STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on December 10, 2021. The complaint was substantiated (intake #NC00183677). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of three current clients.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based	V 109		

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V 109	Continued From page 1 employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, one of one Licensee/Qualified Professionals (L/QP) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag V132). Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of all allegations against health care personnel, failed to put measures in place to protect the clients during the investigation and failed to investigate allegations of abuse. Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V366). Based on record reviews and interviews the facility failed to document their response to level III incidents.	V 109		

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V 109	Continued From page 2 Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V367). Based on record review and interview, the facility failed to report Level III incidents as required to the LME (Local Management Entity) within 72 hours. Review on 12/08/21 of the L/QP's personnel record revealed: - Date of hire: 02/02/01. - Abuse and neglect training completed 03/04/19. Review on 12/08/21 of a Plan of Protection signed by the L/QP and dated 12/08/21 revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? After the internal investigation the protocol for reporting allegations will be followed." - "Describe your plans to make sure the above happens. Create & submit (the necessary documents IRIS (Incident Response Improvement System) report, HCR (Health Care Registry) in a timely manner." Clients at the facility range in age from 13 to 15 years old. The clients have diagnoses to include Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Anxiety Disorder and Conduct Disorder. Client #1 had alleged staff #8 had choked him and bent his back over the sink. Client #2 and client #3 stated they had witnessed this incident as well. Additionally, staff #8 was involved in another incident with client #2. Staff #8 had gotten frustrated and punched the wall in client #2's bedroom. The L/QP stated he had been made aware of the abusive incident between client #2 and staff #8 at the time of the incident, and had provided only verbal redirection.	V 109		

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V 109	Continued From page 3 The local Department of Social Services Social Worker stated she had notified the L/QP on 11/23/21 of the above allegations. No documentation had been completed about the above incidents. No specific dates or times had been identified for the incidents. No collateral agencies had been notified of the allegations. No internal investigations had been completed nor the ensuring for the clients' safety during the review of allegations as required. The fact the L/QP failed to demonstrate the required decision-making abilities and failed to take the necessary steps to properly follow policies and procedures, notify relevant agencies and document these incidents constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000 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 109		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	Continued From page 4	V 121		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to perform six-month reviews of the drug regimens of clients receiving psychotropic medications, affecting one of three clients (#2). The findings are:

Review on 12/06/21 of client #2's record revealed:
- 13 year old male.
- Admission date of 01/30/20.
- Diagnoses of Conduct Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder (ADHD) Combined Type and Disinhibited Social Engagement Disorder.
- No documented 6 month drug regimen review.

Review on 12/06/21 of client #2's daily drug regimen revealed:
- Divalproex (treats seizures) - 500 milligrams (mg) twice daily.
- Guanfacine (treats high blood pressure and ADHD) - 1mg one in am and one at noon.
- Melatonin (sleep aid) - 5mg as needed at bedtime.
- Concerta (treats ADHD) - 18mg every morning.
- Zoloft (anti-depressant) - 25mg once daily.
- Ziprasidone (anti-psychotic) - 60mg twice daily.
- Flonase (treats seasonal allergies) - 1 spray in nostril each day.
- Proair HFA (treats asthma) - use as needed.

Interview on 12/08/21 the Licensee/Qualified Professional stated:
- The Registered Nurse completed drug reviews

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V 121	Continued From page 5 on the clients. - He understood only a physician or pharmacist could conduct 6 month drug regimen reviews per rule.	V 121		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial	V 132		

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V 132	Continued From page 6 notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of all allegations against health care personnel, failed to put measures in place to protect the clients during the investigation and failed to investigate allegations of abuse. The findings are: Review on 12/06/21 and 12/08/21 of facility records from September 2021 thru present revealed no documentation of client #1 and client #2's allegations of abuse against staff #8. Review on 12/06/21 and 12/08/21 of client #1's record revealed; - 13 year old male. - Admission date of 07/30/21. - Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) Combined Type, Disruptive Mood Dysregulation Disorder (DMDD) and Unspecified Anxiety Disorder. Review on 12/06/21 and 12/08/21 of client #2's record revealed:	V 132		

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V 132	Continued From page 7 - 13 year old male. - Admission date of 01/30/20. - Diagnoses of Conduct Disorder, Oppositional Defiant Disorder (ODD), ADHD Combined Type and Disinhibited Social Engagement Disorder. Review on 12/06/21 and 12/08/21 of client #3's record revealed: - 15 year old male. - Admission date of 08/04/21. - Diagnoses of Bipolar Disorder, ODD and Moderate Depressive Disorder with Psychotic Features. Interview on 12/06/21 and 12/08/21 client #1 stated: - He was 13 years old. - He had a guardian through a local county Department of Social Services (DSS). - He recalled an incident in October 2021 between himself and staff #8. - "He (staff #8) did choke me." - Staff #8 put his hands around his neck. - Staff #8 bent him towards the kitchen sink. - His back was against the sink. - "He (staff #8) actually squeezed my neck. I couldn't talk." - Staff #8 held him around the neck about "45 seconds." - Staff #7 was at the facility when the incident occurred. - Client #2 told the Licensee/Qualified Professional (L/QP) but he never told anyone about the incident. Interview on 12/06/21 and 12/08/21 client #2 stated: - He had resided at the facility for one year. - He was currently in 8th grade. - He recalled an incident between himself and	V 132		

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V 132	Continued From page 8	V 132		

staff #8.
- He could not remember the date but he was laying on his bed.
- Staff #8 punched a hole in his wall.
- Staff #8 got mad after he told him he was going to get cancer from smoking.
- Staff #8 had a family member that recently died from cancer.
- He thought staff #2 was at the facility when staff #8 punched his wall.
- Staff #2 punched the wall just above his head and it was patched.
- Staff #8 was also involved with an incident with client #1 in October.
- "He (staff #8) choked [Client #1] out."
- Client #1 had splashed water on clean dishes.
- Staff #8 grabbed client #1's "neck."
- Staff #8 bent client #1 back towards the sink.
- He did not see any injury.
- Staff #7 was at the facility during the incident.
- He told L/QP about the incidents at the facility.

Interview on 12/06/21 client #3 stated:
- He was 15 years old.
- He resided at the facility approximately 4 months.
- He was admitted from a psychiatric hospital.
- He recalled an incident between client #1 and staff #8.
- The incident was in October or November 2021.
- Client #1 had splashed water on the clean dishes.
- Staff #8 grabbed client #1 and pushed his head into the sink.
- Staff #8 was frustrated with client #1.
- He had not spoken with anyone about the incident.
- He did not recall who the second staff at the facility was during the incident.
- He did not see any injuries.

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V 132	Continued From page 9 Interview on 12/06/21 and 12/10/21 a local Department of Social Services Social Worker stated: - She notified the L/QP of client #1 and client #2's allegations against staff #8 on 11/23/21. Interview on 12/08/21 the L/QP stated: - He went to the facility every day. - He was told that staff #8 had "indented" the wall in client #2's bedroom. - Staff #8 did not punch a hole in the wall. - The issue with staff #8 damaging the wall happened a couple of months ago. - He had not completed a write up or supervision with staff #8. - He discussed this with staff #8 a couple of months ago. - He was not aware of client #1 getting choked by staff #8. - He had spoken with the clients about issues everyday and no one brought up getting choked. - The DSS Social Worker did not tell him about an allegation staff #8 choked client #1. - He had not completed any incident reports or notification of applicable agencies. - Staff #8 was not suspended pending any investigation into his actions. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 132		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT	V 366		

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V 366	Continued From page 10 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 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:	V 366		

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V 366	Continued From page 11 (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact 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	V 366		

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V 366	Continued From page 12 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level III incidents. The findings are: Refer to V132 regarding specific incident reports. - Client #1 and client #2 made allegations of abuse against staff #8. - The Licensee/Qualified professional (L/QP) was aware of staff #8 punching client #2's wall while client #2 was in his bed due to frustration from the client's behavior. - A local Department of Social Services (DSS) Social Worker had notified the L/QP of the allegation of abuse client #1 made against staff #8 on 11/23/21. Review on 12/08/21 of facility records from September 2021 thru present revealed no level III	V 366		

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V 366	Continued From page 13 incident reports for client #1 and client #2's allegation of abuse against staff #8. Interview on 12/08/21 the L/QP stated: - He went to the facility every day. - He was told that staff #8 had "indented the wall" in client #2's bedroom. - Staff #8 did not punch a hole in the wall. - The issue with staff #8 damaging the wall happened a couple of months ago. - He had not completed a write up or supervision with staff #8. - Staff #8 had a sister that recently passed away from cancer. - Client #2 had told staff #8 he could get cancer as well. - He spoke with staff #8 about grief and walking away if he is upset. - He discussed this with staff #8 a couple of months ago. - He was not aware of client #1 getting choked by staff #8. - He had spoken with the clients about issues everyday and no one brought up getting choked. - The DSS Social Worker did not tell him about an allegation staff #8 choked client #1. - He had not completed any incident reports for the allegations. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT	V 367		

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V 367	Continued From page 14 REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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	V 367		

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V 367	Continued From page 15 obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (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.	V 367		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to report Level III incidents as required to the LME (Local Management Entity) within 72 hours. The findings are:

Refer to V132 regarding specific incident reports.
- Client #1 and client #2 made allegations of abuse against staff #8.
- The Licensee/Qualified professional (L/QP) was aware of staff #8 punching client #2's wall while client #2 was in his bed due to frustration from the client's behavior.
- A local Department of Social Services (DSS) Social Worker had notified the L/QP of the allegation of abuse client #1 made against staff #8 on 11/23/21.

Review on 12/08/21 of the North Carolina Incident Response Improvement System (IRIS) website from September 2021 thru present revealed no Level III incident reports.

Interview on 12/08/21 the L/QP stated:
- He went to the facility every day.
- He was told that staff #8 had "indented the wall" in client #2's bedroom.
- Staff #8 did not punch a hole in the wall.
- The issue with staff #8 damaging the wall happened a couple of months ago.
- He had not completed a write up or supervision with staff #8.

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V 367	Continued From page 17 - Staff #8 had a sister that recently passed away from cancer. - Client #2 had told staff #8 he could get cancer as well. - He spoke with staff #8 about grief and walking away if he is upset. - He discussed this with staff #8 a couple of months ago. - He was not aware of client #1 getting choked by staff #8. - He had spoken with the clients about issues everyday and no one brought up getting choked. - The DSS Social Worker did not tell him about an allegation staff #8 choked client #1. - He had not completed any incident reports nor notification of applicable agencies as required. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and	V 512		

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aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.
(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.

This Rule is not met as evidenced by:
Based on record reviews and interviews, one of four audited paraprofessional staff (#8) abused two of three clients (#1 and #2). The findings are:

Review on 12/06/21 and 12/08/21 of client #1's record revealed;
- 13 year old male.
- Admission date of 07/30/21.
- Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) Combined Type, Disruptive Mood Dysregulation Disorder (DMDD) and Unspecified Anxiety Disorder.

Review on 12/06/21 and 12/08/21 of client #2's record revealed:
- 13 year old male.
- Admission date of 01/30/20.
- Diagnoses of Conduct Disorder, Oppositional Defiant Disorder (ODD), ADHD Combined Type and Disinhibited Social Engagement Disorder.

Review on 12/06/21 and 12/08/21 of client #3's record revealed:
- 15 year old male.
- Admission date of 08/04/21.

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V 512	Continued From page 19 - Diagnoses of Bipolar Disorder, ODD and Moderate Depressive Disorder with Psychotic Features. Review on 12/06/21 and 12/08/21 of the North Carolina Incident Response Improvement System (IRIS) from September 2021 thru present revealed no Level III report about client #1 and #2's allegation of abuse against staff #8. Review on 12/08/21 of the facility incident report log from September 2021 thru present revealed no incident report documents regarding client #1 and #2's allegation of abuse against staff #8. Interview on 12/06/21 and 12/08/21 client #1 stated: - He was 13 years old. - He had a guardian through a local county Department of Social Services (DSS). - He recalled an incident in October 2021 between himself and staff #8. - "He (staff #8) did choke me." - Staff #8 put his hands around his neck. - Staff #8 bent him towards the kitchen sink. - His back was against the sink. - "He (staff #8) actually squeezed my neck. I couldn't talk." - Staff #8 held him around the neck about "45 seconds." - Staff #7 was at the facility when the incident occurred. - Client #2 told the Licensee/Qualified Professional (L/QP) but he never told anyone about the incident. Interview won 12/06/21 and 12/08/21 client #2 stated: - He had resided at the facility for one year. - He was currently in 8th grade.	V 512		

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V 512	Continued From page 20 - He recalled an incident with between himself and staff #8. - He could not remember the date but he was laying on his bed. - Staff #8 punched a hole in his wall. - Staff #8 got mad after he told him he was going to get cancer from smoking. - Staff #8 had a family that recently died from cancer. - He thought staff #2 was at the facility when staff #8 punched his wall. - Staff #2 punched the wall just above his head and it was patched. - Staff #8 was also involved with an incident with client #1 in October. - "He (staff #8) choked [Client #1] out." - Client #1 had splashed water on clean dishes. - Staff #8 grabbed client #1's "neck." - Staff #8 bent client #1 back towards the sink. - He did not see any injury. - Staff #7 was at the facility during the incident. - He told L/QP about the incidents at the facility. Interview on 12/06/21 client #3 stated: - He was 15 years old. - He resided at the facility approximately 4 months. - He was admitted from a psychiatric Hospital. - He recalled an incident between client #1 and staff #8. - The incident was in October or November 2021. - Client #1 had splashed water on the clean dishes. - Staff #8 grabbed client #1 and pushed his head into the sink. - Staff #8 was frustrated with client #1. - He had not spoken with anyone about the incident. - He did not recall who the second staff at the facility was during the incident.	V 512		

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V 512	Continued From page 21 - He did not see any injuries. Interview on 12/06/21 staff #8 stated: - He had worked at the facility for 6 years. - He was a QP at another agency. - He served as a paraprofessional at this facility. - He had not placed any clients in a restrictive intervention in the past 3 months. - He had not seen any staff mistreat or harm the clients. - He nor other staff had threatened the clients. - He had not choked any clients nor punched a hole in the wall. - He had heard clients say they were going to get him fired. - 2 staff always worked per shift. - Client #2 had made allegations against staff at his previous facility. Interview on 12/06/21 staff #2 stated: - She had worked at the facility for 2 months. - 2 staff worked at the facility per shift. - She had not seen any staff verbally or physically abuse clients. - She had not seen any staff treat the clients inappropriately. Interview on 12/10/21 staff #7 stated: - She had worked for the agency for approximately 9 years. - 2 staff worked at the facility per shift. - She recalled an incident between client #1 and staff #8, but was not sure of a specific date. - Client #1 had required multiple redirections due to behaviors and failed to complete chores. - Client #1 was beating items with a clothes hanger. - Staff #8 completed client #1's chores and attempted to take the clothes hanger. - Client #1 had gotten in staff #8's personal space	V 512		

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and he moved him out of the way.
- Client #2 began to get involved and be disruptive and she began to work with him.
- She never saw staff #8 hit or choke any of the clients.
- The clients have said in the past they were going to get staff fired.
- She had not seen staff #8 threaten or harm any of the clients.

Interview on 12/08/21 the L/QP stated:
- He went to the facility every day.
- He was told that staff #8 had "indented the wall" in client #2's bedroom.
- Staff #8 did not punch a hole in the wall.
- The issue with staff #8 damaging the wall happened a couple of months ago.
- He had not completed a write up or supervision with staff #8.
- Staff #8 had a sister that recently passed away from cancer.
- Client #2 had told staff #8 he could get cancer as well.
- He spoke with staff #8 about grief and walking away if he is upset.
- He discussed this with staff #8 a couple of months ago.
- No incident report was generated nor any other required reporting procedures.
- He was not aware of client #1 getting choked by staff #8.
- He had spoken with the clients about issues everyday and no one brought up getting choked.
- The clients had stated they were trying to get staff #8 fired.
- 2 staff work per shift at the facility.
- The Department of Social Services (DSS) Social Worker did not tell him about an allegation staff #8 choked client #1.
- Client #2 frequently lies.

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V 512	Continued From page 23 - He had not completed any incident reports or notification of applicable agencies. - Staff #8 was not suspended for an investigation into his actions. Review on 12/08/21 of a Plan of Protection signed by the L/QP and dated 12/08/21 revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? Based on the information recently relayed the staff member will be interviewed and for alleged actions. A internal investigation will be conducted." - "Describe your plans to make sure the above happens. Statements will be collected from the consumers & staff." Clients at the facility range in age from 13 to 15 years old. The clients have diagnoses to include ADHD, ODD, Anxiety Disorder and Conduct Disorder. Staff #8 choked client #1 and bent his back over the sink. Client #2 and client #3 witnessed the incident. On another occasion staff #8 got frustrated with client #2 and punched a hole in client #2's bedroom wall. The L/QP had been made aware of this incident between client #2 and staff #8 and had provided only verbal redirection. No documentation had been completed about the above incidents. No specific dates or times had been identified for the incidents. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of $2,000 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 512		