Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL042-087 B. WING 12/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 289 WADE ROAD FAMILY ADVANTAGE, LLC SCOTLAND NECK, NC 27874 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 12/2/21. Intake # NC 00183357 was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents V 108 27G .0202 (F-I) Personnel Requirements Measure to prevent the problem from occurring V 108 12/08/21 10A NCAC 27G .0202 PERSONNEL * License Professional (LP) will conduct clinical REQUIREMENTS training and supervision on sex offender for all (f) Continuing education shall be documented. staff monthly, random checks will be made to (g) Employee training programs shall be ensure clients safely and staff personnel charts are met at all times. All employee charts will be provided and, at a minimum, shall consist of the audited by an outside consulted contracted with following: agency quarterly or as needed to ensure all (1) general organizational orientation; staff have been properly trained to provide treatment to seeking (2) training on client rights and confidentiality as services. All staff trainings are posted for all delineated in 10A NCAC 27C, 27D, 27E, 27F and staff to be informed and to attend if they plan to 10A NCAC 26B: continue employment with Agency. (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff RECEIVED member shall be trained in basic first aid including seizure management, currently trained DEC 17 2021 to provide cardiopulmonary resuscitation and

implement policies and procedures for identifying, Division of Health Service Regulation

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

the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and

trained in the Heimlich maneuver or other first aid

techniques such as those provided by Red Cross,

120 PTBZ11

(X6) DATE

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If continuation sheet 1 of 4

PRINTED: 12/02/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: B. WING MHL042-087 12/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 289 WADE ROAD FAMILY ADVANTAGE, LLC SCOTLAND NECK, NC 27874 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 108 Continued From page 1 V 108 Measure to prevent the problem from occurring reporting, investigating and controlling infectious and communicable diseases of personnel and clients. *All staff will be trained on the policies and state rules and regulations. All staff will be held responsible for assuring that understand and attend the supervisions / trainings monthly LP has conducted trainings/supervision on dealing with sex offender populations. LP put in place with all staff personnel will be trained This Rule is not met as evidenced by: and evaluated following training to Based on record review and interview the facility assess competency. Monthly Paraprofessionals (PP), failed to ensure three of three audited staff (#5, #6, & #7) received training to meet the MH/DD/SA AP, and QP supervisions will continue with more stringent criteria in place to ensure needs of the clients. The findings are: proficiency. A. Review on 11/29/21 of staff #5's record Owner will continue to yearly employee revealed: evaluation and will be thoroughly discuss with -Date of hire- 1/21/21 each employee. Employee supervision and trainings will be -No training in dealing with adolescents with kept in employee chart. sexually aggressive behavior. All clients will be encourage and welcomed to express any concerns encountered on regular Interview on 11/29/21 staff #5 stated: basis Trainings for all staff will continue and training -Been working in the home since February 2020 will occurs as often as needed. and worked first shift -Had not had any training regarding dealing with Who will monitor the situation to ensure it will sex offenders not occur again -Spoke to another staff about it and they talked about supervising him closely when around the *Monitoring will occur by the QP, AP, Owner other clients -Had not noticed client #2 attempting to get close How often the monitoring will take place. to the other clients during her shift *Monitoring will take place at least weekly by

revealed:

-Date of hire-8/3/21

sexually aggressive behavior.

B. Review on 11/29/21 of staff #6's record

-No training in dealing with adolescents with

C. Review on 11/29/21 of staff #7's record

needed

QP and LP and as often as needed. Owner as

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION				
						(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G:	COM	IPLETED	
MHL042-087		B. WING		12/	12/02/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
FAMILY	ADVANTAGE LLC						
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 108	ADVANTAGE, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 -Date of hire-7/1/21 -No training in dealing with adolescents with sexually aggressive behavior. Interview on 11/30/21 staff #7 stated: -Been working in the home since 6/2021 and worked first shift -Since employed had not had training in dealing with sex offenders -Had a training a long time ago from another facility she was employed with -Had some issues with client #2 sometimes getting "wound up" and dance "hoochie coochie" -Would remind him to calm down or go to his room -Never observed client #2 trying to "mess" with the other boys Review on 11/29/21 of client #2's record revealed: -Admission date of 4/8/21 -Diagnoses of Oppositional Defiant Disorder (ODD), Attention Deficit with Hyperactive Disorder (ADHD), Autism Spectrum and Reactive Attachment Disorder.		V 108				
	5 (-		V 100				
	-No training in dealir	ng with adolescents with					
	sexually aggressive	behavior.					
	Interview on 11/30/2	1 staff #7 stated:		1			
-Been working in the home since 6/2021 and worked first shift -Since employed had not had training in dealing							
facility she was employed with -Had some issues with client #2 sometimes getting "wound up" and dance "hoochie coochie"							
	-Would remind him to calm down or go to his room						
	the other boys						
	Review on 11/29/21 of client #2's record revealed: -Admission date of 4/8/21						
(ODD), Attention Deficit with Hyperactive Disorder					1		
	(ADHD), Autism Spectrum and Reactive						
	-10/6/20- charged with 1st degree statutory sexual offense on male child family member						
	sexual offerise off file	ale child family member					
	Interview on 11/20/21	the Associate Profession-1					
Interview on 11/29/21 the Associate Professional (AP) stated:					1		
		red a few months ago and he					
	is on probation for se	xually assaulting his little				-	
	cousin	Addity assaulting his little				1	
		staff specifically on dealing				1	
	with sex offenders	stan specifically on dealing				1	
		t population in the past, but				- 1	
	not trained in last few	voore				- 1	
	not trained III last IEW	years.					
	Interview on 12/2/21	the Qualified Professional					
	(QP) stated:	ine Qualified Professional					
		used in a set to CD					
	-one had just started	working as the QP at this					

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			A. BUILDING:							
MHL042-087		B. WING		12/	12/02/2021					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY							
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FAMILY ADVANTAGE, LLC 289 WADE ROAD SCOTLAND NECK, NC 27874										
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID .		DDFOTION					
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V 108	Continued From page 3		V 108							
V 108	facility for a month r -Aware of client #2's -Staff had not been offenders -Had a power point a the behavior -Had spoke with a fe when she was there -They were planning 2022, but no date se	now. In the area of sex staff that were present to but not all staff a training on this in January	V 108							