

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/27/2022
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NAME OF PROVIDER OR SUPPLIER YOUTH BUILDERS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on January 27, 2022. The complaints were substantiated (intake #NC00184668 & NC00185303). Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents</p> <p>The survey sample consisted of 2 current clients and 1 former client.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111	<p>An assessment shall be developed and completed by the clinical team for a client, according to governing body policy, prior to the delivery of services. The clinical team will monitor the client's chart prior to admission to ensure the assessment is completed.</p>	2/19/22

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

TITLE

(X6) DATE

John Hargrave, Owner 2/14/2022

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for three of three audited clients (Former Client #1, #2 and #3) prior to the delivery of services. The findings are:</p> <p>Review on 1/25/22 of FC#1's record revealed: -Age 17 -Admission date of 4/7/21. -Diagnosis of Adjustment disorder with Mixed Disturbance of Emotions and Conduct. -There was no assessment in the client's record.</p> <p>Review on 1/25/22 of Client #2's record revealed: -Age 17. - Admission date of 9/15/21. -Diagnoses of Post-Traumatic Stress Disorder, Cannabis Use Disorder, Acute Stress Disorder and Child Physical Abuse. -There was no assessment in the client's record.</p> <p>Review on 1/25/22 of Client #3's record revealed: -Age 16. - Admission date of 9/28/21. - Oppositional Defiant Disorder.</p>	V 111		
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V 111	Continued From page 2 -There was no assessment in the client's record. Interview on 1/27/22 with the Director and Program Coordinator revealed: -They confirmed the facility did not complete an assessment for new admissions. -They would develop and implement an assessment to be completed for new admissions.	V 111		
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	The plan shall be developed by the Qualified Professional 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. Plans will be reviewed every 30 days. Emphasis will be placed on implementing strategies to prevent elopement issues. This will include the following: The Qualified Professional and the Licensed Professional will develop strategies per client to keep the clients safe; the Qualified Professional will review the consumer's goals every 30 days in partnership with the client or legally responsible person or both and will make updates outlining strategies for client safety; the clinical team which will include the Qualified and Licensed Professionals will provide continuous staff meetings to discuss client cases; the clinical team will implement a daily communication log and; the creation of a form for staff to indicate they have reviewed client goals, which will include a checklist of staff signatures to verify review.	2/19/22

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies affecting one of one former client (FC#1). The findings are:</p> <p>Review on 1/25/22 of FC#1's record revealed: -Age 17 -Admission date of 4/7/21. -Diagnosis of Adjustment disorder with Mixed Disturbance of Emotions and Conduct -Person Centered Plan (PCP) dated 12/21/21. -PCP short term goal included: "refrain from elopement and any illegal activities." - "How to: [FC#1] will participate in the behavior modification system that will help motivate him to improve his behaviors." - "[FC#1] will participate in individual and group counseling in the program to discuss the transition and help [FC#1] figure out how best to deal with the changes in a positive manner." -PCP failed to provide interventions and strategies to address elopement. -Discharged 1/19/22.</p> <p>Review on 1/27/22 of the Police Report Calls on Elopement for FC#1 revealed the following dates and time: -12/18/21 at 16:49 (4:49 p.m.) -12/19/21 at 9:49 a.m. -12/20/21 at 8:51 a.m. -12/21/21 at 14:38 (2:38 p.m.) -12/21/21 at 12:07 (12:07 p.m.) -12/22/21 at 15:49 (3:49 p.m.) -12/23/21 at 10:13 a.m.</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>-12/24/21 at 11:25 a.m. -12/26/21 at 13:52 (1:52 p.m.) -12/28/21 at 10:23 a.m. -12/28/21 at 2:00 p.m. -12/30/21 at 12:23 p.m. -1/1/22 at 10:54 a.m. -1/2/22 at 10:49 a.m. -1/4/22 at 13:17 (1:17 p.m.) -1/6/22 at 17:48 (5:48 p.m.) -1/7/22 at 13:25 (1:25 p.m.) -1/8/22 at 23:28 (11:28 p.m.) -1/11/22 at 19:25 (7:25 p.m.) -1/12/22 at 16:33 (4:33 p.m.) -1/14/22 at 19:41 (7:41 p.m.) -1/15/22 at 22:04 (10:04 p.m.) -1/17/22 at 20:35 (8:35 p.m.) -1/18/22 at 17:21 (5:31 p.m.)</p> <p>Review on 1/25/22 of the Facility's Incident Report dated 12/18/21 - 1/23/22 revealed: "-[FC#1] eloped from the facility on 12/18/21. Staff indicated that a consumer reported that [FC#1] has an authorized computer in the group home. Staff confiscated the computer. [FC#1] began to get angry and aggressive and threatened to har staff. [FC#1] eloped from the group home. The police were called. [FC#1] returned to the group home around 9 p.m. that evening high." -"On 12/19/21 [FC#1] eloped from the group home at 7 a.m. The police was called. [FC#1] returned on [FC#1's] own around 6 p.m. Again, [FC#1] returned to the group home high." - "On 12/20/21 [FC#1] eloped from the group home around 7 a.m. The police were called. Staff saw [FC#1] on social media smoking and surrounded by firearms. At this time [FC#1] has not returned to the group home." -"[FC#1] eloped from the group home on 12/20/21 and returned around 8p.m. high to the</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>group home."</p> <p>"On 12/21/21 [FC#1] complained that his ankle was hurting due to his attempt from running from the police. Staff took [FC#1] to urgent care. [FC#1] had a sprain. Around 1p.m. [FC#1] eloped from the group home and the police were called. [FC#1] returned around 4:30 p.m. [FC#1] eloped again around 8p.m. and returned around 12a.m."</p> <p>-On 12/22/21 an emergency child/family team meeting for discharge meeting was held with [Contract Agency] and [FC#1's] guardian. Group home was told they were responsible that [FC#1] is continuously eloping in the community. [FC#1] eloped again around 3 p.m."</p> <p>-[FC#1] continue to elope: -"12/22/21 returned around 12 a.m." -"12/23/21 and 12/24/21 left around 11 a.m. and returned around 12 a.m." -"12/25/21 [FC#1] eloped at 1 p.m. and returned 12/26/21." -"12/27/21 [FC#1] eloped at 10 a.m. so for [FC#1] has not returned." -"12/27/21 [FC#1] returned around 9p.m. and eloped immediately returning home. [FC#1] arrived at the facility around 10p.m." -"12/28/21 [FC#1] eloped from the facility around 9:30 a.m. and has not returned." -"12/28/21 [FC#1] returned to the group home close to 12 a.m." -"12/29/21 [FC#1] left the group home around 11:45 a.m. The police came to the house. [FC#1] told police he was going to leave again." -"12/30/21 [FC#1] returned around 10p.m." -"12/31/21 [FC#1] eloped around 10:30 a.m. and returned around 10p.m." -"1/1/22 [FC#1] eloped around 10a.m." -"1/1/22 [FC#1] returned around 9:30p.m." -" 1/2/22 [FC#1] eloped around 10a.m. and returned around 11a.m." -"1/4/22 [FC#1] was taken to the hospital to take</p>	V 112		
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V 112	<p>Continued From page 6</p> <p>a Covid test. [FC#1] refused Covid test. [FC#1] walked off from staff and left the hospital. Staff located [FC#1] and returned [FC#1] to the group home. [FC#1] eloped again around 5p.m. and returned late that evening."</p> <p>"1/8/21 [FC#1] eloped and did not return to the house until the next day."</p> <p>" 1/9/22 [FC#1] eloped today."</p> <p>"1/11/22 [FC#1] continues to elope daily and the police are called."</p> <p>"1/12/22 [FC#1] left the group home approximately around 4 p.m. and returned around 4:30 p.m."</p> <p>"1/15/22 [FC#1] left group home around 9:30 p.m. and returned around 10p.m."</p> <p>"1/17/22 [FC#1] left group home around 7:30 p.m. and returned around 8:35 p.m."</p> <p>"1/18/22 [FC#1] left around 5 p.m. and returned to home close to 5:20 p.m."</p> <p>Interview on 1/25/22 with the Residential Counselor #4 revealed:</p> <ul style="list-style-type: none"> -She worked 1st shift and some weekends. -Every time FC#1 left the group home his behavior was calm; he was not triggered. -FC#1 would say, "alright I am leaving." -FC#1 would say, "I'm gone, I will be back." -FC#1 would leave more than once in a day. -Police spoke to FC#1 numerous times. -Every time FC#1 left staff had to call the police. -FC#1 had always left out the door. -FC#1 would unlock his window to sneak back in. -She would be at work when FC#1 returned from school. -FC#1 would sit down, talk to staff and then leave. -FC#1 would say "I'm going to my homie's house." <p>Interview on 1/25/22 with the House Manager revealed:</p>	V 112		
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V 112	Continued From page 7 -FC#1's behavior escalated after he claimed the judged told him he would stepdown to another level. -FC#1 reported that he would just leave every day because the group home did not step him down. -FC#1's behavior "flip flopped" back and forth. -FC#1 had aggression and wanted to fight staff or the other clients; no property destruction. -FC#1 met with the in-home therapist every Saturday and outpatient therapy on Monday's. -Every time FC#1 left the facility he would come back the same day. -Police was called every time FC#1 left. -There were always 2 staff on every shift. -FC#1 only returned with the police one time; the other times client returned on his own. -Sometimes FC#1 would return about 10p.m. or 12a.m. -She reported there was no trigger for FC#1 to leave. -FC#1 would say he was leaving to hang out with his boys. -FC#1 would leave different times of the day. -FC#1 would get up in the morning, eat breakfast and then leave. -FC#1 would tell staff he was leaving. -Staff tried to talk to FC#1 to prevent him from leaving. -Discharged due to FC#1 leaving the home every day and they were unable to keep him safe. -FC#1 started leaving during the Christmas break. -Before then FC#1 did not leave the group home. -There were no working alarms on the window because clients would break them off. -FC#1 wanted to go home for Christmas but he did not get along with his family. -Sometimes FC#1 would walk to the mailbox and come back.	V 112		

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V 112	<p>Continued From page 8</p> <p>Interview on 1/26/22 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> -She was the Program coordinator for the company. -The QP was hired as a contract worker. -The QP was responsible for completing plans. -The QP updated FC#1's PCP and progress. -The QP occasionally attended the child and family team meetings. -FC#1 was picked up by his guardian and discharged on 1/19/22. -Staff found the video FC#1 was in on social media. -They saw FC#1 around guns and firearms. -FC#1's guardian told the group home they had to hold him for 30 days. -They wanted to discharge FC#1 due to the health and safety of the consumer and others at home. -She felt trapped. She spoke to the contract agency and FC#1's guardian. -She did reach out to the State and never received a return call. -She was not able to get support from mobile crisis and the police. -She served different roles but basically administrative paperwork. -Confirmed there was no one-on-one support for FC#1. -Confirmed there was no strategies for elopement. -QP met with clients individually via zoom due to Covid. <p>Interview on 1/26/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She worked for the facility Part-Time. -She was responsible for completing client's PCP. -Reporting in the PCP, the section "How to" referring to how staff was to respond to 	V 112		

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V 112	<p>Continued From page 9</p> <p>elopements.</p> <ul style="list-style-type: none"> -She confirmed in the "How to" section staff was to report all elopements and follow the crisis plan. -All stake holders would be notified. -Clients would be evaluated regarding the elopement and report on diagnosis. -She and the in-home Licensed Therapist facilitated staff trainings. -During staff trainings FC#1's elopement and behavior was addressed. -Going forward there would be weekly supervision with staff. -She was aware of FC#1 eloping. -She confirmed that she updated FC#1's PCP documenting elopement in December 2021. -Confirmed there were no strategies for staff to follow. <p>Interview on 2/27/22 with the Director revealed:</p> <ul style="list-style-type: none"> -Staff tried to talk to FC#1 regarding elopement and changing his behavior. -Confirmed there were no strategies implemented to elopement issues. -While FC#1 was eloping they called mobile crisis, the contract agency and FC#1's guardian and attempted to get help from the magistrate. -No one would help in providing support to remove FC#1. -The contract agency and FC#1's guardian told them they was not allowed to do an emergency discharged only a 30-day discharged. -Confirmed they had an emergency discharge clause in company's policy. -Reported they contacted the State for support but never received a return call. <p>This deficiency is cross referenced into 10A NCAC 27G. 1701 Scope (V293) of reviewed deficiencies for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
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V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</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</p>	V 293	<p>The facility will provide strategies to minimize the occurrence of elopement and ensure supervision and safety for clients.</p> <p>The Qualified and Licensed Professionals will collaborate to develop strategies per client to keep the clients safe which will include: continuous development and training of staff on safety procedures and strategies to keep clients safe; review the client's goals and making updates every 30 days outlining strategies for client safety; continuous staff meetings to discuss client cases; implementation of a daily communication log; and the creation of a form for staff to indicate they have reviewed client goals, which will include a checklist of staff signatures to verify the review.</p>	2/19/22
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/27/2022
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NAME OF PROVIDER OR SUPPLIER YOUTH BUILDERS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 11</p> <p>intensive treatment setting. (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: This Rule is not met as evidenced by based on record reviews and interviews the facility failed to provide strategies to minimize the occurrence of elopement and failed to ensure supervision and safety affecting one of one former clients (FC#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement strategies affecting one of one former client (FC#1). The findings are:</p> <p>Review on 1/27/22 of the Plan of Protection written by the Director dated 1/27/22 revealed: What will you immediately do to correct the above rule violations in order to protect client from further risk or additional harm? -"Develop interventions and/or strategies to keep the consumer safe, i.e., safety plan." -"Staff will review consumer goals per shift." -"Staff will review the daily consumer communication log."</p>	V 293		

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V 293	Continued From page 12 Describe your plans to make sure the above happens? "-Qualified Professional and the Licensed Professional will develop strategies per consumer to keep the consumers safe which will include: -developing and training staff on safety procedures and strategies to keep consumer safe. -reviewing the consumer's goals and making updates outlining strategies for consumer safety. -continuous staff meeting to discuss consumer cases. -implementing a daily communication log; and -creating a form for staff to indicate they have reviewed consumer goals, which will include a checklist of staff signatures to verify the review." FC#1 was a 17-year-old male eloped from the facility twenty four times from December 18, 2021 to January 18, 2022. FC#1 left the facility different times during the day and night and returned on his own. During one occasslon there was evidence via social media that FC#1 was smoking marijuana and around firearms. The facility did not provide any strategies for staff to implement to decrease and/or prevent the elopement from occurring. FC#1 was discharged on 1/19/22. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		

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V 736	Continued From page 13	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility grounds were maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 1/25/21 at 11:30 a.m. revealed: -The bedroom to the right bedroom door was crack and broken. -The 2nd bedroom to the right walls needed to be painted. -The bathroom wall vent cover was rusted.</p> <p>Interview on 1/27/22 with the Director revealed: -He confirmed the issues reported. -The house was currently being renovated including the recent installation of a new ceiling.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>Management will maintain the facility and grounds in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. The bedroom to the right door will be replaced. The 2nd bedroom to the walls will be painted. The bathroom wall vent cover will be replaced. Repairs will be done as needed.</p>	