

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD FAYETTEVILLE, NC 28306</b>		
(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on October 29, 2021. The complaint was substantiated (intake #NC00182240). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p>	V 000	<p><b>DHSR-Mental Health</b></p> <p><b>NOV 24 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p>		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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:</p> <p>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.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a healthcare facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged</p>	V 132	<p>V132</p> <ul style="list-style-type: none"> <li>After an internal review it was determined that the Program Manager failed to submit all reports and investigations within notification timelines.</li> <li>All Day Treatment staff will participate in retraining of incident reporting and documentation requirements of ALL level incidents and especially those pertaining to allegations of abuse as provided by Executive Director of Day Treatment.</li> <li>The Program Manager will notify the Executive Director of Day Treatment of all incidents within 12 hours of learning and/or gaining knowledge of the incident to ensure timeliness of reporting requirements are met.</li> <li>When the above occurs the Program Manager will receive guidance while staffing/discussing the incident and reporting requirements when an incident occurs to the Executive Director of Day Treatment to ensure proper escalation of procedures.</li> <li>If any incidents occur the Program manager will check to ensure documents are complete, and determine what level the incident should be classified.</li> <li>If the incident rises to a level 2 or 3 the Program Manager will ensure that critical incident information is complete.</li> <li>The Program Manager will ensure that the proper authorities have been contacted and notified of the incident.</li> </ul>	11/23/2021	11/23/2021

Division of Health Service Regulation

			<ul style="list-style-type: none"> <li>A member of the Performance Improvement team conducts bi-weekly internal audits to ensure incident reporting has met state and agency requirements.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>The Executive Director of Day Treatment will follow up after 24 hours of a reported incident to ensure that all processes and reports have been completed as required.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>On 11/18/21, the Executive Director of Day Treatment discussed with Program Manager the prevention steps above, and reviewed the policy and procedures for documenting incidents and reported allegations of abuse.</li> </ul>	11/22/21
			<ul style="list-style-type: none"> <li>Training and Program Improvement team will provide day treatment staff with refresher training on Incident Reporting policies and procedures and ensure staff know how to access quick reference sheets when there is an incident/allegation against staff.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>Staff will receive disciplinary action if the required reporting is not followed.</li> </ul>	11/23/21
			<ul style="list-style-type: none"> <li>Training and Development will provide annual refreshers as determined by staff hire dates.</li> </ul>	11/22/21
			<ul style="list-style-type: none"> <li>The Executive Director of Day Treatment will provide weekly monitoring to ensure that the interventions above are being met through internal audits.</li> </ul>	11/22/21

Division of Health Service Regulation

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

TITLE

(X6) DATE

 USW

Executive Director

11/23/21

STATE FORM

6899

XW6711

If continuation sheet 1 of 25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 132	<p>Continued From page 1</p> <p>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 notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) and failed to submit the results of all investigations within five working days of the initial notification to the Department. The findings are:</p> <p>Finding #1: Review on 09/26/21 of a North Carolina Incident Response Improvement System (IRIS) report for client #1 and submitted 10/08/21 revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 09/29/21.</li> <li>- Time of incident: 1:00pm.</li> <li>- Allegation of physical abuse was identified against Qualified Professional (QP) #1. "Staff reportedly shoved client from the back as they were walking out of the classroom."</li> <li>- Provider Comments: Client #1's description "We were in science class and Mr. [QP #1] started</li> </ul>	V 132			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOWARD DAY TREATMENT**

**1608 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 132	Continued From page 2  yelling at me and told me to go to the hut. On my way out the door, he shoved me in the back." - QP #1's description "Qp (#1) observed consumer (client #1) repeatedly interrupt the science class and refused to adhere to the rules despite several interventions from the teacher. The teacher had to address [Client #1] as well as the other 2 consumers. The teacher addressed [Client #1] for speaking out of turn, disrupting others through teasing and picking, and being disrespectful to others. Qp determined that the teacher was not in control despite trying to get the group and especially [Client #1] to adhere to the rules. Qp decided to interject and explain the purpose of Day Treatment to the Class as well as the teacher. Consumer stated that it was not AYN (Alexander Youth Network-Licensee) time and he did not want to hear about rules. Qp directed the consumers to review the rules listed on the dry erase board. [Client #1] argumentatively contested that he had broken any of the rules. Qp, knowing the consumer well, determined that the consumer wanted to take the opportunity and try to debate the rules and his adherence to them. Qp directed the consumer to be quiet and not to interrupt the class session and to observe the rules. Qp, knowing the consumer, summarized that the consumer's motive was to be near his peer [Client #2] who was in the Day Treatment auxiliary facility and would not cease his disruptive behaviors. Qp, historically knowing how to redirect the consumer, utilized an elevated tone and directed the consumer to go to the auxiliary facility. As the exit door was opened and consumer moved forward, Qp emphatically encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved	V 132		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOWARD DAY TREATMENT**

**1608 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 132	Continued From page 3  through the door and hesitated, Qp motivated him in coach-like fashion and stated "now come on and let's do this... you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp encouraged consumer to think about his behavior. Consumer stated that he would think about his behavior. Consumers demeanor was relaxed on composed. Consumer displayed no aggressive posture nor any defiant aggressive acts. Consumer asked if he could sit with [Client #2] which was the objective of his defiance. Qp told consumer that he had to sit in another location and that he had to work on assignments that he refused to complete an hour earlier. Consumer accepted that response and said that he would work on his assignments and sat in the prescribed area. Qp returned to classroom 16 and observed for the duration of the session." - "CPS (Child Protective Services) was called to report the incident. Internal investigation was also completed by [Program Manager] to get statements. Staff (QP #1) will not be working directly with this client any longer." - "Describe the cause of this incident, (the details of what led to this incident). The client (#1) was being disruptive during Science class. Staff (QP #1) prompted the client to remove himself from	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOWARD DAY TREATMENT**

**1608 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 132	<p>Continued From page 4</p> <p>the environment so he would stop being disruptive. As the client was exiting the room he was pushed/shoved by the staff member."</p> <p>- "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. This incident will be prevented in the future by removing this staff member from having direct involvement with this client. The staff member will receive direct care retraining and counseling from his supervisor, and will have increased monitoring of his interventions from the supervisor with any and all clients he engages with. In the moment corrections will take place when needed to help reinforce expectations and standards. Program Manager counseled the staff member and provided him with a printout of AYN's Do's and Don'ts."</p> <p>- The results of the investigation were not submitted as required.</p> <p>Finding #2: Review on 10/26/21 of the NC IRIS website revealed no Level III incident report was submitted for client #2 dated 10/26/21.</p> <p>Review on 10/26/21 of an entered and not submitted North Carolina IRIS report for client #2 revealed:  - Date of Incident: 10/06/21.  - Time of incident: 2:35pm.  - Type of incident: Allegation of Abuse and Restrictive Intervention.  - Sitting restraint 3 minutes in length.  - Incident Comments: "Mr. [QP #1] (mental health counselor) reported that the client (#2) had become very upset and defiant towards instruction. The client attempted to walk through Mr. [QP #1] to leave the cottage and exit the</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 132	<p>Continued From page 5</p> <p>campus. When Mr. [QP #1] stood in his way, Mr. [QP #1] reported that the client attempted to punch him with his right hand. Mr. [QP #1] states that he blocked the punch and grabbed the client's arms to restrain him from any further attack. Mr. [QP #1] reports that he took the client down to the floor, but tried to make sure he was not restricting breathing. Incorrect Physical Restraint Provider 10/07/2021 The client reported that Mr. [QP #1] (mental health counselor) put his hands on him first, which prompted him to throw a punch. Afterwards, the client reported that Mr. [QP #1] grabbed him and restrained him in the corner (on the floor) aggressively."</p> <p>- Physical Abuse identified in the IRIS report and comments "The client (#2) reported that Mr. [QP #1] (mental health counselor) put his hands on him first, which prompted him to throw a punch. Afterwards, the client reported that Mr. [QP #1] grabbed him and restrained him in the corner (on the floor) aggressively."</p> <p>- Restrictive Intervention was identified as not administered properly.</p> <p>- Debriefing with the QP #1: "Program Manager debriefed with staff on the day of the incident, reiterating the conditions by which restrain it warranted, as well as the correct restraints to use."</p> <p>- No documentation the allegation was submitted within 24 hours or a 5 day report to the HCPR as required.</p> <p>Interview on 10/26/21 and 10/27/21 the Program Manager stated:</p> <p>- He thought he had submitted all the information to HCPR as required for client #1's allegation against QP #1.</p> <p>- He had created an IRIS report for client #1's allegation and he would ensure the documentation was submitted as required.</p>	V 132		

Division of Health Service Regulation  
STATE FORM

Division of Health Service Regulation

			<ul style="list-style-type: none"> <li>• The Program Manager will ensure that the proper authorities have been contacted and notified of the incident.</li> </ul>	11/23/21
			<ul style="list-style-type: none"> <li>• A member of the Performance Improvement team conducts bi-weekly internal audits to ensure incident reporting has met state and agency requirements.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• Executive Director of Day Treatment will follow up after 24 hours of a reported incident to ensure that all processes and reports have been completed as required.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• On 11/18/21, Executive Director of Day Treatment discussed with the Program Manager the prevention steps above, and reviewed the policy and procedures for documenting incidents and reported allegations of abuse.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• Training and Program Improvement team will provide day treatment staff with refresher training on Incident Reporting policies and procedures and ensure sure staff know how to access quick reference sheets when there is an incident/allegation against staff.</li> </ul>	11/22/21
			<ul style="list-style-type: none"> <li>• Staff will receive disciplinary action if the required reporting is not followed.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• Training and Development will provide annual refreshers as determined by staff hire dates.</li> </ul>	11/23/21
			<ul style="list-style-type: none"> <li>• The Executive Director of Day Treatment will provide weekly monitoring to ensure that the interventions above are being met through internal audits.</li> </ul>	11/22/21



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD FAYETTEVILLE, NC 28306</b>		
(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 318	Continued From page 7	V 318			
	Interview on 10/27/21 the Program Manager stated he would follow up on the reports for HCPR.				
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; (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:	V 367	V367 <ul style="list-style-type: none"><li>After an internal review it was determined that the Program Manager failed to submit all reports and investigations within notification timelines.</li><li>All Day Treatment staff will participate in retraining of incident reporting and documentation requirements of ALL level incidents and especially those pertaining to allegations of abuse as provided by Executive Director of Day Treatment.</li><li>The Program Manager will notify the Executive Director of Day Treatment of all incidents within 12 hours of learning and/or gaining knowledge of the incident to ensure timeliness of reporting requirements are met.</li><li>When the above occurs the Program Manager will receive guidance while staffing/discussing the incident and reporting requirements when an incident occurs to the Executive Director of Day Treatment to ensure proper escalation of procedures.</li><li>If any incidents occur the Program manager will check to ensure documents are complete, and determine what level the incident should be classified.</li><li>If the incident rises to a level 2 or 3 the Program Manager will ensure that critical incident information is complete.</li></ul>	11/23/2021	11/23/2021

Division of Health Service Regulation

			<ul style="list-style-type: none"> <li>• The Program Manager will ensure that the proper authorities have been contacted and notified of the incident.</li> </ul>	11/23/21
			<ul style="list-style-type: none"> <li>• A member of the Performance Improvement team conducts bi-weekly internal audits to ensure incident reporting has met state and agency requirements.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• Executive Director of Day Treatment will follow up after 24 hours of a reported incident to ensure that all processes and reports have been completed as required.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• On 11/18/21, the Executive Director of Day Treatment discussed with the Program Manager the prevention steps above, and reviewed the policy and procedures for documenting incidents and reported allegations of abuse.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• Training and Program Improvement team will provide day treatment staff with refresher training on Incident Reporting policies and procedures and ensure staff know how to access quick reference sheets when there is an incident/allegation against staff.</li> </ul>	11/22/21
			<ul style="list-style-type: none"> <li>• Staff will receive disciplinary action if the required reporting is not followed.</li> </ul>	Began on 11/22/21
			<ul style="list-style-type: none"> <li>• Training and Development will provide annual refreshers as determined by staff hire dates.</li> </ul>	11/23/21
			<ul style="list-style-type: none"> <li>• The Executive Director of Day Treatment will provide weekly monitoring to ensure that the interventions above are being met through internal audits.</li> </ul>	11/22/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 367	<p>Continued From page 8</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 367	<p>Continued From page 9</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report incidents to the Local Management Entity as required. The findings are:</p> <p>Finding #1: Review on 09/26/21 of a North Carolina Incident Response Improvement System (IRIS) report for client #1 and submitted 10/08/21 revealed: - Date of incident: 09/29/21. - Time of incident: 1:00pm. - Allegation of physical abuse was identified against Qualified Professional (QP) #1. "Staff reportedly shoved client from the back as they were walking out of the classroom." - The IRIS report had not been properly submitted within 72 hours of the incident as required.</p> <p>Finding #2: Review on 10/26/21 of an entered and not submitted North Carolina IRIS report for client #2 revealed: - Date of Incident: 10/06/21. - Time of incident: 2:35pm.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD FAYETTEVILLE, NC 28306</b>		
(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 367	Continued From page 10  - Type of incident: Allegation of Abuse and Restrictive Intervention. - Sitting restraint 3 minutes in length. - The IRIS report had not been properly submitted within 72 hours of the incident as required.  Interview on 10/26/21 and 10/27/21 the Program Manager stated: - He had created an IRIS report for client #1's allegation and he would ensure the documentation was submitted as required. - Client #2 did not have a planned strategy for restrictive interventions in his Person Centered Plan. - He had created an IRIS report for client #2's incident but was not aware it had been properly submitted. - He had worked at the facility since 2018 and there had only been 2 restrictive interventions. - He would follow up on the submission of IRIS reports.	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 aggressive client and which is permitted by governing body policy. The degree of force that	V 512	V512  <ul style="list-style-type: none"><li>On 10/13/21 the Executive Director met with Vice President of HR and PI, as well as, the President and COO, to review allegation and suspend employment until DHHS investigation was complete.</li><li>Staff (QP#1) has been terminated from the agency as of 11/12/21 as a result of the DHHS investigation and internal review.</li><li>The Program Manager will complete Model of Care Checklist monthly on all program staff to ensure that appropriate interventions are being implemented. The Executive Director of Day Treatment will monitor that the monthly reviews are completed.</li></ul>	10/13/21  11/12/21  Began on 11/23/21	



Division of Health Service Regulation

			<ul style="list-style-type: none"> <li>On 11/12/21, the Executive Director of Day Treatment and HR Director met with QP#1 to complete termination of employment based on findings from the DHHS investigation and internal review.</li> <li>Training and Development, along with Executive Director of Day Treatment, will complete annual monitoring to ensure that TCI refreshers have been completed.</li> <li>The Executive Director of Day Treatment will provide monthly monitoring to ensure that the interventions above are being met.</li> </ul>	<p>11/12/21</p> <p>Ongoing</p>
--	--	--	--	--------------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 11</p> <p>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.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of three Qualified Professionals (QP) (#1) abused two of three audited clients (#1 and #2). The findings are:</p> <p>Review on 10/29/21 of the QP #1's record revealed: - Date of Hire: 03/22/21. - Therapeutic Crisis Intervention (TCI) dated 03/26/21. - Client Rights training 03/22/21</p> <p>Finding #1: Review on 10/26/21 of client #1's record revealed: - 11 year old male. - Admission date of 08/23/21. - Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD) and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Review on 09/26/21 of a North Carolina Incident Response Improvement System (IRIS) report for client #1 and submitted 10/08/21 revealed: - Date of incident: 09/29/21. - Time of incident: 1:00pm. - Allegation of physical abuse was identified</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	Continued From page 12  against QP #1. "Staff reportedly shoved client from the back as they were walking out of the classroom." - Provider Comments: Client #1's description "We were in science class and Mr. [QP #1] started yelling at me and told me to go to the hut. On my way out the door, he shoved me in the back." - QP #1's description "Qp (#1) observed consumer (client #1) repeatedly interrupt the science class and refused to adhere to the rules despite several interventions from the teacher. The teacher had to address [Client #1] as well as the other 2 consumers. The teacher addressed [Client #1] for speaking out of turn, disrupting others through teasing and picking, and being disrespectful to others. Qp determined that the teacher was not in control despite trying to get the group and especially [Client #1] to adhere to the rules. Qp decided to interject and explain the purpose of Day Treatment to the Class as well as the teacher. Consumer stated that it was not AYN (Alexander Youth Network-Licensee) time and he did not want to hear about rules. Qp directed the consumers to review the rules listed on the dry erase board. [Client #1] argumentatively contested that he had broken any of the rules. Qp, knowing the consumer well, determined that the consumer wanted to take the opportunity and try to debate the rules and his adherence to them. Qp directed the consumer to be quiet and not to interrupt the class session and to observe the rules. Qp, knowing the consumer, summarized that the consumer's motive was to be near his peer [Client #2] who was in the Day Treatment auxiliary facility and would not cease his disruptive behaviors. Qp, historically knowing how to redirect the consumer, utilized an elevated tone and directed the consumer to go to the auxiliary facility. As the exit door was opened and consumer moved forward, Qp emphatically	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	Continued From page 13  encouraged and directed the consumer to stop his disruptive behaviors and verbally motivated the consumer to keep up the good academic work that he was doing and not to get distracted by the influence of [Client #2]. Consumer moved through the door and hesitated, Qp motivated him in coach-like fashion and stated "now come on and let's do this... you can do this!" and physically prompted consumer on the back right shoulder motivating him like a coach. While walking up the ramp, Consumer stated that he was not worried about doing his work and wondered if he could go outside already knowing that that privilege was suspended for an issue on the bus yesterday. Qp told the consumer that going outside was not an option based on administrative ruling from the schools disciplinary division. Qp emphatically explained and counseled to the consumer that Day Treatment was trying to help him with his behaviors because he would have a lot of negative encounters as he grew up if he did not manage his sarcasm and negative attitude. Qp encouraged consumer to think about his behavior. Consumer stated that he would think about his behavior. Consumers demeanor was relaxed on composed. Consumer displayed no aggressive posture nor any defiant aggressive acts. Consumer asked if he could sit with [Client #2] which was the objective of his defiance. Qp told consumer that he had to sit in another location and that he had to work on assignments that he refused to complete an hour earlier. Consumer accepted that response and said that he would work on his assignments and sat in the prescribed area. Qp returned to classroom 16 and observed for the duration of the session." - "CPS (Child Protective Services) was called to report the incident. Internal investigation was also completed by [Program Manager] to get statements. Staff (QP #1) will not be working	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 14</p> <p>directly with this client any longer."</p> <p>- "Describe the cause of this incident, (the details of what led to this incident). The client (#1) was being disruptive during Science class. Staff (QP #1) prompted the client to remove himself from the environment so he would stop being disruptive. As the client was exiting the room he was pushed/shoved by the staff member."</p> <p>- "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. This incident will be prevented in the future by removing this staff member from having direct involvement with this client. The staff member will receive direct care retraining and counseling from his supervisor, and will have increased monitoring of his interventions from the supervisor with any and all clients he engages with. In the moment corrections will take place when needed to help reinforce expectations and standards. Program Manager counseled the staff member and provided him with a printout of AYN's Do's and Don'ts."</p> <p>- Department of Social Services (DSS) was notified.</p> <p>- Health Care Personnel Registry (HCPR) was notified of the allegation and no documentation a 5 day report was submitted as required.</p> <p>Review on 10/26/21 of an unsigned internal investigation for client #1 and QP #1 revealed the same information as reported in the IRIS report submitted 10/08/21.</p> <p>Interview on 10/26/21 client #1 stated:</p> <p>- He was 11 years old.</p> <p>- He was in the 6th grade.</p> <p>- QP #1 used to work at the facility.</p> <p>- QP #1 would interrupt him during class.</p>	V 512		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- He recalled the incident on 09/29/21 with QP #1.</li> <li>- QP #1 told him to quit talking and QP#1 "pushed me."</li> <li>- QP #1 told him to go out and when he walked out QP #1 pushed him in the back.</li> <li>- QP #1 did not work with him after that incident.</li> </ul> <p>During telephone interview on 10/26/21 QP #1 stated:</p> <ul style="list-style-type: none"> <li>- He had worked at a sister facility and was filling in at the facility for approximately 1 month.</li> <li>- He worked in the classrooms as a QP.</li> <li>- He recalled the incident on 09/29/21 with client #1.</li> <li>- He wrote a statement on the 09/29/21 incident with client #1.</li> <li>- Client #1 was using "sarcasm" and he had to interrupt the class and address the rules of the facility.</li> <li>- He used an "emphatic" voice which seemed to "shock the teacher."</li> <li>- "I was telling him (client #1) to get to the hut (building outdoors)."</li> <li>- He just encouraged client #1 to go outside.</li> <li>- "I said come on man like a coach would do (regarding hitting client #1 on the back)."</li> <li>- He did not know why it was said he shoved client #1.</li> <li>- He thought the "optics" of the video may have led individuals to think he had shoved client #1 but he did not know.</li> <li>- A "one hand prompt is different than a two hand push."</li> <li>- The Program Manager did discuss issues with him of the video and incident however he was not suspended until a later incident.</li> </ul> <p>Interview on 10/26/21 the Assistant Teacher stated:</p> <ul style="list-style-type: none"> <li>- She started working in the facility classroom in</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 16</p> <p>July 2021.</p> <ul style="list-style-type: none"> <li>- She and a teacher provided instruction in the class.</li> <li>- Facility staff helped to regulate behaviors and assist with de-escalation of clients.</li> <li>- She recalled the incident between client #1 and QP #1 on 09/29/21.</li> <li>- Another teacher was providing a lesson in science class.</li> <li>- "[Client #1] was getting mouthy" and QP #1 stopped the class.</li> <li>- QP #1 began to review his position in the classroom and what the class was about.</li> <li>- QP #1 told client #1 to go outside.</li> <li>- QP #1 said "I am gonna show your a*s something" and subsequently pushed client #1 out of the door.</li> <li>- "I saw him (QP #1) push him (client #1)."</li> <li>- Client #1 then went to the adjacent building.</li> </ul> <p>Interview on 10/26/21 the Teacher stated:</p> <ul style="list-style-type: none"> <li>- She recalled the incident between client #1 and QP #1 on 09/29/21.</li> <li>- She was in the classroom next door and heard QP #1 "shouting."</li> <li>- QP #1 was pointing his finger at client #1 and told client #1 to go outside.</li> <li>- QP #1 "shoved" client #1 as he was going out of the door.</li> <li>- Client #1 was walking as instructed by QP #1 and did not need to be shoved.</li> <li>- She reported the incident to the Principal and the video was reviewed.</li> <li>- It was difficult to see the video because of the brightness but there was no reason for QP #1 to touch client #1.</li> <li>- QP #1 was not suspended after that incident.</li> </ul> <p>Interview on 10/27/21 the School Principal stated:</p> <ul style="list-style-type: none"> <li>- He had reviewed the 09/29/21 incident between</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 17</p> <p>QP #1 and client #1.</p> <ul style="list-style-type: none"> <li>- He had made a statement regarding the investigation.</li> <li>- It was difficult to determine the amount of force in which QP #1 pushed client #1.</li> <li>- The reaction from the staff was "obvious" the force was unnecessary.</li> <li>- Client #1 had been seated in his chair and did not appear to be a threat to himself or others.</li> <li>- "It appeared unnecessary for him (client #1) to be removed."</li> <li>- The video was no longer available for review.</li> </ul> <p>Finding #2:</p> <p>Review on 10/26/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 12 year old male.</li> <li>- Admission date of 08/25/21.</li> <li>- Diagnoses of Oppositional Defiant Disorder and ADHD.</li> </ul> <p>Review on 10/26/21 of the NC IRIS website revealed no Level II incident report was submitted for client #2 dated 10/26/21.</p> <p>Review on 10/26/21 of an entered and not submitted North Carolina IRIS report for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 10/06/21.</li> <li>- Time of incident: 2:35pm.</li> <li>- Type of incident: Allegation of Abuse and Restrictive Intervention.</li> <li>- Sitting restraint 3 minutes in length.</li> <li>- Incident Comments: "Mr. [QP #1] (mental health counselor) reported that the client (#2) had become very upset and defiant towards instruction. The client attempted to walk through Mr. [QP #1] to leave the cottage and exit the campus. When Mr. [QP #1] stood in his way, Mr. [QP #1] reported that the client attempted to</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 18</p> <p>punch him with his right hand. Mr. [QP #1] states that he blocked the punch and grabbed the client's arms to restrain him from any further attack. Mr. [QP #1] reports that he took the client down to the floor, but tried to make sure he was not restricting breathing. Incorrect Physical Restraint Provider 10/07/2021 The client reported that Mr. [QP #1] (mental health counselor) put his hands on him first, which prompted him to throw a punch. Afterwards, the client reported that Mr. [QP #1] grabbed him and restrained him in the corner (on the floor) aggressively."</p> <p>- Physical Abuse identified in the IRIS report and comments "The client (#2) reported that Mr. [QP #1] (mental health counselor) put his hands on him first, which prompted him to throw a punch. Afterwards, the client reported that Mr. [QP #1] grabbed him and restrained him in the corner (on the floor) aggressively."</p> <p>- Restrictive Intervention was identified as not administered properly.</p> <p>- Debriefing with the QP #1: "Program Manager debriefed with staff on the day of the incident, reiterating the conditions by which restrain it warranted, as well as the correct restraints to use."</p> <p>Review on 10/26/21 of an unsigned internal investigation for client #2 revealed:</p> <p>- "Name of client: [Client #2] Name of Staff involved: [QP #1] Date of incident: 10/06/2021."</p> <p>- "Interview: Client ([Client #2]) Record of Events in client's own words: 'I wasn't doing anything, then Mr. [QP #1] put his hands on me, so I swung at him and he started grabbing me.'"</p> <p>- "Interview: Staff #1- Name: Mr. [QP #1] Record of Events in employee's own words: 'Consumer (client #2) displayed oppositional defiance, impulsivity, hyper-activity, and erratic irrational behaviors. Consumer was removed from class</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 19</p> <p>activities for defiant and disruptive behaviors. Consumer broke a fidget item. QP ([QP #1]) told the consumer that he would send picture of the broken item to his mother. Consumer put on his bookbag and walked towards the QP who was standing in the doorway and said, 'm*****r you can't keep me here n***a.' Consumer then swung on the QP with his right hand. QP blocked punch attempt and physically prompted consumer by holding him to the floor. QP held consumer's hands while straddling his legs. QP was sure not to be on the torso area of the consumer and monitored respiration of the consumer. QP let consumer's hands go once consumer was deemed to be emotionally stable to do so."</p> <p>- "Manager/Directors Administrative Response: Program Manager ([Program Manager]) met with the client (#2) to check for any physical damage or discomfort. Program Manager then met with Mr. [QP #1] to get a description of what occurred. Manager instructed Mr. [QP #1] to contact the client's mother to explain the situation (since he was directly involved) as soon as possible. Manager followed up with the mother later that evening (October 6th), as well as in the morning. Manager assigned himself to remain with Mr. [QP #1] throughout the day to assist with any behavioral symptoms of the clients that he primarily works with."</p> <p>Interview on 10/26/21 client #2 stated:</p> <ul style="list-style-type: none"> <li>- He was 12 years old and started the program in August 2021.</li> <li>- He had attended a similar program at a sister facility.</li> <li>- He recalled a recent incident when "Mr. [QP #1] threw him to the ground" and the Teacher came in.</li> <li>- He had told QP #1 his nose was stuffed up.</li> <li>- He got upset and threw a toy on the ground and</li> </ul>	V 512		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOWARD DAY TREATMENT**

**1608 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 512	<p>Continued From page 20</p> <p>QP #1 thought he kicked him.</p> <ul style="list-style-type: none"> <li>- They were in the outside building.</li> <li>- QP #1 got in his face and he swung at QP #1.</li> <li>- QP #1 put him in the corner and he was laying on his back.</li> <li>- QP #1 had "his knees outside of my legs he held me at least real quick 50 seconds or a minute."</li> <li>- QP #1 had his hands crossed across his chest while holding his hands.</li> <li>- "His (QP #1) hands were so big he was like choking me."</li> <li>- QP #1 was not on top of him but was being held down.</li> <li>- "[Teacher] told him (QP #1) to get off me."</li> <li>- The next day they told QP #1 to leave and he had not been back to the facility.</li> <li>- The Teacher and Program Manager protected him and he felt safe at the facility.</li> </ul> <p>Telephone interview on 10/26/21 QP #1 stated:</p> <ul style="list-style-type: none"> <li>- He recalled the incident with client #2 on 10/06/21.</li> <li>- He wrote a summary about the incident with client #2.</li> <li>- Client #2 had been saying he could not breathe while he was talking to another client outside.</li> <li>- Client #2 threw down some beads on the ramp entrance to the outside building.</li> <li>- Client #2 did not want QP #1 to tell his mom about his behaviors that day.</li> <li>- "He (client #2) got his book bag and said MF (M****r F****r) you can't keep me here. We went to the floor when he swung."</li> <li>- Client #2 was on the floor and he was "straddling" his legs.</li> <li>- He and client #2 were just inside the doorway.</li> <li>- Client #2's head was not in the corner.</li> <li>- He was trying to keep client #2 safe.</li> <li>- The Teacher came in approximately 30 or 40</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	<p>Continued From page 21</p> <p>seconds after he was holding client #2.</p> <ul style="list-style-type: none"> <li>- Client #2 did say he could not breathe but was in no distress.</li> <li>- He was holding client #2's hands around the face or cheek area.</li> <li>- The hold lasted for "5 or 7 minutes."</li> <li>- The Teacher was right there during the hold.</li> <li>- The Teacher was attempting to calm client #2 down and he told her to step back.</li> <li>- Client #2 was not injured.</li> <li>- He was suspended after the hold.</li> <li>- He had TCI training.</li> <li>- He would not answer when asked if the hold he used on client #2 was TCI approved.</li> </ul> <p>Interview on 10/26/21 the Teacher stated:</p> <ul style="list-style-type: none"> <li>- She had worked at the school for 2 years.</li> <li>- She had various trainings in restrictive interventions.</li> <li>- She was currently trained in Crisis Prevention Institute.</li> <li>- She recalled the incident on 10/06/21 with client #2 and QP #1.</li> <li>- When she walked into the building client #2 was attempting to pull away from QP #1.</li> <li>- QP #1 pushed client #2 towards the floor.</li> <li>- Client #2 had his head elevated against the wall in the corner.</li> <li>- Client #2 was "wedged in the corner."</li> <li>- Client #2 was crying and saying he could not breathe.</li> <li>- "I asked him several times lessen the hold and he refused to release (client #2)."</li> <li>- QP #1 did not have his hands crossed but his weight was pressed on client #2's shoulders.</li> <li>- QP #1 was "short and stocky."</li> <li>- QP #1 was not holding client #2 correctly.</li> <li>- "I said I don't know how he can work around the clients."</li> <li>- The incident lasted about five minutes.</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOWARD DAY TREATMENT**

**1608 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 512	<p>Continued From page 22</p> <p>Interview on 10/26/21 and 10/27/21 the Program Manager stated:</p> <ul style="list-style-type: none"> <li>- QP #1 was filling in at the facility until someone could be hired.</li> <li>- Staff were trained in TCI.</li> <li>- He had worked at the facility since 2018.</li> <li>- He was alerted to QP #1 pushing client #1 and created an internal investigation.</li> <li>- He had created a Level II IRIS report regarding the allegation of abuse against QP #1 by client #1.</li> <li>- The DSS and HCPR were notified of the allegation against QP #1 on 09/29/21.</li> <li>- He was not aware the 5 day HCPR had not been officially submitted for the 09/29/21 allegation of abuse.</li> <li>- The allegation of abuse was unsubstantiated and he provided a list of "Do's and Don'ts" to QP #1. There was no written reprimand.</li> <li>- He had created an IRIS report for the 10/06/21 incident with client #2 but was not aware it had not been officially submitted.</li> <li>- He did not see the incident between client #2 and QP #1.</li> <li>- He completed an internal investigation and it was determined QP #1 used an unapproved restrictive intervention on 10/06/21.</li> <li>- TCI does not teach any holds while clients are laying down on the floor.</li> <li>- Client #2 was not injured during the improper restraint.</li> <li>- QP #1 was suspended and was provided with a Level I write up for the 2 allegations in one week.</li> </ul> <p>Interview on 10/29/21 the Agency Human Resources staff stated she was not able to locate a reprimand in QP #1's personnel record.</p> <p>Review on 10/27/21 of a "Plan of Protection"</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOWARD DAY TREATMENT**

**1608 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 512	<p>Continued From page 23</p> <p>dated 10/27/21 and signed by the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility staff take to ensure the safety of the consumers in your care? Prior to staff return to program, staff will undergo re-training on model of care and supervision will be provided every 30 days on appropriate techniques and crisis intervention."</li> <li>- "Describe your plans to make sure the above happens. We will continue to provide staff with training on appropriate de-escalation technique. Staff will review client's crisis plans monthly to identify strategies to de-escalate crises. Yearly TCI (therapeutic crisis intervention) refreshers for all direct-care staff."</li> </ul> <p>Client #1 and client #2 were 11 and 12 years old with diagnoses to include DMDD, ADHD and ODD. Both clients attend the program within the confines of a local public school. The classrooms are maintained by program staff and county employees through the local school system. On 09/29/21 QP #1 had interrupted the classroom to address client #1 and the functions of the facility program. QP #1 was heard shouting from the next room and proceeded to make client #1 leave the building due to behaviors. As client #1 was exiting the facility QP #1 was heard being unprofessional and pushed client #1 out of the door. The Teacher and Teacher Assistant were witnesses to the actions of QP #1 and notified the school Principal. The school Principal reviewed the video of the incident and determined QP #1 did not need to interrupt the classroom. The next week QP #1 was involved in another incident this time with client #2. QP #1 was observed to have placed client #2 in an un-approved hold. Client #2 was heard saying he could not breathe and QP #1 continued holding him improperly. The facility did not ensure the proper documentation was</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOWARD DAY TREATMENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1608 CAMDEN ROAD</b> <b>FAYETTEVILLE, NC 28306</b>		
(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 512	Continued From page 24  completed and submitted timely to the appropriate agencies. QP #1 was properly trained yet subjected client #1 and client #2 to abuse. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$3,000 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			