

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SIERRAS RESIDENTIAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 292 SIERRA TRAIL SPRING LAKE, NC 28390
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on 11/23/21. The complaint was unsubstantiated (Intake #NC00183436). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their written policies for admission. The findings are:</p> <p>Review on 11/16/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/20/20 - 10 years old - Diagnoses: Oppositional Defiant disorder, severe, Disruptive Mood Dysregulation disorder and Attention-Deficit Hyperactivity disorder - No admission assessment completed <p>Review on 11/22/21 of the facility's admission criteria revealed:</p> <ul style="list-style-type: none"> - "Intake Process - After the initial admission process has been completed and an individual has been approved for admission by CEO (Chief Executive Officer) and Clinical Director a meeting will be set up to complete the following intake packet items: B. Admissions Assessment" <p>Interview on 11/16/21 the Office Administrator reported:</p> <ul style="list-style-type: none"> - No admission assessment was completed because client #1 was transferred from one house to another - Didn't know they had to do another admission assessment since he was with the same company <p>Interview on 11/18/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Client #1 was moved to this house and he had an admission assessment done at the 	V 105		

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V 105	Continued From page 3 previous house - Didn't know they needed to do another one since he was only transferred	V 105		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to develop and implement goals and strategies to address behaviors affecting 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 11/16/21 Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/26/21 - 12 years old - Diagnoses: Disruptive Mood disorder, unspecified trauma - and stressor-related disorder and Attention Deficit/Hyperactivity disorder combined - Treatment plan dated 10/13/21 with no goals or strategies to address his refusal to perform his personal hygiene and the behaviors that are triggered by not wanting to do it <p>Interview on 11/19/21 Client #4 reported:</p> <ul style="list-style-type: none"> - Didn't like taking showers or a bath because of a previous incident that happened before he was admitted to this facility <p>Interview on 11/18/21 Client #4's guardian reported:</p> <ul style="list-style-type: none"> - Client #4 had an issue with hygiene and didn't want to complete his hygiene - He had behaviors that were triggered when he was asked to complete his hygiene - Nothing was put in his treatment plan about hygiene or behaviors - She would speak with the Qualified Professional (QP) about goals and strategies being added in the treatment plan <p>Interview on 11/18/21 the QP reported:</p> <ul style="list-style-type: none"> - Been employed 5 years - Duties included completing Person Centered Plans (PCP) and facilitating Child and Family 	V 112		

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V 112	Continued From page 5 Treatment (CFT) meetings - Client #4 didn't like taking showers and preferred a bath - Sometimes he didn't want to do any hygiene - Behaviors started when asked to complete his hygiene - It wasn't in his PCP about what to do when he didn't want to take a bath - It was just discussed in his last CFT meeting 11/8/21 about what to do when he refused to take a shower/bath - It would be put in his next PCP	V 112		
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	V 118		

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V 118	<p>Continued From page 6</p> <p>(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 file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to administer medications to a client on the written order of a physician affecting 1 of 3 audited clients (#1) and failed to keep the MAR current of all drugs administered affecting 2 of 3 audited clients (#1, #4). The findings are:</p> <p>A. Review on 11/16/22 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/20/20 - 10 years old - Diagnoses: Oppositional Defiant disorder (ODD), severe, Disruptive Mood Dysregulation disorder (DMDD) and Attention/Deficit Hyperactivity disorder (ADHD) - No physician order for Ibuprofen 400 milligrams (mg) - Physician order for Folic Acid dated 7/6/21 <p>Review on 11/16/21 at 11:33am of Client #1's November 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Ibuprofen 400 mg tab - 1 tab by mouth 3 times per day (pain) - Folic Acid 1mg tab - 1 tab by mouth once a day (supplement) 	V 118		

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Adderal XR 20mg - 2 capsules by mouth every morning (ADHD) - Vitamin D3 400 IU tab - 1 tab every morning (supplement) - Guanfacine HCL ER 3 mg tab - 1 tab once a day in the afternoon (ADHD) - Staff initialed medications listed above as administered to client on 11/17 - 11/18/21 & Guanfacine at 4pm on 11/16/21 - Staff had initialed Ibuprofen administered from 11/1 - 11/18/21 <p>Observation on 11/16/21 at 11:33am revealed:</p> <ul style="list-style-type: none"> - Ibuprofen 400 mg was not available in the facility - Folic Acid 1mg tab was not available in the facility <p>Interview on 11/16/21 Staff #5 reported:</p> <ul style="list-style-type: none"> - Employed 3 months - Worked 3rd shift 12pm - 8am - One of his duties was to administer medications - Had medication management training - Got his dates backwards on the MAR and signed in the wrong spots for client #1 - Requested additional training as soon as possible for medication administration due to recent errors - Needed hands on training and that wasn't done at the original training - There was no explanation as to why he signed ahead of the current date on the MAR as administering medications (meds) - He really didn't know what happened <p>Interview on 11/17/21 the Pharmacist reported:</p> <ul style="list-style-type: none"> - Client #1's Folic Acid was a supplement due to the amount of psychotropic medications he was on. 	V 118		

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> - The prescription had not been picked up as of today, 11/17/21. - The medication was ordered yesterday, 11/16/21 when staff called in the refill - Last refill was 10/1/21 - It was a 30 day prescription - Client #1's Ibuprofen was an emergency room (ER) order - The pharmacist had been trying to call the doctor and had left several messages to get a discontinuation (d/c) order for the Ibuprofen - She worked with the facilities on trying to get things d/c'd and that's what they had been doing for awhile now - They needed the d/c order from the ER before they could d/c it and remove it from the MAR <p>Interview on 11/16/21 & 11/18/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Client #1's Ibuprofen was given to him in the hospital because he hurt his arm before he was admitted to this facility - The pharmacy would not take it off of the MAR because the facility's doctor was not the one that prescribed it - Client #1 had been out of Ibuprofen since 2020 - She didn't know client #1 was out of folic acid - She would call in to the pharmacy for the refill - Was unable to get client #1's folic acid on 11/17/21 because the medication was not ready when staff went to get it - Sometimes staff #5 didn't have his glasses on and would sign in the wrong spot because "he can't see it" <p>B. Review on 11/16/21 Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/26/21 	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> - 12 years old - Diagnoses: Disruptive Mood disorder, unspecified trauma - and stressor-related disorder and Attention Deficit/Hyperactivity disorder combined <p>Review on 11/16/21 of Client #4's September 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Buspirone HCL 15mg - 2 tabs daily (anxiety) - Aripiprazole 15mg tabs - 1 tab daily (bipolar disorder) - Citalopram HBR 10mg tab - 1 tab daily (depression) - Divalproex SOD DR 250mg - 2 tabs at bedtime (bipolar) - Desmopressin Acetate 0.2 - 1 tab at bedtime (antidiuretic) - Prazosin 5mg capsule - 1 capsule at bedtime (high blood pressure) - Clonidine HCL 0.2mg tab - 1 tab at bedtime (ADHD) - Albuterol HFA 90mcg inhaler - PRN (as needed) - (asthma) - Missing signatures for all evening medications throughout the month to show medications were administered as ordered <ul style="list-style-type: none"> -Divalproex, Prazosin, Clonidine HCL and Desmopressin Acetate was not signed off on Sept. 10th-12th, 17th-19th, 26th, and the 30th - 31st - Nothing written on the back of the MAR to explain missing signatures <p>Interview on 11/18/21 the QP reported:</p> <ul style="list-style-type: none"> - Process when a client didn't receive his meds was to put on the MAR that the child was on TL (therapeutic leave) or whatever the reason was - In September 2021 the blank spaces on client #4's MAR was "just a med error" but he did receive his meds 	V 118		

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V 118	Continued From page 10 - She was going to re-train everyone on med management and do a monthly training thereafter Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 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:	V 293		

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V 293	<p>Continued From page 11</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate with other individuals and agencies affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 11/16/21 Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/3/19 - 14 years old - Diagnoses: Oppositional Defiant disorder, Post Traumatic Stress disorder and Attention Deficit/Hyperactivity disorder, combined 	V 293		
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V 293	<p>Continued From page 12</p> <p>Review on 11/16/21 of the facility's internal incident reports revealed:</p> <ul style="list-style-type: none"> - Incident 10/20/21 5:00pm - "a peer snatched a rope out of [client #2's] hand causing a rope burn on his finger. Staff gave consumer a cold compress" <p>Attempted contact with client #2's guardian on 11/17/21 at 11:39am and 11/23/21 at 8:22am and a voicemail message was left both times. There was no return call by the end of this survey.</p> <p>Interview on 11/16/21 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Client #2 received an injury "horseplaying" with another client but didn't require any medical attention - Guardian was not informed because "it was not serious" 	V 293		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 366		

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NAME OF PROVIDER OR SUPPLIER SIERRAS RESIDENTIAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 292 SIERRA TRAIL SPRING LAKE, NC 28390
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V 366	<p>Continued From page 13</p> <p>for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident</p>	V 366		

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V 366	<p>Continued From page 14</p> <p>and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement a written policy for Level I, II or III incidents. The findings are:</p> <p>Review on 11/16/21 Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/3/19 - 14 years old - Diagnoses: Oppositional Defiant disorder, Post Traumatic Stress disorder and Attention Deficit/Hyperactivity disorder, combined presentation <p>Review on 11/16/21 Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/26/21 - 12 years old - Diagnoses: Disruptive Mood disorder, unspecified trauma - and stressor-related disorder and Attention Deficit/Hyperactivity disorder combined <p>Review on 11/16/21 of the facility's internal incident reports revealed:</p> <ul style="list-style-type: none"> - Incident 10/20/21 5:00pm - "a peer snatched a rope out of [client #2's] hand causing a rope burn on his finger. Staff gave consumer a cold compress" - Incident 11/2/21 5:30PM - "[client #4] had to be put in a hold lasting 1 min. Consumer retired to bed with no other issues" <p>Interview on 11/16/21 the Office Administrator stated:</p> <ul style="list-style-type: none"> - There was debriefing after the restraint on client #4 but nothing was documented 	V 366		

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V 366	Continued From page 16 - No other documentation was completed on this incident - Didn't hear of anything else being discussed about client #2's injury - Only knew what was included on the incident report for client #2 Interview on 11/16/21 the Qualified Professional (QP) reported: - She had a talk with the clients about "horseplaying" and why it wasn't allowed but nothing documented - Client #4 was checked on after the restraint but nothing was documented other than the incident report	V 366		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date,	V 521		

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V 521	<p>Continued From page 17</p> <p>time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the minimum required documentation was completed whenever a restrictive intervention was used for 1 of 1 audited client (#4) who was placed in a restrictive intervention. The findings are:</p> <p>Review on 11/16/21 Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/26/21 - 12 years old - Diagnoses: Disruptive Mood disorder, unspecified trauma - and stressor-related disorder and Attention Deficit/Hyperactivity disorder combined <p>Review on 11/16/21 of the facility's internal incident reports revealed:</p> <ul style="list-style-type: none"> - Incident 11/2/21 5:30PM - "[client #4] had to be put in a hold lasting 1 min. Consumer retired 	V 521		

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V 521	<p>Continued From page 18</p> <p>to bed with no other issues"</p> <p>There was no documentation in the internal incident reports for:</p> <ul style="list-style-type: none"> -Debriefing -Client's physical and psychological well-being; -Frequency, intensity and duration of the behavior which led to the intervention; -Any precipitating circumstance contributing to the onset of the behavior; -The inadequacy of less restrictive intervention techniques that were used; <p>Interview on 11/19/21 Client #4 reported:</p> <ul style="list-style-type: none"> - He walked in his room and slammed the door and was punching the wall because staff #6 said something very "slick" but he couldn't remember what he said "but pretty sure he said something slick" - Staff #6 came back to his room and choked him - He got up off the bed and staff #6 put him in a hold with his hands behind his back and eventually let him go - This happened about 3 weeks ago - Client #4 always got mad like that <p>Interview on 11/16/21 the Office Administrator revealed:</p> <ul style="list-style-type: none"> - There was debriefing after the restraint but nothing was documented. - No other documentation was completed on this incident. 	V 521		
V 524	<p>27E .0104(e12-16) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION</p>	V 524		

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V 524	<p>Continued From page 19</p> <p>TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(12) The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the client's health or safety or immediately after the client gains behavioral control. If the client is unable to gain behavioral control within the time frame specified in the authorization of the intervention, a new authorization must be obtained.</p> <p>(13) The written approval of the designee of the governing body shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified in Item (E) of Subparagraph (e)(10) of this Rule.</p> <p>(14) Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical restraint or isolation timeout.</p> <p>(15) The use of a restrictive intervention shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62(e) for rights restrictions.</p> <p>(16) When any restrictive intervention is utilized for a client, notification of others shall occur as follows:</p> <p>(A) those to be notified as soon as possible but within 24 hours of the next working day, to include:</p> <p>(i) the treatment or habilitation team, or its designee, after each use of the intervention; and</p> <p>(ii) a designee of the governing body; and</p> <p>(B) the legally responsible person of a minor client or an incompetent adult client shall be</p>	V 524		
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V 524	<p>Continued From page 20</p> <p>notified immediately unless she/he has requested not to be notified.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the legally responsible person for 1 of 1 audited client (#4) who was placed in a restrictive intervention. The findings are:</p> <p>Review on 11/16/21 Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/26/21 - 12 years old - Diagnoses: Disruptive Mood disorder, unspecified trauma - and stressor-related disorder and Attention Deficit/Hyperactivity disorder combined <p>Review on 11/16/21 of the facility's internal incident reports revealed:</p> <ul style="list-style-type: none"> - Incident 11/2/21 5:30PM - "[client #4] had to be put in a hold lasting 1 min. Consumer retired to bed with no other issues" - There was no evidence of immediate guardian notification when a restrictive intervention was used. <p>Interview on 11/19/21 Client #4 reported:</p> <ul style="list-style-type: none"> - He walked in his room and slammed the door and was punching the wall because staff #6 said something very "slick" but he couldn't remember what he said "but pretty sure he said something slick" - Staff #6 came back to his room and choked him - He got up off the bed and staff #6 put him in a hold with his hands behind his back and eventually let him go - This happened about 3 weeks ago 	V 524		

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V 524	Continued From page 21 - Client #4 always got mad like that Interview on 11/18/21 Client #4's guardian reported: - She had not heard of any instances where client #4 had been restrained - She should have been made aware of any restraints on client #4 Interview on 9/2/21 the Qualified Professional revealed: - She did not call client #4's guardian	V 524		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 11/16/21 between 10:50am - 11:30am revealed the following: Hallway: - stained ceiling like a water stain - pieces of the ceiling were peeling Bathroom #1 in the main hallway:	V 736		

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V 736	<p>Continued From page 22</p> <ul style="list-style-type: none"> - 1 light missing in the light fixture in the ceiling - caulking at the bottom of the bathtub was peeling away from the tub - wall behind the shower head was peeling and paint was plastered over without being repainted - water stains in the ceiling surrounding the smoke detector - wood trim around the mirror over the sink was peeling <p>Client #1's room:</p> <ul style="list-style-type: none"> - blinds were broken and pieces of the blinds were missing - vent in the ceiling was loose and one side was hanging down - small split going down the wall by the closet <p>Client #2's room:</p> <ul style="list-style-type: none"> - one dresser drawer missing - small circular hole in a door in the room that is not used - blinds were broken and pieces missing - window wouldn't open <p>Interview on 11/16/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Didn't know why the window in client #2's room wouldn't open - Would have maintenance take a look at it since they were already at the facility <p>Client #3 & #4's room:</p> <ul style="list-style-type: none"> - blinds were broken and pieces were missing - right side of blind completely broken off - a small hole in the middle of the door and a small hole at the bottom of the door - attic entrance in the ceiling had a broken piece and peeling wood coming from it <p>Bathroom #2 in client #3 & #4's rooms:</p>	V 736		

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V 736	<p>Continued From page 23</p> <ul style="list-style-type: none"> - toilet was broken with a sign on it that said "out of order" - floor was lifting up and bulging - blinds were broken - wall behind the faucet in the sink had paint peeling - 1 recess lighting not working <p>Interview on 11/18/21 the QP reported:</p> <ul style="list-style-type: none"> - Toilet in bathroom #2 had been broken for about a month - Client #3 & #4 used the main bathroom in the hallway - Client #4 would put things in the toilet to stop it up - Every time the toilet was fixed, client #4 broke it again by putting objects in it - Waiting on the plumber to fix it <p>Backyard:</p> <ul style="list-style-type: none"> - broken chairs with wood pieces missing on it was sitting on the deck - a broken medium size rectangular piece of wood that was warped was sitting on the deck <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116</p>	V 752		

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V 752	<p>Continued From page 24</p> <p>degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature was maintained between 100-116 degrees Fahrenheit where clients were exposed to hot water. The findings are:</p> <p>Observation on 11/16/21 at 10:50am revealed:</p> <ul style="list-style-type: none"> - Bathroom #1 in the main hallway had a water temperature of 125 degress fahrenheit in the bathtub and the sink <p>Interview on 11/16/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Didn't know what the water temperature was supposed to be - Would have maintenance adjust the water temperature 	V 752		