

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/06/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY OUTREACH YOUTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>177 CARDINAL AVENUE LUMBERTON, NC 28360</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 5/6/22. The complaint was unsubstantiated (intake #NC00187417). Deficiencies were cited.</p> <p>This facility is licensed for the following service category : 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p> <p>This facility is licensed for 8 and currently has a census of 5. The survey sample consisted of audits of 2 current clients, 1 former client.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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</p>	V 112		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to obtain written consent or agreement for the treatment/habilitation or service plan by the legally responsible person for 1 or 2 current clients (#4). The findings are:</p> <p>Review on 5/5/22 - 5/6/22 of client #4's record revealed: -17 year old male. -Admitted on 1/10/22. -Diagnoses of Intellectual Disability Mild, Attention Deficit/Hyperactivity Disorder combined presentation and Bipolar I Disorder. -Treatment plan completed on 1/5/22 by previous facility...updated on 3/5/22 by current facility...no evidence of consent or agreement by the legal guardian.</p> <p>Interview on 5/6/22 client #4 stated: -He resided at the group home for a couple months. -His legal guardian was a local Department of Social Services.</p> <p>Interview on 5/6/22 client #4's legal guardian representative stated: -Client #4 had been at the facility since 1/10/22. -She participated in monthly treatment team meetings but had not signed a treatment plan.</p>	V 112		

Division of Health Service Regulation

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V 112	Continued From page 2  -A person centered plan for client #4 was emailed to her this week but she was not asked to sign it.  Interview on 5/5/22 - 5/6/22 the Chief Executive Officer/Co-Owner stated: -He was responsible for completing the client treatment plans. -He was told he could use client #4's most recent treatment plan completed on 1/5/22 because he was moving to a lateral level III placement. -Client #4's treatment plan was updated on 3/5/22. -The legal guardian had not signed the current treatment plan.	V 112		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug;	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>(C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or 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 and interviews, the facility failed to administer medications on the written order of a physician and ensure MARs were kept current affecting one of two current clients (#4, #5) and one of one former client (FC) (#7).</p> <p>Finding #1 Review on 5/5/22 - 5/6/22 of client #4's record revealed: -17 year old male. -Admitted on 1/10/22. -Diagnoses of Intellectual Disability Mild, Attention Deficit/Hyperactivity Disorder (ADHD) combined presentation and Bipolar I Disorder.</p> <p>Review on 5/5/22 - 5/6/22 of client #4's signed physician orders revealed: 2/23/22: -Guanfacine 2 milligrams (mg) daily. (ADHD) 3/12/22: -Seroquel ER 400mg at bedtime. (mental/mood) 4/11/22: -Adderal 15mg every morning. (ADHD)</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Divalproex 125mg 3 times daily. (seizure)</li> <li>-Trazodone 100mg at bedtime. (depression)</li> <li>-Melatonin 3mg at bedtime. (sleep)</li> <li>-Clonidine 0.2mg at bedtime. (ADHD)</li> <li>-Polyethylene Glycol 3350 mix in beverage then drink daily. (constipation)</li> </ul> <p>Review on 5/5/22 of client #4's MARs for February, March and April revealed:</p> <ul style="list-style-type: none"> <li>-There was no time medication was administered for Guanfacine 2mg and Adderal 15mg for February, March and April.</li> <li>-There was no time documented or staff administering medication signature for Divalproex 125mg, Trazodone 100mg, Melatonin 3mg and Clonidine 0.2mg for February, March or April.</li> <li>-Polyethylene Glycol 3350 was not documented on the MAR for February, March or April.</li> </ul> <p>Interview on 5/6/22 client #4 stated:</p> <ul style="list-style-type: none"> <li>-The manager/co-owner and the chief executive officer (CEO)/co-owner were the only staff to administer medications.</li> <li>-He received all his medications daily except his miralax (Polyethylene Glycol 3350).</li> <li>-He received his miralax sometimes but not every night like he needs it.</li> <li>-He knew what medications he took.</li> </ul> <p>Finding #2 Review on 5/5/22 - 5/6/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>-16 year old male.</li> <li>-Admitted on 4/12/22.</li> <li>-Diagnoses of Conduct Disorder, ADHD combined type, Disruptive Mood Dysregulation Disorder and Intellectual Developmental Disorder Mild.</li> </ul> <p>Review on 5/5/22 -5/6/22 of client #5's signed</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>physician orders revealed: 4/12/22: -Cogentin 1 mg 3 times daily. (side effect of psychiatric) -Cyproheptadine 2mg every evening. (allergy) -Depakote extended release (ER) 250 mg every evening. (bipolar) -Depakote ER 500 mg every morning. -Melatonin 3mg every evening. (sleep) -Pediasure (strawberry) twice daily. (nutrition supplement) -Vraylar 1.5mg every evening. 4/19/22: -Aripiprazole 10 mg at bedtime. (mental/mood)</p> <p>Review on 5/5/22 of client #5's MARs from April 2022 revealed: -There was no time documented or staff administering medication signature throughout the month for the following medications Cogentin 1 mg, Cyproheptadine 2mg, Depakote ER 250 mg, Depakote ER 500 mg, Melatonin 3mg and Vraylar 1.5mg.</p> <p>Observation on 5/5/22 between 1:35pm - 1:45pm of client #5's mediations revealed: -There was no Pediasure (strawberry) available for review.</p> <p>Interview on 5/6/22 client #5 stated: -The manager/co-owner and the CEO/co-owner were the only staff to administer medications. -He received this medications daily in the morning and at night.</p> <p>Finding #3 Review on 5/5/22 - 5/6/22 of FC #7's record revealed: -16 year old male. -Admitted on 12/14/21.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Discharged on 5/5/22.</li> <li>-Diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Conduct Disorder, ADHD, Cannabis Disorder and Enuresis.</li> </ul> <p>Review on 5/5/22 - 5/6/22 of FC #7's signed physician orders revealed: 2/25/22:</p> <ul style="list-style-type: none"> <li>-Omeprazole 20mg daily. (stomach and esophagus problems)</li> <li>-Focalin ER 25mg daily. (ADHD)</li> <li>-Clonidine 0.1mg at bedtime.</li> <li>-Loratadine 10mg daily.(allergy)</li> </ul> <p>3/12/22:</p> <ul style="list-style-type: none"> <li>-Seroquel ER 400mg at bedtime.</li> </ul> <p>Review on 5/5/22 of FC #7's MARs for February, March and April revealed:</p> <ul style="list-style-type: none"> <li>-There was no administration time documented for Seroquel ER 400mg April and no administration time or staff administering medication documented for February and March.</li> <li>-There was no time documented or staff administering medication signature for Omeprazole 20mg, Focalin ER 25mg, Clonidine 0.1mg, and Loratadine 10mg for February, March or April</li> </ul> <p>Interview on 5/5/22 - 5/6/22 the manager/co-owner stated:</p> <ul style="list-style-type: none"> <li>-He and the CEO/co-owner were the only staff who administered medications.</li> <li>-Generally medications were administered at 8am and 7pm or 8pm daily.</li> <li>-The clients had received their medications as ordered.</li> <li>-He needed to inquire about client #5's Pediasure order.</li> <li>-He confirmed the administration times and staff</li> </ul>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 7  administered were not always documented.  Interview on 5/5/22 - 5/6/22 the CEO/co-owner stated: -The client's medications were administered as ordered. -He and the manager/co-owner were the only staff who administered medications.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 227	27G .3401 Res. Sub. Abuse - Scope  10A NCAC 27G .3401 SCOPE (a) A residential treatment or rehabilitation facility for alcohol or other drug abuse disorders is a 24-hour residential service which provides active treatment and a structured living environment for individuals with substance abuse disorders in a group setting. (b) Individuals must have been detoxified prior to entering the facility. (c) Services include individual, group and family counseling and education.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to meet licensure scope by admitting 2 of 2 audited current clients (#4, #5 ) without a diagnosis of a substance abuse disorder. The findings are:  Finding #1 Review on 5/5/22 - 5/6/22 of client #4's record	V 227		

Division of Health Service Regulation

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V 227	<p>Continued From page 8</p> <p>revealed: -17 year old male. -Admitted on 1/10/22. -Diagnoses of Intellectual Disability Mild, Attention Deficit/Hyperactivity Disorder (ADHD) combined presentation and Bipolar I Disorder. -No evidence of a substance abuse diagnosis.</p> <p>Interview on 5/6/22 client #4 stated: -He lived at the facility for a couple of months. -He had not received any substance abuse services. -There were signs on the walls about drugs.</p> <p>Finding #2 Review on 5/5/22 - 5/6/22 of client #5's record revealed: -16 year old male. -Admitted on 4/12/22. -Diagnoses of Conduct Disorder, ADHD combined type, Disruptive Mood Dysregulation Disorder and Intellectual Developmental Disorder Mild. -No evidence of a substance abuse diagnosis.</p> <p>Interview on 5/6/22 client #5 stated: -He resided at the facility since 4/12/22. -He had not received any substance abuse services.</p> <p>Interview on 5/5/22 - 5/6/22 the manager/co-owner stated: -Client #2 had a substance abuse diagnosis. -No other clients had a substance abuse diagnosis.</p> <p>Interview on 5/5/22 - 5/6/22 the Chief Executive Officer/Co-Owner stated: -The only client with a substance abuse diagnosis was client #2.</p>	V 227		

Division of Health Service Regulation

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V 227	Continued From page 9  -No other client admitted had a substance abuse diagnosis. -He had not submitted a waiver to the Division of Health Service Regulation to admit clients without a substance abuse diagnosis. -He was told by the local Management Entity to submit a crisis authorization to admit clients without a substance abuse diagnosis.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 227		
V 228	27G .3402 Res. Sub. Abuse - Staff  10A NCAC 27G .3402 STAFF (a) Each facility shall have full-time staff as follows: (1) One full-time certified alcoholism, drug abuse or substance abuse counselor for a facility having up to 30 occupied beds, and for every 30 occupied bed increment or portion thereafter. (2) One full-time qualified alcoholism, drug abuse or substance abuse professional as defined in Paragraphs (14), (17) and (19) of 10A NCAC 27G .0104 for facilities having 11 or more occupied beds, and for every additional occupied 10-bed increment or portion thereafter. (3) The remaining full-time staff members required by Subparagraph (a)(1) of this Rule may be either qualified alcoholism, drug abuse, or substance abuse counselors. (b) A minimum of one staff member shall be present in the facility when clients are present in the facility. (c) In facilities that serve minors, a minimum of one staff member for each five or fewer minor clients shall be on duty during waking hours when minor clients are present. (d) Any qualified alcoholism, drug abuse or	V 228		

Division of Health Service Regulation

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V 228	<p>Continued From page 10</p> <p>substance abuse professional who is not certified shall become certified by the North Carolina Substance Abuse Professional Certification Board within 26 months from the date of employment, or from the date an unqualified person meets the requirements to be qualified, whichever is later.</p> <p>(e) Each direct care staff member shall receive annual continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, and family therapy through in-service training, academic course work, or training approved by the North Carolina Substance Abuse Professional Certification Board.</p> <p>(f) Each direct care staff member in a facility that serves minors shall receive training in youth development and therapeutic techniques in working with youth.</p> <p>(g) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to alcoholism and drug addiction.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure direct care staff received required annual continuing education to include the nature of addiction, the withdrawal syndrome, group therapy, family therapy, youth development and therapeutic techniques for 3 of 3 audited direct care staff (Staff #4, Manager/Co-Owner and Chief executive officer (CEO)/Co-owner). The findings are:</p>	V 228		

Division of Health Service Regulation

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V 228	<p>Continued From page 11</p> <p><b>Finding #1</b> Review on 5/6/22 of staff #4 personnel record revealed: -Hire date: 7/29/21. -No documentation staff #4 received annual education in the nature of addiction, group therapy, family therapy, youth development and therapeutic technique.</p> <p>Interview on 5/6/22 staff #4 stated: -He worked at the facility for 6 months. -He was a direct care staff. -He had not received any training related to substance abuse.</p> <p><b>Finding #2</b> Review on 5/6/22 of the manager/co-owner personnel record revealed: -Hire date: 11/20/16. -No documentation the manager/co-owner received annual education in the nature of addiction, group therapy, family therapy, youth development and therapeutic technique.</p> <p>Interview on 5/5/22 - 5/6/22 the manager/co-owner personnel record revealed: -He reviewed information SAMHSA (Substance Abuse and Mental Health Service Administration) with staff. -There was substance abuse information such as the pattern and process of recovery in the staff orientation packet at hire. -Staff were required to read it. -There were no official trainings for substance abuse.</p> <p><b>Finding #3</b> Review on 5/6/22 of the CEO/co-owner personnel record revealed: -Hire date: 11/20/16.</p>	V 228		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/06/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY OUTREACH YOUTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>177 CARDINAL AVENUE LUMBERTON, NC 28360</b>
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V 228	<p>Continued From page 12</p> <p>-No documentation the CEO/co-owner received annual education in the nature of addiction, group therapy, family therapy, youth development and therapeutic technique.</p> <p>Interview on 5/5/22 - 5/6/22 the CEO/co-owner stated: -The manager/co-owner reviewed information from the SAMHSA website with staff. -The facility had someone to complete the trainings in the past but no substance abuse training were completed since February or March of last year.</p> <p>Interview on 5/6/22 the Therapist stated: -She had worked at facility for over a year. -She had done group therapy, individual therapy and family therapy with a client at the facility. -She visited the facility 4 hrs. a week 2-3 days. Tuesdays, Thursdays and Saturday or Sunday. -She had not provided any formal substance abuse training for the staff or directors at the facility. -She had not provided any substance abuse training certificates for the staff or directors at the facility. -The director had discussed substance abuse training for staff with her recently.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 228		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 13</p> <p>response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 14</p> <p>review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/06/2022</b>
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V 366	<p>Continued From page 15</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 5/5/22 of former client (FC) #7 record revealed: -16 year old male. -Admitted on 12/14/21. -Discharged on 5/5/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Conduct Disorder, Attention Deficit/Hyperactivity Disorder, Cannabis Disorder and Enuresis.</p> <p>Review on 5/5/22 of a "Facility Safety Plan" completed by the chief executive officer (CEO)/co-owner and dated 3/25/22 revealed: -"Food Community Outreach Youth Services works hard to assure that our consumers reside in the clean and safe environment while receiving the best mental health services we can provide.</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 16</p> <p>We provide breakfast each morning at 8am...lunch each day at 12pm...Dinner is provided at 6:30pm...Vaping...maintains a safe living environment which includes zero tolerance for smoking, vaping, drugs, or alcohol...Monitoring Phone Calls...only conducted if the treatment team or guardian determined..."</p> <p>Interview on 5/6/22 FC# 7's guardian stated: -She reported allegations made by FC #7 to the facility. -The manager/co-owner stated he would look into the allegation.</p> <p>Interview on 5/5/22 - 5/6/22 the manager/co-owner stated: -FC #7 legal guardian representative informed the facility of allegations made by FC #7. -He was unsure the date the allegations were reported to the facility but it was within 3 or 4 days of the facility's safety plan. -No incident report was completed for allegations made by FC #7.</p> <p>Interview on 5/5/22 - 5/6/22 the CEO/co-owner stated: -FC #7 made allegations to his guardian at Litem about the food, vaping and phone calls. -FC #7's legal guardian representative was making a visit the following day. -FC #7's legal guardian representative did a walk through of the facility and interviewed staff. -The legal guardian representative was confident FC #7 made up allegations. -The received an email from the local management entity requesting the facility complete a safety plan regarding the allegations. -Incident reports should be completed within 24 hours. -He questioned himself if he should complete an</p>	V 366		

Division of Health Service Regulation

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V 366	Continued From page 17 incident report.	V 366		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 5/5/22 between 2:05pm- 2:28pm during tour of the facility revealed:</p> <ul style="list-style-type: none"> <li>-The leather sofa in the common area was peeling in several spots and expose the brown under lining.</li> <li>-The 2nd sofa in the common area appeared to be broke and leaned to the side.</li> <li>-The corner of the common area near the window had white paint plaster about 3x2 feet and 1x1 foot.</li> <li>-The last bathroom on the back hallway had an "out of order" sign posted.</li> <li>-The bathroom's shower floor had a large crack.</li> </ul> <p>Interview on 5/5/22 the Chief Executive Officer/co-owner stated:</p> <ul style="list-style-type: none"> <li>-Former client #7 would peel the leather on the sofa.</li> <li>-The facility needed to be painted.</li> </ul>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 18</p> <p>-The shower had been broke for months. -He would ensure all repairs were completed and the facility was maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		