

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2022
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 2, 2022. The complaint was substantiated (Intake NC# 184378). 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>This facility is licensed for 3 beds and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
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</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 3 of 3 Qualified Professionals (Qualified Professional #1 (QP#1), QP#2, and Licensee/QP#3 failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 2/4/22 of QP#1's record revealed: Hire date: 11/29/16; Position: Qualified Professional; Essential duties and responsibilities included: "-ensuring staff/individual ratio is accurate and matches service order; -ensuring Mental Health/Developmental Disability goals are being implemented correctly by direct care staff; -attend meetings as scheduled; -coordinate objectives and meet deadlines for service plans; Job Description included: -ensuring all direct care staff are qualified and</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>properly trained for providing services; -ensuring documentation standards are met; -monitor ongoing case management needs and problem solve , refer accordingly; -ensure health safety and incident reporting requirement are upheld; -provide service coordination within established Person Centered Plan (PCP); -review documentation on a monthly basis; -document performance issues in a timely manner; -abide by, enforce and participate in the implementation and ongoing oversight of all safety standards and regulations; -coordination of initial and ongoing assessment activities, initial development and ongoing revision of PCP, and monitoring and implementation of PCP."</p> <p>Review on 2/10/22 of QP#2's record revealed: Hire date:1/11/16; Position: Day Treatment Qualified Professional/Qualified Professional; Essential duties and responsibilities included: "review staff notes and make any corrections; -transport students to school; -ensure staff has billable note for each service date; -office work when needed;" -the job description is the same as QP#1's with the exception of the noted essential duties and responsibilities.</p> <p>Review on 2/4/22 of Licensee/QP#3's record revealed: Hire date: 1/05/2014; Position: Chief Executive Officer (CEO)/Qualified Professional; job duties and description signed on 1/5/14 included:</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>-the same job description as QP#1 and QP#2.</p> <p>A: Refer to V112 for failure to develop and implement treatment strategies for clients in the facility.</p> <p>-Client#1 was admitted 12/27/21, with a documented history of self-harm and aggressive behaviors;</p> <p>-Client#1 began displaying self-harming, manipulative, and aggressive behaviors while in the facility;</p> <p>-Upon record review there were no goals or strategies that indicated how the facility would address Client#1's behaviors;</p> <p>-Client#2 and Client#3 had the same goals and strategies in their PCP's for behavior in the facility, community, and day treatment;</p> <p>-Client #1, #2, and FC#3 did not receive regular individual therapy to address their needs.</p> <p>B. Refer to V294 for failure to provide documented qualified professional services;</p> <p>-QP#1 did not work at the facility when the clients were present;</p> <p>-Licensee/QP #3 did not document his time;</p> <p>-Licensee/QP #3 had the QP#2 sign and write treatment plans, assessments, and meeting notes despite not working for the facility or attending meetings.</p> <p>Review on 2/10/22 of QP#1's supervision notes of paraprofessional staff revealed:</p> <p>-no evidence that paraprofessional staff received supervision from QP#1 since July 2021.</p> <p>C. Refer to V295 for failure to provide an associate professional for the facility;</p> <p>-there was no evidence that Associate Professional services were provided on a full time basis at the facility;</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>-Licensee/QP#3 advised that he was also the AP for the facility.</p> <p>D. Refer to V296 for failure to provide minimum staffing ratios as required by rule; -Licensee/QP#3 admitted to being short staffed; -Clients were kept out of the facility until 6:00pm or later during the week; -Clients indicated that typically only one staff worked unless it was overnight; -Over a three month period the facility failed to have 2 staff on shift as required by rule for 81 days.</p> <p>E. Refer to V297 for failure to ensure minimum Licensed Professional (LP) requirements; -there was no evidence LP#2 provided face to face supervision in the facility a minimum of 4 hours a week; -LP#2 did not work with the clients and did supervision based on what the QP#1 and Licensee/QP#3 told her; -there was no supervision of QP#2 by LP#2.</p> <p>F. Refer to V293 for failure to provide coordination of services at discharge for FC#3 and failure to provide the scope of services for Client#1, #2, and FC#3 overall.</p> <p>G. Refer to V367 for failure of QP#1 to enter incident reports in a timely manner; -incident on 2/8/12 which was responded to by law enforcement, was entered into the North Carolina Incident Response Improvement System on 2/14/22, and the date on the report was incorrect.</p> <p>H. Refer to V536 and V537 for failure to ensure that staff are trained in restrictive interventions and the alternatives prior to providing services.</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>I. Refer to V736 for failure to maintain the facility in a safe, clean, and orderly manner; -the walls and doors had holes in them; -there was broken glass and sharp objects inside the barn, in facility backyard where clients can access; -there was a cracked window and broken storm door.</p> <p>Interview on 2/16/22 with the Licensee/QP#3 revealed: -he provides oversight of everything; -he revealed that he planned on closing the facility after Client #1 and #2 were discharged.</p> <p>This deficiency is cross referenced into 10A NCAC 27G. 1701 Scope for Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(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</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to develop and implement treatment strategies for 2 of 2 current clients, (Clients #1,#2) and 1 of 1 former client (FC#3). The findings are :</p> <p>Review on 2/7/22 of Client#1's record revealed: - Admission date: 12/27/21; - Diagnoses: Oppositional Defiant Disorder (ODD), Attention Deficit Disorder, and Autism Spectrum Disorder; - Age: 16; - Pre-admission history included Psychiatric Residential Treatment Facility (PRTF) placement for over a year, early childhood trauma, and adoption; - a clinical evaluation dated 11/30/21, indicated that Client#1 "has a history of engaging in self-injurious behaviors (biting, scratching, head banging, etc.) and aggressive behaviors towards others (physical and verbal), including demands and threats to others when upset;" - the evaluation recommended Level III care with</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>medication management and outpatient services.</p> <p>Review on 2/7/22, 2/9/22, and 2/10/22 of Client#1's Person Centered Plan (PCP) revealed:</p> <ul style="list-style-type: none"> -date of 12/22/21; -one goal had been added to Client#1's plan for initial authorization for Level III care and day treatment, of "continuing to apply and work coping as he transitions to Direct Care;" -strategies on how this goal would be achieved were the same strategies listed in Client#2's and Former Client#3's treatment plan; -strategies included: "staff encouraging [Client#1] to follow through with his appointments with Mental Health providers, provide positive reinforcement and become educated about his diagnosis and signs of relapse. Facility Community Based Services, Group Home Case Manager and Staff will provide [Client#1] with assistance during a crisis and participate in plan development and monthly treatment team meetings and in plan implementation. Facility staff will actively follow guidance from all mental health providers. Can be transported by one staff member. National Crisis Intervention and restrictive intervention will be used and documented for when client is placed in a therapeutic hold if and when he becomes a danger to the safety of himself and or others;" -services included: individual therapy, group therapy, medication management, and up to 6 hours a day of day treatment; -there were five other goals in his treatment plan related to self-harm, emotional regulation, family therapy, and independent skills, that were from his prior placement at a Psychiatric Residential Treatment Facility (PRTF); -there were no updated goals or strategies to deal with Client#1's self-harming or aggressive behaviors since admission to the facility in 	V 112		

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V 112	<p>Continued From page 8</p> <p>December 2021; -services to address Client#1's treatment while at the facility could not be verified during the survey with the exception of day treatment.</p> <p>Interview on 2/10/22 with Client#1 revealed: -he was transported to school by bus; -he attended school and then went to day treatment, "played on a lap-top", stayed there till 6 or 7pm and was brought back to the group home; -a day treatment staff stayed at the group home until another staff relieved her; -after dinner, Client#2 goes to his room for the rest of the night, "while I break stuff;" -he reported that a therapist, "she just calls ...I don't know her name, she is going is going to start calling me once a week, that's what staff told me a few days ago;" -he was not sure who the individual therapist was; -he admitted to putting holes in his bedroom door and indicated that he was going to continue to cause property destruction until he got some attention; -he reported that he ran away a couple days ago, had alcohol in front of staff, and that law enforcement brought him back to the group home; -there were no activities at the group home ... "we just stay here;" -when asked about goals, Client#1, said he "didn't belong here" and wanted to know if staff were pressing charges due to property destruction; -he knew he took medication for anxiety and seizures; -he wasn't taking anything at night for sleep.</p> <p>Review on 2/14/22 of North Carolina Incident Response Improvement System revealed: -on 2/08/22, Client#1, walked away from the facility on 2/8/22 and was returned by local law</p>	V 112		

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V 112	<p>Continued From page 9</p> <p>enforcement;</p> <p>-on 2/12/22, Client#1, wanted to leave the group home and was threatening self-harm over a phone call;</p> <p>-mobile crisis was contacted and Client#1 was transported to the local emergency room for further assessment;</p> <p>-Client#1 was discharged to the care of his father from the hospital and brought back to the facility;</p> <p>-on 2/13/22, Client#1 verbalized suicidal ideation and self-harmed in his bathroom, presenting to staff with a bloody wrist;</p> <p>-911 was called and law enforcement assisted due to client becoming aggressive and was transported to hospital via Emergency Management System (EMS).</p> <p>Review on 2/24/22 of local hospital records revealed:</p> <p>-2/12/22 Client#1 walked into local emergency room with Mobile Crisis at 4:17PM for suicidal ideation (SI);</p> <p>-Client#1 advised he was "just mad at staff and drank alcohol in front of them" and they weren't listening to him, so he verbalized suicidal ideation;</p> <p>-Client#1 received a chest x-ray at hospital and nebulizer treatment; noted history of Asthma;</p> <p>-Client#1's drug screen was negative, including alcohol;</p> <p>-2/12/22 Client#1 was discharged at 8:11 PM with father to go back to group home and to follow up with outpatient mental health services;</p> <p>-2/13/22 at 10:35AM Client #1 presented to emergency room via Emergency Management Systems (EMS) due to suicidal ideation with self-harming, "superficial cuts over the right wrist because he does not like being at the group home"</p> <p>-2/14/22 Progress note at 3:05PM reports that</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>Client#1 was evaluated by the nurse, concerns were expressed by guardian that Client#1 will commit SI the right way and to keep the involuntary commitment (IVC); 2/15/22 11:46AM, Client was re-assessed by a physician and IVC was overturned, client agrees to go back to group home and says he won't hurt himself.</p> <p>Interview on 2/22/22 with Client#1's guardian revealed: -Client#1 was admitted to the group home around 12/30/21; -she had not seen a treatment plan for Client#1, but knew that the facility was working on his aggressive behaviors; -Client#1 was exhibiting behaviors that were seen prior to his PRTF placement; -her understanding was that Client#1 received weekly group therapy and had an individual therapist; -she was not engaged with the individual therapist and didn't know if her son had seen him regularly; -she assumed Client#1 was getting his medication, if not, Client#1 "would be really sad;" -her husband went down to the hospital when Client#1 was admitted because the Licensee and mobile crisis advised that the guardian had to be there; -she knew that Client#1 attended day treatment and knew that he went to another facility afterschool until the evening; -she was unsure if the facility had any kind of safety plan for her son after going to the hospital; -she reported Client #1 was smiling at the hospital and knew he had gotten away with something; -The facility had given a 30 day notice to the Local Management Entity(LME)/Managed Care Organization of discharge for Client#1;</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>-Licensee/Qualified Professional#3 did not communicate much unless there was a crisis.</p> <p>Review on 2/7/22 of Client#2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 6/6/21 - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Post Traumatic Stress Disorder; - Age: 15; - Preadmission history revealed: pending larceny charges, probation, multiple foster care placements, verbal and physical aggression, pornography, and defiance. <p>Review on 2/7/22 and 2/9/22 of Client#2's PCP revealed:</p> <ul style="list-style-type: none"> -goals surrounding complying with the rules of the facility and community, utilizing coping skills to assist in completing schoolwork, and a sleep goal with hygiene tasks; -there were additional goals for day treatment and an elopement goal under day treatment; -strategies of how his goals would be accomplished were the same as Client#1's treatment plan and FC#3's treatment plan, with the exception being able to be transported by one staff; -updates to PCP were completed when service authorization was needed; -all the updates regarding goals were the same for each reporting period. -there was nothing in the PCP plan regarding specific strategies on how to deal with Client#2's inappropriate sexualized behavior that helped warrant his new placement; increasing his level of care. <p>Interview on 2/7/22 and 2/17/22 with Client#2 revealed:</p> <ul style="list-style-type: none"> -when asked about goals he was working on he 	V 112		

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V 112	<p>Continued From page 12</p> <p>reported that he had been in too many places to know;</p> <ul style="list-style-type: none"> -he hadn't seen an individual therapist in a while; -day treatment staff picks them up from regular school around 3:40pm and takes them to day treatment till 6:00pm and then staff brings them back to the group home; -when asked what the differences in levels at the group home meant he said, "nothing, just your bedtime;" -he reported that when he comes home, he goes to his bedroom after dinner for the rest of the night; -when asked who does group therapy, he indicated a licensed professional who does group therapy at the day treatment facility; <p>Review of shift notes from 12/1/21 to 2/16/22 for Client#2 revealed:</p> <ul style="list-style-type: none"> -6 documented shifts of inappropriate sexualized conversations Client#2 had with other clients in the facility. <p>Interview on 2/8/22 with Client#2's guardian revealed:</p> <ul style="list-style-type: none"> -he'd been his guardian since November 2021; -he'd never been inside the facility; -he reported they've had issues with Client#2 getting individual therapy, part of it was the therapist's fault and part of it was Client#2, "he was difficult;" -he reported that they are doing group therapy during the week, but that Client#2 tends to take it over and "make it about him;" -Client#2 was going to be going to a higher level of care for a sexual risk assessment due to some disclosures back in 2019. <p>Review on 2/7/22 of FC#3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 8/5/21 	V 112		

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V 112	<p>Continued From page 13</p> <ul style="list-style-type: none"> - Discharge date: 1/26/22 - Diagnoses: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, and Disruptive Mood Disorder; - Age: 15; - Preadmission history revealed: Transition to group home from Psychiatric Residential Treatment Facility (PRTF), verbal and physical aggression, divorce, and sibling conflict. <p>Review on 2/7/22 of FC#3's Person Centered Plan (PCP) revealed: -he had the same goals and strategies in his PCP as Client #2 with different percentages of expected compliance.</p> <p>Interview on 2/8/22 with FC#3's guardian revealed: -she never saw or signed a treatment plan for FC#3; -she had been inside the facility approximately three times; with the last time being Thanksgiving to help carry food inside; -she remembered only ever seeing one female staff all three times; -she reported little communication from the provider; -she reported that the care coordinator arranged for meetings; -discharge was a "disaster"; FC#3's father got him from school, and he wasn't able to get his clothes or medication for another two days; -she reported that the Licensee/QP#3 didn't show up to the last Child and Family Team (CFT) meeting on 1/12/22 because he had two meetings booked at the same time;</p> <p>Attempts to reach FC#3's father and FC#3 were unsuccessful; -voicemail messages were left on 2/8/22, 2/9/22,</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>2/22/22, and 2/24/22;</p> <p>Interview on 2/8/22 with FC#3's Care Coordinator revealed:</p> <ul style="list-style-type: none"> -she never saw a treatment plan, never got updates from therapists and never signed any discharge paperwork; -she had to coordinate services for FC#3's discharge, sent it back to the Licensee/QP#3 for signature and never got it back; -the Licensee/QP#3 would just put FC#3 on the phone for meetings and FC#3 would say everything was "good;" -she had to coordinate child and family team (CFT) meetings; -Licensee/QP#3 didn't attend the last CFT on 1/12/22; -she wasn't sure what services FC#3 got during his stay at the facility. <p>Interview on 2/21/22 with Staff#1 revealed:</p> <ul style="list-style-type: none"> -she worked second shift and on weekends; -regarding goals for Client#1, "it was more mental with him ...working on maintaining his anxiety levels;" -she reported that Client#1 was talking about suicidal thoughts on 2/8/22 and felt like he was threatening towards staff, saying he had cut himself before; -he disregarded staff rules about staying on the property; -she contacted Client#1's guardian when he went absent without leave (AWOL) ...about the alcohol, that he got it from another kid and Client #1's guardian told him that didn't sound possible and that he was manipulating; -she reported Client#1 didn't have alcohol, she checked it, "it was water;" -Client#2's goals are more behavioral, he is very defiant, disrespectful and staff have to re-direct 	V 112		

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V 112	<p>Continued From page 15</p> <p>him;</p> <ul style="list-style-type: none"> -Client#2 calls staff and team members all kinds of names and has no interest in therapy; -therapy is done during the daytime and that the Licensee/QP#3 would have to confirm it; -she was unaware of any therapy going on at the facility; -she did not participate in meetings for clients, she had another job; -outings were not done due to COVID and behavioral issues with current clients. <p>Interview on 2/21/22 with Staff#2 revealed:</p> <ul style="list-style-type: none"> -she worked every other weekend with another staff; -she reported that Client#1 has refused meds before but then will come back 15 minutes later and take them; -haven't done outings with the clients in a while because of client behavior and COVID; -doesn't participate or provide input to treatment plans; -she reported that Client #1 threatened self-harm; -she had to call 911 when Client#1 was self-harming; -she was unaware of any safety planning or new strategies to deal with Client#1 after his hospital stay. <p>Interview on 2/9/22 and 2/16/22 with Qualified Professional (QP) #1 revealed:</p> <ul style="list-style-type: none"> -she was the house manager of the facility and one of the QP's; -she did not write treatment plans; -she did not coordinate meetings or do the schedules; -she usually worked in the evenings around 3-5:30/6pm, "couple days a week;" -she reported that she "Q's" (reviews) the notes and files paperwork; 	V 112		

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V 112	<p>Continued From page 16</p> <ul style="list-style-type: none"> -she did supervision of direct care staff; -the clients were usually in day treatment when she is at the house, but will fill in on weekends, if needed; -she reported that group therapy is done over the phone, speakerphone; -she reported that therapist #1 was the individual therapist for the clients; -she reported having issues with the doctor at the local mental health agency sending orders and that she "would call and call and they won't send it (orders);" -she didn't remember when the last outing was done with the clients; -she sometimes did the Medication Administration Records (MARS), and sometimes it was Licensee/QP#3; -regarding goals of the clients, follow school rules, house rulesfollow community rules, and don't destroy property; -she reported that with Client#2 it's more re-direction; -Client#1 didn't have any behaviors until after FC#3 left which she believed triggered him; -when asked how they would keep Client#1 safe at the facility after his hospital stay, she reported keeping him within arms-reach, eye-sight for supervision and doing 15 minute checks; -15 minute checks were routinely on all clients; -damage to the windows in the facility was a never-ending cycle; -clients went to day treatment to work on their homework and behaviors; -When clients return to the facility from day treatment, they eat dinner, take their evening medications, and conducted their evening hygiene; -there was little time after they arrived at the facility before they to go to bed, which is 8:00PM or 8:30PM, depending on the client's level. 	V 112		

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V 112	<p>Continued From page 17</p> <p>Interview on 2/8/22 with Therapist #1 revealed: -he confirmed that he provides individual outpatient therapy to facility clients through his agency when they sign up to get medication; -he typically provided individual therapy one time per month, over the phone; -in regard, to FC#3, he believed he saw him more than once, he knew that he completed his referral out of the facility; -he provided dates of service for FC#3 as: 8/19/21, 8/31/21, 9/30/21, and 1/6/22; -it had been hard to get in regularly with him because he was the only outpatient therapist at the agency for a long time that served adolescents; -when asked about service dates regarding other clients, he advised that he was no longer comfortable providing information and cited needing legal counsel.</p> <p>Attempted review of individual therapy notes on 2/18/22 revealed: -surveyors requested individual therapy notes onsite on 2/16/22 and via email on 2/17/22 from Licensee/QP#3; -individual therapy notes were not provided by the exit date of survey.</p> <p>Review on 2/17/22 of group therapy notes from 10/6/21 to 2/9/22 revealed: -documentation entitled "Group Therapy Note" that listed client names, date of service, duration, and location; -dates were listed as every Wednesday, starting 10/6/21, for two hours, in the county where the group home was located; -dates of service were provided as 10/6/21, 10/13/21, 10/27/21, 11/3/21, 11/10/21, 11/17/21, 11/24/21, 12/1/21, 12/8/21, 12/15/21, 12/22/21,</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>12/29/21, 1/5/22, 1/12/22, 1/19/22, 1/26/22, 2/2/22, and 2/9/22;</p> <p>-last group noted for FC#3 was dated 12/29/21 and he was discharged 1/26/22;</p> <p>-2/9/22 group note says, "risk and safety assessment completed for [Client#1] due to mild suicidal ideation, staff and support person notified;"</p> <p>Interview on 2/22/22 with Clinical Director/Licensed Professional #1 revealed:</p> <p>-she provided weekly group therapy to the clients;</p> <p>-she provided therapy during COVID via telehealth, phone, and sometimes in person;</p> <p>-the last time she was in the facility prior to 2/16/22 was late December 2021 or January 2022;</p> <p>-she couldn't identify a specific time she went back face to face seeing clients "after COVID";</p> <p>-she spoke with the Licensee/QP#3 and QP#2 about Client#1's Suicidal Ideation on 2/9/22, but wasn't sure about which direct care staff, maybe QP#1;</p> <p>-She reported that QP#2 completed a safety plan with Client#1 that she had developed;</p> <p>-staff can call her for informal staffing as needed;</p> <p>-she confirmed seeing Client#1 after he got out of the hospital on 2/16/22.</p> <p>Email to the Licensee/QP#3 on 2/22/22 at 4:31pm revealed:</p> <p>-surveyor requested safety plan completed with Client #1 regarding his suicidal ideation;</p> <p>-surveyor requested information on which direct staff Clinical Director/LP#1 spoke with regarding Client#1 after therapy on 2/9/22;</p> <p>-surveyor did not receive requested information by the survey exit date.</p> <p>Interview from 2/4/22 to 3/2/22 with</p>	V 112		

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V 112	<p>Continued From page 19</p> <p>Licensee/Qualified Professional #3 revealed:</p> <ul style="list-style-type: none"> -when asked what staff were working on with Client#1, he advised, "he didn't know, but that all of the kids have Oppositional Defiant type behaviors, problems with peers, etc.;" - prior to Client#1's admission, he knew that Client#1 was adopted, had aggressive behaviors with his family, lived in a fantasy world, and "needed one on one attention;" -Client#1 didn't have alcohol on the day he walked out of the facility, he was told by Client#2 that Client#1 picked up a bottle in the yard and must have filled it up; -Client#1 destroyed his door and picked up pieces from the door to use for self-harm; -Client#2 has some sexualized behaviors and is going to a new placement to get re-assessed; -he knows that treatment plans are supposed to be individualized; -he deals with inappropriate behavior between clients with monitoring and eyes on supervision; -when asked why Client#1's treatment plan had not been updated, he reported that it had been updated for authorization and he just started having behaviors on 2/8/22; -QP#2 writes the intake assessments, signs CFT notes, and treatment plan updates, "but she doesn't work at the group home;" -QP#2 doesn't attend the CFT meetings, "[Licensee/QP#3] does;" -when asked how QP#2 knows what to put in the plans and meeting notes, he reports that "he puts the phone on speaker phone in the office and she can hear it through the walls"; -he reports they communicate every day, "so she knows;" -his QP#2 has a "spreadsheet and knows when to update the plan;" -the individual therapist that serves the clients is not easy to get in touch with; 	V 112		

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V 112	Continued From page 20 -therapist #1 is "out a lotdidn't know how much therapy [FC#3] got." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Review on 2/16/22 of the facility's fire and disaster drill log revealed: - No documentation of fire drills during the following shifts and quarters: - October - December 2021: 1st, 2nd & 3rd shifts - January - February 2022: 1st, 2nd & 3rd shifts	V 114		

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V 114	<p>Continued From page 21</p> <ul style="list-style-type: none"> - No documentation of disaster drills during the following shifts and quarters: - October - December 2021: 1st, 2nd & 3rd shifts - January - February 2022: 1st, 2nd & 3rd shifts <p>Interview on 2/10/22 with Client#1 revealed: -he had not participated in fire drills.</p> <p>Interview on 2/21/22 with Staff#1 revealed: -she couldn't remember exact dates of fire drills, but they would be in the book;</p> <p>Interview on 2/16/22 with Licensee/Qualified Professional #3 revealed: -he confirmed there were no other drills that weren't in the book.</p> <p>This deficiency is cross referenced into 10ANCAC 27G. 1701 Scope (V293) for Type A1 rule violation and must be corrected within 23 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>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:</p> <p>(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.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to follow the written orders of a physician, ensure medications were given as prescribed, and keep the MARS current for 2 of 2 current clients, (Clients #1,#2) and 1 of 1 former client (FC#3). The findings are :</p> <p>Review on 2/7/22 of client #1s record revealed: - Admission date: 12/27/21; - Diagnoses: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder; -Age 16</p> <p>Review on 2/7/22 of physician orders dated 1/5/22 for Client #1 revealed:</p>	V 118		

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V 118	<p>Continued From page 23</p> <ul style="list-style-type: none"> -Melatonin 1 milligram (mg), 1 tablet, (tab) at bedtime (sleep)(QHS); -Hydroxyzine HCL 25mg, (anxiety) 1 tab, three times a day, (TID); -Levetiracetam 500mg, (seizures) 1 tab, twice a day, (BID); -Benzonatate 100mg, (cough) 1 tab, as needed (PRN), TID; -Guanfacine HCL 3mg Extended Release, (ER) (ADHD) 1 tab, every morning (QAM); -Clonidine HCL 0.2mg, (ADHD/Anxiety) 1 tab, QHS; <p>-there were no prior signed physician orders in the file for Client's #1's medications;</p> <p>-a medication list was in the file from Client#1's prior Psychiatric Residential Treatment Facility (PRTF) placement that included an inhaler for PRN use, Flonase nose spray, Chlorhexidine rinse for Gingivitis, and Diazepam for seizures PRN, however, it was not signed by a physician.</p> <p>Observation on 2/10/22 at 2:35PM of Client#1's medications revealed:</p> <ul style="list-style-type: none"> -Melatonin 1milligram(mg), 1 tablet (tab) at bedtime, (QHS); -Hydroxyzine HCL 25mg, 1 tab, three times daily (TID); -Levetiracetam 500mg, 1 tab two times daily (BID); -Benzonatate 100mg, 1 tab TID, as needed (PRN); -Guanfacine HCL 3mg, 1 tab, every morning (QAM), not observed in facility; -Clonidine HCL 0.2mg, 1 tab, QHS, not observed in facility. <p>Review on 2/10/22 of client #1's MARs dated December 2021 through February 2022 revealed:</p> <ul style="list-style-type: none"> -Clonidine 0.2mg and Melatonin 1mg were not listed on the MAR for the months of December 	V 118		

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V 118	<p>Continued From page 24</p> <p>2021 to February 2022;</p> <ul style="list-style-type: none"> -blanks on the MARS for 2/9/22 doses of Hydroxyzine HCL 25mg for 12PM and 7PM; -blanks on MARS for 2/10/22 doses of Hydroxyzine HCL 25mg for 7am and 12 noon; -blank on the MAR for Levetiracetam 500mg for 2/9/22 at 7pm; -blanks on the MAR for Levetiracetam 500mg for 7am and 7pm doses on 2/10 -blanks on the MAR for Guanfacine 3mg on 2/10/22, and 2/11/22. <p>Observation on 2/10/22 at 2:30pm at the facility revealed:</p> <ul style="list-style-type: none"> -the Licensee/Qualified Professional#3 administered Client#1 his medication at the facility. <p>Review on 2/16/22 of Client#1's MARS dated February 2022 revealed:</p> <ul style="list-style-type: none"> -Melatonin was added back to the MAR on 2/11/22; -blanks on MAR from 2/10/22 for Hydroxyzine had staff initials; -Clonidine HCL had been added to the MAR and was initialed on 2/12/22; <p>Interview on 2/10/22 with Client#1 revealed:</p> <ul style="list-style-type: none"> -he knows he takes medication for anxiety and seizures; -he doesn't take anything at night for sleep; -he needed acne cream; he was prescribed some at his prior placement; <p>Observation on 2/18/22 of medicine cabinet at 1:30pm revealed:</p> <ul style="list-style-type: none"> -no other medications in the cabinet. <p>Interview on 2/22/22 with Client#1's guardian revealed:</p>	V 118		

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V 118	<p>Continued From page 25</p> <p>-she assumed Client#1 was getting his medication, if not, Client#1 "would be really sad;"</p> <p>Review on 2/7/22 of Client#2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 6/6/21 - Diagnoses: Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder; - Age: 15 <p>Review on 2/7/22 of physician orders for Client #2 revealed:</p> <ul style="list-style-type: none"> -a 8/4/21 order to stop Clonidine 0.3mg (ADHD/anxiety) at night and to start Trazadone 50mg (sleep), 1 tab, QHS; -Clonidine 0.1mg at lunch, 1 tab, QD; -there were no current medication orders for Vyvanse (ADHD). <p>Observation on 2/10/22 at 2:35PM of Client#2's medications revealed:</p> <ul style="list-style-type: none"> -Vyvanse 40mg, take one tab every morning (QAM); -Clonidine HCL 0.1mg, take one tab by mouth (PO) every day (QD) at noon; -Trazodone 50mg, take one tablet PO at bedtime (QHS). <p>Review on 2/7/22 and 2/10/22 of Client #2's MARs dated December 2021 through February 2022 revealed:</p> <ul style="list-style-type: none"> -blanks on MAR for Vyvanse 40mg for 1/31/22 and 2/10/22 doses; -blanks on MAR for Clonidine HCL 0.1mg on 12/31/21, 1/28/22, and 2/10/22 for noon doses; -blanks on the MAR for Trazadone 50mg for 2/9/22 and 2/10/22. <p>Interview on 2/7/22 with Client#2 revealed:</p> <ul style="list-style-type: none"> -he reported he got his medications. 	V 118		

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V 118	<p>Continued From page 26</p> <p>Interview on 2/8/22 with Client#2's guardian revealed: -he was unaware of any issues with medication.</p> <p>Review on 2/7/22 of Former Client#3's (FC#3) record revealed: - Admission date: 8/5/21 - Discharge date: 1/26/22 - Diagnoses: Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), and Disruptive Mood Disorder; - Age: 15</p> <p>Review on 2/7/22 of physician orders dated 7/30/21 for FC#3 revealed: -Risperidone 1mg, (aggression), take one PO every morning (QAM); -Atomoxetine 40mg (ADHD), take one PO, every day (QD); -Sertraline HCL 100mg, (Depression) take 2 tablets PO QAM; -Melatonin 3mg, (sleep), take one tab PO, QD; -Diphenhydramine 50mg (allergies/sleep), take one tab, PO QD; -Vitamin D3 400IU, take one PO QD; -Desmopressin nasal spray .01%, (bedwetting), apply one drop in each nostril QHS -there was no physician order decreasing the Diphenhydramine to 25mg once a day in the file; -there was no physician order for Guanfacine 2mg.</p> <p>Review on 2/7/22 and 2/10/22 of former Client#3's MARs dated December 2021 through January 2022 revealed: -Clients medication administration stopped on 1/24/22; -on 12/24/21 and 12/25/21, there are H's listed on MARS for medications, to indicate client was at home;</p>	V 118		

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V 118	<p>Continued From page 27</p> <ul style="list-style-type: none"> -on 12/24/21 and 12/25/21 Diphenhydramine and Melatonin were initiated as given at bedtime; -Risperidone 1mg, blank on the MAR for 1/17/22 dose; -Atomoxetine 40mg, blank on the MAR for 1/21/22 dose; -Guanfacine 2mg, blank on the MAR for 1/21/22 dose; -Sertraline HCL 100mg, blank on the MAR for 1/21/22 dose; -Melatonin 3mg, blanks on MAR from 1/2/22 to 1/7/22 doses; -Diphenhydramine 25mg, blanks on the MAR from 1/2/22-1/7/22 doses; -there was no Desmopressin nasal spray on MARs to indicate that it was administered; -there was no Vitamin D3 400IU on MARs to indicate that it was administered. <p>Interview on 2/8/22 with FC#3's guardian revealed:</p> <ul style="list-style-type: none"> -FC#3 was picked up at school by his dad on 1/26/22 to be discharged; -FC#3 had to go "a couple days without his meds after he left the facility;" -she made FC#3 a doctor appointment for 2 days later "to get it fixed;" -when asked where staff was on 1/26/22, FC#3's guardian reported, she didn't know ..."nobody is ever there during the day at the group home" ...and the guardians never heard from the Licensee/QP#3 that Thursday, 1/27/22; -FC#3's father met the Licensee/QP#3 on 1/28/22 to get his clothes and the rest of his medications; -she knew FC#3 took Melatonin at night and at one time the Licensee told her that facility staff couldn't give it to him because it wasn't prescribed and that "I could drive down and give it to him;" 	V 118		

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V 118	<p>Continued From page 28</p> <p>Attempts to interview FC#3's father and FC#3 were unsuccessful prior to the exit date of the survey; -voicemail messages were left on 2/8/22, 2/9/22, 2/22/22, and 2/24/22.</p> <p>Review on 2/22/22 of email from the Licensee/Qualified Professional #3 to DHSR at 1:36pm revealed: -FC#3 was at the facility from 12/24/21-12/26/21.</p> <p>Interview on 2/21/22 with Staff#1 revealed: -when asked about Client#1's Clonidine and Melatonin not being on the MAR, she didn't have an answer; -she reported she gave Client #1 his medication; -she reported Qualified Professional#1 did the MARS.</p> <p>Interview on 2/9/22 and 2/25/22 with Qualified Professional(QP)#1 revealed: -she did the MARS sometimes and sometimes the Licensee/Qualified Professional#3 did them; -she reported the only issue with medications was that the doctor's office didn't like to send the orders over.</p> <p>Interviews from 2/4/22 to 3/1/22 with Licensee/Qualified Professional#3 (QP#3) revealed: -when asked why the medications weren't on the MAR for Client#1 on 2/10/22, the Licensee/QP#3 went to make an immediate phone call; -when asked where the medications were on 2/10/22 for Client#1, the Licensee/QP#3 advised he had to pick them up; -he advised that the medications were filled, and surveyors could check at the pharmacy; -regarding giving Client#1 and #2 medications at noon and why the school didn't administer them;</p>	V 118		

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V 118	<p>Continued From page 29</p> <p>Licensee/QP#3 advised that they only have a nurse at school, one day a week and that "any of the medication administration classes will tell you, you have an hour window to give the meds;"</p> <p>-regarding the discharge for FC#3, the Licensee/QP#3 advised he "didn't have anything to do with it," that that parents sent him several dates for pick up, but it constantly changed and he "couldn't wait on them."</p> <p>-regarding Vitamin D and nasal spray prescription for FC#3, Licensee/QP#3 advised that the doctor the facility uses for medication only prescribes psychiatric meds and won't prescribe the other;</p> <p>-he reported that the clients that come from Psychiatric Residential Treatment Facility's (PRTF) often are prescribed Vitamin D because "they haven't been out in the sun;"</p> <p>-he indicated that he has to use the local urgent care as primary care for the clients,</p> <p>Interview on 2/28/22 with school personnel revealed:</p> <p>-school gets out at 3:15pm;</p> <p>-Client#1 and Client#2 are often waiting outside to be picked up until 3:45pm;</p> <p>-the clients don't get medication at school, she checked with the nurse; there was no medical form for them,</p> <p>-there isn't anybody that comes from the facility to give meds to Client#1 and #2.</p> <p>Attempted interview with physician revealed:</p> <p>-surveyor left messages for the prescribing physician on 2/24/22 and 3/1/22 and did not receive a call back prior to the survey exit date.</p> <p>Review on 3/1/22 of local pharmacy printout revealed:</p> <p>-Client#1's Guanfacine, Melatonin, and Clonidine was picked up on 1/7/22 with a 30 day supply;</p>	V 118		

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V 118	<p>Continued From page 30</p> <p>-Client#1's next 30 day supply of Guanfacine, Melatonin, and Clonidine was picked up on 2/11/22.</p> <p>Interview on 3/1/22 with pharmacist revealed: -side effects from missing Clonidine included hyperactivity and behavioral problems.</p> <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>Review on 2/16/22 of Plan of Protection written and signed by the Licensee/QP#3 on 2/15/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will take immediate action to ensure the safety of the consumers in our care by listing all medications on the Medical Administration Record (MAR) and by administering all medications per doctor's orders.</p> <p>Describe your plans to make sure the above happens: [Licensee/QP#3] will ensure that all medications are administer to each individual consumer per doctor's orders, effective immediately (2/16/2022). [Licensee/QP#3] will also ensure that all medications are listed on the Medical Administration Record (MAR) and documented accordingly."</p> <p>Review on 2/16/22 of an updated Plan of Protection written and signed by the Licensee/QP#3 on 2/16/22 revealed:</p> <p>"What immediate action will the facility take to</p>	V 118		

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V 118	<p>Continued From page 31</p> <p>ensure the safety of the consumers in your care? The facility will take immediate action to ensure the safety of the consumers in our care by listing all medications on the Medical Administration Record (MAR) and by administering all medications per doctor's orders.</p> <p>Describe your plans to make sure the above happens: [Licensee/QP#3] will ensure that all medications are administer to each individual consumer per doctor's orders, effective immediately (2/17/2022). [Licensee/QP#3] will also ensure that all medications are listed on the Medical Administration Record (MAR) and documented accordingly.</p> <p>In addition, upon enrollment to the program, staff will ensure all medical needs are addressed by linking client with a primary care physician and following all doctor's orders."</p> <p>DirectCare Group Home Level III serves adolescent males with diagnoses included but not limited to Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Anxiety and Post Traumatic Stress Disorder.</p> <p>It could not be determined if clients were getting their medications as ordered. Client#1 received none of his medications, which included medications for anxiety, seizures, and sleep for the first 4 days he was admitted to the facility according to facility documentation. However, the guardian stated Client #1 was not admitted until 3 days after the facility's admission paperwork date. Clonidine and Melatonin were not indicated as administered from Client #1's admission date through 2/11/22 (56 days). Pharmacy data indicated Clonidine had been picked up by the facility, but it was not indicated as given on the MAR and there was no Clonidine in the facility at the beginning of the survey. Client #2 had</p>	V 118		

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V 118	Continued From page 32 medications that were listed on the MAR to be given at noon and were initialed by staff as given at noon. However, staff did not administer the medication until after school dismissed at 3:15pm. Medication administration in the MAR for FC#3 ended on 1/24/22 and FC#3 was discharged without his medication on 1/26/22. Medication errors were not reported to a pharmacist or physician and psychotropic medication reviews were not conducted for any of the clients. This deficiency constitutes a Type A 1 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, and additional administrative penalty of \$500.00 per day will be imposed each day the facility is out of compliance beyond the 23rd day.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	<p>Continued From page 33</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain medication reviews every six months for 1 of 2 current clients, (Client#2). The findings are :</p> <p>Review on 2/7/22 of Client#2's record revealed: -Admission date: 6/6/21; -Diagnoses: Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder -Age: 15</p> <p>Review on 2/7/22 and 2/10/22 of MARS and physician orders for Client#2 revealed: -Client#2 was on the following medication; -Vyvanse 40 milligrams (mg)(ADHD); -Clonidine HCL 0.1mg (Anxiety/ADHD); -Trazadone 50mg (sleep)</p> <p>Review on 2/18/22 of facility documentation of psychotropic medication reviews revealed: -there was no documentation in the file of medication reviews as required by rule.</p> <p>Interview on 2/18/22 with Licensee/Qualified Professional #3 revealed: -when asked about documentation of psychotropic medication reviews, Licensee/Qualified Professional #3 revealed he didn't know what those reviews were; -when clarification was provided to him, he stated the facility didn't have the reviews;</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 in 23 days.</p>	V 121		

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V 123	Continued From page 34	V 123		
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 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 record reviews and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 2 of 2 current clients, (Clients #1,#2) and 1 of 1 former client (FC#3). The findings are :</p> <p>Review on 2/4/22 of facility incident reports revealed: -there was no documentation of medication errors for the last three months and no evidence the facility immediately reported errors to a physician or pharmacist.</p> <p>Email on 2/21/22 to Licensee/Qualified Professional #3 at 11:07AM revealed: -surveyor requested information on how the facility handles medication errors by 1:00pm the same day for review; -this information was not provided by the exit of the survey.</p>	V 123		

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V 123	Continued From page 35 This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a type A1 rule violation and must be corrected in 23 days	V 123		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis	V 293		

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V 293	<p>Continued From page 36</p> <p>management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide the necessary level of supervision and structure to provide ongoing therapeutic treatment, intensive supervision, and interventions with a system of care affecting 2 of 2 current clients (Client #1, #2) and 1 of 1 former client (FC#3) and failed to coordinate services for 1 of 1 former client (FC#3). The findings are:</p> <p>Cross reference: 10A NCAC 27G .0203 Competencies of Professionals and Associate Professionals (V109) Based on record review and interview, 3 of 3 Qualified Professionals (Qualified Professional #1 (QP#1), QP#2, and Licensee/Qualified Professional #3 (QP#3)) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 293	<p>Continued From page 37</p> <p>Cross reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on observation, interview, and record review, the facility failed to develop and implement treatment strategies for 2 of 2 current clients, (Clients #1, #2) and 1 of 1 former client (FC#3).</p> <p>Cross reference: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) Based on record reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly.</p> <p>Cross reference: 10A NCAC 27G .1702 Requirements of Qualified Professionals (V294) Based on record review and interview, the Qualified Professionals (QP#1,#3) failed to perform clinical and administrative responsibilities a minimum of ten hours each week for at least 70% of the time when adolescents were awake.</p> <p>Cross reference: 10A NCAC 27G .1703 Requirements of Associate Professionals (V295) Based on record review, and interview, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full time basis.</p> <p>Cross reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on observation, record review, and interviews, the facility failed to ensure minimum staffing requirements of two staff up to four adolescents in the home or community, affecting 2 of 2 current clients, (Clients #1,#2) and 1 of 1 former client (FC#3).</p> <p>Cross reference: 10A NCAC 27G .1705</p>	V 293		

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V 293	<p>Continued From page 38</p> <p>Requirements of Licensed Professionals (V297) Based on record review and interview, the facility failed to provide at least four hours a week of face to face clinical consultation by a Licensed Professional (LP) for the facility.</p> <p>Cross reference: 10A NCAC 27G .0604 Incident Reporting Requirements (V367) Based on record review and interviews, the facility failed to report an incident to the Local Management Entity/Managed Care Organization (LME/MCO) as required (within 72 hours as required).</p> <p>Cross reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) Based on record review and interviews, the facility failed to ensure that 2 of 3 audited staff, (QP#1 and Staff#1) had current training in use of alternatives to restrictive intervention.</p> <p>Cross reference: 10A NCAC 27E .0108 Training in Seclusion Physical Restraint and Isolation Time Out (V537) Based on record review and interviews, the facility failed to ensure that 2 of 3 audited staff, (QP#1 and Staff#1) had current training in use of seclusion, physical restraint and isolation time out.</p> <p>Cross reference: 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Based on observation and interview, the facility failed to maintain the facility and grounds in a safe, clean, attractive, and orderly manner.</p> <p>Review on 2/16/22 of initial Plan of Protection for 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) written and signed by the Licensee/QP#3 on 2/15/22 revealed:</p>	V 293		

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V 293	<p>Continued From page 39</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? In order to ensure the safety of the consumers in our care, DirectCare will provide adequate staffing moving forward. Due to Covid-19, staff was adversely impacted, thus causing a shortage of available staff. Again, moving forward, DirectCare will have appropriate staffing to ensure consumer safety.</p> <p>Describe your plans to make sure the above happens: In order to make sure the above happens, each shift will be fully staffed with the required two staff members per shift. DirectCare Community Base Services will also hire additional staff within the next 15 days."</p> <p>Review on 2/17/22 of updated Plan of Protection written and signed by the Licensee/QP#3 on 2/16/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? In order to ensure the safety of the consumers in our care, DirectCare will provide adequate staffing moving forward. Due to Covid-19, staff was adversely impacted, thus causing a shortage of available staff. Again, moving forward, DirectCare will have appropriate staffing to ensure consumer safety.</p> <p>Describe your plans to make sure the above happens: In order to make sure the above happens, each shift will be fully staffed with the required two staff members per shift. DirectCare Community Base Services will also hire additional staff within the next 15 days. Each member of staff will have a specified time and day to be at work. The schedule will be as follows:</p>	V 293		

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V 293	<p>Continued From page 40</p> <p>Effective February 21,2022 Monday- Friday 1st shift - [Licensee/QP#3]/ 2nd shift- [Staff#1]/[Staff#3] / [QP#1] 3rd shift- [Staff#4]/ [Staff#5] Weekend's [Staff#1]/[Staff#2]/ [Staff#6]/ [Licensee/QP#3]/ [QP#1]."</p> <p>Review on 2/17/22 of additional updated Plan of Protection written and signed by the Licensee/QP#3 2/17/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? In order to ensure the safety of the consumers in our care, DirectCare will provide adequate staffing moving forward. Due to Covid-19, staff was adversely impacted, thus causing a shortage of available staff. Again, moving forward, DirectCare will have appropriate staffing to ensure consumer safety.</p> <p>Describe your plans to make sure the above happens: Effective February 18,2022 Monday- Friday 1st shift - [Licensee/QP#3]/ [QP#1] Time: 8:00am- 6:00pm 2nd shift- [Staff#1]/[Licensee/QP#3]Time: 6:00pm-12:00am 3rd shift- [Staff#4]/ [Staff#5] Time: 12:00am- 8:00am</p> <p>Weekend's (alternate) Weekend 1 [Staff#1]/ [QP#1] Saturday 12:00am- Sunday 10:00pm</p> <p>Weekend 2</p>	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2022
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V 293	<p>Continued From page 41</p> <p>[Staff#2]/ [Staff#6] Saturday 12:00am- Sunday 10:00pm"</p> <p>DirectCare Group Home Level III is a residential treatment facility that serves adolescent males with diagnoses included but not limited to Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, and Post Traumatic Stress Disorder. Person Centered Plan (PCP) goals and strategies did not address identified needs of the clients and staff could not verbalize treatment strategies for clients. Client#1 displayed aggressive and self-harming behavior, including cutting and property destruction. Client#2 displayed inappropriate sexualized behavior that was not addressed. Group therapy with all clients was provided over the phone and documentation did not indicate therapeutic gains, or lack thereof, related to client needs. The facility failed to provide documentation of individual therapy for all 3 clients which made it difficult to determine if services even took place. The facility failed provide evidence of weekly face to face services of the Licensed Professional (LP)#1, and LP#2 which failed to meet time requirements in the facility.</p> <p>Staffing in the facility when clients were present was not provided at the required level. There were 81 days when only 1 staff worked in the facility for at least 1 shift when clients were in the facility. Six of those days had time frames during each day when no staff were documented as working. Clients were required to attend the Licensee's day treatment after school and were the only participants in the day treatment program. The day treatment staff (QP#2) brought the clients to the group home at approximately 6:00PM each week day and was the only staff</p>	V 293		

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V 293	<p>Continued From page 42</p> <p>with the clients until another staff arrived. QP#2 left the facility at that time. Activities at the facility after clients arrived consisted of eating dinner, getting their evening medications, evening hygiene, and then going to bed no later than 8:30 PM.</p> <p>Additionally, there was no evidence of QP time in the facility when clients were present. The Licensee/QP#3 was also fulfilling the role of the AP and there was no full time AP. The Licensee/QP#3 had multiple people conducting QP and AP duties, which resulted in a lack of service coordination and a failure meet the needs of the clients. QP#2 was assigned to the day treatment program, but was responsible for developing and updating the PCPs for the clients. She also did not attend the Child and Family Team meetings, but signed the meeting notes. QP#2 updated PCPs to obtain authorization from the LME/MCO. The PCPs did not contain updated strategies to address the changing behaviors of the clients. Supervision of the QPs was conducted by a second Licensed Professional who did not go to the facility, did not know the clients, and based her supervision on the treatment plans. Supervision was not provided for QP#2. Discharge planning and coordination was not done by the facility for 1 former client. There were numerous holes in the doors and walls of the facility. The grounds were unsafe due to a barn on the property that had broken glass on the floor and sharp objects throughout the barn, which was accessible by clients. 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, and additional administrative penalty of \$500.00 per day will be</p>	V 293		

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V 293	Continued From page 43 imposed each day the facility is out of compliance beyond the 23rd day.	V 293		
V 294	27G .1702 Residential Tx. Child/Adol -Req. for Q P 10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS (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. (b) For each facility of five or less beds: (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 (2) 70% of the time shall occur when children or adolescents are awake and present in the facility. (c) For each facility of six or more beds: (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 (2) 70% of the time shall occur when children or adolescents are awake and present in the facility. (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: (1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section; (2) oversight of emergencies;	V 294		

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V 294	<p>Continued From page 44</p> <p>(3) provision of direct psychoeducational services to children or adolescents;</p> <p>(4) participation in treatment planning meetings;</p> <p>(5) coordination of each child or adolescent's treatment plan; and</p> <p>(6) provision of basic case management functions.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interviews, the Qualified Professionals (QP#1, Licensee QP#3) failed to perform clinical and administrative responsibilities a minimum of ten hours each week for at least 70% of the time when adolescents were awake. The findings are:</p> <p>Review on 2/4/22 of Client/Staff Census completed by the Licensee/QP#3 revealed: -two Qualified Professionals were listed: QP#1 and Licensee/QP#3;</p> <p>Interview on 2/9/22 and 2/16/22 with Qualified Professional#1 (QP#1) revealed: -she was one of the QP's; -she usually worked in the evenings around 3-5:30/6pm, couple days a week; -she reported that she "Q's" (reviews) the notes and files paperwork; -the clients were usually in day treatment when she is at the house, but will fill in on weekends if needed; -the clients got back to the facility after 6:00pm</p>	V 294		

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V 294	<p>Continued From page 45</p> <p>from day treatment.</p> <p>Observation on 2/10/22 at 2:30pm of facility level system poster revealed: -level 1: bedtime at 8:00pm; -level 2: bedtime at 8:30pm; -level 3: bedtime at 9:00pm.</p> <p>Review on 2/14/22 of time-cards for Qualified Professional #1 (QP#1) for November 9, 2021 through Januasry 14, 2022 revealed: -November 2021: 11/2/21 3-5:30pm; 11/8/21 3:30-6:40pm, 11/9/21 3:00-4:00pm, 11/10/21 3:30-5:30pm, 11/15/21 3-5:30p, 11/17/21 3-5:30pm, 11/19/21 3:30-6:30pm, 11/22/21 10:00am-1:00pm, 11/26/21 12:00pm-5:00pm, and 11/29/21 5:30pm; -December 2021: 12/1/21 4-5:30pm; 12/2/21 3-5:30pm; 12/1/21 3-5:30pm; 12/8/21 3:30-5:30pm; 12/9/21 3:30-5:30pm, 12-11/21 3:30-5:30pm, 12/13/21 3:30-5:30pm, 12/15/21 3:30-5:30pm, 12/17/21 3:30-5:30pm, 12/21/21 3:30-5:00pm, 12/27/21 12:00-5:00pm; 12/28/21 1:00-5:00pm; 12/31/21 12-4:00pm, 12/31/21 1-4:00pm -January 2022: 1/5/22 3:30-5:30pm, 1/7/22 3:30-5:30pm, 1/8/22 12:30-2:00pm (Sat), 1/10/22; 3:00pm-5:30PM, 1/11/22 3:30pm-5:30pm, 1/13/22 3:00-5:30pm, 1/14/22 3:00-6:00pm.</p> <p>Interview on 2/7/22 with Client #2 revealed: -"[Licensee/QP#3] does come to the house...rarely...he's not there a lot."</p> <p>Interview on 2/21/22 with Staff#1 revealed: -she knew that Qualifed Professional #1 came to the house a couple times a week but wasn't sure of the times, she wasn't there.</p> <p>Interviews on 2/4/22 and 2/9/22 with</p>	V 294		

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V 294	<p>Continued From page 46</p> <p>Licensee/Qualified Professional #3 (QP#3) revealed:</p> <ul style="list-style-type: none"> -clients are in day treatment until 6:00PM and then come back to facility; -he reported it was himself and QP#1 are QP's for the facility; -he has not documented his time in the facility; -he managed Child and Family Team minutes, appointments, picks up medications, picks up kids when they get suspended, communicated with care coordinators, and prepares for discharge; -he reported QP#1 is supposed to be making the schedule; -he reported that QP#2, who runs the day treatment, does the service plans, updates, intake assessments etc., but she doesn't work in the group home; -QP#2, "fills in as needed." <p>Interview and observation on 2/17/22 at 3:45pm with Qualified Professional #2 (QP#2) at the day treatment program revealed:</p> <ul style="list-style-type: none"> -Client#1 and Client #2 were the only 2 clients in the day treatment program at 3:45 pm. -she works at the day treatment program; -she confirmed that she wrote the plans for the clients and the meeting notes; -she hasn't attended team meetings; -each day she picks the clients up from school and brings them back to the facility after day treatment; -she may start dinner for the clients but will only stay until a staff gets there. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days</p>	V 294		

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V 295	Continued From page 47	V 295		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full time basis. The findings are:</p> <p>Review on 2/4/22 of Client/Staff Census completed by the Licensee/QP#3 revealed: -an Associate Professional (AP) was not identified.</p>	V 295		

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V 295	Continued From page 48 Interviews on 2/9/22 and 2/16/22 with Licensee/Qualified Professional #3 (QP#3) revealed: -when asked who was the full-time Associate Professional (AP) for the facility, he reported that; he is also a QP for the facility -he reported being in the facility more than 10 hours a week; -he doesn't document his time; This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days	V 295		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for 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	V 296		

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V 296	<p>Continued From page 49</p> <p>children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(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 observation, record review, and interviews, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents in the home or community, affecting 2 of 2 current clients, (Clients #1,#2) and 1 of 1 former client (FC#3). The findings are:</p> <p>Finding#1- Observation on 2/10/22 at 2:30pm revealed: -one staff at the facility with Client#1.</p> <p>Interview on 2/10/22 and 2/17/22 with Client#1 revealed:</p>	V 296		

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V 296	<p>Continued From page 50</p> <p>-[Qualified Professional #2] brought them back to the facility at night and stayed there until another staff came in in, usually one staff; -there are two staff who work over night; -it's usually only one staff on weekends;</p> <p>Interview on 2/18/22 with Client#1's guardian revealed: -she had been to the facility before; -she observed one staff to be present and that another staff came with the other clients and assumed that staff would be staying.</p> <p>Interview on 2/7/22 and 2/17/22 with Client#2 revealed: -at 6:00pm, [Qualified Professional #2] brings us back to the facility; -there are always two staff overnight; -there is usually just one staff working unless its nighttime and one on the weekends; -the "[Licensee/QP#3] does come to the house ...rarely ...he's not there a lot."</p> <p>Interview on 2/9/22, 2/25/22 with Qualified Professional#1 revealed: -they are usually ok with staffing, sometimes with COVID or sickness, they are short; -she was usually there when the kids are at day treatment but has filled in on the weekends sometimes; -kids come to facility around 6:00pm;</p> <p>Finding #2- 2/10/22 surveyors requested a copy of the staffing schedule from Licensee/Qualified Professional #3 for the following week.</p> <p>Review on 2/10/22 of handwritten schedule provided by Licensee/QP#3 at 12:15pm revealed: 1st Shift - Licensee/QP#3 Monday-Friday;</p>	V 296		

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V 296	<p>Continued From page 51</p> <p>2nd Shift - Staff#1, QP#2, Licensee/QP#3 Monday-Friday; 3rd Shift - Staff #3, #4 Monday-Friday and Staff#2, #5 on weekends.</p> <p>Finding#3- Review on 2/10/22, 2/14/22, 2/16/22, and 2/21/22 of facility staff timecards and service notes for Client #1, Client #2, and FC#3 for the time period of 12/1/21-2/8/22 revealed: -for 81 days only 1 staff worked for at least 1 shift; -6 of those days had at least 1 shift during the day when no staff were indicated as working based on the timecards; -Staff#1 signed 19 shift notes for times she did not work; -QP#1 signed 11 shift notes for times she did not work.</p> <p>Interview on 2/21/22 with Staff#1 revealed: -she worked second shift and weekends; -when asked why shift notes didn't match timecard entries, she reported that they've had issues with the time clock at the facility; -she reported that "[Qualified Professional#1 (QP#1)] handles the time and that she talked to her about it;" - the Licensee/QP#3 worked with her every weekend she worked and denied working by herself; - she worked all those shifts in January 2022 that she wrote notes for.</p> <p>Interview on 2/25/22 with Qualified Professional #1 (QP#1) revealed: -she didn't have an answer about why shift notes and timecards didn't match for Staff #1; -if staff call in, she will let Licensee/QP#3 know and will cover, she "doesn't always clock in"; -stated there is a time clock issue.</p>	V 296		

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V 296	<p>Continued From page 52</p> <p>Interviews from 2/4/22 to 3/2/22 with Licensee/QP#3 revealed: -2nd shift is from 4pm-12AM and the clients are in day treatment till 6:00pm; -3rd shift is from 12AM to 6:45AM; -he is short staffed on second shift; -some of his staff worked 24+ hours on weekends ..."that's just the way they do it;" -he couldn't compete with local restaurants that were hiring; -he had enough staff for overnight because it was the "easiest shift;" -he didn't have an answer for why staff are signing notes for shifts they didn't work; - he "doesn't have much to do with the group home anymore."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 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 (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. (b) The consultation specified in Paragraph (a) of this Rule shall include:</p>	V 297		

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V 297	<p>Continued From page 53</p> <p>(1) clinical supervision of the qualified 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 record reviews and interviews, the facility failed to provide at least four hours a week of face to face clinical consultation by a Licensed Professional (LP) for the facility. The findings are:</p> <p>Review on 2/4/22 of Staff/Client Census completed by Licensee/Qualified Professional #3 revealed: -no Licensed Professional identified;</p> <p>Interview on 2/7/22 with Licensee/Qualified Professional #3 (QP#3) revealed: -Licensed Professional#1 (LP#1) provides group therapy to the clients at the facility; -LP#2 provides supervision to QP#1, and Licensee/QP#3.</p> <p>Review on 2/10/22 of Licensed Professional #2's (LP#2) record revealed: -contract to provide LP services for the facility effective 6/15/15.</p> <p>Review on 2/10/22 of Licensed Professional #2 (LP#2) supervision notes revealed: -No evidence supervision was provided to Qualified Professional#1 (QP#1) and</p>	V 297		

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V 297	<p>Continued From page 54</p> <p>Licensee/QP#3 after December 2021; -No evidence of supervision for QP#2.</p> <p>Interview on 2/10/22 with Client#1 revealed: -he reported that a therapist, "she just calls...I don't know her name...she is going to start calling me once a week."</p> <p>Interview on 2/17/22 with Client#2 revealed: -group therapy is done by an Licensed Professional that comes to the day treatment program.</p> <p>Interview on 2/9/22 with Qualified Professional #1 revealed: -she sees Licensed Professional #2 virtually twice a week.;</p> <p>Interview on 2/22/22 with Licensed Professional #1 revealed: -she provides weekly group therapy to the clients; -staff can call her for informal staffing as needed;</p> <p>Attempts to interview Licensed Professional #2 prior to survey exit date were unsuccessful; -voicemail messages were left on 2/9/22, 2/21/22, and 2/22/22 without a return call.</p> <p>Interviews on 2/16/22 with Licensee/Qualified Professional #3 (QP#3) revealed: -Licensed Professional #2 (LP#2) doesn't have contact with the clients; -LP#2 bases her supervision on what QP#1, Licensee/QP#3 tells her and the treatment plans; -She does not provide supervision to the day treatment QP/QP#2.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days.</p>	V 297		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p>	V 367		

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V 367	<p>Continued From page 56</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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 	V 367		

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V 367	<p>Continued From page 57</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours as required. The findings are:</p> <p>Review on 2/14/22 of North Carolina Incident Response Improvement System (IRIS) revealed: -on 2/8/22, Client#1, walked away from the facility and was returned by local law enforcement; -date of incident was indicated as 2/14/22 in IRIS.</p> <p>Interview on 2/10/22 and 2/17/22 with Client#1 revealed: -he ran away on 2/8/22, was drinking alcohol in front of staff, and the cops brought him back; -he hates the facility, staff "ignore him", and he is going to keep breaking stuff till he gets attention; -he put the holes in his door at the facility.</p> <p>Interview on 2/21/22 with Staff#1 revealed: -she usually notifies Qualified Professional#1 (QP#1) by phone of incidents; -QP#1 writes the incident reports; -Client #1 did not have alcohol on his person.</p> <p>Interview on 2/22/22 with Staff#2 revealed: -Qualified Professional#1 completes incident reports based on the notes;</p>	V 367		

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V 367	Continued From page 58 -she was working on 2/13/22 when Client#1 tried to harm himself. Interview on 2/16/22 with Qualified Professional #1 revealed: -she did all of Client#1's incident reports on Monday (2/14/22) when she came back to work; -she goes by staff notes and what they tell her , to complete an incident report. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days.	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536		

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V 536	<p>Continued From page 59</p> <p>behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p>	V 536		

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V 536	<p>Continued From page 60</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p>	V 536		

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V 536	<p>Continued From page 61</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 2 of 3 audited staff, (Qualified Professional#1 (QP#1))and Staff#1) had current training in use of alternatives to restrictive intervention. The findings are:</p>	V 536		

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V 536	<p>Continued From page 62</p> <p>Review on 2/10/22 of Staff#1's record revealed: -date of hire: 4/18/18; -position: Paraprofessional III; -Evidenced Based Protective Intervention Training (EBPI) expired 10/01/21.</p> <p>Interview on 2/21/22 with Staff#1 revealed: -the facility does use restraints; -she has not had to restrain any client, "they don't let it get to that level."</p> <p>Review on 2/4/22 of Qualified Professional#1's (QP#1) record revealed: -date of hire: 11/26/16; -position: Qualified Professional; -Evidenced Based Protective Intervention Training (EBPI) expired 10/01/20.</p> <p>Interview on 2/9/22 with Qualified Professional#1 (QP#1) revealed: -she hasn't been able to update her training due to COVID.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that</p>	V 537		

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V 537	<p>Continued From page 63</p> <p>staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and 	V 537		

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V 537	<p>Continued From page 64</p> <p>incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by</p>	V 537		

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V 537	<p>Continued From page 65</p> <p>observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p>	V 537		

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V 537	<p>Continued From page 66</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 2 of 3 audited staff, (Qualified Professional#1 (QP#1)) and Staff#1 had current training in use of seclusion, physical restraint and isolation time out. The findings are:</p> <p>Review on 2/10/22 of Staff#1's record revealed: -date of hire: 4/18/18; -position: Paraprofessional III; -Evidenced Based Protective Intervention Training (EBPI) expired 10/01/21.</p> <p>Review on 2/4/22 of Qualified Professional#1's record revealed: -date of hire: 11/26/16; -position: Qualified Professional; -EBPI training expired 10/01/20.</p> <p>Interview on 2/21/22 with Staff#1 revealed: -she's never restrained anyone.</p> <p>Interview on 2/9/22 with QP#1 revealed:</p>	V 537		

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V 537	Continued From page 67 -she hadn't been able to update her training due to COVID. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility and grounds in a safe, clean, attractive, and orderly manner. The findings are: Observation on 2/10/22 at 1:15PM of facility revealed: -the storm door leaving the outside of the facility from the dining area has two missing panes in the body of the door; -the window to the right of the storm door was cracked and taped with pink tape; -the hallway bathroom linoleum floor was peeling up by the bathtub; -the bedroom adjacent to hallway bathroom (Bedroom #1) had two visible holes in the door and another hole that had been patched; -Bedroom #1 additionally had two holes in the	V 736		

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V 736	<p>Continued From page 68</p> <p>wall that had been patched by the bed and another one behind the door;</p> <p>-Bedroom#1 had yellow stains and black marks on the wall;</p> <p>-Bedroom#2 had a patched hole in the door;</p> <p>-Bedroom#2 was missing a set of blinds over the window;</p> <p>-Bedroom#2's walls had writing on them;</p> <p>-Bedroom#3 had an open trash bag in the floor with papers in it;</p> <p>-the chain link fence surrounding the property was missing brackets at places and had been knocked down;</p> <p>-the barn in the backyard of the property had a person sized hole in the side opening to a room where there was broken glass scattered across the floor;</p> <p>-clients had access to the barn;</p> <p>-there were also 1 wooden board with nails sticking out, and broken metal shelving on the floor.</p> <p>Review on 2/16/22 of inspection of a residential care facility of facility done by the Division of Environmental Health on 11/22/21 revealed:</p> <p>-walls in the bedrooms were dirty, damaged with holes, patches, and needed to be repaired and painted;</p> <p>-window glass around the back storm door was broken, taped and the glass needed to be repaired;</p> <p>Interview on 2/10/22 and 2/16/22 with the Licensee/Qualified Professional#3 (QP#3) revealed:</p> <p>-he doesn't own the house; he has a landlord;</p> <p>-there used to be blinds in the second bedroom that were put up during the last survey;</p> <p>-he wasn't sure how long the window had been taped up but that the broken glass was replaced</p>	V 736		

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V 736	<p>Continued From page 69</p> <p>with plastic, "the kids have pushed it out;"</p> <p>-he reported that they repaint and clean up bedrooms prior to client admission;</p> <p>-current and former clients have caused damage inside and outside of the facility, including the fence, they "tear everything up;"</p> <p>-when asked for a time frame regarding the damage, the Licensee/QP#3 did not know;</p> <p>-there weren't incident reports for the damage because it was an ongoing issue and the facility staff couldn't determine who did it;</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (293) for a type A1 rule violation and must be corrected in 23 days.</p>	V 736		