STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on 5/23/22. The complaint was substantiated(Intake #187433). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. A sister facility is identified in this report. The sister facility will be identified as sister facility A. This facility is licensed for 3 beds and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of	V 113		

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V 113	Continued From page 1 sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to document services provided and progress towards outcomes affecting 3 of 3 current clients(#1, #2, #3). The findings are: Review on 5/10/22 of client #1's record revealed: -admission date of 1/24/22; -diagnoses of PTSD(Post Traumatic Stress Disorder), DMDD(Disruptive Mood Dysregulation Disorder) and MDD(Major Depressive Disorder); -age 15 years.	V 113		

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V 113	Continued From page 2 Review on 5/11/22 of client #1's progress service notes from 3/1/22-5/9/22 revealed no documentation for the following dates and shifts: -first shift: 3/1-3/4, 3/7-3/11, 3/13-3/18, 3/20-3/25, 3/28-4/1, 4/6, 4/9, 4/10, 4/14, 5/1; -second shift: 3/3, 3/4, 3/6, 3/7, 3/14, 3/16, 3/17, 3/19, 3/27, 3/28, 4/8-4/20, 4/18, 4/20, 4/21, 4/28, 5/2; -third shift: 3/13, 3/24, 3/27, 4/1, 4/3, 4/7, 4/15, 4/17, 4/22, 4/29, 5/6. Review on 5/10/22 of client #2's record revealed: -admission date of 4/29/22; -diagnoses of MDD and PTSD; -age 14 years. Review on 5/11/22 of client #2's progress service notes from 4/29/22-5/9/22 revealed no documentation for 5/6 on third shift. Review on 5/10/22 of client #3's record revealed: -admission date of 4/25/22; -diagnoses of PTSD, MDD, Conduct Disorder, ADHD(Attention Deficit Hyperactivity Disorder) and Cannabis Use Disorder; -age 16 years. Review on 5/11/22 of client #3's progress service notes from 4/25/22-5/9/22 revealed no documentation for the following dates and shifts: -second shift: 4/28; -third shift: 4/27, 4/29, 5/5 and 5/6. Interview on 5/19/22 with the Director revealed: -switched to a new electronic records system for progress notes called "Therap;" -started "Therap" in 2/2022; -staff were getting acclimated to the new system; -the Qualified Professional, the House Manager, the Group Home Manager and herself review	V 113		

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V 113	Continued From page 3 progress notes to ensure they are completed. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	Continued From page 4 with a physician. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were only administered to a client on the written order of a person authorized by law to prescribe drugs and MARS were kept current affecting 2 of 3 current clients(#1, #3). The findings are: Finding #1: Review on 5/10/22 of client #1's record revealed: -admission date of 1/24/22; -diagnoses of PTSD(Post Traumatic Stress Disorder), DMDD(Disruptive Mood Dysregulation Disorder) and MDD(Major Depressive Disorder); -age 15 years; -physicians' orders for the following medications: cetirizine 10mg(milligram) (for allergies) one tablet daily dated 4/7/22, Lactose 3000units(for constipation) one tablet twice daily prn(as needed) dated 4/7/22, Centrum Multigummies(supplement) one daily dated 4/7/22 and Melatonin 3mg(for sleep) one tablet at night prn dated 5/3/22; -discontinue physicians' orders for the following medications: aripiprazole 5mg(for depression) one tablet daily dated 4/7/22 and Thera-M(for vitamin deficiency) one tablet daily dated 4/7/22; -no other physicians' orders were present in the record. Observations on 5/10/22 at 10:55am of client #1's	V 118		

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V 118	Continued From page 5 medications revealed: -cetirizine 10mg one tablet daily; -Lactose 3000units one tablet twice daily prn; -Centrum Multigummies one tablet daily; -Melatonin 3mg one tablet in the pm prn. Review on 5/10/22 of client #1's MARs from 3/1/22-5/9/22 revealed: -aripiprazole 5mg one tablet daily documented as administered for the following dosing dates with no physician's order: 3/1-4/4; -cetirizine 10mg one tablet daily documented as administered for the following dosing dates with no physician's order: 3/1-4/6; -Fusion Plus one tablet in the morning documented as administered for the following dosing dates with no physician's order: 3/1-5/5; -Thera-M one tablet daily documented as administered for the following dosing dates with no physician's order: 3/1-3/31; -Vitamin D3 2000units one tablet daily documented as administered for the following dosing dates with no physician's order: 3/1-4/4; -Lactose 3000units one tablet twice daily prn documented as administered for the following dosing dates with no physician's order: 3/1-3/6, 3/8-4/6; -Melatonin 3mg three tablets at bed prn documented as administered for the following dosing dates with no physician's order: 3/1, 3/2, 3/4, 3/11-3/13, 3/15-3/25, 3/27-3/30, 4/1-4/3; -Centrum Multigummies one daily documented as administered for the following dosing dates with no physician's order: 4/1-4/6; -Melatonin 3mg one tablet at bed prn documented as administered for the following dosing dates with no physician's order: 4/28. Review on 5/10/22 of the physicians' orders produced by the House Manager for client #1	V 118		

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V 118	Continued From page 6 revealed no physicians' orders dated prior to 4/7/22. Finding #2: Review on 5/10/22 of client #3's record revealed: -admission date of 4/25/22; -diagnoses of PTSD, MDD, Conduct Disorder, ADHD(Attention Deficit Hyperactivity Disorder) and Cannabis Use Disorder; -age 16 years; -physician order dated 4/19/22 for Trileptal 150mg(for Mood) one tablet in the morning and two tablets at night. Observations on 5/10/22 at 11:00am of client #3's medications revealed Trileptal 150mg(for Mood) one tablet in the morning and two tablets at night dispensed 4/20/22. Review on 5/10/22 of client #3's MARs from 4/25/22-5/9/22 revealed: -Trileptal 150mg dosing instructions listed on the MARs as follows: "Give Amount/Quantity: 3 tablet Frequency: 2X daily...Schedule Repeat:Every day, 2 time(s) a day Scheduled Time slot(s) 7:00am, 7:00pm;" -documentation of administration of Trileptal 150mg one tablet in the morning and two tablets at night as indicated on the medication label. Interview on 5/19/22 with the Director revealed: -learned from prior surveys at sister facilities needed the physicians' orders; -the Group Home Manager created a new form to be completed prior to client admission to obtain all physicians' orders for all medications; -was able to obtain all physicians' orders for newly admitted clients. This deficiency is cross referenced into 10A	V 118		

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V 118	Continued From page 7 NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the HCPR was accessed prior to hire for 2 of 11 current staff(the Associate Professional/AP and the House Manager) and 1 of 3 Former Staff (FS#9). The findings are: Review on 5/9/22 and 5/17/22 of staff personnel records revealed: -the AP was hired on 5/8/19 and the HCPR was accessed on 10/27/20; -the House Manager was hired on 8/5/20 and the HCPR was accessed on 8/9/20; -FS#9 was re-hired on 2/25/22 and the HCPR was accessed on 3/10/22. Interview on 5/18/22 with the Director revealed:	V 131		

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V 131	Continued From page 8 -the AP was responsible for the HCPR checks for staff; -was aware through prior surveys at sister facilities some of the HCPR checks on staff were completed late; -was not aware had to complete updated HCPR checks on re-hired staff. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned	V 133		

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

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V 133	Continued From page 10 conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer	V 133		

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

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V 133	Continued From page 12 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

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V 133	Continued From page 13	V 133		

This Rule is not met as evidenced by:
Based on records reviews and interview, the facility failed to ensure a request was submitted for a criminal history record check no later than five business days after the staff began conditional employment for 3 of 11 current staff(the Qualified Professional/QP, the Associate Professional/AP and staff #4) and 3 of 3 former staff(FS#8, FS#9 and FS#10). The findings are:

Review on 5/9/22 and 5/17/22 of staff personnel records revealed:
-the AP was hired on 5/8/19 and the criminal history records check was received from the State Bureau of Investigations(SBI) on 4/26/21. There was no documentation to indicate the date the initial criminal history records check was requested from the SBI;
-the QP was hired on 5/18/19 and the criminal history records check was requested on 7/23/20;
-staff #4 was hired on 8/9/21 and the criminal history records check was requested on 3/4/22;
-FS#8 was hired on 2/15/22 and the criminal history records check was requested on 3/10/22;
-FS#9 was re-hired on 2/25/22 and there was no documentation of an updated criminal history records check request present in the record;
-FS#10 was re-hired on 2/25/22 and there was no documentation of an updated criminal history records check request present in the record.

Interview on 5/19/22 with the Director revealed:
-the AP was responsible for requesting the criminal history records checks;
-some of the staff had problems getting appointments to get their fingerprints completed;
-was aware through prior surveys at sister

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V 133	Continued From page 14 facilities some of the criminal history records checks on staff were completed late; -was not aware had to complete updated history records checks on re-hired staff. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 133		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to:	V 293		

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V 293	Continued From page 15 (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to provide intensive, active therapeutic treatment and interventions in a staff secure setting for 3 of 3 current clients(#1, #2, and #3) and 1 of 1 former client(FC#4). The findings are: Cross Reference: 10A NCAC 27G .0206 CLIENT RECORDS(V113) Based on records review and interviews, the facility failed to document services provided and progress towards outcomes affecting 3 of 3 current clients(#1, #2, #3).	V 293		

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V 293	Continued From page 16 Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS(V118) Based on records review, observations and interviews, the facility failed to ensure medications were only administered to a client on the written order of a person authorized by law to prescribe drugs and MARS were kept current affecting 2 of 3 current clients(#1, #3). Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY(V131) Based on records review and interviews, the facility failed to ensure the HCPR was accessed prior to hire for 3 of 11 current staff(the Associate Professional/AP and The House Manager) and 1 of 3 Former Staff (FS#9). Cross Reference: G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT(133) Based on records reviews and interview, the facility failed to ensure a request was submitted for a criminal history record check no later than five business days after the staff began conditional employment for 3 of 11 current staff(the Qualified Professional/QP, the Associate Professional/AP and staff #4) and 3 of 3 former staff(FS#8, FS#9 and FS#10). Cross Reference: 10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS(V294) Based on records review and interviews, the facility failed to ensure the Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of 10 hours each week and 70% of the time occurred when children or adolescents were awake and present in the facility.	V 293		

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V 293	Continued From page 17 Cross Reference: 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS(V296) Based on records review and interviews, the facility did not ensure two direct care staff were present for one, two, three or four children or adolescents were present and awake. Cross Reference: 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS(V297) Based on records review and interviews, the facility failed to ensure the Licensed Professional(LP) met the requirements for face to face clinical consultation in each facility at least four hours a week. Review on 5/23/22 of a Plan of Protection dated 5/19/22 completed by the Director revealed: -"What immediate actions will the facility take to ensure the safety of the consumers in your care? V131 All staff have current HCPR checks, This is a recite from a different location. Going forward all checks will be completed prior to hire for any new hires or rehires. V133 All staff have current background checks. The staff included are a recite from a different location. Going forward all background checks will be completed within 5 days of conditional hire or rehire. V113 New electronic system was introduced as of February. Note audits are completed weekly Qualified Professional, Group Home Manager, Associate Professional and House Managers to ensure there are no missing service notes for each client. V118 A form has been created to ensure all medication orders are received upon admission so that initial orders for medications will always be present. A copy of the form was given to the surveyor. V294 QP will completed 10 hours at the group	V 293		

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home as required and will not combine parent group home. [Director] will fill in when needed and Pathways Group Homes will be hiring an additional QP.
V296 Staff have a chain of command to include Lead Direct Support Professionals, House Managers, AP, QP and Group Home Manager to contact on the event of a call out or no show. Pathways Group Home has a company group chat the Band app that includes everyone that works for the company at all facilities that has been beneficial to our company with obtaining coverage. We have new hires that are currently in training.
V297 [Director] has had a meeting with LP as of 5/18/22 to discuss a better time to meet with the clients. Starting 5/29 LP will complete 4 hours with all clients on Sundays starting at 9am.
V293 Overall, Pathways Group Home has been working diligently to upgrade operations to maintain compliance. We understand what needs to be done to reach and maintain compliance. All the above will be completed to rectify scope."
-"Describe your plans to make sure the above happens.
In depth auditing weekly by AP, House Managers and Director to ensure service notes are being completed and requirements for LP and QP are being met.
Pop up visits to the group home to ensure there are two people.
Ongoing hiring process to ensure minimum staffing requirements are met.
Ensuring medications orders are obtained prior to admission and not admitting clients unless they have copies of their medication orders. Form has been put in place as of 4/25/22 to ensure this has been rectified. Our most recent admissions had orders at intake.
Ensuring HCPR checks are completed prior to

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hire and that background checks are completed within 5 days of conditional offer. Ensuring to complete this process if a staff is rehired."

Clients #1, #2, #3 and FC#4 had diagnoses which included PTSD(Post Traumatic Stress Disorder), ADHD(Attention Deficit Hyperactivity Disorder), DMDD(Disruptive Mood Dysregulation Disorder), MDD(Major Depressive Disorder), Conduct Disorder, Reactive Attachment Disorder, Cannabis Use Disorder and ranged in age from 13 years to 16 years. Clients #1, #2, #3 and FC#4 displayed behaviors which included verbal and physical aggression, self-injurious behaviors, suicidal ideation, elopement, property destruction, hallucinations, negative attention seeking, stealing, manipulation and impulsivity. From 3/1/22-5/9/22, there was missing documentation of services provided and clients' progress towards outcomes. On the weekend of 5/7/22-5/8/22 staff #2 worked alone with client #1, #2 and #3 and took all 3 clients out in the community alone on both days. Staff #2 had worked several weekends alone with clients. FS#8 had worked several shifts alone until she resigned in March 2022. Medications were administered to client #1 without medication orders and client #3's April 2022 and May 2022 MARs had incorrect dosing instructions for a psychotropic medication. Clients #1, #2 and #3 were transported to sister facility A to meet with the QP. The QP combined the clients from this facility with clients from sister facility A and did not meet the time frame requirements in the rule. The LP was not providing services to meet the time frame requirements in the rule. HCPR checks were completed late and criminal history records checks were requested late for current and former staff. The lack of required staffing, the lack of the required QP and LP clinical services,

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V 293	Continued From page 20 medications administered without medication orders, inaccuracy of the MARs, the lack of documentation of services provided and progress towards outcomes, the late HCPR checks and late criminal history checks constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $1,000.00 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	V 294		

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V 294	Continued From page 21 the facility. (d) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include: (1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section; (2) oversight of emergencies; (3) provision of direct psychoeducational services to children or adolescents; (4) participation in treatment planning meetings; (5) coordination of each child or adolescent's treatment plan; and (6) provision of basic case management functions. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of 10 hours each week and 70% of the time occurred when children or adolescents were awake and present in the facility. The findings are: Review on 5/9/22 of the QP's personnel record revealed a hire date of 5/8/19. Review on 5/10/22 of client #1's record revealed: -admission date of 1/24/22; -diagnoses of PTSD(Post Traumatic Stress	V 294		

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V 294	Continued From page 22 Disorder), DMDD(Disruptive Mood Dysregulation Disorder) and MDD(Major Depressive Disorder); -age 15 years. Review on 5/10/22 of client #2's record revealed: -admission date of 4/29/22; -diagnoses of MDD and PTSD; -age 14 years. Review on 5/10/22 of client #3's record revealed: -admission date of 4/25/22; -diagnoses of PTSD, MDD, Conduct Disorder, ADHD(Attention Deficit Hyperactivity Disorder) and Cannabis Use Disorder; -age 16 years. Review on 5/10/22 of Former Client #4(FC#4)'s record revealed: -admission date of 8/13/21; -discharge date of 4/26/22; -diagnoses of ADHD and Reactive Attachment Disorder; -age 13 years. Interview on 5/9/22 with client #1 revealed: -saw the QP on Monday, Tuesday and Wednesday; -had group activities; -the QP came to the facility after school. Interview on 5/9/22 with client #2 revealed: -went to the sister facility A for group therapy with the QP; -had quiet time from 3:00-4:00pm at this facilty; -went to the sister facility A for group therapy and activities with the QP then returned to this facility for dinner. Interview on 5/9/22 with client #3 revealed: -the QP did group therapy Monday through	V 294		

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V 294	Continued From page 23 Wednesday; -all the clients met up at the sister facility A or this facility for the group therapy. Review on 5/11/22 of the QP's documentation revealed the following dates of face to face clinical services provided to the clients: -for client #1: 3/1, 3/9, 3/15, 3/22, 3/30, 4/4, 4/11, 4/18, 4/25, 4/26, 5/2, 5/3, 5/4 and 5/9; -for client #2: 5/2, 5/3, 5/4 and 5/9; -for client #3: 4/26, 5/2, 5/3, 5/4, 5/9; -for FC#4: 3/1, 3/9, 3/15, 3/22, 3/30, 4/4, 4/11, 4/18 and 4/25. Review on 5/11/22 of the facility shift notes from 3/1/22-5/9/22 revealed the following documented: -4/26 2nd shift(3pm-11pm) for client #3: "Staff arrived and transported consumer to [sister facility A] to complete group therapy and have dinner...Consumer was transported to group therapy and had dinner at [sister facility A] After returning to home, consumer took nightly meds and completed hygiene;" -5/2 2nd shift for client #2: "staff arrived and prompted consumer to begin quiet time. Staff transported consumer to [sister facility A] for group therapy. Staff picked up house groceries while consumers were at therapy. Staff transported consumer back to home where i began dinner. Staff served dinner and distributed 7pm meds;" -5/2 2nd shift for client #3: "Consumer went in room to complete quiet time. When it was time, consumer was transported to [sister facility A] to complete group therapy. After returning to home consumer began her hygiene before eating dinner. Consumer ate dinner and took 7pm meds;" -5/4 2nd shift for client #2: "Staff arrived and prompted consumer to begin quiet time. Staff	V 294		

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V 294	Continued From page 24 monitored consumer watching tv(television) in living area with peers. Staff transported consumer to [sister facility A] and monitored consumer during group therapy with [the QP]. Staff transported consumer back to house and monitored consumer watching tv until dinner time. Staff served dinner and distributed 7pm meds;" -5/4 2nd shift for client #3: "Consumer laid down in room during quiet time. Consumer was transported to [sister facility A] to complete group therapy. After returning to home, consumer ate dinner, took meds, and continued to complete nightly routine." Interview on 5/17/22 with the QP revealed: -been the QP since the facility opened; -credentials were MSW(Masters of Social Work) and LCSW-A(Licensed Clinical Social Worker-Associate); -duties included facilitating CFT(Child and Family Team) meetings, PCPS(Person Centered Plans and supervision of staff at monthly meetings; -met with clients for goals and activities; -saw clients on Mondays, Tuesdays and Wednesdays at the facility or at the park after school from 3:30 to 6:30/7:00pm; -on Mondays went over clients' goals and their progress; -on Tuesdays did therapeutic activities such as coping skills; -on Wednesdays did fun activities at the park; -sometimes met individually with the clients; -rotated and did group at this facility and then did group at the sister facility A for these clients; -did the group therapy with both facilities together sometimes. Interview on 5/19/22 with the Director revealed: -plan to have a QP assigned to each facility; -the QP will not combine hours of the facilities.	V 294		

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V 294	Continued From page 25 This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 294		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four 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	V 296		

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V 296	Continued From page 26 adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on records review and interviews, the facility did not ensure two direct care staff were present for one, two, three or four children or adolescents were present and awake. The findings are: Review on 5/10/22 of client #1's record revealed: -admission date of 1/24/22; -diagnoses of PTSD(Post Traumatic Stress Disorder), DMDD(Disruptive Mood Dysregulation Disorder) and MDD(Major Depressive Disorder); -age 15 years; -client #1 had a history of verbal and physical aggression, self-injurious behaviors, suicidal ideation, suicidal attempts, hallucinations, elopement and property destruction; -treatment plan dated 4/18/22 had no documentation of approved one on one staff/client ratio in the community.	V 296		

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	MHL036-347	A. BUILDING: _____ B. WING _____	R 05/23/2022

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V 296	Continued From page 27 Review on 5/10/22 of client #2's record revealed: -admission date of 4/29/22; -diagnoses of MDD and PTSD; -age 14 years; -client #2 had a history of impulsivity, self-harm, suicidal ideation, depression, manipulation, negative attention seeking behaviors, dishonesty and stealing; -treatment plan dated 4/6/22 had no documentation of approved one on one staff/client ratio in the community. Review on 5/10/22 of client #3's record revealed: -admission date of 4/25/22; -diagnoses of PTSD, MDD, Conduct Disorder, ADHD(Attention Deficit Hyperactivity Disorder) and Cannabis Use Disorder; -age 16 years; -client #3 had a history of verbal and physical aggression, elopement, suicidal threats, depression, victim of physical abuse, exposure to domestic violence and hypervigilance; -treatment plan dated 3/28/22 had no documentation of approved one on one staff/client ratio in the community. Review on 5/10/22 of Former Client #4(FC#4)'s record revealed: -admission date of 8/13/21; -discharge date of 4/26/22; -diagnoses of ADHD and Reactive Attachment Disorder; -age 13 years; -FC#4 had a history of self-harm, verbal and physical aggression, property destruction, elopement, suicidal ideation and impulsivity; -treatment plan dated 3/23/22 had no documentation of approved one on one staff/client ratio in the community.	V 296		

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Interview on 5/9/22 with client #1 revealed:
-went to the YMCA(Young Men's Christian Association) yesterday(5/8/22) with staff #2;
-client #2 and client #3 also went with them;
-on Saturday(5/7/22) went to an arcade;
-staff #2 took her, client #2 and client #3.

Interview on 5/9/22 with client #2 revealed:
-went to an arcade on Saturday with staff #2;
-went to exercise at the YMCA and got some food with staff #2;
-staff #2 worked 7am to 7pm yesterday(5/8/22);
-staff #1 worked third shift yesterday.

Interview on 5/9/22 with client #3 revealed:
-staff #2 worked all weekend;
-went to the YMCA to work out on Sunday with staff #2;
-went to an arcade on Saturday;
-staff #2 worked 7am to 7pm;
-staff #1 came in at 7pm.

Interview on 5/11/22 with staff #2 revealed:
-worked for the agency since 1/16/22;
-worked at a sister facility;
-now worked at this facility;
-worked shifts on weekends 7am-3pm;
-also picked up other shifts as needed during the week;
-had to work alone by herself the last couple of weekends at the facility;
-worked alone on Saturday(5/7/22) and Sunday(5/8/22);
-by herself the whole weekend;
-worked 7am-7pm alone last Sunday;
-was given no explanation why she had to work alone;
-took the clients this past Saturday to an arcade and out to eat;
-on Sunday took the clients to the YMCA for

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V 296	Continued From page 29 exercise. Interview on 5/17/22 with Former Staff #8 revealed: -started working at the facility the end of December 2021; -was the Team Lead at the facility; -worked 7am-3pm on Mondays and Tuesday-Friday 3 pm-11pm; -also worked weekends; -worked shifts alone several times; -staff did not show up and she would let someone know; -no one was sent; -worked shifts alone up until the time she resigned; -resigned in March 2022. Interview on 5/19/22 with the Director revealed: -there were issues with staff not showing up for their shifts as scheduled; -had to fire some staff for not showing up for their shifts recently; -had back-up staff to include herself, House Managers, Group Home Manager, Lead Staff and the Associate Professional(AP); -this past weekend, the AP had to work the first four hours of a shift and she had to work the last four hours of the shift to ensure the required staffing. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (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	V 297		

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V 297	Continued From page 30 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Licensed Professional(LP) met the requirements for face to face clinical consultation in each facility at least four hours a week. The findings are: Review on 5/9/22 of the LP's personnel record revealed: -hire date of 9/30/20; -LMHC(Licensed Mental Health Counselor) and LCAS(Licensed Clinical Addiction Specialist).	V 297		

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Review on 5/10/22 of client #1's record revealed:
-admission date of 1/24/22;
-diagnoses of PTSD(Post Traumatic Stress Disorder), DMDD(Disruptive Mood Dysregulation Disorder) and MDD(Major Depressive Disorder);
-age 15 years.

Review on 5/10/22 of client #2's record revealed:
-admission date of 4/29/22;
-diagnoses of MDD and PTSD;
-age 14 years.

Review on 5/10/22 of client #3's record revealed:
-admission date of 4/25/22;
-diagnoses of PTSD, MDD, Conduct Disorder, ADHD(Attention Deficit Hyperactivity Disorder) and Cannabis Use Disorder;
-age 16 years.

Review on 5/10/22 of former client #4(FC#4)'s record revealed:
-admission date of 8/13/21;
-discharge date of 4/26/22;
-diagnoses of ADHD and Reactive Attachment Disorder;
-age 13 years.

Interview on 5/9/22 with client #1 revealed:
-see the LP every Monday;
-see the LP for group therapy;
-the LP came to the facility.

Interview on 5/9/22 with client #2 revealed:
-do group therapy with "another lady"
-did not remember her name;
-only met her once.

Interview on 5/9/22 with client #3 revealed she had not seen a therapist yet.

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V 297	Continued From page 32 Review on 5/11/22 of the LP's clinical documentation for face to face consultation with client #1 revealed: -group therapy 3/9 45 mins(minutes); -group therapy 3/21 45 mins; -group therapy 3/28 45 mins; -group therapy 4/4 45 mins; -group therapy 4/11 45 mins; -group therapy 4/18 45 mins; -group therapy 4/25 45 mins; -group therapy 5/2 45 mins; -no documentation of services provided the week of 3/13-3/19. Review on 5/11/22 of the LP's clinical documentation for face to face consultation with client #2 revealed: -individual therapy 5/2 30 mins; -group therapy 5/2 45 mins. Review on 5/11/22 of the LP's clinical documentation for face to face consultation with client #3 revealed: -individual therapy 4/25 30 mins; -group therapy 4/25 45 mins; -individual therapy 5/2 30 mins; -group therapy 5/2 45 mins. Review on 5/11/22 of the LP's clinical documentation for face to face consultation with FC#4 revealed: -individual therapy 3/7 30 mins; -group therapy 3/9 45 mins; -individual therapy 3/14 30 mins; -group therapy 3/14 45 mins; -group therapy 3/21 45 mins; -group therapy 3/28 45 mins; -group therapy 4/4 45 mins; -group therapy 4/11 45 mins; -group therapy 4/18 45 mins;	V 297		

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V 297	Continued From page 33 -group therapy 4/25 45 mins. Review on 5/11/22 of the LP's clinical supervision documentation for the Qualified Professional(QP)revealed: -undated form titled "Supervision Notes(March)" of a discussion regarding clients with the QP; -undated form titled "Supervision Notes(April)" of a discussion regarding clients with the QP. Interview on 5/17/22 with the LP revealed: -been the LP since 10/2020; -credentials were LMHC and LCAS; -was doing group and individual therapy; -"recently only started doing group therapy" with the clients; -also did individual therapy for newly admitted clients "until they are hooked up with their own therapist;" -went on Mondays to provide group therapy with the clients from 7:00pm-7:45pm; -after group can meet individually with any clients for any issues or concerns; -was going to the facility on Mondays, Tuesdays and Wednesdays "but now it changed;" -"I will sit in on CFT(Child and Family Team) meetings if I have time;" -since March, meet one time monthly with the Qualified Professional for clinical staffing and to go over each case; -not involved with other staff supervision; -bill an hour and 45 minutes weekly to the facility for services provided. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 297		

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V 736	Continued From page 34	V 736		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. The findings are: Observations on 5/10/22 at 12:50pm revealed: -unmowed, tall grass and weeds in the front yard; -paint was peeling off the outside front wall of the facility; -some boards under the front windows pulled away from the facility; -the back porch had peeling, cracked paint; -paint was peeling off of the outside back wall of the facility; -unmowed, tall grass and weeds in the backyard; -the interior walls were peeling, scuffed and dirty throughout the facility. Interview on 5/10/22 with the House Manager revealed: -clients did not use the back door or the backyard; -plans have been made to get the facility painted. This deficiency constitutes a re-cited deficiency	V 736		

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V 736	Continued From page 35 and must be corrected within 30 days.	V 736		