

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/17/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 2/17/22. One complaint was unsubstantiated (Intake #NC00184274) and one complaint was substantiated (Intake #NC00184113). Deficiencies were 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 audits of 3 current clients and 2 former clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and 	V 107		

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

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V 107	<p>Continued From page 1</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a written job description was present in each staff member's file affecting 5 of 10 audited staff (Staff #1, #2, #4, #5, and House Manager) and failed to ensure each staff member met the minimum education requirements for their position affecting 2 of 10 audited staff (Staff #4 and #6). The findings are:</p> <p>Review on 2/14/22 of Staff #1's record revealed: -Hired 7/31/21; -Employed as Residential Assistant;</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>-No job description available for review.</p> <p>Review on 2/14/22 of Staff #2's record revealed: -Hired 9/29/21; -Employed as Residential Assistant; -No job description available for review.</p> <p>Review on 2/14/22 of Staff #4's record revealed: -Hired 1/29/22; -Employed as Residential Assistant; -No job description or education credentials available for review.</p> <p>Review on 2/14/22 of Staff #5's record revealed: -Hired 9/9/21; -Employed as Residential Assistant; -No job description available for review.</p> <p>Review on 2/14/22 of Staff #6's record revealed: -Hired 10/9/21; -Employed as Residential Assistant; -No education credentials available for review.</p> <p>Review on 2/14/22 of the House Manager's record revealed: -Hired 3/30/20; -No job description available for review.</p> <p>Interview on 2/15/22 with the Licensee-Qualified Professional #2 revealed: -Was not aware some personnel files were missing signed job descriptions and education credentials; -Will ensure signed job descriptions and education credentials are obtained for all employees.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23</p>	V 107		

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V 107	Continued From page 3 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (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 member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide training to meet the needs of the clients affecting 10 of 10 audited staff (Staff #1, #2, #3, #4, #5, #6, House Manager, Qualified Professional #1, Licensee-Qualified Professional #2, Licensed Professional). The findings are:</p> <p>Refer to V112 for clients' sexualized behaviors and clinical needs.</p> <p>Review on 2/14/22 of Staff #1's record revealed: -Hired 7/31/21; -Employed as Residential Assistant; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Staff #2's record revealed: -Hired 9/29/21; -Employed as Residential Assistant; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Staff #3's record revealed: -Hired 5/15/21; -Employed as Residential Assistant; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Staff #4's record revealed: -Hired 1/29/22; -Employed as Residential Assistant; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Staff #5's record revealed: -Hired 9/9/21; -Employed as Residential Assistant; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Staff #6's record revealed: -Hired 10/9/21;</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>-Employed as Residential Assistant; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of the House Manager's record revealed: -Hired 3/30/20; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Qualified Professional #1's record revealed: -Hired 2/5/19; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Licensee-Qualified Professional #2's (L-QP#2) record revealed: -Hired 2/5/19; -No training in sexually aggressive youth.</p> <p>Review on 2/14/22 of Licensed Professional record revealed: -Hired 10/1/20; -No training in sexually aggressive youth.</p> <p>Interview on 2/15/22 with the L-QP#2 revealed: -Had not provided any staff training regarding sexually aggressive youth despite the incidents of sexualized behaviors at the facility; -Will secure staff training regarding sexually aggressive youth.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency has been cited two times on 7/29/19 and 6/10/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		

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V 109	Continued From page 6	V 109		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 3 of 3 qualified professionals (Qualified Professional #1, Licensee-Qualified Professional #2, and Licensed Professional) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 2/14/22 of Qualified Professional #1's (QP#1) record revealed: -Hired 2/5/19; -Signed job description dated 8/14/19 revealed: "...provide and/or assure completion of required training for residential assistant employees ...develop task analyses and/or strategies for the implementation of goals ...complete all required training and staff development activities ...performing clinical and administrative responsibilities a minimum of 40 hours a week and 75% shall occur when the children or adolescents are awake and present in the facility, management of the day to day operation of the facility, supervision or paraprofessionals regarding responsibilities related to the implementation of each child or adolescents treatment plan ..."</p> <p>Review on 2/14/22 of Licensee-Qualified Professional #2's (L-QP#2) record revealed: -Hired 2/5/19; -Signed job description dated 1/27/19 revealed: "...provide and/or assure completion of required training for residential assistant employees, review and monitor service delivery schedules and employee attendance ...complete all required training and staff development activities ...report</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>all incidents required in IRIS (North Carolina Incident Response Improvement System) ..."</p> <p>Review on 2/14/22 of the Licensed Professional's (LP) record revealed: -Hired 9/30/20; -Signed job description dated 7/8/21 revealed: "...face to face clinical consultation shall be provided in each facility at least 4 hours a week ...must provide clinical supervision to the Qualified Professional monthly ...update treatment team on the progress of therapy with the clients ...involvement in the children or adolescents specific treatment plans and overall programming ..."</p> <p>Refer to V107 for failure to meet personnel requirements: -Staff records missing job descriptions and required education credentials.</p> <p>Refer to V108 for failure to provide required staff training: -No training in sexually aggressive youth despite Clients #1, #2, #3, and Former Client #4's (FC#4) sexualized behaviors.</p> <p>Refer to V111 for failure to complete admission assessments: -No admission assessment completed on Client #2.</p> <p>Refer to V112 for failure to develop and implement treatment strategies: -No treatment strategies developed to address Clients #1, #2, #3, and FC#4's sexualized behaviors; -No treatment strategies developed to address FC#4's AWOL (absent without leave).</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Refer to V131 for failure to complete Health Care Personnel Registry (HCPR) checks prior to an offer of employment: -No HCPR check completed on Staff #4.</p> <p>Refer to V133 for failure to request criminal background checks within 5 days of an offer of employment: -No criminal background check requested on Staff #2, #4, and #6.</p> <p>Refer to V294 for failure to provide required qualified professional services: -QP#1 did not provide services at the facility a minimum of 10 hours weekly with at least 70% of the time when clients were awake and present; -QP#1 did not schedule assessments or services to address Clients #1, #2, #3 and FC#4's sexualized behaviors; -QP#1 did not develop treatment strategies to address Clients #1, #2, #3, and FC#4's sexualized behaviors or FC#4's AWOL.</p> <p>Refer to V296 for failure to provide minimum staffing ratios: -Only one staff present with up to four clients at times.</p> <p>Refer to V297 for failure to provide required licensed professional services: -LP did not provide face to face consultation to the clients weekly; -LP provided phone calls or virtual visits to the clients for no more than 15 minutes; -LP contact with clients was not confidential; -LP did not provide clinical supervision to the QP#1.</p> <p>Refer to V336 for failure to implement the incident reporting policy and report Level I incidents:</p>	V 109		

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V 109	<p>Continued From page 10</p> <ul style="list-style-type: none"> -No documentation or tracking of Clients #1, #2, #3, and FC#4's sexualized behaviors; -No documentation or tracking of FC#4's aggression. <p>Refer to V736 for failure to maintain the facility in a safe, clean, attractive, and orderly manner:</p> <ul style="list-style-type: none"> -Debris on the front and side lawn; -Cable lock on the back door resulting in the exit being obstructed; -Holes and damages in Client #3's bedroom; -Personal belongings scattered on the floors in client bedrooms; -Facility walls and doors were chipped, scuffed, and dirty. <p>Interview on 2/16/22 with the QP#1 revealed:</p> <ul style="list-style-type: none"> -Client #1 reported sexual urges over one year ago; -Client #1 wrote letters of a sexual nature to Former Client #4. The letters were found and submitted to the L-QP#2 but QP#1 had not seen the letters; -Client #1 wrote letters of a sexual nature to Client #3. The letters were found approximately two weeks ago; -FC#4 alleged Client #2 had gotten into her bed and touched her in a sexual manner; -No assessment or services were secured for Client #1 regarding her sexualized behaviors because her authorization to remain at the facility ends 2/24/22; -No assessment or services were secured for Client #2 regarding her sexualized behaviors because she is scheduled to discharge soon; -No assessment or services were secured for FC#4 regarding her sexualized behaviors; -Completed virtual visits to the facility; -Completed most of her work from the office; -Worked when the clients were in school and only 	V 109		

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V 109	<p>Continued From page 11</p> <p>saw the clients virtually; -Did not meet with the LP for clinical supervision.</p> <p>Attempted interviews with the LP were unsuccessful. A request was made by Division of Health Service Regulation (DHSR) on 2/14/22 at 11:45am for the L-QP#2 to arrange a telephone interview between DHSR and the LP. Despite attempts to arrange a telephone interview, no telephone call was received from the LP. An additional attempt was made by DHSR on 2/16/22 at 9:50am via telephone call to the LP. The following message was on the LP's telephone: "The wireless customer you are calling is not available. Please try your call again later."</p> <p>Interviews on 2/9/22, 2/10/22, and 2/15/22 with the L-QP#2 revealed:</p> <ul style="list-style-type: none"> -Was not aware some personnel files were missing signed job descriptions and education credentials; -Had not provided any staff training regarding sexually aggressive youth despite the incidents of sexualized behaviors at the facility; -Was not sure if an admission assessment was completed when Client #2 was admitted; -Moved client rooms on 2/8/22 after DHSR requested additional information regarding letters of sexual nature written by clients; -The first set of letters (totaling 13 pages one-sided) were written between Clients #1 and #3 and were discovered during the weekend of 2/5/22-2/6/22; -The second set of letters (totaling 6 pages one-sided) were written between Client #1 and FC#4; -Not sure why there was no HCPR review completed on Staff #4; -Did not yet request a criminal background check 	V 109		

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V 109	<p>Continued From page 12</p> <p>on Staff #2 as she was recently hired; -Acknowledged the criminal background checks were requested late for Staff #4 and #6 but could not identify the reason; -Was aware the QP#1 needed to be present in the facility for 10 hours weekly with 70% of the time being when the clients were present and awake; -Was not aware the QP#1 was not present in the facility when the clients were present; -Tried to schedule two staff to work each shift but sometimes had difficulty with staffing ratios due to staff calling out resulting in only one staff at times; -Was not aware the LP was not present at the facility to conduct therapy with the clients; -Was not acceptable the LP was not present at the facility; -Did not complete incident reports on the sexualized behaviors as she did not think it was necessary; -It was an oversight that a Level II incident report was not completed regarding the 11/21/21 allegation of unwanted sexual behavior made by FC#4 against Client #2, but an internal investigation was completed; -Was not aware the doorways needed to be unobstructed; -Would remove the cable lock from the rear door if required.</p> <p>This deficiency has been cited two times on 7/29/19 and 10/3/19.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 111	Continued From page 13	V 111		
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 referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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V 111	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to have strategies in place prior to delivery of services for 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of the facility's Admission Assessments revealed: -There were no strategies in place prior to the delivery of services for Client #2.</p> <p>Review on 2/9/22 of email correspondence from the Licensee-Qualified Professional #2 (L-QP#2) to Division of Health Service Regulation surveyor dated 2/9/22 at 1:37pm revealed: -" ...I was not able to locate [Client #2's] (admission assessment) and I have instructed [Qualified Professional #1] to complete another one when she completes her hours with the clients ..."</p> <p>Interviews on 2/9/22 and 2/15/22 with the L-QP#2 revealed: -Unable to locate the admission assessment for Client #2; -Acknowledged the assessment was not available for review upon request; -Was not sure if an admission assessment was completed when Client #2 was admitted; -Would have QP#1 complete an admission assessment for Client #2; -Would ensure admission assessments be</p>	V 111		

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V 111	Continued From page 15 completed for Client #2 and all future clients admitted to the facility. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	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		

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V 112	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 3 of 3 audited current clients (Clients #1, #2, and #3) and 1 of 2 audited former clients (Former Client #4). The findings are:</p> <p>Review on 2/8/22 of Client #1's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder; -16 years old; -Treatment Plan dated 1/12/22 did not include strategies to address sexualized behaviors. Treatment plan update on 11/17/21 revealed Client #1 had "been avoiding sexualized behaviors" and the update on 1/12/22 revealed she was found to be writing sexually inappropriate letters to another peer in the facility.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old; -Treatment Plan dated 12/30/21 did not include strategies to address sexualized behaviors.</p> <p>Review on 2/8/22 of Client #3's record revealed: -Admitted 1/18/22; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Other</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>Reactions to Severe Stress; -13 years old; -Treatment Plan dated 1/7/22 did not include strategies to address sexualized behaviors.</p> <p>Review on 2/8/22 of Former Client #4's (FC#4) record revealed: -Admitted 9/29/21; -Discharged 1/26/21; -14 years old; -Diagnosed with Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder; -Treatment Plan dated 1/17/22 did not include strategies to address sexualized behaviors or AWOL (absent without leave).</p> <p>Review on 2/10/22 and 2/15/22 of undated and unsigned handwritten letters revealed: -First set of letters (totaling 13 pages one-sided) of a sexualized nature including requests for sexual interactions between the writers was reviewed on 2/10/22; -Second set of letters (totaling 6 pages one-sided) of a sexualized nature including requests for sexual interactions between the writers was reviewed on 2/15/22.</p> <p>Review on 2/8/22 of the facility's Incident Reports for period 11/1/21 - 2/8/22 revealed: -Report dated 11/21/21 of an allegation of unwanted sexual behavior made by FC#4 against Client #2; -Two episodes of AWOL for FC#4.</p> <p>Interview on 2/16/22 with Staff #1 revealed: -Clients #1 and #3 wrote letters of a sexual nature to each other; -Client #1 was pressuring Client #3 to engage in</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>sexualized behaviors.</p> <p>Interview on 2/16/22 with Staff #2 revealed: -Clients #1 and #3 wrote letters of a sexual nature to each other.</p> <p>Interview on 2/16/22 with Staff #3 revealed: -Clients #1 and #3 wrote letters of a sexual nature to each other; -The letters were found by Staff #4 or Staff #6 during the weekend of 2/5/22-2/6/22; -Notified Licensee-Qualified Professional #2 (L-QP#2) of the letters on 2/7/22.</p> <p>Interview on 2/16/22 with Staff #4 revealed: -Discovered Clients #1 and #3 wrote letters of a sexual nature to each other on or about 2/3/22 and notified her supervisor (Staff #3); -Had observed Client #1 engage in grooming behaviors with other clients and had redirected her; -Did not have training regarding sexually aggressive youth from this job placement but had training from previous employment; -" ...[Client #1] can be very manipulative and slick ...wants to put her hands on others ..."</p> <p>Interview on 2/14/22 with Staff #6 revealed: -Clients #1 and #3 wrote letters of a sexual nature to each other; -Client #1 displayed sexually explicit behaviors for the past several weeks.</p> <p>Interview on 2/16/22 with Qualified Professional #1 (QP#1) revealed: -Client #1 reported sexual urges over one year ago; -Client #1 wrote letters of a sexual nature to Former Client #4. The letters were found and submitted to the L-QP#2 but she had not seen</p>	V 112		

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V 112	<p>Continued From page 19</p> <p>the letters;</p> <ul style="list-style-type: none"> -Client #1 wrote letters of a sexual nature to Client #3. The letters were found approximately two weeks ago; -FC#4 alleged Client #2 had gotten into her bed and touched her in a sexual manner; -No assessment or services were secured for Client #1 regarding her sexualized behaviors because her authorization to remain at the facility ends 2/24/22; -No assessment or services were secured for Client #2 regarding her sexualized behaviors because she is scheduled to discharge soon; -No assessment or services were secured for FC#4 regarding her sexualized behaviors; -Completed virtual visits to the facility; -Completed most of her work from the office; -Worked when the clients were in school and only saw the clients virtually; -Did not meet with the LP for clinical supervision. <p>Interviews on 2/8/22, 2/10/22 and 2/15/22 with the L-QP#2 revealed:</p> <ul style="list-style-type: none"> -Moved client rooms on 2/8/22 after Division of Health Service Regulation staff requested additional information regarding letters of a sexual nature written by clients; -The first set of letters was written between Clients #1 and #3 and were discovered during the weekend of 2/5/22-2/6/22; -The second set of letters was written between Client #1 and FC#4; -Will instruct the QP#1 to develop treatment plan strategies to address clients' sexualized behaviors and AWOL. <p>This deficiency constitutes a re-cited deficiency. This deficiency has been cited three times on 7/29/19, 10/3/19, and 6/10/21.</p>	V 112		

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V 112	Continued From page 20 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure all medications contained packaging labels with client's and prescriber's name, dispensing date and location, name, strength, quantity of medication and expiration date, and clear directions for administration affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Observation on 2/7/22 at approximately 12:15pm of Client #2's medication revealed: -Tube of Triamcinolone Cream 0.1% Cream (skin disorder) with a worn label with no visible print.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/10/22 of Client #2's medication orders revealed: -Medication order dated 6/4/21 for Triamcinolone Cream 0.1% 80 grams apply to affected area 3 times daily.</p> <p>Interviews on 2/7/22 with the Licensee-Qualified Professional #2 (L-QP#2) and the House Manager revealed: -The writing on the pharmacy label of Client #2's Triamcinolone Cream 0.1% was worn and could no longer be read; -Will arrange to have a new label printed.</p> <p>Interview on 2/15/22 with the L-QP#2 revealed: -Had instructed staff to ensure all labels were</p>	V 117		

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V 117	Continued From page 22 legible. This deficiency has been cited two times on 7/29/19 and 12/18/19. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	<p>Continued From page 23</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications and failed to keep MARs current affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V117) Based on interview, record review, and observation, the facility failed to ensure all medications contained packaging labels with client's and prescriber's name, dispensing date and location, name, strength, quantity of medication and expiration date, and clear directions for administration affecting 1 of 3 audited clients (Client #2).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V120) Based on interview, record review, and observation, the facility failed to ensure internal and external medications were stored separately and failed to ensure safe storage of medications affecting 1 of 3 audited clients (Client #2).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medications Requirements (V123)</p>	V 118		

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V 118	<p>Continued From page 24</p> <p>Based on interview, record review, and observation, the facility failed to record drug administration errors and significant adverse drug reactions and report them to a physician or pharmacist affecting 3 of 3 audited clients (Clients #1, #2, and #3).</p> <p>Review on 2/7/22 and 2/10/22 of Client #1's medication orders revealed: -No start or stop order for Low-Ogestrel-28; -Medication order dated 9/20/21 for Guanfacine HCL 3mg 1 tab each evening; -No order for time change for Guanfacine HCL 3mg 1 tab at 4pm; -Several hours past the deadline set by DHSR (Division of Health Service Regulation) survey staff for submission of medication orders, Licensee-Qualified Professional #2 (L-QP#2) provided copies of unsigned escribe orders dated 12/10/21 for Low-Ogestrol-28 but was unable to provide a discontinue order and 1/19/22 for Guanfacine HCL 3mg 1 tab daily at 4pm.</p> <p>Review on 2/7/22 of Client #1's December, 2021 and January and February, 2022 MARs revealed: -No listing of Low-Ogestrol-28 (birth control); -Guanfacine HCL (Attention Deficit Hyperactivity Disorder (ADHD)) 3milligrams (mg) 1 tablet (tab) at 7pm on the December MAR; -Guanfacine HCL 3mg 1tab from 1/1/22-1/25/22 with time change from 7pm to 4pm from 1/26/22-1/31/22 on the January MAR.</p> <p>Observation on 2/7/22 at approximately 12:25pm of Client #1's medication revealed: -Low-Ogestrel-28 1 tab daily dispensed 12/10/21; -Guanfacine HCL 3mg 1 tab at 4pm dispensed 1/25/22.</p> <p>Review on 2/7/22 and 2/10/22 of Client #2's</p>	V 118		

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V 118	<p>Continued From page 25</p> <p>medication orders revealed:</p> <ul style="list-style-type: none"> -No start or stop order for Clonidine 0.1mg 1 tab 30 minutes prior to bedtime; -No start or stop order for Fluoxetine 40mg 1 tab every morning; -Medication order dated 1/5/22 for Fluoxetine HCL 20mg 3 tabs but no order prior to 1/5/22 for the administration of the medication; -Several hours past the deadline set by DHR survey staff for submission of medication orders, L-QP#2 provided copies of unsigned escribe orders for Clonidine 0.1mg daily dated 11/23/21 but was unable to provide a discontinue order, Fluoxetine 40mg 1 tab daily dated 11/23/21 but was unable to provide a discontinue order, and Fluoxetine 20mg 3 tabs dated 12/16/21. <p>Review on 2/7/22 of Client #2's December, 2021 and January and February, 2022 MARs revealed:</p> <ul style="list-style-type: none"> -No listing of Omeprazole (heartburn) 20mg 1 caplet (cap) cap daily on the December MAR; -No listing of multi-vitamin (supplement) 1 tab daily on the February MAR; -Clonidine (ADHD) 0.1mg 1 tab 30 minutes before bedtime administered 12/1/21-12/19/21 then discontinued on the December MAR; -Fluoxetine (antidepressant) 40mg 1 tab every morning administered 12/1/21-12/20/21 then discontinued on the December MAR; -Fluoxetine HCL 20mg 3 tabs started 12/20/21 on the December MAR. <p>Observation on 2/7/22 at approximately 12:15pm of Client #2's medication revealed:</p> <ul style="list-style-type: none"> -No Clonidine 0.1mg; -No Fluoxetine 40mg; -Fluoxetine HCL 20mg 3 tabs daily dispensed 1/10/22; -Multivitamin 1 tab daily dispensed 1/5/22; -Omeprazole 20mg with expiration date of 	V 118		

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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 118	<p>Continued From page 26</p> <p>6/2023.</p> <p>Attempted review on 2/10/22 of Client #3's medication orders revealed there were no medication orders at the facility for review. Several hours past the deadline set by DHSR survey staff for submission of medication orders, L-QP#2 provided copies of unsigned escribe orders for:</p> <ul style="list-style-type: none"> -Concerta 36mg 1 tab every morning dated 1/27/22, -Ziprasidone HCL 20mg 1 cap every morning dated 1/27/22, -Ziprasidone HCL 60mg 1 cap every evening dated 1/27/22, -Clonidine HCL 0.3mg take 1 tab every evening dated 1/27/22, -Lamotrigine 100mg 2 ½ tabs every morning dated 1/25/22, -Cetirizine 10mg 1 tab every evening dated 1/25/22, -Escitalopram 20mg 1 tab every morning dated 1/27/22, -Hydroxyzine HCL 50mg 1 tab every evening dated 1/25/22, -No start order for Melatonin 3mg 1 cap every evening; -No start or stop orders for Debrox 6.5% ear drops 5 drops into each ear. <p>Review on 2/7/22 of Client #3's January and February, 2022 MARs revealed:</p> <p>-Administration of:</p> <ul style="list-style-type: none"> -Concerta (ADHD) 36mg 1 tab every morning, -Ziprasidone HCL (antipsychotic) 20mg 1 cap every morning, -Ziprasidone HCL 60mg 1 cap every evening, -Melatonin (sleep) 3mg 1 tab every evening, -Clonidine HCL 0.3mg 1 tab every evening, 	V 118		

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V 118	<p>Continued From page 27</p> <ul style="list-style-type: none"> -Cetirizine (allergies) 10mg 1 tab every evening, -Escitalopram (depression) 120mg 1 tab every morning, -Hydroxyzine HCL (hyperkinesia) 50mg 1 tab every evening; -Lamotrigine (mood) 100mg 2 ½ tabs every morning on the January MAR; -Lamotrigine 200mg 1 tab and 25mg 2 tabs every morning on the February MAR; -No listing for Debrox 6.5% ear drops. <p>Observation on 2/7/22 at approximately 12:35pm of Client #3's medication revealed:</p> <ul style="list-style-type: none"> -Concerta 36mg 1 tab every morning dispensed 1/5/22; -Ziprasidone HCL 20mg 1 cap every morning, Ziprasidone HCL 60mg 1 cap every evening, Melatonin 3mg 1 cap every evening, Clonidine HCL 0.3mg take 1 tab every evening, Lamotrigine 100mg 2 ½ tabs every morning, Cetirizine 10mg 1 tab every evening, Escitalopram 20mg 1 tab every morning, Hydroxyzine HCL 50mg 1 tab every evening dispensed 1/25/22; -Debrox 6.5% ear drops 5 drops into each ear dispensed 11/23/21. <p>Interviews on 2/16/22 with Staff #1 and #2 revealed:</p> <ul style="list-style-type: none"> -Did not have access to medication orders when administering medications. <p>Interviews on 2/10/22 and 2/15/22 with the L-QP#2 revealed:</p> <ul style="list-style-type: none"> -Unable to provide some medication orders as they were not at the facility and they would need to be obtained from the pharmacy; -Acknowledged she may not be able to provide the requested medication orders by the deadline set by DHSR survey staff of 2/10/22 at 10am and 	V 118		

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V 118	<p>Continued From page 28</p> <p>understood it would result in a citation;</p> <ul style="list-style-type: none"> -Client #1's Low-Ogestrol-28 was discontinued because she was experiencing severe mood swings while taking the medication; -Client #3 came to the facility with Debrox 6.5% ear drops but they were not administered; -Did not have any medication orders to determine if Client #3's Debrox 6.5% ear drops needed to be administered or if they were discontinued; -Will ensure all start and stop medication orders are maintained at the facility in the future; -Will ensure all MARs are kept current in the future. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency has been cited three times on 7/29/19, 10/3/19, and 6/10/21.</p> <p>Review on 2/15/22 of the first Plan of Protection (POP) written and signed on 2/15/22 by the L-QP#2 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens.</p> <p>V120/V123: All internal and external medications are now stored separately. Staff will complete incident reports if there are medication errors.</p> <p>V117: Staff will ensure all labels on medications are legible and are in the facility at all times.</p> <p>V118: Staff will obtain all prescriptions and medication orders to store at the office or group home facilities. Pathways (Licensee) is in the process of switching clients to [local mental health provider] to ensure that orders are always</p>	V 118		

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V 118	<p>Continued From page 29</p> <p>present and that discontinued orders can also be obtained. Pathways Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to make all corrections."</p> <p>Review on 2/15/22 of the second POP written and signed on 2/15/22 by the L-QP#2 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. V120/V123: All internal and external medications are now stored separately. Staff will complete incident reports if there are medication errors. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly. V117: Staff will ensure all labels on medications are legible and are in the facility at all times. A new label was obtained for the cream effective 2/7/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly. V118: Staff will obtain all prescriptions and medication orders to store at the office or group home facilities. Pathways is in the process of switching clients to [local mental health provider] to ensure that orders are always present and that discontinued orders can also be obtained. The switch will happen no later than 3/15/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly."</p> <p>Review on 2/15/22 of the third POP written and signed on 2/15/22 by the L-QP#2 revealed:</p>	V 118		

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V 118	<p>Continued From page 30</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens.</p> <p>V120/V123: All internal and external medications are now stored separately. Staff will complete incident reports if there are medication errors. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V117: Staff will ensure all labels on medications are legible and are in the facility at all times. A new label was obtained for the cream effective 2/7/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V118: Staff will obtain all prescriptions and medication orders to store at the office or group home facilities. Pathways is in the process of switching clients to [local mental health provider] to ensure that orders are always present and that discontinued orders can also be obtained. The switch will happen no later than 2/25/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly."</p> <p>Clients #1, #2, and #3 ranged in age from 13-16 years old. They were diagnosed with a variety of mental health needs including, but not limited to, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Conduct Disorder, Obsessive Compulsive Disorder, Major Depressive Disorder, and Disruptive Mood Dysregulation Disorder. Medication orders were not available for review despite Clients #1, #2, and #3 receiving medications. Due to the lack of</p>	V 118		

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V 118	Continued From page 31 medication orders it could not be determined if Client #1's birth control was discontinued, Client #2's Fluoxetine was increased, or if Client #3 should be using ear drops. Medication administration records were not kept current for several medications including Client #1's birth control and Guanfacine, Client #2's Omeprazole and multivitamin, and Client #3's Lamotrigine. Client #2's internal medications were stored with external medications (Triamcinolone 0.1% Cream). Medication was not stored securely as evidenced of a loose pill present in Client #2's medication box. Client #2's Triamcinolone 0.1% Cream did not have a legible label. There was no documentation of any medication errors or any adverse medication reactions despite reports of Client #1 experiencing mood swings while receiving birth control pills. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment	V 120		

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V 120	<p>Continued From page 32</p> <p>or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure internal and external medications were stored separately and failed to ensure safe storage of medications affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Finding #1 Observation on 2/7/22 at approximately 12:15pm of Client #2's medication revealed: -Tube of Triamcinolone Cream 0.1% Cream (skin disorder) stored with internal medications.</p> <p>Interviews on 2/7/22 with Licensee-Qualified Professional #2 (L-QP#2) and House Manager (HM) revealed: -Will separate internal and external medications</p>	V 120		

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V 120	<p>Continued From page 33</p> <p>and ensure they are stored separately in the future.</p> <p>Finding #2 Observation on 2/7/22 at approximately 12:15pm of Client #2's medication revealed: -Loose pill in the bottom of the medication box similar to those in a blister pack with pharmacy packaging label dated 1/10/22 identifying the medication as Fluoxetine HCL (antidepressant) 20mg.</p> <p>Interviews on 2/7/22 with L-QP#2 and HM revealed: -Could not identify if the loose pill fell from the blister pack or if it was supposed to be administered to Client #2 during medication administration; -Could not identify how long the loose pill was in the bottom of the medication box; -Would ensure the loose pill was disposed of immediately.</p> <p>Interview on 2/15/22 with the L-QP#2 revealed: -Would ensure all medications were stored securely with external and internal medications separately.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be</p>	V 123		

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V 123	<p>Continued From page 34</p> <p>reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to record drug administration errors and significant adverse drug reactions and report them to a physician or pharmacist affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 2/8/22 of Client #1's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder; -16 years old.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of Client #3's record revealed: -Admitted 1/18/22; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Other Reactions to Severe Stress;</p>	V 123		

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V 123	<p>Continued From page 35</p> <p>-13 years old.</p> <p>Review on 2/8/22 of the facility's Incident Reports for period 11/1/21 - 2/8/22 revealed:</p> <ul style="list-style-type: none"> -No documentation of any medication administration errors or significant adverse drug reactions. <p>Interviews on 2/7/22 with Licensee-Qualified Professional #2 and House Manager revealed:</p> <ul style="list-style-type: none"> -Client #1's Low-Ogestrol-28 (birth control) was discontinued because she was experiencing severe mood swings while taking the medication; -Could not identify if the loose pill in Client #2's medication box fell from the blister pack or if it was supposed to be administered to Client #2 during medication administration; -Could not identify how long the loose pill was in the bottom of the medication box; -Client #3 came to the facility with Debrox 6.5% ear drops but they were not administered; -Did not have any medication orders to determine if Client #3's Debrox 6.5% ear drops needed to be administered or if they were discontinued; -There was no documentation of any medication administration errors or significant adverse drug reactions in the facility but would make sure to maintain such information in the future. <p>Observation on 2/7/22 at approximately 12:15pm of Client #2's medication revealed:</p> <ul style="list-style-type: none"> -Loose pill in the bottom of the medication box similar to those in a blister pack with pharmacy packaging label dated 1/10/22 identifying the medication as Fluoxetine HCL (antidepressant) 20mg. <p>This deficiency has been cited three times on 7/29/19, 10/3/19, and 12/18/19.</p>	V 123		

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V 123	Continued From page 36 This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 123		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 1 of 10 audited staff (Staff #4). The findings are:</p> <p>Review on 2/14/22 of Staff #4's record revealed: -Hired 9/29/21; -No documentation of HCPR review.</p> <p>Interviews on 2/10/22 and 2/15/22 with the Licensee-Qualified Professional #2 revealed: -Not sure why there was no HCPR review completed on Staff #4; -Would ensure HCPR reviews be completed and documented prior to an offer of employment in</p>	V 131		

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V 131	Continued From page 37 the future. This deficiency has been cited two times on 7/29/19 and 2/19/21. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this	V 133		

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V 133	Continued From page 38 section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection	V 133		

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V 133	<p>Continued From page 39</p> <p>(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an 	V 133		

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V 133	<p>Continued From page 40</p> <p>individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40,</p>	V 133		

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V 133	<p>Continued From page 41</p> <p>Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 133		

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V 133	<p>Continued From page 42</p> <p>failed to request a criminal background check within five days of an offer of employment affecting 3 of 10 audited staff (Staff #2, #4, and #6). The findings are:</p> <p>Review on 2/14/22 of Staff #2's record revealed: -Hired 9/29/21; -No criminal background check requested.</p> <p>Review on 2/14/22 of Staff #4's record revealed: -Hired 9/29/21; -Criminal background check requested 2/14/22.</p> <p>Review on 2/14/22 of Staff #6's record revealed: -Hired 10/9/21; -Criminal background check requested 12/27/21.</p> <p>Interviews on 2/10/22 and 2/15/22 with the Licensee-Qualified Professional #2 revealed: -Did not yet request a criminal background check on Staff #2 as she was recently hired; -Acknowledged the criminal background checks were requested late for Staff #4 and #6 but could not identify the reason; -Would ensure criminal background checks be requested within 5 days of an offer of employment in the future.</p> <p>This deficiency has been cited two times on 7/29/19 and 2/19/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 133		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p>	V 293		

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V 293	<p>Continued From page 43</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 intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility</p>	V 293		

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V 293	<p>Continued From page 44</p> <p>shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide the necessary level of supervision and structure to provide intensive supervision, active therapeutic treatment, and interventions with a system of care affecting 3 of 3 audited current clients (Clients #1, #2, and #3) and 1 of 2 audited former clients (Former Client #4). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on interview and record review, the facility failed to ensure a written job description was present in each staff member's file affecting 5 of 10 audited staff (Staff #1, #2, #4, #5, and House Manager) and failed to ensure each staff member met the minimum education requirements for their position affecting 2 of 10 audited staff (Staff #4 and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to provide training to meet the needs of the clients affecting 10 of 10 audited staff (Staff #1, #2, #3, #4, #5, #6, House Manager, Qualified</p>	V 293		

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V 293	<p>Continued From page 45</p> <p>Professional #1, Licensee-Qualified Professional #2, Licensed Professional).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, 3 of 3 qualified professionals (Qualified Professional #1, Licensee-Qualified Professional #2, and Licensed Professional) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111) Based on interview and record review, the facility failed to have strategies in place prior to delivery of services for 1 of 3 audited clients (Client #2).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 3 of 3 audited current clients (Clients #1, #2, and #3) and 1 of 2 audited former clients (Former Client #4).</p> <p>CROSS REFERENCE: General Statute 131E-256 Health Care Personnel Registry (V131) Based on interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 1 of 10 audited staff (Staff #4).</p> <p>CROSS REFERENCE: General Statute 122C-80 Criminal History Record Check (V133) Based on interview and record review, the facility</p>	V 293		

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V 293	<p>Continued From page 46</p> <p>failed to request a criminal background check within five days of an offer of employment affecting 3 of 10 audited staff (Staff #2, #4, and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1702 Requirements of Qualified Professionals (V294) Based on interview and record review, the Qualified Professional #1 (QP#1) failed to perform clinical and administrative responsibilities a minimum of ten hours each week at least 70% of the time when adolescents were awake and present.</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to ensure minimum staffing ratios of two staff for up to four adolescents.</p> <p>CROSS REFERENCE: 10A NCAC 27G .1705 Requirements of Licensed Professionals (V297) Based on interview and record review, the Licensed Professional (LP) failed to provide face to face clinical consultation at least four hours each week.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Based on interview and record review, the facility failed to implement their policy on incident reporting.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Based on interview and record review, the facility failed to notify the local management entity of all Level II incidents within 72 hours of becoming</p>	V 293		

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V 293	<p>Continued From page 47</p> <p>aware of the incidents.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Based on interview, record review, and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner.</p> <p>This deficiency has been cited three times on 7/29/19, 10/3/19, and 2/17/22.</p> <p>Review on 2/15/22 of the first Plan of Protection (POP) written and signed on 2/15/22 by the Licensee-Qualified Professional #2 (L-QP#2) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. V107/108: Pathways (Licensee) Group Homes Director will ensure that job descriptions and education are in the files of all employees at Pathways Group Homes. All staff will be trained if a client exhibits behaviors such as sexualized, AWOLS (absent without leave), etc. V109: QP (Qualified Professional #1) will be responsible for assisting the director in getting staffed trained for client behaviors. QP will need to update treatment plans in accordance with goals that line up with the behaviors of the client. V112: Treatment plans will be updated to reflect client's current behaviors. [consulting licensed professional/qualified professional] will be providing oversight and consultation to ensure that treatment plans are up to par. V131/133: All staff members will have nurse aid registries completed before their date of hire. Criminal background checks will also be completed and maintained in the employee's file. V294: Our QP will complete 10 hours in the group</p>	V 293		

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V 293	<p>Continued From page 48</p> <p>home as required. Pathways Director has scheduled a phone conference for [QP#1] for 2/15/22 to address all concerns.</p> <p>V296: Pathways Group Homes will continue to hire and complete scheduling that will allow two people to be maintained on each shift. In the event that there is a call out, there is a proper chain of command that will be utilized to ensure that coverage needs are met.</p> <p>V297: The LP (Licensed Professional) will complete their hours in person at the group home unless it is not possible due to COVID exposure. In the event that there is a COVID exposure, LP will complete therapy via telehealth and not via phone call. [consulting licensed professional/qualified professional] will be providing oversight and consultation to ensure that LP meets all requirements.</p> <p>V366/367: Incident reports will be completed within 72 hours and incident reports will be completed for all incidents that occur in the facility. Staff are provided paper copies of incident reports to complete on shift when an incident occurs.</p> <p>V736: Originally there was a lock on the laundry room door. Once director was made aware that this was a violation, the lock was immediately removed. Pathways Director will contact landlord to discuss getting the house painted.</p> <p>V293: Pathways Group Director will have [consulting licensed professional/qualified professional] oversee operations to ensure that all citations are corrected. A Consultation log will be completed to document each time [consulting licensed professional/qualified professional] provides supervision. With her assistance, Pathways Director will ensure that all needs are met and have appropriate channels in place going forward to ensure that these issues decrease in occurrence.</p>	V 293		

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V 293	<p>Continued From page 49</p> <p>Pathways Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to make all corrections."</p> <p>Review on 2/15/22 of the second POP written and signed on 2/15/22 by the L-QP#2 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens.</p> <p>V107/108: Pathways Group Homes Director will ensure that job descriptions and education are in the files of all employees at Pathways Group Homes by 3/1/22. All staff will be trained if a client exhibits behaviors such as sexualized, AWOLS, etc by 3/15/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V109: QP will be responsible for assisting the director in getting staffed trained for client behaviors. QP will need to update treatment plans in accordance with goals that line up with the behaviors of the client. All PCPS (person centered plans) will be updated no later than 3/31/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V112: Treatment plans will be updated to reflect client's current behaviors no later than 3/31/22. [consulting licensed professional/qualified professional] will be providing oversight and consultation to ensure that treatment plans are up to par. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 293	<p>Continued From page 50</p> <p>V131/133: All staff members will have nurse aid registries completed before their date of hire. Criminal background checks will also be completed and maintained in the employee's file. If items are missing, it will be completed and placed in employees files no later than 3/15/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V294: Our QP will complete 10 hours in the group home as required. Pathways Director has scheduled a phone conference for [QP#1] for 2/15/22 to address all concerns. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V296: Pathways Group Homes will continue to hire and complete scheduling that will allow two people to be maintained on each shift. In the event that there is a call out, there is a proper chain of command that will be utilized to ensure that coverage needs are met. Staffing needs will be met no later than 3/15/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V297: The LP will complete their hours in person at the group home unless it is not possible due to COVID exposure. In the event that there is a COVID exposure, LP will complete therapy via telehealth and not via phone call. [consulting licensed professional/qualified professional] will be providing oversight and consultation to ensure that LP meets all requirements. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made</p>	V 293		

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V 293	<p>Continued From page 51</p> <p>weekly.</p> <p>V366/367: Incident reports will be completed within 72 hours and incident reports will be completed for all incidents that occur in the facility. Staff are provided paper copies of incident reports to complete on shift when an incident occurs. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V736: Originally there was a lock on the laundry room door. Once director was made aware that this was a violation, the lock was immediately removed. Pathways Director will contact landlord to discuss getting the house painted. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V293: Pathways Group Director will have [consulting licensed professional/qualified professional] oversee operations to ensure that all citations are corrected. A Consultation log will be completed to document each time [consulting licensed professional/qualified professional] provides supervision. With her assistance, Pathways Director will ensure that all needs are met and have appropriate channels in place going forward to ensure that these issues decrease in occurrence. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly."</p> <p>Review on 2/15/22 of the third POP written and signed on 2/15/22 by the L-QP#2 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above</p>	V 293		

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V 293	<p>Continued From page 52</p> <p>happens.</p> <p>V107/108: Pathways Group Homes Director will ensure that job descriptions and education are in the files of all employees at Pathways Group Homes by 2/25/22. All staff will be trained if a client exhibits behaviors such as sexualized, AWOLS, etc by 2/25/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V109: QP will be responsible for assisting the director in getting staffed trained for client behaviors. QP will need to update treatment plans in accordance with goals that line up with the behaviors of the client. All PCPS will be updated no later than 2/25/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V112: Treatment plans will be updated to reflect client's current behaviors no later than 2/25/22. [consulting licensed professional/qualified professional] will be providing oversight and consultation to ensure that treatment plans are up to par. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V131/133: All staff members will have nurse aid registries completed before their date of hire. Criminal background checks will also be completed and maintained in the employee's file. If items are missing, it will be completed and placed in employees files no later than 2/25/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p>	V 293		

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V 293	<p>Continued From page 53</p> <p>V294: Our QP will complete 10 hours in the group home as required. Pathways Director has scheduled a phone conference for [QP#1] for 2/15/22 to address all concerns. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V296: Pathways Group Homes will continue to hire and complete scheduling that will allow two people to be maintained on each shift. In the event that there is a call out, there is a proper chain of command that will be utilized to ensure that coverage needs are met. Staffing needs will be met no later than 2/25/22. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V297: The LP will complete their hours in person at the group home unless it is not possible due to COVID exposure. In the event that there is a COVID exposure, LP will complete therapy via telehealth and not via phone call. [consulting licensed professional/qualified professional] will be providing oversight and consultation to ensure that LP meets all requirements. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V366/367: Incident reports will be completed within 72 hours and incident reports will be completed for all incidents that occur in the facility. Staff are provided paper copies of incident reports to complete on shift when an incident occurs. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all</p>	V 293		

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V 293	<p>Continued From page 54</p> <p>corrections are being made weekly.</p> <p>V736: Originally there was a lock on the laundry room door. Once director was made aware that this was a violation, the lock was immediately removed. Pathways Director will contact landlord to discuss getting the house painted. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly.</p> <p>V293: Pathways Group Director will have [consulting licensed professional/qualified professional] oversee operations to ensure that all citations are corrected. A Consultation log will be completed to document each time [consulting licensed professional/qualified professional] provides supervision. With her assistance, Pathways Director will ensure that all needs are met and have appropriate channels in place going forward to ensure that these issues decrease in occurrence. Pathways Group Home Director will meet with [consulting licensed professional/qualified professional] effective 2/21/22 to ensure all corrections are being made weekly."</p> <p>Clients #1, #2, #3, and Former Client #4 ranged in age from 13-16 years old. They were diagnosed with a variety of mental health needs including, but not limited to, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Conduct Disorder, Obsessive Compulsive Disorder, Major Depressive Disorder, Intermittent Explosive Disorder, and Disruptive Mood Dysregulation Disorder. Client #1 had a history of suicidal ideation, thoughts of harming her family members, and verbal and physical aggression. Client #2 had a history of aggressive outbursts. Client #3 had a history of suicidal ideation and aggressive outbursts. Former Client</p>	V 293		

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V 293	<p>Continued From page 55</p> <p>#4 had a history of self-harm and cutting, suicidal ideation, thoughts of harming her family members, and running away. Clients #1, #2, #3, and Former Client #4 displayed incidents of sexualized behaviors. Despite client histories, there were no treatment strategies to address sexualized behaviors and running away. Furthermore, staff had not received training in sexually aggressive youth. There was no initial strategies for Client #2 and there were no additional assessments completed for Clients #1, #2, #3, and Former Client #4 after multiple episodes of highly sexualized behaviors. Incident reports were not completed making it impossible to track incidents of aggression, assault, property destruction, running away, or sexualized behaviors. There was a lack of supervision for Clients #1, #2, #3, and Former Client #4 due to only one staff per shift at times, as well as the absence of the Qualified Professional #1 and Licensed Professional at the facility. Staff records were not maintained with signed job descriptions and education credentials for positions held. Furthermore, some staff were not screened for criminal background and Health Care Personnel Registry checks. The facility was maintained with personal belongings on the floor, debris in the yard, walls and doors were chipped and scuffed, and an alternative egress route was obstructed with a cable lock requiring a key for opening. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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.</p>	V 293		

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V 294	Continued From page 56	V 294		
V 294	<p>27G .1702 Residential Tx. Child/Adol -Req. for Q P</p> <p>10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS</p> <p>(a) Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience.</p> <p>(b) For each facility of five or less beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 10 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(c) For each facility of six or more beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(d) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include:</p> <p>(1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section;</p> <p>(2) oversight of emergencies;</p> <p>(3) provision of direct psychoeducational services to children or adolescents;</p> <p>(4) participation in treatment planning</p>	V 294		

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V 294	<p>Continued From page 57</p> <p>meetings; (5) coordination of each child or adolescent's treatment plan; and (6) provision of basic case management functions.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the Qualified Professional #1 (QP#1) failed to perform clinical and administrative responsibilities a minimum of ten hours each week at least 70% of the time when adolescents were awake and present. The findings are:</p> <p>Review on 2/8/22 of Client #1's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder; -16 years old.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of Client #3's record revealed: -Admitted 1/18/22; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Other Reactions to Severe Stress;</p>	V 294		

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V 294	<p>Continued From page 58</p> <p>-13 years old.</p> <p>Review on 2/14/22 of QP#1's record revealed: -Hired 2/5/19; -Signed job description dated 8/14/19 revealed: "...provide and/or assure completion of required training for residential assistant employees ...develop task analyses and/or strategies for the implementation of goals ...complete all required training and staff development activities ...performing clinical and administrative responsibilities a minimum of 40 hours a week and 75% shall occur when the children or adolescents are awake and present in the facility, management of the day to day operation of the facility, supervision or paraprofessionals regarding responsibilities related to the implementation of each child or adolescents treatment plan ..."</p> <p>Interview on 2/8/22 with Client #1 revealed: -QP#1 came to the facility every other week for one-half to one hour.</p> <p>Interview on 2/8/22 with Client #2 revealed: -QP#1 came to the facility weekly to check on the clients and stays approximately one hour.</p> <p>Interview on 2/8/22 with Client #3 revealed: -Never met QP#1 or saw her at the facility.</p> <p>Interview on 1/21/22 with Former Staff #7 revealed: -Never saw the QP#1 or LP in the facility.</p> <p>Interview on 2/16/22 with Staff #2 revealed: -QP#1 came to the facility every one to three weeks and works for 30-90 minutes in the facility.</p> <p>Interview on 2/16/22 with Staff #3 revealed:</p>	V 294		

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V 294	<p>Continued From page 59</p> <p>-QP#1 came to the facility twice monthly for approximately one hour.</p> <p>Interview on 2/16/22 with the QP#1 revealed: -Completed virtual visits to the facility; -Completed most of her work from the office; -Worked when the clients were in school and only saw the clients virtually; -Did not meet with the LP for clinical supervision.</p> <p>Interview on 2/15/22 with the Licensee-Qualified Professional #2 revealed: -Was aware the QP#1 needed to be present in the facility for 10 hours weekly with 70% of the time being when the clients were present and awake; -Was not aware the QP#1 was not present in the facility when the clients were present; -Will ensure the QP#1 is present in the facility as required in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 294		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for</p>	V 296		

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V 296	<p>Continued From page 60</p> <p>one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 296		

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V 296	<p>Continued From page 61</p> <p>failed to ensure minimum staffing ratios of two staff for up to four adolescents. The findings are:</p> <p>Review on 2/8/22 of Client #1's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder; -16 years old.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of Client #3's record revealed: -Admitted 1/18/22; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Other Reactions to Severe Stress; -13 years old.</p> <p>Interviews on 2/8/22 with Clients #1, #2, and #3 revealed: -Usually two staff worked each shift, but sometimes there is only one staff working; -Only Staff #1 worked this morning when the clients awoke and had breakfast; -Only Staff #2 worked last night when the clients had dinner and prepared for bed.</p> <p>Interview on 1/21/22 with Former Staff #7 revealed: -There was supposed to be two staff per shift but sometimes only one staff worked per shift due to staff calling out; -Sometimes Licensee-Qualified Professional #2</p>	V 296		

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V 296	<p>Continued From page 62</p> <p>(L-QP#2) would only schedule one staff per shift.</p> <p>Interviews on 2/16/22 with Staff #1, #2, and #3 revealed: -Two staff usually worked per shift; -Sometimes only one staff worked per shift due to staff calling out.</p> <p>Interview on 2/15/22 with the L-QP#2 revealed: -Tried to schedule two staff to work each shift but sometimes had difficulty with staffing ratios due to staff calling out resulting in only one staff at times; -Will continue to schedule two staff per shift and arrange for appropriate staff coverage should scheduled staff call out.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified</p>	V 297		

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V 297	<p>Continued From page 63</p> <p>professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the Licensed Professional (LP) failed to provide face to face clinical consultation at least four hours each week. The findings are:</p> <p>Review on 2/8/22 of Client #1's record revealed: -Admitted 10/21/20; -Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder; -16 years old.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of Client #3's record revealed: -Admitted 1/18/22; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Other Reactions to Severe Stress; -13 years old.</p> <p>Review on 2/14/22 of the LP's record revealed:</p>	V 297		

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V 297	<p>Continued From page 64</p> <p>-Hired 9/30/20; -Signed job description dated 7/8/21 revealed: "...face to face clinical consultation shall be provided in each facility at least 4 hours a week ...must provide clinical supervision to the Qualified Professional monthly ...update treatment team on the progress of therapy with the clients ...involvement in the children or adolescents specific treatment plans and overall programming ..."</p> <p>Review on 2/10/22 of the LP's notes for 11/1/2021-2/7/2022 revealed: -Notes reflecting sessions with Clients #1, #2, and #3 ranging from 15-30 minutes in duration.</p> <p>Interview on 2/8/22 with Client #1 revealed: -LP did not come to the facility; -LP talked to her on the telephone or via facetime; -Length of time she spoke with the LP varied depending on what she wanted to discuss but usually it took only 5-10 minutes weekly; -"Don't remember the last time she was at the house" but thinks it was before Christmas;</p> <p>Interview on 2/8/22 with Client #2 revealed: -LP did not come to the facility; -LP conducted therapy on Mondays using a computer or telephone in the living room with all clients present limiting confidentiality; -Length of time she spoke with the LP varied but it was usually about 10 minutes; -Cannot remember the last time the LP was at the facility, but it was definitely 2021.</p> <p>Interview on 2/8/22 with Client #3 revealed: -LP did not come to the facility; -LP talked to her on the telephone or via staff's tablet (when the staff's tablet was used then the</p>	V 297		

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V 297	<p>Continued From page 65</p> <p>telephone was also used as the tablet did not have sound);</p> <p>-Sat in the living room and spoke with the LP but the other clients heard what was discussed as they were also in the living room or in adjoining rooms;</p> <p>-Length of time she spoke with the LP varied but it was generally only "a couple of minutes" which was clarified to mean approximately 5-10 minutes.</p> <p>Interview on 1/21/22 with Former Staff #7 revealed:</p> <p>-The LP would call the facility weekly to speak with the clients on the telephone;</p> <p>-Never saw the LP in the facility.</p> <p>Interview on 2/16/22 with Staff #1 revealed:</p> <p>-LP conducted therapy sessions via telephone calls.</p> <p>Interview on 2/16/22 with Staff #2 revealed:</p> <p>-LP conducted therapy sessions via telephone calls or computer time;</p> <p>-LP was not at the facility since before December, 2021.</p> <p>Interview on 2/16/22 with Staff #3 revealed:</p> <p>-LP conducted therapy via telephone calls and computer time;</p> <p>-LP was not at the facility for several weeks but could not identify the last date the LP was present;</p> <p>-Clients had weekly video calls with the LP;</p> <p>-Clients went outside on the front porch to ensure privacy when they spoke with the LP on the phone.</p> <p>Interview on 2/16/22 with the Qualified Professional #1 (QP#1) revealed:</p>	V 297		

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V 297	<p>Continued From page 66</p> <p>-The LP did not provide therapy at the facility due to the pandemic but did provide therapy via telehealth appointments; -Did not meet with the LP for clinical supervision.</p> <p>Attempted interviews with the LP were unsuccessful. A request was made by Division of Health Service Regulation (DHSR) on 2/14/22 at 11:45am for the Licensee-Qualified Professional #2 (L-QP#2) to arrange a telephone interview between DHSR and the LP. Despite attempts to arrange a telephone interview, no telephone call was received from the LP. An additional attempt was made by DHSR on 2/16/22 at 9:50am via telephone call to the LP. The following message was on the LP's telephone: "The wireless customer you are calling is not available. Please try your call again later."</p> <p>Interview on 2/15/22 with the L-QP#2 revealed: -Was not aware the LP was not present at the facility to conduct therapy with the clients; -Was not acceptable the LP was not present at the facility; -Will ensure the LP is in the facility weekly to meet with each client for confidential therapy sessions in the future.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 297		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and</p>	V 366		

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V 366	<p>Continued From page 67</p> <p>implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p>	V 366		

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V 366	<p>Continued From page 68</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to</p>	V 366		

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V 366	<p>Continued From page 69</p> <p>Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their policy on incident reporting. The findings are:</p> <p>Review on 2/15/22 of the undated incident reporting policy revealed: -"Reporting of any incident, unusual occurrence, or medication error: after appropriate action is taken to remedy the problem and to ensure the safety, well-being and care of those individuals who are directly involved in the incident, then a report shall be completed. The report should be on the standardized incident reporting form. The report shall be completed in detain and shall include all pertinent facts such as time, place, persons involved, witnesses, extent of injury or damages and methods of remedy. The copy shall be placed in the incident file at the facility ..."</p> <p>Review on 2/8/22 of Client #1's record revealed: -Admitted 10/21/20;</p>	V 366		

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V 366	<p>Continued From page 70</p> <p>-Diagnosed with Conduct Disorder, Obsessive Compulsive Disorder, Unspecified Trauma or Stressor Related Disorder; -16 years old.</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of Client #3's record revealed: -Admitted 1/18/22; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Other Reactions to Severe Stress; -13 years old.</p> <p>Review on 2/8/22 of Former Client #4's (FC#4) record revealed: -Admitted 9/29/21; -Discharged 1/26/21; -14 years old; -Diagnosed with Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder.</p> <p>Review on 2/10/22 and 2/15/22 of undated and unsigned handwritten letters revealed: -First set of letters (totaling 13 pages one-sided) of a sexual nature including requests for sexual interactions between the writers was reviewed on 2/10/22; -Second set of letters (totaling 6 pages one-sided) of a sexual nature including requests for sexual interactions between the writers was reviewed on 2/15/22.</p>	V 366		

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V 366	<p>Continued From page 71</p> <p>Review on 2/8/22 of undated and unsigned letter written by staff revealed: -Staff #1: FC#4 displayed vulgar language and threats toward others; -Staff #2: FC#4 displayed incidents of physical aggression and assault; -Staff #3: FC#4 displayed continuous incidents of "violent, destructive, and manipulative behaviors consistently" and threatened and assaulted peers and staff; -Staff #6: FC#4 displayed vulgar language, threatening staff, and "physical rampage."</p> <p>Review on 2/8/22 of email correspondence dated 1/20/22 from Licensee-Qualified Professional #2 (L-QP#2) to FC#4's treatment team members revealed: -30-day notice to discharge due to being "physically aggressive with other clients as well as our staff. She had destroyed property, threatened to kill clients, attempted to go AWOL.." and threatened to make false allegations in order to have staff fired.</p> <p>Review on 2/8/22 of the facility's incident reports for period 11/1/21 - 2/8/22 revealed: -No incident reports completed regarding sexualized behaviors for Clients #1, #2, #3, and FC#4; -Three incident reports completed on FC#4 (11/21/21, 1/13/22, and 1/21/22) regarding aggressive and assaultive behaviors.</p> <p>Interview on 2/8/22 with Client #1 revealed: -Client #2 wrote letters of a sexual nature to Client #3.</p> <p>Interview on 2/8/22 with Client #2 revealed: -Denied writing letters of a sexual nature to Client</p>	V 366		

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V 366	<p>Continued From page 72</p> <p>#3; -Client #1 wrote letters of a sexual nature to Client #3.</p> <p>Interview on 2/8/22 with Client #3 revealed: -Client #1 wrote letters of a sexual nature to her; -Responded in writing to the letters but was unsure she wanted to have a sexual relationship with Client #1.</p> <p>Attempted interview on 2/9/22 with FC#4 was unsuccessful. During interview with FC#4's Mother-Legal Guardian, she advised FC#4 was finally stable at home after discharge from the facility. She would not grant permission for her daughter to be interviewed in fear it would upset her progress.</p> <p>Interviews on 2/7/22 with Licensee-Qualified Professional (L-QP#2) and House Manager revealed: -FC#4 caused multiple episodes of property damage to the facility.</p> <p>Interview on 2/10/22 and 2/15/22 with the L-QP#2 revealed: -The first set of letters was written between Clients #1 and #3 and were discovered during the weekend of 2/5/22-2/6/22; -The second set of letters was written between Client #1 and FC#4; -Did not complete incident reports on the sexualized behaviors as she did not think it was necessary.</p> <p>This deficiency has been cited two times on 7/29/19 and 10/3/19.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1</p>	V 366		

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V 366	Continued From page 73 rule violation and must be corrected within 23 days.	V 366		
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: (1) the provider has reason to believe that information provided in the report may be	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/17/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 367	<p>Continued From page 74</p> <p>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> <p>(5) the total number of level II and level III incidents that occurred; and</p>	V 367		

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V 367	<p>Continued From page 75</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 interview and record review, the facility failed to notify the local management entity of all Level II incidents within 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 2/8/22 of Client #2's record revealed: -Admitted 6/3/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder; -14 years old.</p> <p>Review on 2/8/22 of Former Client #4's (FC#4) record revealed: -Admitted 9/29/21; -Discharged 1/26/21; -14 years old; -Diagnosed with Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder.</p> <p>Review on 2/8/22 of the facility's Incident Reports for period 11/1/21 - 2/8/22 revealed: -Report dated 11/21/21 of an allegation of</p>	V 367		

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V 367	<p>Continued From page 76</p> <p>unwanted sexual behavior made by FC#4 against Client #2.</p> <p>Interview on 2/8/22 with Client #2 revealed: -Did not want to discuss the incident of sexualized behavior with FC#4.</p> <p>Attempted interview on 2/9/22 with FC#4 was unsuccessful. During interview with FC#4's Mother-Legal Guardian, she advised FC#4 was finally stable at home after discharge from the facility. She would not grant permission for her daughter to be interviewed in fear it would upset her progress.</p> <p>Interview on 2/15/22 with the Licensee-Qualified Professional #2 revealed: -It was an oversight that a Level II incident report was not completed regarding the 11/21/21 allegation of unwanted sexual behavior made by FC#4 against Client #2, but an internal investigation was completed; -Will ensure all Level II incident reports are completed through the North Carolina Incident Response Improvement System in the future.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency has been cited three times on 7/29/19, 10/3/19, and 6/10/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

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V 736	<p>Continued From page 77</p> <p>(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 interview, record review, and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 2/7/22 at approximately 10:50am - 12:05pm revealed:</p> <ul style="list-style-type: none"> -Large rug measuring approximately 8'x10' covered by debris and leaves on the driveway; -Two plastic mats each measuring approximately 3'x5' on the driveway; -One pink blanket on the driveway; -Metal rake face up on the front lawn; -Kitchen cabinet over the stove separating from the wall leaning on the exhaust fan; -Bottom right drawer of the refrigerator had significant build-up of spilled juice or other substance; -Rear exit door in kitchen was locked with a cable lock which required a key resulting in the door being inaccessible to anyone without a key; -Many personal items stacked on the floor in disarray in clients' bedrooms; -Missing blind on the left window in Client #1's bedroom; -Single closet door had a hole measuring approximately 3"x3" on the bottom left side in the back bedroom; -Double closet door was missing trim around the entirety of the opening in the back bedroom; 	V 736		

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V 736	<p>Continued From page 78</p> <p>-Facility walls and doors were chipped, scuffed, and dirty.</p> <p>Review on 2/7/22 of email correspondence from Licensee-Qualified Professional #2 (L-QP#2) to Division of Health Service Regulation staff dated 2/7/22 at 4:58pm revealed:</p> <p>-Would have staff remove the cable lock from the back door immediately to ensure the door was unobstructed.</p> <p>Interview on 2/9/22 with Client #1 revealed:</p> <p>-Pulled down the blind from the window during a behavioral episode when she was angry.</p> <p>Interviews on 2/7/22 with L-QP#2 and House Manager revealed:</p> <p>-Was not aware the doorways needed to be unobstructed;</p> <p>-Would remove the cable lock if required;</p> <p>-The damages to the closet areas in the back bedroom were the result of Former Client #4's behavioral outbursts.</p> <p>Interview on 2/15/22 with L-QP#2 revealed:</p> <p>-Removed the cable lock from the rear door;</p> <p>-Will arrange to have the facility cleaned and painted.</p> <p>This deficiency has been cited four times on 7/29/19, 10/3/19, 2/19/21, and 6/10/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 736		