

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2022
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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on February 22, 2022. The complaints were substantiated (intakes #NC00184857, #NC00185006, #NC00185096 and #NC00186171). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The survey sample consisted of audits of 3 current clients and 2 former clients.</p>	V 000	<p>The following measures will be put in place to correct the deficient areas: -V109: A new LP was hired on 1/1/22 to bring agency into compliance. A new QP was selected, application reviewed, education verified, and a thorough interview conducted by the LP and the CCO and hired as of February 1, 2022. To check the competence of the new QP, including the interview, the new QP completed an acceptable mock PCP and transition/discharge plan, was asked real life scenarios and how they would respond, and QP completed a self-assessment which was reviewed by the LP & CCO to ensure that he demonstrated knowledge, skills, abilities, and the competence required to work with Level III consumers. The new QP will supervise both AP's to ensure compliance through supervision contracts, plans, and documentation of supervision. There is a 90-day probationary employment period and then there will be a performance evaluation by the LP to determine ongoing employment of this position.</p>	3/17/22
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. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have</p>	V 109	<p>The following measures will be put in place to prevent the problem from happening again: Effective immediately, the new LP that was hired on 1/1/22 will supervise the new QP that was hired on 2/1/22. The LP will provide weekly supervision to QP, APs, and PPs and report to the Director monthly or more if needed to ensure agency compliance, proper treatment planning and updates as needed, competence, compliance, and effective delivery of service. This will be documented accordingly thru the LP's progress notes and other supervision documentation. Treatment plans will be developed by the QP, reviewed by the LP, and updated as necessary and upon any new consistent behaviors of consumer(s). POR is in the process of integrating a new electronic health record system to assist with ongoing monitoring to ensure treatment plans are updated in a timely manner, address consumer's specific issues/behaviors, and specific interventions are customized per consumer.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Andrea Monique Green

TITLE

CCO/Trainer/QA-QI

(X6) DATE

3/23/22

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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 the facility failed to ensure 1 of 1 Qualified Professional/Associate Professional (Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/02/22 of the QP/AP/D/O's personnel record revealed: - Hire date 12/10/06. - Job titles Qualified Professional, Owner/CEO (Chief Executive Officer)/Director.</p> <p>A. The QP/AP/D/O did not develop and implement strategies based on assessment for clients #1, #2, #3, and former clients #4 and #5:</p> <p>Refer to V112 regarding the development and implementation of strategies based on</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>assessment:</p> <ul style="list-style-type: none"> - Client #1 was admitted in December 2021 with a documented history of elopements. - Client #1 continued elopement behavior after admission to the facility. - No strategies or interventions were developed or implemented to address elopement behaviors. - Client #2 was admitted in November 2021. - Strategies included in client #2's Person Centered Plan (PCP) were the same as those included in client #3's PCP. - Client #3 was admitted in November 2021 with a documented history of elopements, sexualized behaviors, stealing, and fire setting. - Client #3 was found in his bedroom playing with a cigarette lighter 1/31/22. - No strategies or interventions were developed or implemented to address elopement, sexualized behaviors, or stealing or fire setting. - Strategies included in client #3's PCP were the same as those included in client #2's PCP. - Former client #4 was admitted in November 2021 with documented history of elopements. - Former client #4 continued elopement behaviors after admission to the facility. - No strategies or interventions were developed or implemented to address elopement behaviors. - Former client #5 was admitted in November 2021 with a documented history of elopements. - Former client #5 continued elopement behavior after admission to the facility. - No strategies or interventions were developed or implemented to address elopement behaviors. - Strategies included in former client #5's PCP were written for Intensive In-Home Therapy services that were not provided in the facility. <p>During interview on 2/02/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - He was responsible for revising PCPs upon a 	V 109		

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V 109	<p>Continued From page 3</p> <p>client's admission to the facility.</p> <ul style="list-style-type: none"> - He was responsible for overseeing the operations of the facility, including implementation of client's goals. <p>B. The QP/AP/D/O failed to ensure physician's orders were obtained for client medications:</p> <p>Refer to V118 regarding details of medications being administered without written physician's orders:</p> <ul style="list-style-type: none"> - Clients #1, #2, and #3 were admitted to the facility in November and December 2021. - There were no physician's orders for 7 of client #1's medications, 1 of client #2's medications, and 4 of client #3's medications were not available for review. - There were blanks on the MARs for clients #1, #2, and #3. <p>During interviews on 2/01/22, 2/02/22, and 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - He could not find signed dated physician's orders for some of the medications but would contact the pharmacy to get copies. - He was responsible for monitoring the MARs daily; if he saw blanks on the MARs, he would "follow up on that." <p>C. The QP/AP/D/O failed to coordinate with other individuals and agencies within the clients' system of care.</p> <p>Refer to V293 regarding details of coordination of care for client #3.</p> <ul style="list-style-type: none"> - Client #3 was admitted in November 2021. - Client #3 had a documented history of sexualized behaviors, including an attempted sexual assault on a female nurse at a previous placement. 	V 109		

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V 109	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Client #3's Care Coordinator and Guardian recommended a male therapist be enrolled to provide services. - The QP/AP/D/O did not follow up on the recommendation. <p>During interview on 2/02/22 the QP/AP/D/O stated he had not had a chance to follow up on the recommendation of a male therapist for client #2 due to quarantine and weather issues.</p> <p>D. Requirements for the QP were not met.</p> <p>Refer to V294 regarding details of requirements of the Qualified Professional (QP). The Owner/Director acted as both the QP and the Associate Professional (AP) for the facility.</p> <p>During interviews on 2/01/22, 2/02/22, and 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - He was both the QP and AP at the facility in addition to being the Director/Owner. - The "QP supervised the AP." <p>E. Associate Professional services were not provided on a full-time basis at the facility.</p> <p>Refer to V295 regarding details of requirement of the Associate Professional (AP). - The AP was also the QP for the facility.</p> <p>During interviews on 2/01/22, 2/02/22, and 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - He was both the QP and AP at the facility. - The "QP supervised the AP." <p>F. The facility did not provide more than minimum staffing based on client needs.</p> <p>Refer to V296 regarding details of minimum</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>staffing needs.</p> <ul style="list-style-type: none"> - Clients #1 and #3, and former clients #4 and #5 were admitted to the facility with documented histories of elopements. - Clients #1 and #3 and former clients #4 and #5 continued to engage in elopement behaviors after admission to the facility. - Clients #1, #3, and FC#5 stole sharp tools from a neighbor's storage building during one elopement incident. - No fewer than 18 contacts with the local police department for assistance locating missing clients as well as 22 level II incident reports submitted to the North Carolina Incident Response Improvement System (IRIS) between November 1, 2021 and February 22, 2022. - The Care Coordinator offered enhanced staffing for client #3 and the QP/AP/D/O declined the 1:1 staff. <p>During interviews on 2/01/22, 2/02/22, 2/08/22, and 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - He was aware of each clients' behaviors prior to their admission to the facility. - He provided minimum required staffing at the facility to keep the clients safe. - He instructed facility staff to contact the police department for assistance if the clients did not return after 20 minutes. - He didn't understand why the clients stole tools from a neighbor. - The Care Coordinator offered to provide enhanced staffing for client #3. - He declined enhanced staffing for client #3 because the paperwork involved was "too difficult and cumbersome" to complete. - Even with a 1:1 staff client #3 would "continue to elope." <p>G. The Licensed Professional (LP) did not</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>provide at least four hours a week of face-to-face clinical consultation.</p> <p>Refer to V297 regarding details of requirements of Licensed Professionals.</p> <ul style="list-style-type: none"> - Clients were first admitted to the facility in November 2021. - The LP was contracted to provide services at the facility on 1/01/22. - The LP documented 4 hours of face-to-face consultation in the facility 1/01/22 - 1/25/22. - No LP documentation from November 2021 - January 1, 2022. <p>During interview on 2/01/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - There was no LP for the facility November - December 2021. - The LP came to the facility weekly, one day each week and spent 4 hours at the facility working with him and the clients as required. <p>H. The educational needs of client #2 were not met. Refer to V298 for details of client #2's educational needs.</p> <ul style="list-style-type: none"> - Client #2 was admitted in November 2021. <p>During interview on 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - Client #2 was enrolled in a local elementary school but due to his extensive history of Psychiatric Residential Treatment Facility placements his enrollment was not accepted by the local school district; he was enrolled in a local alternative school in mid-December 2021. - He "did not think it was a good idea to home school" client #2 because the facility staff "were not teachers." 	V 109		

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V 109	<p>Continued From page 7</p> <p>I. Transfer/Discharge requirements were not met. Refer to V300 regarding details of transfer/discharge requirements.</p> <ul style="list-style-type: none"> - Former clients #4 and #5 were discharged without a discharge plan and without a Child Family Team (CFT) meeting held within 5 business days of their discharge. <p>During interviews on 2/01/22, 2/02/22, 2/08/22, and 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - Discharge/Transition plans were developed when service authorizations were completed. - There was not a CFT meeting held within 5 business days of FC#4's discharge. - FC#5's guardian made the decision for him to be discharged from the facility. <p>J. Clients' rights to make and receive telephone calls were restricted without required documentation. Refer to V364 regarding the restriction of the clients' rights to make and receive telephone calls.</p> <ul style="list-style-type: none"> - Each client record included an undated "Amani Residential/Human Services (Licensee) Residential Policy Regarding Client Priveledges" with a hand-written statement "Consumer may call only names listed above. NO CAIS will be made before the 30 day period has expired." <p>During interview on 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - It was facility policy that clients could not make phone calls in the first 30 days after admission. - The policy was included in the facility's intake packet. - Clients had a "period of adjustment" when admitted to the facility. - There was no additional documentation of the restriction in clients' records. 	V 109		

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V 109	Continued From page 8 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	The following measures will be put in place to correct the deficient areas: Amani's new QP that was hired on 2/1/22 will oversee that the treatment planning will be more specific, individualized to consumers' behaviors and to help with the treatment planning process. The QP will demonstrate competency by appropriately developing the treatment plan within 30 days of admission of a new consumer based on the assessment. The treatment plan will be updated monthly and changes will be made as necessary as well as anytime a client is having consistent behaviors. The following measures will be put in place to prevent the problem from happening again: POR will integrate an electronic health record system to assist with ongoing monitoring to ensure treatment planning is documented per service definition. The LP will monitor this process to ensure the integration of an electronic health record system with ongoing monitoring to ensure treatment planning is updated, revise goals and strategies as needed, appropriately address consumer's specific issues and behaviors, and specific interventions will be customized for each consumer to help manage their behaviors.	3/17/22

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V 112	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies based on assessment affecting 3 of 3 current clients (#1, #2, and #3) and 2 of 2 former clients (FC) (FC#4, and FC#5). The findings are:</p> <p>Review on 2/01/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 12 year old male admitted 12/28/21. - Diagnoses included Oppositional Defiant Disorder; Post Traumatic Stress Disorder (PTSD); and Attention Deficit Hyperactivity Disorder (ADHD), predominately hyperactivity/impulsive presentation. - Comprehensive Clinical Assessment (CCA) dated 12/16/21 included documentation of leaving home without permission; staying out past curfew; extremely violent behaviors including throwing bricks at others and attempting to burn and cut his aunt; property destruction; and history of making unsubstantiated allegations; denied thoughts of self-harm and homicidal and suicidal ideations. - Person Centered Plan (PCP) updated/revised 12/21/21 included ". . . Long Range Outcome . . . Getting out of the hospital . . . Where am I now in the process of achieving this outcome? . . . he will act out slam doors, break doors off the hinges, stay out past curfew and destroy property . . . Client is in need of Level 3 residential placement . . ." - Short range goal ". . . Level III Residential [client #1] will learn to manage symptoms of depressive evidenced by exploring thoughts, feelings or situations that lead to depressed moods, urges to self-harm or harm others, will complete and implement a safety plan to identify triggers, warning signs and coping skills to address 	V 112		

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V 112	<p>Continued From page 10</p> <p>suicidal thoughts or self-harming behaviors, identify negative or maladaptive thoughts that lead to aggressive behaviors, depressive symptoms, increase pro-social activities, utilize thought stopping techniques to manage and express emotions in a more socially appropriate way, and maintain compliance with program rules and expectation and take medications as prescribed evidenced by self-report and staff report . . . (Support/Intervention) . . . Level III Residential will provide a safe and secure environment for [client #1] to learn and practice new skills. Provide appropriate supervision for [client #1] in order to help keep him and others be safe . . . Schedule client and family team meetings in order to coordinate multiple services and ensure the development/utilization/revision of the client's PCP." - No strategies or interventions to address elopement.</p> <p>Reviews on 1/28/22 and 2/01/22 of the North Carolina Incident Response Improvement System (IRIS) November 1, 2021 - February 1, 2022, for client #1 revealed: - Elopements on 1/03/22 and 2/15/22. - Elopement on 1/06/22; report also included documentation that FC#5 and other clients ". . . had sharp tools with them. . . " - Property destruction and went to a neighbor's home and asked to be taken to the hospital 1/18/22. - Attempted to elope and attempted to stab and bite the Qualified Professional/Associate Professional/Director/Owner (AP/AP/D/O)2/09/22. - He threatened to stab the QP/AP/D/O "with a sharp object" and "ran outside and got a board with nails in it to hit" the QP/AP/D/O.</p> <p>Review on 2/01/22 of client #2's record revealed:</p>	V 112		

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V 112	<p>Continued From page 11</p> <ul style="list-style-type: none"> - 11 year old male admitted 11/10/21. - His home county Department of Social Services was client #2's guardian. - Diagnoses included Disruptive Mood Dysregulation Disorder; ADHD, combined presentation; Conduct Disorder; and PTSD. - PCP "Completed on . . . 11/02/21 . . ." included ". . . (Short Range Goal) . . . Will attend both sessions of education on time, decrease outbursts, refrain from disturbing peers, and completing assignments, 4 out of 5 days a week . . ." - ". . . How (Support/Intervention) . . . Residential Treatment (Level III) will: . . . Teachers in Level III setting will assist client to understand . . . " strategy for each Short Range Goal. - Strategies/interventions were the same for all short range goals included on the PCP. <p>During interview on 2/07/22 client #2's guardian stated he was not enrolled in school until January 2022.</p> <p>Review on 2/01/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/09/21. - Diagnoses included Disruptive Mood Dysregulation Disorder; Conduct Disorder; PTSD; and ADHD, combined presentation. - CCA dated 7/21/21 and CCA Addendum dated 8/16/21 included documentation of threats to harm others; stabbed a group home staff member with a pen; property destruction; stealing trivial items and pocket knives; attempting to harm animals; fire setting; and multiple AWOL (absent without leave) episodes and attempts; sexualized behaviors. - Court order from a permanency planning hearing held 10/07/21 included documentation of incident wherein client #3 attempted to sexually assault a female nurse during a previous 	V 112		

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V 112	<p>Continued From page 12</p> <p>admission to a Psychiatric Residential Treatment Facility.</p> <ul style="list-style-type: none"> - PCP "Update/Revision Date" 11/02/21 and 12/30/21 included ". . . [client #3] will work within the therapeutic milieu, develop skills to manage his anger, feelings of sadness and demonstrate ability to communicate with staff to have her needs met, AEB (as evidenced by) reducing episodes of self-harming behaviors, verbal and physical aggression, and no AWOL activities for the next consecutive 90 days. . ." - No strategies or interventions to address elopement, stealing, fire setting or sexualized assaultive behaviors. - Strategies/interventions were the same for all short range goals included on the PCP. <p>Reviews on 1/28/22 and 2/01/22 of the North Carolina Incident Response Improvement System (IRIS) November 1,2021 - February 1, 2022, for client #3 revealed elopements on 1/02/22, 1/03/22, 1/05/22, 1/06/22, 1/08/22, 1/09/22, 1/10/22, 1/28/22, 2/14/22, and 2/15/22.</p> <p>During interview on 2/09/22 client #3's Guardian stated the Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) implemented the PCP developed by the previous residential service provider.</p> <p>Review on 2/08/22 of FC#4's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male admitted 11/08/21. - No documented discharge date. - Diagnoses included Intellectual/Developmental Disability, mild; Disruptive Mood Dysregulation Disorder, and ADHD, combined type. - Intake Assessment dated 11/02/21 and signed by FC#4's Guardian included ". . . Description of Current Status: . . . history of eloping . . . multiple placements that did not work due to his severe 	V 112		

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V 112	<p>Continued From page 13</p> <p>behaviors. . . will put himself in harm's way. . . Risk Taking Behaviors: He will elope and has poor judgment when it comes to his safety . . . " - PCP "Update/Revision Date" 10/20/21 and 11/02/21 with no strategies or interventions to address elopement.</p> <p>Reviews on 1/28/22 and 2/01/22 of the North Carolina Incident Response Improvement System (IRIS) November 1,2021 - February 1, 2022, for FC #4 revealed an elopement attempt 11/17/21.</p> <p>Review on 2/01/22 of FC#5's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/29/21. - No documented discharge date. - Diagnoses included Bipolar Disorder, unspecified; Oppositional Defiant Disorder, PTSD, unspecified; and ADHD, combined type. - CCA dated 10/29/21 included documented behaviors of leaving home without permission, leaving home after dark, stealing, lying, making physical threats against others, lack of remorse; viewing pornography, property destruction; unable to accept direction/re-direction, and threats of self-harm. - PCP dated 6/28/21 and reviewed 12/31/21 included no goals and strategies or interventions to address elopement - Strategies/interventions included on the PCP written for "Intensive In-Home staff, [FC#5], and caregivers . . . " and were the same for all three short range goals included on the PCP. <p>Reviews on 1/28/22 and 2/01/22 of the North Carolina Incident Response Improvement System (IRIS) November 1, 2021 - February 1, 2022, for FC#5 revealed:</p> <ul style="list-style-type: none"> - Elopement on 1/03/21; report also included documentation that FC#5 and other clients broke into a neighbor's storage building and stole ". . . 	V 112		

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V 112	<p>Continued From page 14</p> <p>dangerous sharp tools. . ." - Elopement on 1/06/22.</p> <p>During interviews on 2/01/22 and 2/02/22 the QP/AP/D/O stated: - Former client #4 was discharged on 11/19/21 and former client #5 was discharged on 1/14/22. - As the QP he was responsible for revising the goals and strategies in the PCPs received from previous service providers. - The PCPs were revised at admission. - It was also the QP's responsibility to train staff how to implement interventions and how to train the goals on the clients' PCPs. - Prior to client #2's enrollment in the local alternative school "They wanted us to home school him, they sent work home, you know, worksheets, I told them it was not a good idea because we aren't teachers here; we had the holidays during that time, so you know that was a thing there."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112	<p>The following measures will be put in place to correct the deficient areas: Fire and Disaster drills will be held quarterly and repeated on each shift. This will be evidenced in the Emergency/Drill Log.</p> <p>The following measures will be put in place to prevent the problem from happening again: The AP will review with the staff the different drills and the protocol for each according to the Emergency Preparedness Disaster & Crisis Policy and Procedure. The AP will also coordinate with staff to schedule these unannounced drills. This will be supervised by the QP and the LP to ensure compliance quarterly and will sign-off on quarterly drill sheet created by CCO. The CCO will be sign off and monitor bi-annually. This will be updated in policy and procedure manual.</p>	3/17/22
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>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.</p>	V 114		

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V 114	<p>Continued From page 15</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 2/02/22 the Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) stated: - The facility ran three shifts Monday thru Friday: 7:00 am - 4:00 pm; 4:00 pm - 11:00 pm, and 11:00 pm - 7:00 am. - The facility "generally" ran 12 hour shifts on Saturday and Sunday: 7:00 am - 7:00 pm and 7:00 pm - 7:00 am. - The facility's first client was admitted November 8, 2021.</p> <p>Review on 2/02/22 and 2/09/22 of the facility's fire and disaster drill records for November 2021 - February 2022 revealed: - No documented fire drill for second weekday shift (4pm - 11pm); no documented fire drills for weekend shifts. - No documented disaster drills.</p> <p>During interview on 2/02/22 client #1 stated he had not participated in any fire or disaster drills since his admission.</p>	V 114		

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V 114	<p>Continued From page 16</p> <p>During interview on 2/02/22 client #2 stated: - He had not participated in any fire or disaster drills at the facility. - They did fire drills at school so he knew what to do in the event of a fire. - "That's why we don't do them here, because we already know what to do."</p> <p>During interview on 2/02/22 client #3 stated: - He had not participated in any fire or disaster drills since his admission. - "We were supposed to have one but we had to go somewhere. The alarms have been going off every time we turn the oven on."</p> <p>During interview on 2/08/22 staff #1 stated: - She started working at the facility in early December. - She had not participated or conducted a fire or disaster drill at the facility. - She guessed drills were conducted "a couple of times a year."</p> <p>During interview on 2/09/22 the QP/AP/D/O stated he understood the requirement to have fire and disaster drills quarterly on each shift. The facility had conducted "either one or two, one for first shift and second shift, but not a third shift. We are running behind, I know."</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p>	V 118		

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V 118	<p>Continued From page 17</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 privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</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 record reviews, observations and interviews the facility failed to ensure 3 of 3 clients (#1, #2 and #3) had physician's orders for medications administered; failed to keep the MAR current for 1 of 3 clients (#1) and failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 3 of 3 clients (#1, #2, and #3). The findings are:</p>	V 118	<p>The following measures will be put in place to correct the deficient areas: (V118)-Medications will not be administered without a doctor's order. The intake packet will be completed prior to acceptance and all forms including doctor's orders will be received prior to the consumer physically coming to the facility. Proof of the physician's order will be evident by completing a checkoff list of all the paperwork required including the signed doctor's orders and put in MAR. The MAR will be kept current and the staff will record properly for each client immediately after administering medication to client. POR will maintain copies of physician's orders and will this will be accurately documented. The Intake packet will be revised and completed prior to acceptance and all forms including doctor's orders will be received prior to the consumer physically coming to the facility.</p> <p>The following measures will be put in place to prevent the problem from happening again: POR will implement a systematic approach by the CCO designing an intake check off list of all forms required for the QP to complete during the intake, screening and admission process. This checkoff list will include the checkoff for signed doctor's orders. This will be verified and signed off by the LP and/or CCO prior to physically accepting the consumer.</p> <p>The QP will ensure that the prescriptions with doctor's signature are acquired by e-sign signature, or a form provided by POR. This form will be submitted to the doctor to get medications signed off on before administering any medications.</p> <p>MARs will be completed at the time the medication is administered and verified in the MAR log by staff & AP daily, QP weekly, LP monthly & CCO quarterly. This will be verified by documenting on sign-off sheet created by CCO and placed in MAR. This will also be updated in the POR policy and procedure manual.</p>	3/17/22

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V 118	<p>Continued From page 18</p> <p>Review on 2/01/22 of client #1's record revealed: - 12 year old male admitted 12/28/21. - Diagnoses included Oppositional Defiant Disorder; Post Traumatic Stress Disorder (PTSD); and Attention Deficit Hyperactivity Disorder (ADHD), predominately hyperactivity/impulsive presentation. - No physician's orders for divalproex (anticonvulsant), cetirizine (anti-histamine), risperidone (anti-psychotic), atomoxetine (can treat ADHD), desmopressin (antidiuretic), Flovent (treats asthma), or clonidine (anti-hypertensive).</p> <p>Review on 2/01/22 of client #1's MARs for December 2021 - February 2022 revealed: - Hand written transcriptions for: divalproex 500 milligrams (mg) "500 mg @ (at) am" cetirizine 10 mg "10 mg @ am" risperidone 2 mg "1 tab (tablet) am" atomoxetine 60 mg "1 tab am" desmopressin .02 mg "3 tabs @ 6pm" risperidone 0.5 mg "2 tabs @ 6pm" Flovent 44 micrograms (mcg) February MAR: "2 puffs daily prn;" January MAR: "2 puff daily" clonidine .02 mg - not on February MAR; January MAR "@ 6pm" - The following blanks: 2/01/22 and 1/29/22: divalproex, cetirizine, risperidone 2mg. 2/01/22, 1/14/22 and 1/28/22: atomoxetine, desmopressin, risperidone .05 mg, clonidine. 2/01/22 and 1/28/22: Flovent - No documented explanation for the blanks.</p> <p>Review on 2/02/22 of client #1's MARs for January 2022 - February 2022 revealed the above listed blanks had been filled in with staff initials.</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>Observation on 2/01/22 at approximately 12:10 pm of client #1's medications on hand revealed:</p> <ul style="list-style-type: none"> - Divalproex 500 mg 1 tablet in the morning, dispensed 11/04/21 - cetirizine 10 mg over the counter expiration date 5/2023 - risperidone .05 mg take 3 tablets per day: 1 tablet by mouth in am and two tabs by mouth at night, dispensed 1/04/22 - atomoxetine 60 mg 1 capsule at bedtime dispensed 1/04/22 - desmopressin .02 mg 3 tablets at 6:00 pm daily, dispensed 11/24/21 - clonidine 0.2 mg 1 tablet daily at 6:00 pm, dispensed 10/30/21; bottle contained 20 tablets - An empty bottle labeled risperidone 2 mg 1 tablet in the morning, dispensed 12/28/21. - A Flovent 44 mcg inhaler with a manufacturer's label and pharmacy label with client #1's name, but no pharmacy label with administration instructions, expiration date February 2023. <p>During interview on 2/02/22 client #1 stated staff administered his medications daily and he had never missed any or refused to take any of his medications.</p> <p>Review on 2/01/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 11 year old male admitted 11/10/21. - Diagnoses included Disruptive Mood Dysregulation Disorder; ADHD, combined presentation; Conduct Disorder; and PTSD. - Physician's orders dated 11/09/21 for trazodone (anti-depressant) 100 mg 1 tablet at bedtime; and dated 12/10/21 for aripiprazole (anti-psychotic) 2 mg 1 tablet daily. - No physician's order for children's cough and chest congestion dm (dextromethorphan/guaifenesin) (treats cold 	V 118		

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V 118	<p>Continued From page 20 symptoms).</p> <p>Review on 2/01/22 of client #2's November 2021 - February 2022 MARs revealed:</p> <ul style="list-style-type: none"> - Handwritten transcriptions for: trazodone 100 mg 1 tablet in the evening aripiprazole 2 mg "1 tablet @ am" children's cough DM, "am pm" on the January 2022 MAR - No November 2021 MAR. - Blanks on 1/25/22 for trazodone and aripiprazole with no documented explanation for the blanks. <p>During interview on 2/02/22 client #2 stated staff administered his medications daily and he had never missed nor refused to take his medications.</p> <p>Review on 2/01/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/09/21. - Diagnoses included Disruptive Mood Dysregulation Disorder; Conduct Disorder; PTSD; and ADHD, combined presentation. - Physician's orders dated 11/09/21 for: aripiprazole 10 mg 1 tablet at 7 pm hydroxyzine (antihistamine) 25 mg 1 tablet four times daily melatonin (promotes sleep) 3 mg 1 tablet at 7pm guanfacine (treats ADHD) 4 mg 1 tablet daily trazodone 100 mg 1 tablet at 7pm - No physician's orders for fluticasone (relieves allergy symptoms), loratadine (antihistamine), docusate (laxative), montelukast (treats allergies). <p>Review on 2/01/22 of client #3's MARs for November 2021 - February 2022 revealed:</p> <ul style="list-style-type: none"> - Handwritten transcriptions for: melatonin 3 mg 1 tab pm fluticasone (no strength documented) "2 sprays", 	V 118		

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V 118	<p>Continued From page 21</p> <p>no frequency or time noted on January MAR; November MAR included "2 spray ea (each) nostril pm"</p> <p>aripiprazole 10 mg "am"; November MAR included "25ml (milliliters) pm"</p> <p>loratadine 10 mg 1 tablet in the morning; November MAR included "10 mg 1 tab/am"</p> <p>guanfacine 4 mg 1 tablet "@ am"</p> <p>hydroxyzine 25 mg 1 tablet at 8 am and 2 tablets at 7 pm; November MAR included 1 tablet four times daily 8 am, 12 pm, 4 pm, 8 pm</p> <p>docusate 100 mg "tab pm"</p> <p>trazodone 100 mg 1 tablet in the evening</p> <p>montelukast "10 mg 500 mg" 1 tablet in the evening</p> <p>- The following blanks: melatonin 1/28/22, 12/31/21 fluticasone 1/28/22, 12/31/21 aripiprazole 1/28/22 loratadine 1/22/22, 1/27/22 guanfacine 1/22/22, 1/27/22, 1/29/22 hydroxyzine 7 pm 1/21/22, 8 am 1/22/22, 7 pm 1/24/22, 7 pm 1/26/22, 1/27/22, 7 pm 1/28/22, 7 pm 1/29/22 docusate 1/21/22 - 1/24/22, 1/26/22 - 1/28/22, 11/30/21 trazodone 1/21/22, 1/22/22, 1/24/22, 1/26/22 - 1/28/22, 11/30/21 montelukast 1/21/22, 1/22/22, 1/24/22, 1/26/22 - 1/28/22, 11/30/21</p> <p>- Hydroxyzine was documented once daily 12/18/21 - 12/31/21.</p> <p>- No documented explanations for the blanks.</p> <p>Review on 2/02/22 of client #3's January 2022 MAR revealed all above listed blanks for January had been filled in with staff initials.</p> <p>Observation on 2/01/22 at approximately 1:15 pm of client #3's medications on hand revealed:</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>melatonin 3 mg 1 tablet at 7 pm dispensed 12/16/21 fluticasone 50 mcg with a pharmacy label with client #3's name but no administration instructions or dispense date aripiprazole 10 mg 1 tablet at 7 pm dispensed 1/02/22 loratadine 10 mg, over the counter expiration date 11/2022 guanfacine 4 mg 1 tablet daily, dispensed 12/30/21 hydroxyzine 25 mg 1 tablet in the morning and 2 tablets at 7 pm, dispensed 1/18/22 docusate 100 mg, expiration date 4/2024 trazodone 100 mg 1 tab at 7 pm, dispensed 1/02/22 montelukast 10 mg 1 tablet at bedtime, dispensed 1/12/22</p> <p>During interview on 2/01/22 client #3 stated: - Staff administered his medications. - He had refused medications "a couple of times, but I'm trying not to refuse anymore." - "One time I was really tired already, sometimes I just don't want to take them."</p> <p>During interview on 2/08/22 staff #1 stated: - She started working at the facility in early December 2021. - Medications were always available for administration. - If the clients were out of the facility for any reason, including elopement, she would document a refusal on the MAR.</p> <p>During interview on 2/08/22 staff #4 stated: - Medications were available "most of the time." - A medication might not be available if the facility was "waiting for approval" from the physician. - The clients always got their medications.</p>	V 118		

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V 118	<p>Continued From page 23</p> <ul style="list-style-type: none"> - Client #1 refused his morning medications 2/08/22; client #2 refused his medications "sometimes;" client #3 refused his medications "a lot;" former client #5 occasionally refused his medications when he was at the facility. - When a client refused his medications, she could usually talk them into taking the medication; if the client continued to refuse the medication, she would call the Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O). - Medication refusals were documented on the MAR with the letter "R"; client #3 would refuse his Flonase and she would document the letter "N for no." <p>During interviews on 2/01/22, 2/02/22 and 2/09/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - He could not find signed dated physicians' orders for some of the medications, but would contact the pharmacy to get copies. - Those were the medications the clients "brought in with them" when they were admitted to the facility. - Often physicians would send the medication orders/prescriptions straight to the pharmacy and the facility would not receive a copy. - He did not have an explanation for the blanks on the MARs. - He could not explain why the blanks were filled in on 2/02/22. - The MARs should be monitored every day. - As the AP, he was responsible for monitoring the MARs. - If he saw blanks on the MARs he would find out which staff was on shift, he would find out if the client actually received his medications and would ask why the staff didn't document medication administration. - "I follow up on that." 	V 118		

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V 118	<p>Continued From page 24</p> <p>- Medication administration for 2/01/22 was not documented on the February MAR because he was writing the February MAR at the same time staff was administering the medications; staff documented administration of the 2/01/22 medications on the January 2022 pill count sheet.</p> <p>Copies of medication orders for clients #1, #2, and #3 were not received prior to the completion of the survey.</p> <p>Due to the failure to maintain copies of physician's orders and to accurately document medication administration it could not be determined if the clients received their medications as ordered by the physician.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118	<p>The following measures will be put in place to correct the deficient areas: POR's Management Team-the LP, QP, AP and CCO met on Feb. 10, 2022 to discuss a more detailed review of this rule violation and how we can become more effective and correct these issues. Next, POR scheduled and conducted by the CCO an in-service training for staff to debrief, update them on these findings, and share the responsibilities pertaining to staff. This in-service will also include review of the Scope, Service Definition, Role of Supervision as it pertains to the Plan of Protection-protocol, documentation, elopement prevention, reporting, supervision of staff and consumers, and changes to be made moving forward. Supervision of staff and consumers will be monitored more closely and this will be documented accordingly. The LP conducted a training on Feb, 24, 2022 on Protocol, Interventions, Supervision & Documentation. POR is hiring new staff (QP and Rehab Techs). POR will become more compliant and more engaged with the MCO on trainings, coordination of monthly meetings and utilize resources available. This will be monitored by the LP, new QP, and CCO.</p>	3/17/22
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or</p>	V 293	<p>The following measures will be put in place to prevent the problem from happening again: Supervision of staff and consumers will be monitored more closely by AP/QP/LP, especially on 3rd shift, by conducting random, unannounced visits/checks by AP/QP and documenting properly in supervision plans/progress notes. POR will become more compliant and more engaged with the MCO on trainings and coordination of monthly meetings. This will be monitored by the LP, new QP, and CCO and documented accordingly. POR is resetting its organization, staffing, and systems to be able to provide better care to its consumers. All changes made to become compliant to these deficiencies will be updated in Amani's policy and procedures manual for a systematic change. Staff will continue to be trained bi-monthly on relevant topics to continue professional development, supervised, and documented accordingly. The management team will monitor in ongoing manner.</p>	

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V 293	<p>Continued From page 25</p> <p>substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility 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</p>	V 293		

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V 293	<p>Continued From page 26</p> <p>facility failed to provide individualized supervision, minimize the occurrence of behaviors, ensure safety and coordinate with other individuals and agencies within the clients' system of care for 3 of 3 current clients (clients #1, #2, and #3) and 2 of 2 former clients (FC) (former clients #4 and #5). The findings are:</p> <p>Cross Reference 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (tag V109). Based on record reviews and interviews the facility failed to ensure 1 of 1 Qualified Professional/Associate Professional (Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) demonstrated knowledge, skills and abilities required by the population served.</p> <p>Cross Reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (Tag V112). Based on record reviews and interviews the facility failed to develop and implement strategies based on assessment affecting 2 of 3 current clients (#1, and #3) and 2 of 2 former clients (FC) (FC#4, and FC#5).</p> <p>Cross Reference 10A NCAC 27G .0209 Medication Requirements (tag V118). Based on record reviews, observations and interviews the facility failed to ensure 3 of 3 clients (#1, #2 and #3) had physician's orders for medications administered; failed to keep the MAR current for 1 of 3 clients (#1) and failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 3 of 3 clients (#1, #2, and #3).</p> <p>Cross Reference 10A NCAC 27G .1702 Requirements of Qualified Professionals (Tag</p>	V 293		

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V 293	<p>Continued From page 27</p> <p>V294). Based on record review and interview the facility failed to ensure the Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of ten hours per week and at least 70% of the time when children are awake and present in the facility.</p> <p>Cross Reference 10A NCAC 27G .1703 Requirements of Associate Professionals (Tag V295). Based on record review and interviews, 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 (Tag V296). Based on record reviews, observations, and interviews the facility failed to provide more than the minimum number of direct care staff based on client needs.</p> <p>Cross Reference 10A NCAC 27G .1705 Requirements of Licensed Professionals (Tag V297). 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) in the facility.</p> <p>Cross Reference 10A NCAC 27G .1706 Operations (Tag V298). Based on record review and interview the facility failed to ensure the educational needs were met for 1 of 3 current clients (#2).</p> <p>Cross Reference 10A NCAC 27G .1708 Transfer or Discharge (Tag V300). Based on record review and interview the facility failed to involve the Child and Family Team (CFT) or other persons involved in the care and treatment of the child or adolescent, including local Department of Social Services (DSS), to make service planning</p>	V 293		

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V 293	<p>Continued From page 28</p> <p>decisions within five business days of discharge for two of two former clients (FC) (FC#4 and FC#5).</p> <p>Cross Reference GS 122C-62 Additional Rights in 24-Hour Facilities (Tag V364). Based on record reviews and interviews, facility staff failed to ensure clients could make and receive confidential telephone calls affecting 3 of 3 (#1, #2, and #3) current clients and 2 of 2 former clients (FC) (FC#4 and FC#5) .</p> <p>Review on 2/01/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/09/21. - His home county DSS was his guardian. - Diagnoses included Disruptive Mood Dysregulation Disorder; Conduct Disorder; PTSD; and ADHD, combined presentation. - Comprehensive Clinical Assessment (CCA) dated 7/21/21 and CCA Addendum dated 8/16/21 included documentation of sexualized behaviors and recommendation for "Sex Offender Specific Therapy." <p>During interview on 2/09/22 client #3's Guardian Representative stated:</p> <ul style="list-style-type: none"> - A male therapist was recommended several times for client #3. - The Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) was aware of the recommendation. - She called the therapy provider agency and learned they had a male therapist and shared the information with the QP/AP/D/O. - The QP/AP/D/O elected to continue client #3's services with a female therapist. - The QP/AP/D/O told her a male therapist was not available, but she found one "instantly" when she called the therapy provider agency. - The QP/AP/D/O was "very familiar" with the 	V 293		

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V 293	<p>Continued From page 29</p> <p>therapy provider agency.</p> <p>During interview on 2/04/22 the Care Coordinator for client #3 stated:</p> <ul style="list-style-type: none"> - Client #3 did not like women. - She and the guardian recommended client #3 to have a male therapist. - Client #3 did not have a male therapist. - Client #3's therapy provider agency had a male therapist on staff who was taking new clients when the recommendation was made. - When the recommendation for a male therapist was made, the QP/AP/D/O stated client #3 "would be okay" with a female therapist. <p>During interview on 2/02/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - Client #3 had a female therapist. - A male therapist was recommended "but we haven't had a chance to arrange that because several members have been quarantined and then we had snow." - "We haven't had a chance to make that connection with them." - "I did call the office and they weren't taking new patients at that time I don't think. I have a very good relationship with them (the therapy provider agency); I know them well. I have a very good relationship with them." <p>Due to additional information and complaint intake being submitted this survey was re-opened 2/22/22; at the time of the survey exit on 2/22/22 the QP/AP/D/O elected to use the Plan of Protection dated 2/09/22 and signed by the Corporate Compliance Officer-Quality Assurance/Quality Improvement.</p> <p>Review on 2/09/22 and 2/22/22 of the Plan of Protection dated 2/09/22 and signed by the</p>	V 293		

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V 293	<p>Continued From page 30</p> <p>Corporate Compliance Officer - Quality Assurance/Quality Improvement (CCO-QA/QI) revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>- ".1702 (V293)-Starting today, Palace of Restoration and its staff will immediately start working on correcting V293-Scope of Practice for Serious Neglect with the LP overseeing this action plan. The LP, QP, AP and CCO will meet today to discuss a more detailed review of this rule violation and how we can become more effective and correct these issues. POR (Palace of Restoration) will begin this process by having a management meeting around 4pm today to discuss how to immediately implement this action plan. Next, POR will be scheduling and conducting an in-service training for staff to debrief, update them on these findings, and share the responsibilities pertaining to staff on Thursday, February 10, 2022. this in-service will also include review of the Scope, Service Definition, Role of Supervision as it pertains to staff and consumers. Supervision of staff and consumers will be monitored more closely and this will be documented accordingly. POR is hiring new staff (QP and Rehab Techs). Amani will become more compliant and more engaged with the MCO (Managed Care Organization) on trainings, coordination of monthly meetings and utilize resources available. This will be monitored by the LP, new QP, and CCO."</p> <p>- ".0203 (V109), .1702 (V294), .1703 (V295)- this is already being corrected by hiring new QP as of February 1, 2022. The new QP is deemed competent. Competencies will be checked, verified, and documented accordingly. The QP will be supervised and monitored by the LP to ensure requirements of QP are met. The new QP will supervise the AP's at both facilities to</p>	V 293		

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V 293	<p>Continued From page 31</p> <p>ensure compliance. This will be documented by supervision contract, supervision plans and properly documented supervision. There will be 2 separate people in the QP and AP position. The LP will monitor the hiring process and supervise the new QP as required to ensure compliance and effective delivery of service."</p> <p>- ".1704 (V296)- Minimum Staffing Requirements- There will be 2 staff per shift. More staff will be made available when required to monitor and address behaviors of consumer(s). POR will utilize the resources of the MCO when offered to help manage behaviors of the consumer. POR will also contact MCO to obtain assistance with any paperwork that is required to utilize these resources. Staff will not conduct one-on-one treatment sessions with consumers nor transport a consumer alone unless this is documented in consumer record or crisis plan."</p> <p>- ".0205 (V112)- Treatment Planning- Another competent QP has been hired to oversee that the treatment planning will be more specific individualized to consumers' behaviors and to help with the treatment planning process. The treatment plan will be updated monthly and changes will be made as necessary as well as anytime a client is having consistent behaviors. POR will integrate an electronic health record system to assist with ongoing monitoring to ensure treatment planning is updated and appropriate to address consumer's specific issues and behaviors and specific interventions will be customized for each consumer to help manage their behaviors."</p> <p>- ".0209 (V118)-Medications will not be administered without a doctors order. The intake packet will be completed prior to acceptance and all forms including doctor's orders will be received prior to the consumer physically coming to the facility. Proof of the physician's order will be</p>	V 293		

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V 293	<p>Continued From page 32</p> <p>evident by completing a checkoff list of all the paperwork required including the signed doctor's orders and put in the MAR. This will be verified by the LP and/or CCO prior to physically accepting the consumer. Prescription with doctor's signature will be acquired by -sign signature, or a form by POR will be submitted to the doctor to get medications signed of on before administering any medications. MARs will be completed at the time of the medication is administered."</p> <p>- ".1705 (V297)-Requirements of LP-The LP will provide face to face supervision of 4 hours per week at the facility and this will be documented accordingly thru progress notes/supervision notes.</p> <p>- ".1706 (V298)-Operations & POR's new QP supervised by the LP will ensure that the treatment plans are complete with all signatures. Also, that the discharge and transition plans are complete, as well as the CFT/planning meetings are held and documented accordingly to ensure compliance."</p> <p>- ".1708 (V300)-Transfer/Discharge-Each consumer of POR will be given a written notice prior to discharge. POR will meet with the CFT team including the consumer to discuss discharge/transition dates, etc. even it it's emergency or IVC, there will be 5 days post meeting and provide documentation."</p> <p>- "GS (General Statute) 122C-62 Additional Rights in 24 hr (hour) facilities (V364)-POR will not restrict the consumer right to phone calls within the 1st 30 days of admission unless it is directly affiliated with the care and treatment of the consumer. Any restriction to this right will be documented in the consumer's record."</p> <p>- "Describe your plans to make sure the above happens. POR's management team which includes the LP, Director/AP, QP and CCO will</p>	V 293		

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V 293	<p>Continued From page 33</p> <p>meet today around 4pm to discuss these findings and how to implement this action plan immediately. The LP will be responsible for the implementation of this plan. POR and it staff will comply and adhere to the guidance, rules and regulations of the governing body. Policies and Procedures will be updated accordingly to these changes. There will be ongoing monitoring by the LP, QP, and CCO to ensure compliance as well."</p> <p>Clients #1, #2 and #3 and former clients #4 and #5, ages 11 - 14, were admitted to the facility in November and December 2021 with diagnoses that included Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Bi-Polar Disorder, and Conduct Disorder. Clients #1 and #3 and former clients #4 and #5 had well documented histories of elopement behaviors, threats of and attempts to harm others. Client #3 had documented history of fire setting and sexualized behaviors, including an attempted sexual assault of a female nurse at a previous placement. Between November 2021 and February 2022 there were 18 level II incident reports submitted from the facility for episodes of elopement. During one elopement 1/03/22 three clients broke into a neighbor's storage shed and stole tools that could be used as weapons. After one incident of elopement client #3 was found playing with a cigarette lighter in his bedroom and to have a stick he had sharpened to a point at one end. Despite these continued behaviors, additional staffing above minimum requirements to meet the needs of the clients was not implemented. The facility relied on the local police department to ensure the clients were returned to the facility following elopement episodes, many of which involved the client crossing busy highways and</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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V 293	Continued From page 34 walking miles from the facility. The LME/MCO offered enhanced staffing to assist client #3's adjustment to the facility, but the offer was declined by the QP/AP/D/O because he stated the paperwork was too difficult to complete. Clients #1, #3 and former clients #4 and #5 had no strategies to address elopement behaviors in their treatment plans. Strategies in client #2 and client #3's treatment plans were identical, though their goals were different, and each client had different needs and behaviors. Copies of physicians' orders for 7 of client #1's medications, 1 of client #2's medications, and 4 of client #3's medications were not maintained at the facility because those medications were prescribed prior to their admissions and the medications were sent to the facility from the clients' previous placements. There were blanks on the MARS when initially reviewed on 2/01/22, but those blanks had been filled in by staff upon review on 2/02/22. Client #2 was not enrolled in school and was not home schooled for approximately the first month of his admission to the facility. He was not provided educational home school services due to the QP/AP/D/O stating the facility staff were not teachers. There was no LP employed at the facility until January 2022; the contracted LP did not provide the minimum number of face to face clinical hours required in January 2022. Former clients #4 and #5 were discharged from the facility with no documented transfer/discharge plans; no CFT meetings were held within 5 days of the clients' discharges. The facility's policy restricted all clients' rights to make and receive telephone calls during the first 30 days of their admission. From November 2021 - January 2022 the Qualified Professional/Director/Owner also acted in the role of the Associate Professional at the facility. These listed facility failures constitute a Type A1 rule violation for serious neglect and	V 293		

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V 293	Continued From page 35 must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 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:	V 294		

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V 294	<p>Continued From page 36</p> <p>(1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section;</p> <p>(2) oversight of emergencies;</p> <p>(3) provision of direct psychoeducational services to children or adolescents;</p> <p>(4) participation in treatment planning 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 and interview the facility failed to ensure the Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of ten hours per week and at least 70% of the time when children are awake and present in the facility. The findings are:</p> <p>Review on 2/01/22 of the "Client and Staff Census" form completed by staff #1 revealed the Licensee listed as "QP and AP (Associate Professional)."</p> <p>During interviews on 2/01/22, 2/02/22 and 2/09/22 the Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) stated:</p> <ul style="list-style-type: none"> - He was the QP and the AP for the facility. - He sometimes worked as a direct care staff if someone could not work their assigned shift. - He spent a "great deal of time" in the facility. 	V 294		

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V 294	Continued From page 37 - One responsibility of the QP was to supervise the AP. - He thought he could be the QP on a part time basis while also acting as the full time AP. - He was both the QP and the AP for the facility "since we opened" until 2/01/22. - A new QP was hired for the facility effective 2/01/22. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 294	The following measures will be put in place to correct the deficient areas: The QP will work 10 hours per week & 70% of that time when children are awake and present. This will be evidenced and documented by QP's time sheet being signed off by the LP; This should coordinate with progress notes and be verified by LP supervision. The following measures will be put in place to prevent the problem from happening again: The LP will sign off on QP's time sheet/schedule and progress notes for measurement and accountability. This will be monitored by the LP weekly and by the CCO quarterly. This will be updated in POR's policy and procedure manual.	3/17/2022
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (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). (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: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.	V 295		

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V 295	<p>Continued From page 38</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, 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 2/01/22 of the "Client and Staff Census" form completed by staff #1 revealed the Licensee listed as "QP (Qualified Professional) and AP."</p> <p>During interviews on 2/01/22, 2/02/22, and 2/09/22 the Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O) stated:</p> <ul style="list-style-type: none"> - He was the QP and the AP for the facility. - He was also the QP for a sister facility that was also licensed as a Residential Treatment Staff Secure for Children or Adolescents (10A NCAC 27G .1700). - He sometimes worked as a direct care staff if someone could not work their assigned shift. - One responsibility of the QP was to supervise the AP. - He was both the QP and the AP for the facility "since we opened" until 2/01/22. - He thought he could be the full time AP while also acting as a QP on a part time basis. - A new QP was hired for the facility effective 2/01/22, but he would continue in the AP role. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 295		

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V 296 V 296	Continued From page 39 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 children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.	V 296 V 296	The following measures will be put in place to correct the deficient areas: There will be 2 staff per shift. More staff will be made available when required to monitor and address behaviors of consumer(s). Whenever there is a client who has elopement behaviors in their CCA, there will be one extra staff (plus the 2 minimum required staff) hired to monitor that client with that behavior at all times for "line of sight" monitoring to address the client's needs. POR will utilize the resources of the MCO when offered to help manage behaviors of the consumer. POR will also contact MCO to obtain assistance with any paperwork that is required to utilize these resources. Staff will not conduct one-on-one treatment sessions with consumers nor transport a consumer alone unless this is documented in the consumer's record or crisis plan. The following measure will be put in place to prevent the problem from happening again: Staff training on supervision, protocol, interventions, PCP, activities as it pertains to consumer's goals, documentation, and service definition. Competence will be measured by testing these areas for 80% passing score to show understanding and competence-pre-test and post-test on areas of Plan of Protection as it pertains to staffing and supervision. New, more experienced staff will be hired using Indeed.com to solicit applications, interviews and hiring by April 4, 2022. New hires will be trained by QP/LP/CCO and this process will be monitored by the LP and CCO.	3/17/2022

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V 296	<p>Continued From page 40</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 record reviews, observations, and interviews the facility failed to provide more than the minimum number of direct care staff based on client needs. The findings are:</p> <p>Review on 2/01/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 12 year old male admitted 12/28/21. - His home county Department of Social Services (DSS) was his guardian. - Diagnoses included Oppositional Defiant Disorder; Post Traumatic Stress Disorder (PTSD); and Attention Deficit Hyperactivity Disorder (ADHD), predominately hyperactivity/impulsive presentation. - "Comprehensive Assessment" dated 12/16/21 included documentation of extremely violent behaviors including throwing bricks at others, attempted to burn and cut a family member, history of leaving home without permission and staying out past curfew. - Person Centered Plan (PCP) updated/revised 12/21/21 included " . . . (Support/Intervention) . . . Level III Residential will provide a safe and secure environment for [client #1] to learn and practice new skills. Provide appropriate supervision for [client #1] in order to help keep him and others be safe . . . " 	V 296		

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V 296	<p>Continued From page 41</p> <p>Reviews on 1/28/22, 2/01/22 and 2/22/22 of the North Carolina Incident Response Improvement System (IRIS) for client #1 November 2021 - February 2022 revealed:</p> <ul style="list-style-type: none"> - 2 incident reports of elopements by client #1 in January 2022 (dates of incidents 1/03/22 and 1/06/22). - 1 incident report of extreme behaviors including destroying his bedroom, breaking a curtain rod, breaking bathroom fixtures, threatening to throw bricks to break facility windows and damage the facility van, hitting "things with the broken curtain rod," and going to a neighbor's home and asking the neighbor to call the police to take him to the hospital (date of incident 1/18/22). - Each report submitted in January was completed and submitted by the Qualified Professional/Associate Professional/Director/Owner (QP/AP/D/O). - 1 incident report of elopement by client #1 on 2/15/22; report submitted by the newly hired Qualified Professional (QP). <p>During interview on 2/02/22 client #1 stated:</p> <ul style="list-style-type: none"> - There were always "2 or 3 or 1 staff at the facility." - When there was 1 staff at the facility, the QP/AP/D/O was also present. - A staff member got upset with him because he "went around the corner and didn't tell them where I was going" so he ran away. - There were a "couple more times" when he eloped. - The police returned him to the facility. <p>Review on 2/01/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/09/21. - His home county DSS was his guardian. - Diagnoses included Disruptive Mood 	V 296		

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V 296	<p>Continued From page 42</p> <p>Dysregulation Disorder; Conduct Disorder; PTSD; and ADHD, combined presentation.</p> <ul style="list-style-type: none"> - Comprehensive Clinical Assessment (CCA) dated 7/19/21 included documentation of previous placement in a Psychiatric Residential Treatment Facility (PRTF), multiple "AWOL (absent without leave) episodes", threats to harm himself and others, physical aggression towards others, stealing, fire setting, property destruction, noncompliance, and defiance. - The CCA also included documentation of a recommendation for "continued PRTF placement." - Discharge Summary dated 11/09/21 from previous PRTF placement included ". . . antagonistic; verbally aggressive, disrespectful, verbal threats of physical assault; racial slurs, physical altercations, non-compliant; head banging; property destruction; AWOL episodes; threats to harm self; homophobic slurs; defiance; stealing; excessive profanity; lying; fire setting, poor impulse control . . ." - PCP dated 12/30/21 included documentation of mental health symptoms of head banging; expression of suicidal thoughts; threats to harm others; physical aggression (stabbed a staff member with a pen at a previous placement) property destruction; stealing (pocket knives); attempting to harm animals, excessive lying; fire setting; multiple AWOL attempts. - There was no documentation in the PCP that client #3 could be transported by one staff. <p>Reviews on 1/28/22, 2/01/22 and 2/22/22 of IRIS reports for client #3 November 2021 - February 2022 revealed:</p> <ul style="list-style-type: none"> - 8 incident reports of elopements by client #3 in January 2022. - Report of incident on 1/28/22 included documentation of client #3 being found in his 	V 296		

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V 296	<p>Continued From page 43</p> <p>bedroom playing with a cigarette lighter.</p> <ul style="list-style-type: none"> - Each report submitted in January was completed and submitted by the QP/AP/D/O. - Report of elopement at 8:00 pm on 2/14/22; client #3 walked away from the facility wearing all black; as reported in the incident report, client #3 stated he was going to a friend's house. - Client #3 was located by the local police department who called the QP/AP/D/O at 3:00 am. - The QP/AP/D/O contacted a staff member who traveled to the location an hour later and took client #3 back to the group home. - The IRIS report of the 2/14/22 incident was submitted by the newly hired QP. <p>During interview on 2/02/22 client #3 stated:</p> <ul style="list-style-type: none"> - He had left the facility without permission. - "One day I was gone all night; another day I was out half a day. I went to [a town approximately 7 miles from the facility]. I walked." - He asked a stranger for a ride back to the facility; "he was nice." - He had contact with the local police "a lot of times." - He and his peers took some tools out of a neighbor's storage building; "The police came and told us not to go back over there. I went with someone else. A kid in the neighborhood told us it was his place and let us in. We didn't break in." <p>Observation on 2/08/22 at approximately 4:20 pm revealed:</p> <ul style="list-style-type: none"> - Client #3 was verbally aggressive, cursed at staff present and refused to participate in a telephone call. - Client #3 went out the front door and was heard cursing loudly and hitting the brick exterior wall of the facility. - Staff #7 was heard talking to client #3 trying to 	V 296		

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V 296	<p>Continued From page 44</p> <p>calm him.</p> <p>- The conversation between client #3 and staff #7 seemed to end at approximately 4:25 pm.</p> <p>Observation on 2/08/22 at approximately 4:25 pm staff #2 informed the QP/AP/D/O staff #7 took client #3 "down the street."</p> <p>Observation on 2/08/22 at approximately 4:30 pm revealed neither client #3 nor staff #7 were seen on the premises; they had left the facility.</p> <p>During interview on 2/08/22 the QP/AP/D/O stated staff #7 took client #3 for a ride in his car to de-escalate; no other staff was with staff #7 and client #3.</p> <p>Review on 2/08/22 of FC#4's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male admitted 11/08/21. - No documented discharge date. - His home county DSS was his guardian. - Diagnoses included Intellectual/Developmental Disability, mild; Disruptive Mood Dysregulation Disorder, and ADHD, combined type. <p>Reviews on 1/28/22 and 2/01/22 of IRIS reports for FC#4 November 2021 - February 2022 revealed 1 incident reports of elopement (11/17/21) and 2 incident reports of property destruction and self-harm, requiring use of a restrictive intervention and contact with a mobile crisis unit which resulted in FC#4 being taken to the Emergency Department of a local hospital (11/21/21 and 11/22/21). Each report was completed and submitted by the QP/AP/D/O.</p> <p>During interview on 2/01/22 the QP/AP/D/O stated FC#4 was discharged 11/19/21 when he was taken to the Emergency Department of a local hospital.</p>	V 296		

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V 296	<p>Continued From page 45</p> <p>Review on 2/01/22 of FC#5's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/29/21. - No documented discharge date. - His home county DSS was his guardian. - Diagnoses included Bipolar Disorder, unspecified; Oppositional Defiant Disorder, PTSD, unspecified; and ADHD, combined type. - CCA dated 10/29/21 included documented behaviors of leaving home without permission, leaving home after dark, stealing, lying, making physical threats against others, lack of remorse; viewing pornography, property destruction; unable to accept direction/re-direction, and threats of self-harm. <p>During interview on 2/03/22 FC#5's guardian stated:</p> <ul style="list-style-type: none"> - The facility was "very well aware of his behaviors" prior to admission. - The QP/AP/D/O told her FC#5 was "doing well" at the facility until another client was admitted. - FC#5 began mimicking the newly admitted client's behaviors. - She was notified that FC#5 had "walked away" from the facility. - One of the elopements was reported to her by FC#5's mother after FC#5 called his mother. <p>Reviews on 1/28/22 and 2/01/22 of IRIS reports for FC#5 November 2021 - February 2021 revealed 2 incident reports of elopement (1/03/21 and 1/06/21). The report of the 1/03/22 elopement included documentation that FC#5 "influenced 2 other residents to follow him" and they broke into a neighbor's storage building and took "dangerous sharp tools" including "a pair of sharp scissors, blades, a hammer, and a screwdriver." Each report was completed and submitted by the QP/AP/D/O.</p>	V 296		

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V 296	<p>Continued From page 46</p> <p>During interview on 2/04/22 the Local Management Entity/Managed Care Organization (LME/MCO) Care Coordinator for clients #1, #3 and FC#4 and FC#5 stated:</p> <ul style="list-style-type: none"> - The facility was aware of the clients' behaviors before they were each admitted to the facility. - Client #3 did not "sneak out, he walks out the front door with staff watching." - Client #3's eloping is very dangerous due to his impulsivity and physical stature; client #3 was over six feet tall. - She offered to provide a 1:1 staff for client #3 for up to 90 days to help him build trust with the facility and facility staff. - Walking and hiking were good ways to de-escalate behaviors and for an agitated client to calm down. - A 1:1 staff could walk with client #3 and talk with him, leaving other facility staff free to supervise other clients. - She made the offer of enhanced staffing for client #3 several times and each offer was declined by the QP/AP/D/O. <p>During interviews on 1/28/22 and 2/01/22 a Lieutenant with the local police department stated:</p> <ul style="list-style-type: none"> - His office had received at least 22 calls for assistance from the facility in 2022. - Most of the calls from the facility were for client elopements; some calls were made after dark. - Clients were often located by police officers at local businesses some distance from the facility; the clients frequently crossed busy highways when they left the facility. - The facility was "depending on the Police Department to babysit these kids and my officers don't have time." 	V 296		

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V 296	<p>Continued From page 47</p> <p>During interviews on 2/01/22, 2/02/22, 2/08/22, 2/09/22 and 2/22/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - There were always 2 staff members on each shift; overnight staff "should be awake, but the rules state one of them can be awake." - "Sometimes it's me and 2 staff, sometimes it's me and 1 other staff." - He had sufficient staff in the facility to keep the clients safe. - "We can't restrain them for elopement." - When a client eloped, facility staff allowed the client 20 minutes to come back. - Staff notified him of client elopements and he advised staff "to call the police immediately because the streets are too dangerous." - When clients eloped staff were to keep the clients within eyesight "if possible." - He was aware of each client's behaviors prior to admission to the facility. - Client #1 would walk off when he got angry "but he usually comes back, generally; because it's cold." - He didn't understand what the clients' intent was when they stole "sharp tools" from a neighbor's storage building. - He did not know where client #3 got a cigarette lighter; client #3 eventually gave him the cigarette lighter. - When client #3 eloped on 2/14/22 there were 2 staff at the facility as required; those staff could not leave to pick client #3 up when he was located by the police officer. - He called the "on call staff" who lived approximately 25 minutes away from the facility to transport client #3 back to the facility. - The "on call staff" was alone when he transported client #3 back to the facility. - He requested the Care Coordinator and guardian to find level IV placement for client #3, but they were looking for another level III 	V 296		

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V 296	Continued From page 48 placement. - He requested another placement for client #3 because "he's placed the business in jeopardy. When he elopes it places us at a liability." - He declined the Care Coordinator's offers for 1:1 staff for client #3 because the paperwork was "difficult and cumbersome." - Even with a 1:1 staff, client #3 would elope; "He's a chronic eloper. It's what he does." - He would make sure to get enhanced staffing if recommended and offered for other clients admitted. - Staff would call him when clients had behavioral incidents, including elopements; he lived approximately an hour and fifteen minutes away from the facility, but could get there from his home "in about an hour, easy, if there's not traffic." - Client #3 was discharged on 2/17/22. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L 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	V 297	The following measures will be put in place to correct the deficient areas: The LP will provide face to face supervision of 4 hours per week at the facility and this will be documented accordingly thru progress notes/supervision notes. The following measures will be put in place to prevent the problem from happening again: The LP will email the CCO their weekly supervision notes to ensure that the 4 hours/week requirement is met. This will be placed in a notebook identified as "LP supervision/notes" for review. Contract for services will be monitored, reviewed and updated as needed by the CCO & Director.	3/17/22

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V 297	<p>Continued From page 49</p> <p>Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (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) in the facility. The findings are:</p> <p>Review on 2/02/22 of the LP's personnel record revealed: - Licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors, expires 6/30/22. - Contract signed 1/01/22. - Contract included the LP was responsible for serving as team supervisor for facility and Qualified Professional (QP) staff. - The LP's responsibilities included supervision of the QP and "first responder crisis plans."</p> <p>Review on 2/02/22 of the LP documentation for January 2022 revealed: - The LP documented 4 hours of face-to-face consultation in the facility 1/01/22 - 1/25/22. - The LP documented 13.8 hours of contact with the Qualified Professional/Associate Professional/Director/Licensee (QP/AP/D/O) and</p>	V 297		

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V 297	<p>Continued From page 50</p> <p>the Corporate Compliance Officer (CCO) via telephone calls, emails and "virtual."</p> <ul style="list-style-type: none"> - Documented topics discussed with the QP/LP/D/O and the CCO via telephone calls, email and "virtual" included clients' elopements and interventions to address behavior; supervision needs of clients; positive reinforcement for appropriate behaviors; inappropriate use of the local emergency department as a behavioral intervention; staff supervision; appropriate incident response; discharge processes; staff training; the facility's intake and admission protocol; and appropriate communication with stakeholders including the Care Coordinator and client guardians. <p>During interview on 2/01/22 the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - Clients were admitted to the facility in November 2021. - The LP was contracted to work in the facility "around the first of January" 2022. - The LP came to the facility weekly, one day each week and spent 4 hours at the facility working with him and the clients as required. - He had an LP identified in November 2021, but the Local Management Entity/Managed Care Organization (LME/MCO) notified him that the LP was not fully credentialed. - He then found and contracted with the current LP; she began providing services in the facility on January 1, 2022. - No LP provided services at the facility November - December 2021. - "I didn't just not have an LP. I had one but she didn't meet qualifications to meet LP requirements. I had to find someone else." <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1</p>	V 297		

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V 297	Continued From page 51 rule violation and must be corrected within 23 days.	V 297		
V 298	27G .1706 Residential Tx. Child/Adol - Operations 10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.	V 298		

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V 298	<p>Continued From page 52</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the educational needs were met for 1 of 3 current clients (#2). The findings are:</p> <p>Review on 2/01/22 of client #2's record revealed: - 11 year old male admitted 11/10/21. - Home county Department of Social Services was his guardian. - Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, combined presentation; Conduct Disorder; and Post Traumatic Stress Disorder.</p> <p>During interview on 2/07/22 client #2's guardian stated he was not enrolled in school from 11/10/21 until January 2022.</p> <p>During interview on 2/09/22 the Qualified Professional/Associate Professional/ Director/Owner stated: - It was not true that client #2 was not enrolled in school prior to January 2022. - The facility enrolled client #2 in a local elementary school, but when school administration saw "his extensive record, they would not allow him to attend school because their behavior specialist had to go through the central office; there is a certain protocol they have to follow because he came from a PRTF (Psychiatric Residential Treatment Facility)." - He could not remember the date of client #2's enrollment in the local elementary school. - When client #2 was not in school, he was at the facility. - "They wanted us to home school him, they sent work home, you know, worksheets, I told them it was not a good idea because we aren't teachers</p>	V 298	<p>The following measures will be put in place to correct deficient areas: POR 's AP or QP will coordinate with the local education agency to ensure the educational needs of the clients of POR are met as identified in the client's education plan and their treatment plan. Even if a school objects to accepting the enrollment of the client due to their behavior, then POR will ensure enrollment at an alternative school within first 30 days of admission into POR facility and document accordingly.</p> <p>To following measures will be put in place to prevent this problem from happening again: POR's QP will contact the AP once the admission is completed to arrange coordination of enrollment into a school according to the educational needs of the client. This will be monitored by the LP to ensure enrollment within 1st 30 days of admission to POR.</p>	3/17/22

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V 298	Continued From page 53 here; we had the holidays during that time, so you know that was a thing there." - Client #2's "intake" for the local alternative school was on 12/17/21. - Client #2 was currently enrolled in the local alternative school. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 298		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.	V 300	The following measures will be put in place to correct the deficient areas: POR's new QP, which will be supervised by the LP, will ensure that the treatment plans are complete with all signatures as well as the discharge/transition plans. The QP will also make sure that the CFT/planning meetings are held and documented accordingly in progress notes to ensure compliance. Each consumer of POR will be given a written 30-days notice prior to discharge. POR will meet with the CFT team including the consumer to discuss discharge/transition dates, placement, etc. If it's emergency or IVC, there will 5 days post meeting and documentation will be provided. The following measures will be put in place to prevent the problem from happening again: The QP will be responsible for making sure this is distributed to the consumer as necessary with a 30-days notice when doing weekly supervision. This will be discussed with the consumer and treatment team prior to distribution for compliance. A dated copy of this letter will also be kept in the consumer chart.	3/17/2022

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V 300	<p>Continued From page 54</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to involve the Child and Family Team (CFT) or other persons involved in the care and treatment of the child or adolescent, including local Department of Social Services (DSS), to make service planning decisions within five business days of discharge for two of two former clients (FC) (FC#4 and FC#5). The findings are:</p> <p>Review on 2/08/22 of FC#4's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male admitted 11/08/21, no documented discharge date. - His home county DSS was FC#4's guardian. - Diagnoses included Intellectual/Developmental Disability, mild; Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder, combined. - CFT discharge plan signed by the Qualified Professional/Associate Professional/Director/Licensee (QP/AP/D/O) and the guardian representative Social Worker on 11/03/21 included ". . . [FC#4] is being admitted in Amani Residential (Licensee) . . . " - FC#4 was admitted to the facility from a hospital 	V 300		

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V 300	<p>Continued From page 55</p> <p>based Psychiatric Residential Treatment Facility (PRTF).</p> <ul style="list-style-type: none"> - No documented CFT meeting within five business days of discharge; no documented discharge summary was available for review. <p>During interview on 2/01/22 the QP/AP/D/O stated FC#4 was discharged on 11/19/21 following his involuntary commitment due to extreme behaviors such as physical aggression toward staff; property destruction, hanging from the ceiling fan in his bedroom and putting inappropriate objects, including his deodorant and lenses from his glasses, into his mouth.</p> <p>Review on 2/01/22 of FC#5's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/29/21; discharged 1/14/22. - His home county DSS was his guardian. - Diagnoses included Bipolar Disorder, unspecified; Oppositional Defiant Disorder, PTSD, unspecified; and ADHD, combined type. - No documented CFT meeting within five business days of discharge, no documented discharge summary. <p>Review on 2/02/22 of a "Discharge Summary" for FC#5 dated 1/14/22 revealed:</p> <ul style="list-style-type: none"> - ". . . Because of recent incidents and [FC#5]'s desire to be near his family for re-unification as well as concerns that [DSS Guardian Representative Social Worker] had with the effectiveness of [FC#5]'s treatment, she was able to find placement at [another facility] . . . the director participated in the intake process. . . ." - ". . . Continuation of care calls were made to his school . . . his therapist. . . medication management and dental care as well as medical providers will be acquired by the new placement." - Signed by the QP/AP/D/O. 	V 300		

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V 300	<p>Continued From page 56</p> <p>During interview on 2/03/22 FC#5's DSS Guardian Representative Social Worker stated:</p> <ul style="list-style-type: none"> - It was not DSS's decision for FC#5 to be discharged. - FC#5 was involved in an elopement with his peers on 1/06/22. - She received a call from the QP/AP/D/O late in the afternoon on 1/07/22 requesting her to "pick [FC#5] up that day. " - She never received any advanced written notice of the facility's intent to discharge FC#5. - There was no discharge planning meeting and no discharge plan for FC#5. - The QP/AP/D/O was the only person from the facility to communicate with her. <p>During interviews on 2/01/22, 2/02/22, 2/08/22, and 2/09/22. the QP/AP/D/O stated:</p> <ul style="list-style-type: none"> - A transition/discharge plan was done when the service authorization was completed. - FC#4 was discharged after an incident of extreme behaviors including hanging from his ceiling fan and putting things in his mouth. - There was no CFT meeting within 5 days of FC#4's discharge. - There was "about a week or a week and a half" between the decision to discharge FC#5 and his actual discharge date. - FC#5's guardian made the decision for him to be discharged. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 300		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities	V 364		

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V 364	<p>Continued From page 57</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <ol style="list-style-type: none"> (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <ol style="list-style-type: none"> (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: <ol style="list-style-type: none"> a. Commitment proceedings were initiated as 	V 364		

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V 364	<p>Continued From page 58</p> <p>the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically,</p>	V 364		

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V 364	<p>Continued From page 59</p> <p>emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive</p>	V 364		

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V 364	<p>Continued From page 60</p> <p>visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in</p>	V 364		

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V 364	<p>Continued From page 61</p> <p>the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, facility staff failed to ensure clients could make and receive confidential telephone calls affecting 3 of 3 (#1, #2, and #3) current clients and 2 of 2 former clients (FC) (FC#4 and FC#5) . The findings are:</p> <p>Review on 2/01/22 of client #1's record revealed: - 12 year old male admitted 12/28/21. - Diagnoses included Oppositional Defiant Disorder; Post Traumatic Stress Disorder (PTSD); and Attention Deficit Hyperactivity Disorder (ADHD), predominately hyperactivity/impulsive presentation. - Undated "Amani Residential/Human Services (Licensee) Residential Policy Regarding Client Priveledges" with hand written statement "Consumer may call only names listed above. NO CAIS will be made before the 30 day period</p>	V 364	<p>The following measures will be put in place to correct the deficient areas: POR will not restrict the consumer right to phone calls within the 1st 30 days of admission unless it is directly affiliated with the care and treatment of the consumer. Any restriction to this right will be documented in the consumer's record.</p> <p>The following measures will be put in place to prevent the problem from happening again: This has been updated in POR's policy and procedure manual, client's intake/admission packet, and the consumer's handbook for future reference by the CCO.</p>	3/17/2022

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V 364	<p>Continued From page 62</p> <p>has expired."</p> <ul style="list-style-type: none"> - No other documentation regarding the restriction of FC#1's right to make or receive phone calls. <p>Review on 2/01/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 11 year old male admitted 11/10/21. - Diagnoses included Disruptive Mood Dysregulation Disorder; ADHD, combined presentation; Conduct Disorder; and PTSD. - Undated "Amani Residential/Human Services Residential Policy Regarding Client Priveledges" with hand written statement "Consumer may call only names listed above. NO CALLS will be made before the 30 day period has expired." - No other documentation regarding the restriction of client #2's right to make or receive phone calls. <p>Review on 2/01/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male admitted 11/09/21. - Diagnoses included Disruptive Mood Dysregulation Disorder; Conduct Disorder; PTSD; and ADHD, combined presentation. - Undated "Amani Residential/Human Services Residential Policy Regarding Client Priveledges" with hand written statement "Consumer may call only names listed above. NO CALLS will be made before the 30 day period has expired." - No other documentation regarding the restriction of client #3's right to make or receive phone calls. <p>Review on 2/08/22 of FC#4's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male. - Admitted 11/08/21, no clearly documented discharge date. - Diagnoses included Intellectual/Developmental Disability, mild; Disruptive Mood Dysregulation Disorder; and Attention Deficit Hyperactivity Disorder, combined. - Undated "Amani Residential/Human Services Residential Policy Regarding Client Priveledges" 	V 364		

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V 364	<p>Continued From page 63</p> <p>with hand written statement "Consumer may call only names listed above. NO CALLS will be made before the 30 day period has expired." - No other documentation regarding the restriction of FC#4's right to make or receive phone calls.</p> <p>Review on 2/01/22 of FC#5's record revealed: - 13 year old male admitted 11/29/21; discharged 1/14/22. - His home county DSS was his guardian. - Diagnoses included Bipolar Disorder, unspecified; Oppositional Defiant Disorder, PTSD, unspecified; and ADHD, combined type. - Undated "Amani Residential/Human Services Residential Policy Regarding Client Priveledges" with hand written statement "Consumer may call only names listed above. NO CALLS will be made before the 30 day period has expired." - No other documentation regarding the restriction of FC#5's right to make or receive phone calls.</p> <p>During interview on 2/09/22 the Qualified Professional/Associate Professional/Director/Owner stated: - FC#4 was discharged 11/19/21. - It was a policy that clients could not make phone calls in the first 30 days after admission. - There was no additional documentation of the restriction in clients' records, it was included in the "intake packet." - Clients had a "period of adjustment" when admitted to the facility.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 364		

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V 367	Continued From page 64	V 367		
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> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <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> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously 	V 367		

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V 367	<p>Continued From page 65</p> <p>unavailable.</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 	V 367		

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V 367	<p>Continued From page 66</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure Level II incident reports were submitted to the Local Management Entity-Managed Care Organization (LME-MCO) within 72 hours as required. The findings are:</p> <p>Reviews on 1/28/22 and 2/01/22 of the North Carolina Incident Response Improvement System (IRIS) November 1,2021 - February 1, 2022, revealed:</p> <ul style="list-style-type: none"> - Level II incident reports for client #1: - Date of incident 1/03/22, report submitted 1/07/22 included ". . . Provider attempted to complete report within required timeframes but was not able to submit. . . " - Date of incident 1/06/22, report submitted 1/13/22 included ". . . Provider reported they were impacted severely by illness, flu, and COVID complications between members and staff and this is why several incidents have been reported late. . . " - Level II incident reports for client #3: - Date of incident 1/05/22, report submitted 1/13/22 included ". . . Incident submission late . . . " - Dates of incidents 1/06/22, 1/08/22, and 1/09/22; reports submitted 1/13/22; each report included ". . . Provider reported they were 	V 367	<p>The following measures will be put in place to correct the deficient areas: All incident reports will be submitted by the new QP within required timeframes to ensure compliance.</p> <p>The following measures will be put in place to prevent the problem from happening again: The new QP will report and submit all incidents in a timely manner to the LME-MCO within 72 hours as required. If the QP can't complete the report in a timely manner, then the AP will submit. If they can't complete the reports, they will report to the LP or to the CCO and the management team will then decide who will complete it at that time to prevent from delay submittal. If not done in a timely fashion by either th QP or AP, there will be disciplinary action. This will be documented accordingly. This will be checked and monitored by the LP and CCO.</p>	3/17/2022

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V 367	<p>Continued From page 67</p> <p>impacted severely by illness, flu, and COVID complications between members and staff and this is why several incidents have been reported late. . . ."</p> <p>- Level II incident reports for former client #5: - Date of incident 1/06/22, report submitted 1/13/22 included " . . . Provider reported they were impacted severely by illness, flu, and COVID complications between members and staff and this is why several incidents have been reported late. . . ."</p> <p>- Date of incident 1/03/22, report submitted 1/07/22 included " . . . Provider attempted to complete the report within required timeframes. they notified LME-MCO of difficulties with submission. . . ."</p> <p>During interviews on 2/01/22 and 2/09/22 the Qualified Professional/Associate Professional/Director/Owner stated several incident reports were submitted late due to a COVID outbreak at the facility in January 2022. He understood the requirement for incident reports to be submitted within 72 hours.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2022
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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 68</p> <p>Based on observations and interviews the facility was not maintained in a safe, clean attractive and orderly manner. The findings are:</p> <p>Observations of the facility on 2/01/22 between approximately 10:00 am and 10:45 am revealed:</p> <ul style="list-style-type: none"> - An assortment of landscape bricks and landscape pavers in the driveway near the front porch. - A decorative iron address sign post laying in the front yard near the street. - Screens missing from 2 windows on the front of the facility. - Brown stains around the baseboards throughout the facility. - An outlet plate was loose and pulled away from the wall near the kitchen table. - Rust on the inside corners of the microwave. - The door handles on the refrigerator and freezer were loose. - The vinyl floor covering in the kitchen was folded up along the wall. - The white living room ceiling fan had a heavy, dark colored coating of grime on the edges of the fan blades. - The board on the end of the cabinet above the refrigerator was loose and sticking out away from the cabinet frame. - The door knob and latch to client #1's bathroom were loose. - Screw holes in the wall of client #1's bathroom; broken towel ring on client #1's bathroom vanity.. - 2 non-working bulbs in the 3 bulb light fixture above client #1's bathroom sink. - Clothing and toys strewn about on client #1's bathroom counter. - Clothing and shoes strewn on the floor under client #1's bathroom counter. - Client #1's toilet did not flush at the time of the surveyor's tour. 	V 736	<p>The following measures will be put in place to correct the deficient areas: The facility will be maintained in a safe, clean, attractive, and orderly manner. All areas mentioned here have been repaired and cleaned accordingly to create a safe atmosphere for the consumer.</p> <p>The following measures will be put in place to prevent the problem from happening again: Quarterly health and safety inspections will be completed by CCO to ensure safety of consumers and staff and reported to the Director for attention/repairs. Staff will report things (as needed) that need attention/repairs by completing repairs form and submitting to Director as well. This will be monitored by Director & CCO.</p> <p>The LP will be responsible for the implementation of the action plan. POR and its staff will comply and adhere to the guidance, rules and regulations of the governing body. Policies and procedures will be updated according to these changes. There will be ongoing monitoring by the LP, QP, CCO, and Director to be ensure compliance as well.</p>	3/17/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2022
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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 69</p> <ul style="list-style-type: none"> - The exhaust fan in client #1's bathroom was dusty. - Clothes strewn on the floor of client #1's closet. - An approximately 1 inch crescent shaped crack in the wall behind client #1's bedroom door. - No window screens and broken window blinds in the vacant client bedroom. - An unfinished repair to an approximately 11 inch by 8 inch area on the wall near the closet in client #3's bedroom. - The rod for the curtain covering client #3's closet was bent. - No window screens; broken slats to the blinds on client #3's bedroom windows. - Debris on the floor in the hall bathroom. - The toilet seat in the hall bathroom was too small for the toilet. - Damage to the wall behind the toilet in the hall bathroom. - Damage to the door frame in the hall bathroom. - The light switch plate was loose in the hall bathroom. - An approximately 8 inch by 8 inch square hole in the side wall of the vanity cabinet in the hall bathroom. - The vinyl floor covering in the hallway was glued to the middle of the hall floor leaving areas of wood flooring exposed around the edges. <p>During interviews on 2/01/22 and 2/09/22 the Qualified Professional/Associate Professional/Director/Owner stated he was aware of some of the issues noted. One client had recently made a weapon by sharpening a stick and another client had a history of throwing things, including bricks, at others. Client #1's towel ring was broken "a few months ago, no not even, last month."</p>	V 736		