STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL063-100	A. BUILDING: ______ B. WING ______	C 06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SPRINGS TREATMENT CENTER	**778 HOFFMAN ROAD WEST END, NC 27376**

(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 000	INITIAL COMMENTS A complaint survey was completed on June 2, 2022. One complaint was substantiated (#NC00189459) and one complaint was unsubstantiated (#NC00189267). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF-Psychiatric Residential Treatment Facility for children and adolescents. The facility is licensed for 12 beds and currently has a census of 10. The sample survey consisted of audits of 4 current clients and 2 former clients.	V 000		
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	V 112		

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V 112	Continued From page 1 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on records reviews and interviews the facility failed to develop and implement strategies to address aggression and elopement for 4 of 10 clients audited (#1, #2, #3 and #4) and 2 of 2 former clients (FC #5 and FC #6). The findings are: Review on 5/27/22 of Client #1's record revealed: -Admission date of 4/27/21. -Age 16. -Diagnoses of Conduct Disorder, Childhood Onset Type; Disruptive Mood Dysregulation Disorder; Child Neglect. -Comprehensive Clinical Assessment dated 4/27/21 indicated history of going Absent Without Official Leave (AWOL) and aggression. -Treatment plan dated 5/9/22. -Short term goal: "[Client #1] will work towards decreasing symptoms associated with Conduct Disorder as evidenced by not making threats towards others, adhering to facility rules, age-appropriate communication with staff and peers, AWOL attempts, reducing physical/verbal aggression, property destruction and not leaving assigned areas without permission, 5 out of 7 days a week for the next consecutive 90 days." -How?: "Staff will assist client in learning	V 112		

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V 112	Continued From page 2 appropriate behaviors and managing emotions. Staff will non judgmentally point out inappropriate behaviors. Provide natural/appropriate consequences for inappropriate behaviors. Provide the opportunity for client to participate in daily peer groups to encourage the development of appropriate and genuine relationships. Will prompt client to verbally acknowledge that he is responsible for his own behaviors and to accept constructive criticism. Client will participate in therapy 1x/week, minimum and will see the psychiatrist once a week. Family therapy will be provided twice per month when determined appropriate. Client will have an active role in the monthly child and family meeting. Client will adhere to behavior management Plan. All services will be provided in a secure setting in order to maintain safety and reduce potential for AWOL behavior. " -There were no strategies identified to curb or reduce client #1's aggressive behaviors and elopement attempts. -Facility staff did not identify a crisis response on client 1's treatment plan to deal with his aggressive behavior before calling law enforcement. Review on 5/27/22 of Client #2's record revealed: -Admission date of 5/6/22. -Age 17. -Diagnoses of Disruptive Mood Dysregulation Disorder; Conduct Disorder, Childhood Onset Type; Attention Deficit Hyperactivity Disorder, Combined Presentation; Rule Out Post Traumatic Stress Disorder; Cannabis Use Disorder, Severe. Rule Out Alcohol Use Disorder; Child Physical Abuse; Child Psychological Abuse; Child Neglect. -Comprehensive Clinical Assessment dated 5/6/22 indicated history of going AWOL and aggression.	V 112		

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V 112	Continued From page 3 -Treatment plan dated 5/6/22. -Short term goal: "[Client #2] will learn to work on Conduct Disorder as evidenced by displaying appropriate behaviors of decreasing anger outburst; decrease defiant behavior of not following rules; adhering to the facility rules and chores; medication compliance; engage in age-appropriate, decrease manipulative attempts; engage in age-appropriate communication with peers and staff; decrease property destruction; decrease physical and verbal aggression; and no AWOL activity 5 out of 7 days a week for the next consecutive 90 days." -How?: "Staff will assist client in learning appropriate behaviors and managing emotions. Staff will non judgmentally point out inappropriate behaviors. Provide natural/appropriate consequences for inappropriate behaviors. Provide the opportunity for client to participate in daily peer groups to encourage the development of appropriate and genuine relationships. Will prompt client to verbally acknowledge that he is responsible for his own behaviors and to accept constructive criticism. Client will participate in therapy 1x/week, minimum and will see the psychiatrist once a week. Family therapy will be provided twice per month when determined appropriate. Client will have an active role in the monthly child and family meeting. Client will adhere to behavior management Plan. All services will be provided in a secure setting in order to maintain safety and reduce potential for AWOL behavior. " -There were no strategies identified to curb or reduce client #2's aggressive behaviors and elopement attempts. -Facility staff did not identify a crisis response on client 2's treatment plan to deal with his aggressive behavior before calling law enforcement.	V 112		

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V 112	Continued From page 4 Review on 5/27/22 of Client #3's record revealed: -Admission date of 3/18/22. -Age 13. -Diagnoses of Conduct Disorder, Childhood Onset Type; Attention Deficit Hyperactivity Disorder, Combined Presentation (per history); Rule Out Post Traumatic Stress Disorder; Rule Out Cannabis Use Disorder, Mild; Child Psychological Abuse; Child Physical Abuse; Child Neglect. -Comprehensive Clinical Assessment dated 3/18/22 indicated history of going AWOL and aggression. -Treatment plan signed 5/20/22. -Short term goal of: "[Client #3] will listen and follow directions from authority figures as evidenced by reports from authority figures in all settings throughout the plan year." -How?: "Staff will assist client in learning appropriate behaviors and managing emotions. Staff will non judgmentally point out inappropriate behaviors. Provide natural/appropriate consequences for inappropriate behaviors. Provide the opportunity for client to participate in daily peer groups to encourage the development of appropriate and genuine relationships. Will prompt client to verbally acknowledge that he is responsible for his own behaviors and to accept constructive criticism. Client will participate in therapy 1x/week, minimum and will see the psychiatrist once a week. Family therapy will be provided twice per month when determined appropriate. Client will have an active role in the monthly child and family meeting. Client will adhere to behavior management Plan. All services will be provided in a secure setting in order to maintain safety and reduce potential for AWOL behavior. " -There were no strategies identified to curb or	V 112		

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V 112	Continued From page 5 reduce client #3's aggressive behaviors and elopement attempts. -Facility staff did not identify a crisis response on client 3's treatment plan to deal with his aggressive behavior before calling law enforcement. Review on 5/27/22 of Client #4's record revealed: -Admission date of 4/12/22. -Age 13. -Diagnoses of Disruptive Mood Dysregulation Disorder; Conduct Disorder, Childhood Onset Type; Attention Deficit Hyperactivity Disorder, Combined Presentation; Cannabis Use Disorder, Moderate; Child Sexual Abuse; Child Neglect; Intellectual Developmental Disorder, Moderate (per recent psychological.) -Comprehensive Clinical Assessment dated 4/12/22 indicated history of anger and aggression. -Treatment plan dated 5/23/22. -Short term goal: "[Client #4] will continue to build healthy and age appropriate coping skills to manage his anger and frustration as evidenced by reducing episodes of aggression including verbal/physical property destruction, leaving assigned areas when he does not get his way and anger outbursts, reduction in AWOL attempts and learn to respect personal boundaries of others to no more than 2 episodes a month for the next consecutive 90 days." -How?: "Staff will assist client in learning appropriate behaviors and managing emotions. Staff will non judgmentally point out inappropriate behaviors. Provide natural/appropriate consequences for inappropriate behaviors. Provide the opportunity for client to participate in daily peer groups to encourage the development of appropriate and genuine relationships. Will prompt client to verbally acknowledge that he is	V 112		

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V 112	Continued From page 6	V 112		

responsible for his own behaviors and to accept constructive criticism. Client will participate in therapy 1x/week, minimum and will see the psychiatrist once a week. Family therapy will be provided twice per month when determined appropriate. Client will have an active role in the monthly child and family meeting. Client will adhere to behavior management Plan. All services will be provided in a secure setting in order to maintain safety and reduce potential for AWOL behavior. "
-There were no strategies identified to curb or reduce client #4's aggressive behaviors and elopement attempts.
-Facility staff did not identify a crisis response on client 4's treatment plan to deal with his aggressive behavior before calling law enforcement.

Review on 5/27/22 of Former Client #5's record revealed:
-Admission date of 12/28/19.
-Age 14.
-Discharge date of 2/11/22.
-Diagnoses of Conduct Disorder, Childhood onset, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder-Combined presentation (per history) and Child Physical Abuse.
-Update of assessment dated 11/16/21 indicated: "The client displays aggression or attempts to run when not given what he wants. He admits to getting angry when hit by someone or when others talk about his mother. Erratic mood swings were noted without clearly identifiable triggers prior to Abilify injections. Further, the client becomes verbally aggressive when redirected."
-Recent Progression of Presenting Problems- The client has engaged in more horse playing and bullying lately."

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V 112	Continued From page 7 -Short term goal: "[Former client #5] will learn to accept responsibility for his actions as evidenced by accepting consequences when not demonstrating appropriate behavior, decreasing anger outburst, decrease defiant behavior of not following rules, adhering to the facility rules and chores, education compliance, engage in age-appropriate communication with peers, decrease property destruction, decrease physical and verbal aggression and no AWOL activity 5 out of 7 days a week for the next consecutive 90 days." -How?: "Staff will assist client in learning appropriate behaviors and managing emotions. Staff will non judgmentally point out inappropriate behaviors. Provide natural/appropriate consequences for inappropriate behaviors. Provide the opportunity for client to participate in daily peer groups to encourage the development of appropriate and genuine relationships. Will prompt client to verbally acknowledge that he is responsible for his own behaviors and to accept constructive criticism. Client will participate in therapy 1x/week, minimum and will see the psychiatrist once a week. Family therapy will be provided twice per month when determined appropriate. Client will have an active role in the monthly child and family meeting. Client will adhere to behavior management Plan. All services will be provided in a secure setting in order to maintain safety and reduce potential for AWOL behavior. " -There were no strategies identified to curb or reduce former client #5's aggressive behaviors and elopement attempts. -Facility staff did not identify a crisis response on former client 5's treatment plan to deal with his aggressive behavior before calling law enforcement.	V 112		

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V 112	Continued From page 8 Review on 5/27/22 of Former Client #6's record revealed: -Admission date of 10/24/21. -Age 17. -Discharge date of 4/11/22. -Diagnoses of Conduct Disorder, Childhood Onset Type; Disruptive Mood Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation (per history); Intellectual Developmental Disorder, Mild; Cannabis Use Disorder, Moderate; Child Physical Abuse (per history); Child Neglect (per history). -History of property destruction, gang involvement and AWOL. -Treatment plan dated 4/8/22. -Short term goals to: "learn to express his thoughts and feelings in healthier ways . Learn to control impulsive and disruptive behaviors associated with conduct disorder. - Improve his interpersonal relationships with his family. 12/6/21- Engage in education setting, Have access to weekly individual therapy, addressing anger management, age appropriate social skills and independence skills, along with Substance Abuse services." -How?: "Staff will assist client in learning appropriate behaviors and managing emotions. Staff will non judgmentally point out inappropriate behaviors. Provide natural/appropriate consequences for inappropriate behaviors. Provide the opportunity for client to participate in daily peer groups to encourage the development of appropriate and genuine relationships. Will prompt client to verbally acknowledge that he is responsible for his own behaviors and to accept constructive criticism. Client will participate in therapy 1x/week, minimum and will see the psychiatrist once a week. Family therapy will be provided twice per month when determined	V 112		

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V 112	Continued From page 9 appropriate. Client will have an active role in the monthly child and family meeting. Client will adhere to behavior management Plan. All services will be provided in a secure setting in order to maintain safety and reduce potential for AWOL behavior. " -There were no strategies identified to curb or reduce former client #6's aggressive behaviors and elopement attempts. -Facility staff did not identify a crisis response on former client 6's treatment plan to deal with his aggressive behavior before calling law enforcement. Review on 5/27/22 of the facility's incident report log book revealed: -Client #1 had kicked open the backdoor and attempted to elope on 12/4/21, 1/13/22 and 4/20/22. Local law enforcement was contacted each time. -Client #2 kicked open the backdoor and eloped on 5/15/22. Local law enforcement was contacted. -Client #3 kicked and opened the backdoor and attempted to elope on 4/20/22. Local law enforcement was contacted. -Client #4 kicked and opened the backdoor and eloped on 5/15/22. In addition, he had previously kicked open the backdoor and had elopement attempts on 4/16/22 and 4/20/22. Local law enforcement was contacted each time. -Former Client #5 was acting aggressively and throwing stones at windows. Staff was unable to control his behavior. Local law enforcement contacted. In addition, local law enforcement had to be called on 2/24/22 and 3/6/22 for elopement attempts. -Former Client #6 was acting aggressively on 11/27/21, 12/4/21, 1/13/22, 3/6/22 and 3/28/22. Local law enforcement was contacted.	V 112		

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V 112	Continued From page 10 Review on 5/27/22 of the North Carolina Incident Incident Response Improvement System (IRIS) reports from 11/27/21 to 5/27/22 for the facility revealed: -Clients #2 and #4 elopement on 5/15/22 was reported. -Former client #6's aggressive behavior and police contact on 11/27/21 was reported. -There were no other reports regarding client's aggressive behaviors and police contacts to the facility. Interviews on 5/27/22 and 6/2/22, the Executive Director acknowledged that: -Staff had called the police several times unnecessarily regarding controlling client's aggressive behaviors or elopement attempts. -Clients had kicked the backdoor several times in their attempt to elope from the facility. -Clients #2 and #4 successfully eloped from the facility on 5/15/22. -New strategies had not been identified and implemented to curb or reduce clients #1, #2, #3, #4, former client #5 and former client #6's aggressive behaviors and elopement attempts. Interviews on 5/27/22 and 6/2/22, the Director of Operations acknowledged that: -Staff had called the police several times unnecessarily regarding controlling client's aggressive behaviors or elopement attempts. He believed that if facility staff would have called him or the Executive Director instead, situations would have been handled differently. -Clients had kicked the backdoor several times in their attempts to elope from the facility. -Clients #2 and #4 successfully eloped from the facility on 5/15/22. -New strategies had not been identified and	V 112		

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V 112	Continued From page 11 implemented to curb or reduce clients #1, #2, #3, #4, former client #5 and former client #6's aggressive behaviors and elopement attempts. This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 314	27G .1901 Psych Res. Tx. Facility - Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. (f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.	V 314		

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(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on. Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.

This Rule is not met as evidenced by:
Based on interviews and records reviews, the facility failed to provide required supervision and specialized interventions to ensure the safety of clients on a 24-hour basis affecting 4 of 10 current clients audited (#1, #2, #3 and #4) and 2 of 2 former clients audited (FC #5 and FC #6). The findings are:

Cross Reference: 10A NCAC 27G .0205 ASSESSMENT/TREATMENT/HABILITATION PLAN (V112) Based on records reviews and interviews the facility failed to develop and implement goals and strategies to address client needs for 4 of 10 current clients audited (#1, #2, #3 and #4) and 2 of 2 former clients audited (FC #5 and FC #6).

Review on 5/27/22 of the facility's incident reports logbook from 11/27/21 to 5/27/22 revealed:
-5/15/22- "[Clients #2 and #4] continued to walk

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out of their rooms after bedtime was called. Staff continued to redirect them to their rooms, but they ignored the prompts. 935 (Staff needs assistance) was called, but before supporting staff arrived the two clients ran towards the back door and kicked it open. Staff went after the boys, but both consumers ran in different direction towards the fence and climbing over. Staff immediately called for outside assistance while continuing to have eye contact on the consumers. As law enforcement was arriving, they saw the two consumers walking. They apprehended the two consumers and brought them back to the facility. The clients were escorted back to their suites without any other issues. When staff asked consumers why they ran, they replied just to see how far way they could get. The consumers then went to their room and went to bed."

-4/20/22- "Clients [#1, #2, #3 and #4] continued to walk out of their rooms after bedtime was called. Staff continued to redirect them to their rooms, but they ignored the prompts. 935 was called, but before supporting staff arrived the four clients ran towards the backdoor and kicked it open. Staff went after the boys, but [Client #2] ran in a different direction and tried to jump the fence. At this point staff called 733 (Elopement- Attempting to elope.) Staff was able to process with [client #2] and get him off the fence. [Client #3] still refused to come inside until law enforcement apprehended him."

-4/16/22 "At approximately 3:15pm Suite 3 was on the recreation yard; all clients were on the basketball court. [Clients #1, #2, #3 and #4] then started walking towards grass area of the recreation yard. staff began walking with them as he was redirecting them not to go on that side without staff going with him. [Client #4] ignored his prompts and began to run. 935 was called as supporting staff was arriving [client #4] went

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V 314	Continued From page 14 under the fence and into the adjacent wooded area. 911 was called to assist. [Client #4] was still in eyesight of staff, but staff could not catch him. Once the police arrived [client #4] ran back towards staff, and he was then apprehended. Once [client #4] returned inside, he quickly ran to back door in the suite and kicked it open and ran away again. Staff again chased [client #4] keeping him in sight. Police who were still on the scene apprehended the client." -3/28/22- "[FC #6] came out of his room and walked to the back door kicking it open without warning, 733 was called. Responding staff attempted to process with client to get him back inside, but client took off running towards basketball court. Staff started processing with the client asking him what was bothering him. [FC #6] refused to talk and kept pacing on the court. He went to sit down on court and started pulling the gravel from the sidewalk throwing it towards the windows breaking at least two of them. Staff tried to intervene and take the rocks, but he became physically aggressive with them. Staff then called the Executive Director (ED) and law enforcement for assistance. Before law enforcement arrived Senior First Responder was able to process with [FC #6] and get him to calm down. Law enforcement stuck around for support. [FC #6] was still refusing to go back inside. He expressed those voices in his head was telling him to kill himself and others, and he was trying to escape them so he started acting out. He stated that the voices were getting louder and it was hard for him to focus. Therapist suggested client be taken to the Hospital for further evaluation." -3/6/22- "[FC #6] was in his suite agitated with one of his peers. Staff removed him from the unit to process with him. Once he was calm, staff proceeded to walk him back to the unit, he took off running towards the front hallway. 733 was	V 314		

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V 314	Continued From page 15 called, as supporting staff was arriving [FC #6] kicked the door open and tried to run. Staff was able to catch him and escort him back inside the building. Once inside the building he became physically aggressive with staff by pushing her into the wall and spitting towards her. At this point staff called ED and was instructed to call for outside assistance until she arrived. Law enforcement arrived shortly after to find client standing in a chair trying to mess with the heating unit in the conference room. Officers were able to process with [FC #6] until tension reduction was obtained. Once the Executive Director arrived he was still refusing to go back to his suite. After talking to him for 5 minutes, he went back to the unit and went to bed. No other interventions were needed." -2/24/22- "[FC #6] was in the unit when he became agitated for no reason, he started to pick an argument with his peers. A 935 was called. The consumer was found pacing the floor and trying to kick the back door in. When staff intervened and stood in front of the back door, he preceded to the front of the building in the conference room. He was pacing, looking out the window and trying to tear the window out. Staff intervened and he proceeded to the fire alarm and pulled the fire alarm. The fire department came out to disengage the alarm. While fire officials were here the Sheriff's department responded. When the sheriffs came into the building the consumer was calm. They had a conversation with him and before they could get out of the parking lot, he did another 733 on the way to the unit. Staff intervened and the consumer was stopped at the door before going back up front again. The Sheriffs department is aware of the situation and said they would respond if they needed them again." -1/13/22- "The consumer [FC #6] was in the	V 314		

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V 314	Continued From page 16 self-reflection room of the suite with 3 other consumer. The nurse and the Team Leader (TL) asked for one of the consumers to exit the room. All 3 consumers said no. At this time the nurse was trying to process with the consumers to get one to exit. While doing that, the TL suggested NGP (Non Group Participation) to the clients for being non compliant. The consumers became upset. Another peer was at the backdoor kicking it, while staff was trying to contain this action this consumer and another consumer were trying to push past staff to get to the door to try and kick it open. The door was opened and a 733 occurred. Staff quickly intervened and this consumer was contained in the dinning area while other staff members tried to process with other consumers. This consumer tried to get past two staff members while his peer attacked staff. The police were called and this consumer was still upset while attacking staff his peer came to help him get a hold of himself. He finally calmed down and was able to process with staff." -12/4/21- "[Client #1] was in the suite talking to his roommate [FC #6.] Staff observed the two whispering and intervened. [FC #6] asked staff to come to his room door to get a book for another client, in which was supposed to be a distraction for [client #1] to run and kick the suite door open knocking the mag lock off. 733 was called, as supporting staff was arriving [FC #6] ran pass staff out of the suite and into the front hallway, while [client #1] ran in the opposite direction. Both clients were apprehended and escorted back to the suite. While staff were trying to process with [FC #6,] they noticed he had a set of keys, he said he had taken off the counter in debriefing when he ran out of the suite. Staff took the keys and gave them to the TL. [FC #6] began to process his feelings and tension reduction was obtained. He asked to stay in the reflection room	V 314		

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to reflect on his behaviors. Staff continued to process with [client #1], but he became aggressive by pushing on them. He attempted to run back towards the door, but staff put him in a two man hold for 2 minutes. He continued to cause an uproar in his suite by being verbally aggressive and threatening staff. Staff called the Clinical Director to try and process with client to calm down, but client refused. Staff was instructed to call law enforcement for assistance. Upon arrival [client #1] was still verbally aggressive but allowed the officers to process with him until tension reduction was obtained."
-11/27/21- "[FC #6] was in the suite engaging with his peers, after dinner, he started to pace back and forth from the front door to the back door. Staff prompted him several times to stop getting in their personal space as they stood in front of the doors to prevent him from beating and kicking the doors. 935 was called, as supporting staff was arriving, he ran aggressively towards the front of the door pushing staff in her chest, and then kicked the suite door open and tried to elope. Staff managed to get him to walk back to the suite, but once inside the suite he attacked another female staff by pushing her down. He refused to calm down, so Clinical Director instructed staff to call for outside assistance. When law enforcement arrived, he began to calm down. The officers processed with client until tension reduction was obtained."

Review on 5/27/22 of the Local Law Enforcement's Call for Service history to Jackson Springs Treatment Center for the last 6 months revealed:
-05/15/2022 "20:36:08 (8:36 pm) JUVENILE | RUN AWAY | REPORT."
-04/20/2022 "21:23:16 (9:23 pm) JUVENILE | LOW | REPORT."

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V 314	Continued From page 18 -04/16/2022 "17:07:30 (5:0 pm) JUVENILE | LOW | HANDLED ON SCENE." -04/16/2022 "15:37:22 (3:37 pm) JUVENILE | LOW | REPORT." -03/28/2022 "09:08:29 am DISTURBANCE | ROUTINE | HANDLED ON SCENE." -03/06/2022 "20:04:41 (8:04 pm)DISTURBANCE | ROUTINE | HANDLED ON SCENE." -02/26/2022 "13:22:03 (1:22 pm) ASSIST OTHER AGENCY | ROUTINE ASSIST." -02/24/2022 "17:53:03 (5:53 pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -02/09/2022 "10:46:34 am MENTAL PATIENT | ROUTINE | NO ACTION." -02/02/2022 "15:35:49 (3:35 pm) ASSAULT | ROUTINE | HANDLED ON SCENE." -01/13/2022 "10:50:04 am DISTURBANCE | ROUTINE | HANDLED ON SCENE." -12/20/2021 "18:54:42 (6:54 pm) DISTURBANCE | ROUTINE | REPORT." -12/14/2021 "10:13:52 am PROPERTY DAMAGE | ROUTINE | REPORT." -12/12/2021 "11:17:39 am DISTURBANCE | ROUTINE | HANDLED ON SCENE." -12/04/2021 "18:11:08 (6:11 pm) JUVENILE | LOW | HANDLED ON SCENE." -11/29/2021 "10:41:10 am VANDALISM | LOW | HANDLED ON SCENE." -11/27/2021 "18:37:58 (6:37 pm) JUVENILE | LOW | HANDLED ON SCENE." -11/26/2021 "19:22:21 (7:22 pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -11/24/2021 "11:32:54 am HARASSMENT | ROUTINE | PUBLIC SERVICE." -11/17/2021 "09:10:10 am JUVENILE | LOW | HANDLED ON SCENE." -11/12/2021 "15:02:07 (3:02 pm) SEX OFFENSE | ROUTINE | REPORT." -08/04/2021 "19:06:36 (7:06 pm) FIGHT | EMERGENCY | HANDLED ON SCENE."	V 314		

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V 314	Continued From page 19 -07/22/2021 "08:54:32 am DISTURBANCE | ROUTINE | HANDLED ON SCENE." -07/18/2021 "13:57:00 (1:57 pm) ASSIST OTHER AGENCY | ROUTINE | HANDLED ON SCENE." -07/15/2021 "18:14:32 (6:18 pm) ASSIST OTHER AGENCY | ROUTINE | NO ACTION." -07/12/2021 "18:49:08 (6:48 pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -07/10/2021 "20:14:28 (8:14 pm) BUSINESS CHECK | LOW | HANDLED ON SCENE." -07/09/2021 "18:55:03 (6:55 pm) MENTAL PATIENT | ROUTINE | HANDLED ON SCENE." -07/09/2021 "17:36:19 (5:36pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -07/02/2021 "15:38:04 (3:38 pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -07/01/2021 "18:40:32 (6:40 pm) ASSIST OTHER AGENCY | ROUTINE | ASSIST." -07/01/2021 "18:37:32 (6:37 pm) MENTAL PATIENT | ROUTINE | REPORT." -07/01/2021 "17:21:24 (5:21 pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -06/27/2021 "16:08:37 (4:08 pm) MENTAL PATIENT | ROUTINE | TRANSPORT." -06/27/2021 "14:54:45 (2:54 pm) ASSAULT | ROUTINE | HANDLED ON SCENE." -06/22/2021 "11:23:13 am BUSINESS CHECK | LOW | HANDLED ON SCENE." -06/18/2021 "15:02:02 (3:02 pm) DISTURBANCE | ROUTINE | PUBLIC SERVICE." -06/16/2021 "07:51:57 am DISTURBANCE | ROUTINE | HANDLED ON SCENE." -06/11/2021 "20:05:43 (8:05 pm) BUSINESS CHECK | LOW | HANDLED ON SCENE." -06/01/2021 "08:28:11 am ASSAULT | ROUTINE | REPORT." -05/28/2021 "15:28:18 (3:28 pm) DISTURBANCE | ROUTINE | HANDLED ON SCENE." -Law enforcement was contacted 17 times from 11/27/21 - 5/27/22.	V 314		

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V 314	Continued From page 20 -Law enforcement was contacted 42 times from 5/28/21 - 5/27/22. Review on 5/31/22 of Police reports for the facility from 11/27/21 through 5/27/22 revealed: -"On 12/20/21 at approximately 1904 hours, deputy responded to the facility in reference to a reported disturbance." -"On 4/16/22, deputies received a call from dispatch in reference to run away juveniles." -"On 5/15/2022 Deputies responded to the facility in reference to two runaway juveniles. " Interview on 6/1/22 with Client #1 revealed: -He had seen the police at the center, but had not seen them in a few weeks. -They had never called police for him. -He reported that police were at the facility more when a former client was there. Former client would act up very aggressively. -Reported that the last time he saw police at the facility was due to a couple of kids running away. Interview on 6/1/22 with Client #2 revealed: -When clients were acting out, they were supposed to go to their room, but if it got out of hand, they may have had to go to another suite. -Facility staff called police for clients running away, breaking things and trying to hurt staff. -Police had come for him once, but brought him back because he had ran away. Interview on 6/1/22 with Client #3 revealed: -They had police called on him once. He had been acting out. Staff could not control him. -The police placed hand cuffs on him and talked to him. -He was able to calm down afterwards. -He had also seen the police at the center for times that other kids had ran away.	V 314		

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Interview on 6/1/22 with Client #4 revealed:
-He had seen police only when kids escaped.
-He not seeing other kids acting up.
-He acknowledged that he ran away from the facility recently.
-He reported that it had been easy for him to get out from the center.
-When he ran away, he made it past the light from down the road.
-He and another kid walked on the side of the road all the way to where the road ended at the intersection.
-They went to gas station.
-He was picked up by the police and brought back to the center.
-He was unable to respond on why he had ran away.

Interview on 6/1/22 with Staff #7 revealed:
-She had been working with the agency for almost a year.
-She worked first shift.
-She never did this type of work before.
-Received training through the agency.
-She completed the Crisis Prevention Intervention (CPI) training as curriculum for the Alternatives to Restrictive Intervention/Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for behavioral control.
-She was instructed on how to properly restrain and to understand that restraining was the last resort.
-She had to use the training once or twice to restrain someone.
-She had called for a 935 before. Whenever a client kicked the doors or was harming himself or others.
-She never had the need to call the police to the facility.

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-She was aware that police had been called before for several reasons. Police were called for times when a former client would threaten staff, other peers, kicked doors and wouldn't calm down. Police were also called when a few boys ran away.
-Police were called several times regarding Former Client #5 as facility staff would have a hard time calming him down. Especially when it was an all female crew. He felt that he could overpower the staff. Police were called for protection of staff and other clients.
-She was not working the day that Client #2 and #4 ran away.
-She had a good relationship with the boys. They talked to her and felt comfortable with her.
-She felt supported by some of the staff.
-She never worked alone on the floor.
-They had to notify someone whenever they needed a break or use the bathroom.

Interview on 6/1/22 with Staff #8 revealed:
-She had been working with the agency for 6 months. She worked first shift.
-She had done this type of work before, but with adults.
-She felt that working at the facility was "alright and a pretty good job."
-Training had been provided on how to work with the boys, different restraints.
-She had never had to restrain a kid.
-The nurse had to let them know when to put in the restraint.
-Whenever the nurse was not there, they did not restrain the clients. They had to calm them down vocally.
-Police are called when the clients would run away.
-She was not working the day Clients #2 and #4 ran away.

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-Whenever a client was acting up, the steps to follow were: "Talk to them; most of the time, they will calm down. If they don't calm down we have to hold, not restrain them and continue to talk to them; then will call other staff (higher than me) to come and help with the situation."

Interview on 6/1/22 with the Senior Team Leader revealed:
-She had been with the agency for year and half.
-She had done this work before. She used to work at the agency back in 2017.
-She came back to the facility and enjoyed working at this setting.
-Agency provided Crisis Prevention Institute (CPI) training.
-Agency went over CPI training every 2 weeks as a refresher during staff meetings. Every 6 months and annually staff had to complete specific trainings to remain certified.
-She reported that it was not often that she had to use the CPI training.
-"It is my last resort with them- talk them down; I can talk them down versus using an intervention."
-Steps for dealing with behavior were: "Code 935 is used meaning anyone available go for assistance, if client get to the point that we cannot calm them down, will have someone standing in doorway of their room. Remove the audience if in common area- meaning could move the client or remove the peers, may go to dining hall or training room; get staff with the rapport to intervene first. Nurse, Executive Director (ED), Director of Operations (DOO) would get involved to help with behavior and sometimes will call the Sheriffs Department due to kicking -doors, and being aggressive towards staff."
-The decision of calling law enforcement was a collaboration of nurse, ED, DOO, therapist regarding the individual client behaviors at that

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time.
-If the nurse was not on site, the ED would make the call if needed for law enforcement assistance.

Interviews on 5/27/22 and 6/2/22 with the Executive Director revealed:
-Regarding recent elopements: "Two clients ran away and were later apprehended by police at a gas station on highway 211."
-Boys ran away after kicking the back door.
-"Doors are secured, but they are magnetic. If they continue to be kicked, the magnet damages."
-She told staff that clients were better off kicking the door than becoming more aggressive towards staff. She preferred for kid to destroy the building than to have to restrain the child. She did not want to place staff or clients in danger.
-Regarding when to call the police: "We only called them if clients run, try to harm themselves or danger to others. Our front door and back doors will also alert the fire department and police station if forced opened, but they never came to the facility ever time it went off."
-Agency had gotten a letter from the police department informing them that they were going to do all they could in order to shut them down as they had come over 80 times to the facility.
-Agency's job was to protect the child.
-Every time the doors were kicked. Police or fire department were notified.
-She felt that facility had not called police as many times as they said they had been contacted.
-She was told that calls for the last 6 months were roughly about 33 calls.
-Former client #5 was larger than all of staff. Staff had a difficult time controlling him, Especially when there were no male staff on duty. Some of the calls were related to staff not being able to

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	MHL063-100	A. BUILDING: ______ B. WING ______	C 06/02/2022

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JACKSON SPRINGS TREATMENT CENTER	778 HOFFMAN ROAD WEST END, NC 27376

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handle Former client #5.
-Facility currently had eight male staff and before had at least 16 male staff. They used to have more male staff than female staff.
-"We only called police when clients ran away and when [former client #5] was here."
-Alternatives to Calling Police: "Some of the times I do feel the staff could have done more."
-All staff were trained in CPI.
-"When it gets heated and in the moment for staff, all training goes out the window."
-Staff had called police without her knowing. She would pull up and had been able to get situation under control and police wondering why they were contacted.
-"If there would have been more thoroughly trained staff, the behavior situations could have been handled."
-"When we only have two staff in suite and addressing six clients, at times can be challenging and suites are not open to have support from one another; can make it difficult."
-"If we have more staff, the elopement could have been prevented."
-COVID had also impacted agency in losing staff.
-"Having three staff per suite would help a lot. Hiring of more staff will help the situation."
-Regarding Strategies to Avoid Elopement:
-"We have supervision with staff every other week in a group; Individual is every three months and annual reviews are also done. If there was a break in policy, we will do a face to face meeting as soon as possible with the staff."
-"When elopement occurs- I come to the facility, pull the staff and have a face to face with the staff."
-Agency had problems with maintaining staffing.
-"We have had situations when staff pull up to building and staff will decide that they are not going to work their shift; in turn leaves building

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short until I or DOO arrives."
-She acknowledged that staff failed to implement strategies identified for each client prior to calling law enforcement.

Interviews on 5/27/22 and 6/2/22 with the Director of Operations revealed:
-He instructed most of the required trainings.
-They had been trying to increase staff coverage.
-Regarding reasons for calling law enforcement: "Elopement from facility, potential bodily harm and when behavior is uncontrollable."
-For some instances staff at the facility should have called him first and not law enforcement.
-Regarding incidents on back door being kicked open so many times: "[Former client #5] was the first child that started kicking the door open and other kids in the unit started to mimic the behavior."
-He acknowledged that staff failed to implement strategies identified for each client prior to calling law enforcement.

Review on 6/2/22 of the Plan of Protection dated 6/2/22 signed by the Director of Operations revealed:
-"What immediate action will the facility take to ensure the safety of the consumer's in your care? Person Center Plans (PCP) will be reviewed by Assistant Clinical Director and amendments will be made to reflect client's individual mental health needs to support successful transition to lower level of care."
-"We will increase the number of staff per shift which will allow us to be more secure when responding to a potential crisis."
-"Describe your plans to make sure the above happens. We will review PCP's for new admissions thoroughly to ensure we are accurately meeting the treatment goals. For

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V 314	Continued From page 27 existing clients we will review their PCP's and make the appropriate addendums. Staff members will be required to sign in on signature sheet provide in each clients flow chart which has client's PCP and crisis plan." -"We are currently using all resources available to hire qualified staff for our facility, such as NC Works and online websites like indeed and Career Plug. In addition to offering incentives for employees from sister facilities to work at Jackson Springs for extra support. Also, prior to calling law enforcement, staff will follow protocol before making call. More training will be provided during bi-weekly supervisions." Clients ranged in ages from 13-17 with diagnoses of Bipolar Disorder, Adjustment Disorder with Anxiety, Persistent Mood Disorder (Affective,) Conduct disorder, Childhood-Onset type, Borderline Intellectual Functioning; Child Neglect or Abandonment; Disruptive Mood Dysregulation Disorder, Unspecified Disruptive Impulse Control, Post Traumatic Stress Disorder , Attention Deficit Hyperactivity Disorder, Cannabis Use Disorder, Child Physical Abuse; Child Physical Abuse; Child Psychological Abuse; Cannabis Use Disorder, Moderate; Child Sexual Abuse; Intellectual Developmental Disorder, Moderate; Post Traumatic Stress Disorder. Staff failed to provide required supervision and interventions. This lack of supervision allowed clients #1, #2, #3, #4, former clients #5 and #6 to continue to kick open the facility's doors numerous times in their attempts to elope. On 5/15/22, clients #2 and #4 successfully eloped from the facility. In addition, facility staff failed to identify and implement strategies in dealing with client's behaviors prior to calling local law enforcement. From 11/27/21 through 5/27/22, facility staff had contacted law enforcement a total of 17 times in order to assist	V 314		

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V 314	Continued From page 28 them regarding client's behaviors and elopement attempts. From 5/28/21 through 5/27/22, the facility had contacted local law enforcement a total of 41 times. This deficiency was cited as a type B Violation during the survey completed on 5/3/22, but evidence in this survey has increased the severity of this deficiency. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $3,000 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 314		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.	V 315		

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This Rule is not met as evidenced by:
Based on interview, the facility failed to provide 24-hour on-site coverage by a Registered Nurse (RN). The findings are:

Review on 6/1/22 of a facility waiver request revealed:
-"Date: November 17, 2021. Subject: Request for Waiver of 10A NCAC 27G .1902 (e): Cornerstone Treatment Facility Program, Inc. (CTFP) would like to formally request a waiver of 10A NCAC 27G.1902(e)- Staff. CTFP is requesting that 10A NCAC27G.1902(e)-Staff be waived to allow CTFP to have a Registered Nurse ("RN") on duty during first shift (7am-7pm) and to have a Licensed Practical Nurse ("LPN") on duty during second shift (7pm-7am) with an RN on call during second shift."

Review on 6/1/22 of a Division of Health Service Regulation (DHSR) "Denial of Request for Renewal of Waiver" letter signed by the Chief and dated 1/10/22 revealed:
-"I hereby deny your request for waiver of Rule 10A NCAC 27G .1902(e) based on the following representations:CFR 483.358(f) Assessment post Seclusion or Restraint: Within 1 hour of the initiation of the emergency safety intervention a physician or other licensed practitioner must conduct a face to face assessment of the physical and psychological wellbeing of the resident. This is limited to Medical Doctors, Doctor of Osteopathy, Physician Assistant, Family Nurse Practitioner, or Registered Nurse trained in the use of emergency safety. Assessment to include the residents: physical and psychological status, behavior, appropriateness of the intervention measures and any complications

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V 315	Continued From page 30 resulting from the intervention." An interview was attempted with the RN on 6/1/22. During the request for the interview, it was informed that no nurse was on the facility grounds. Interview on 6/1/22 with the Executive Director revealed: -The nurse called out of work today due to injury from last night. -There was only one nurse for the facility. -The hired nurse shift worked was 8am-8pm. -Support nurses from sister facilities came to help cover third shift when not scheduled at their home facilities. -She confirmed no Registered Nurse had been at the facility since 8am. -She was under the impression that the facility had a waiver to use Licensed Practical Nurses. -She thought the waiver was approved but had just got informed the waiver was denied. -She confirmed the facility failed to provide 24-hour on-site coverage by a Registered Nurse.	V 315		