers off of Client #1 "every morning."
-"She pushed him up and then he swung at her. She pushed him on the floor and dropped on top of him."
-"I was in my room and looked in. I didn't see the covers get pulled, I did see him (Client #1) get thrown around."

Interview on 10-25-21 with Staff #1 revealed:
-Client #1 had become agitated after she took his covers.
-"He came at me, he was swinging."
-"I caught his right hand,"
-"I turned his back to me, I readjusted and moved his arms. He tried to head butt me."
-"I had on slides, we slipped."
-"We both went down. I caught myself."
-"He landed on his side. I looked down at him and saw his head was bleeding."
-She got a towel and cleaned up Client #1's head.
-The laceration only bled for a couple of minutes.
-She could see where the blood was coming from.
-"It only broke the skin."
-Since the incident the facility has talked about new ways to wake him up. They try different staff.
-They will now keep trying to wake him up, but if he refuses, the facility will let him be late to school.

Interview on 10-14-21 with the Qualified Professional revealed:
-Staff #1 had called them that morning saying

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she was having a hard time with Client #1.

-"We took a look at the camera. He (Client #1) came out swinging his fist. She (Staff #1) tried to put him in a hold and they fell against the doorway."

Interview on 10-29-21 with EBPI instructor revealed:

-EBPI is preventative and there should have been a talk down first.

-If there is not a danger, you don't initiate a hold.

-"There are like 12 steps before you restrain."

-"If you could have stepped back...I would think if it was one or two swings...maybe I would run out the door. You get away. If you can't do that, you call for help."

-"What is the imminent risk. If they are swinging, the move is to step back, you block, you get out of the way. You protect your head."

-When people are trained in EBPI they go over all the preventative steps.

-Asking a client what are they going to do would only further aggravate the client.

-Restraints are absolutely the last resort.

Interview on 10-15-21, 10-29-21 and 11-1-21 with the Director revealed:

-They had reviewed the camera and had seen that Client #1 had tried to strike Staff #1.

-Both had fallen because Client #1 was trying to head butt Staff #1.

-Since that incident they have had meetings about different ways to wake up Client #1 and on 10-29-21 they went over de-escalation techniques.

This deficiency is crossed referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1

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