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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 5/24/22. The complaint (#NC00188588) was substantiated. The complaint (intake #NC00187035) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The Licensed Professional (LP) and the Qualifed Professional (QP) #1 are sisters and they are the daughters of the Licensee/Director/QP #2. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;	V 109		

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V 109	Continued From page 1 (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 audited Qualified Professionals (Licensee/Director/QP#2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Refer to V112 for client information and treatment plan goals. Refer to V296 for additional information regarding facility's failure to maintain minimum staffing requirements. Review on 5/3/22 of the Qualified Professional (QP) #1's record revealed: -hired 12/4/19	V 109		

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-promoted to the QP on 2/1/22.

Review on 5/3/22 of the Licensed Professional's (LP) record revealed:
-hired 11/28/18 as the QP
-hired as the LP on 7/18/19.

Interview on 4/29/22 and 5/11/22 with the Licensee/Director/QP #2 revealed:
-she, the LP and QP#1 form the management team
-she and QP #1 share the QP role
-there was no specific assessment to determine if a client was able to have unsupervised time to ride the school bus
-she made the decision by reading assessments, communicating with case workers; if they (caseworkers) didn't give a reason to not ride the bus, clients rode the bus
-she looked for any "red flags" about clients' behavior in the documentation
-there was nothing in Client #3's documentation that she couldn't have unsupervised time to ride the school bus; she came from a Therapeutic Foster Home
-she asked clients if they felt safe and if a client said yes, "then it's a process of observation"
-Client #2 and Client #3 started school on 3/1/22; staff transported for 3-5 days in the morning and afternoon and they rode the bus at other times to assess for behavior
-she asked for support from school for transportation but Client #3 didn't qualify for school transportation
-facility staff transported as often as possible if it wasn't safe for clients to ride the bus
-as soon as Client #3 started having issues, she took her off the bus and walked her into school.

Interviews on 4/29/22 and 5/12/22 with the LP

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V 109	Continued From page 3 revealed: -she completed the initial assessment; the Licensee/Director/QP #2 completed the intake packet -she was not part of the assessment to determine if clients were allowed to have unsupervised time while riding the bus - when the facility re-opened (February 2022), there were changes made; she was mainly doing therapy now and was told by the Director/Licensee/QP#2 that she didn't need to supervise -she received supervision by the Licensee/Director/QP #2 as well as an outside supervisor -"helpful if everyone knew their role ...changes have been confusing" Interview on 4/27/22 with the Qualified Professional #1 revealed: -there was a discussion about clients riding the bus when they arrived at the facility -the facility completed a Community Safety Plan and the guardians had to review it for riding the bus and other community activities -Client #1 and Client #4 attended public high school and there were no issues on the bus -Client #2 and Client #3 attended an alternative public high school -guardians gave permission for Client #1, #2, #3, and #4 to ride the bus. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	V 112		

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10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN
(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.
(d) The plan shall include:
(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
(2) strategies;
(3) staff responsible;
(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
(5) basis for evaluation or assessment of outcome achievement; and
(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:

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Review on 4/27/22 of Client #1's record revealed:
-admitted on 2/10/22
-age 15
-Diagnoses of Post-Traumatic Stress Disorder (d/o) Reactive Attachment d/o, Major Depressive d/o, recurrent; Anxiety, Dissociative d/o Multiple Personality; exercise induced asthma also induced by Panic; Suicide Ideations; Self harming Behaviors
-Comprehensive Clinical Assessment (CCA) addendum completed prior to admission- she was on an Involuntary Commitment (IVC) at a children's hospital for physical aggression property damage, ran out of foster home
-CCA completed on 2/10/22 by the Licensed Professional (LP) documented- in need of stability after being moved from foster home; grew up in unstable environment, history of molestation by mother's boyfriend, neglect as early as age 4; in Department of Social Service (DSS) custody since age 7; has been in six different homes in last year.

Review on 4/27/22 of the CCA Addendum for Client #1 completed on 4/1/22 by the LP revealed:
-"after following up with the school issues, discussing these concerns with the clinical team and assessing the crisis behaviors of [Client #1], it is recommended that [Client #1] receives a move to level III or Intensive Alternative Family Treatment (IAFT) that will best fit her personality without interrupting the treatment for herself or others"
-Reasons for Recommendations: "current mental health diagnoses, verbally aggressive towards others, aggressive behaviors and property damage, moderate level problematic social behavior"
-there was no documentation or assessment of

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Client #1's ability to ride the bus to and from school or be transported by only one staff without the required supervision.

Review on 4/27/22 and 5/3/22 of Client #1's Person-Centered Plan (PCP) dated 2/2/22 and updated on 4/1/22 revealed:
Progress in achieving long range outcome:
-admitted 1/16/22 on IVC at a children's Hospital due to incidents at Therapeutic Foster Family's home on 1/15/22 and 1/16/22
-foster family no longer wanted to continue fostering Client #1 due to her behaviors, emotional instability and threatening comments towards foster mother
-ready for discharge and awaiting placement in Level III group home
-Goals dated 2/2/22:
-adhere to routine including sleeping, personal hygiene, eating, and other needed tasks
-learn and utilize coping skills in efforts to manage trigger responses and decrease crisis
Progress towards goal: initial TFC (therapeutic foster care) placement disrupted due to client threatening behavior to self and others which lead to IVC; placement recommendation revised to Level III group home at Recovery Foundations (Licensee); TFC being removed from PCP
-Goals updated on 4/1/22 by the Licensee/Director/Qualified Professional #2 (QP) were:
-maintain a routine including sleeping, personal hygiene, eating; use schedule daily to complete tasks and schoolwork
-learn and utilize coping skills to manage trigger responses and decrease crisis, continue working on incorporating skills in efforts to increase feelings of comfort and safety in all settings
-after Client #1 was admitted to the facility, there were no goals or strategies added to the PCP

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which addressed Client #1's unsupervised time on the bus or 1:1 transportation by facility staff.

Review on 4/28/22 of the Incident Response Improvement System for Client #1 revealed:
-4/10/22- Client #1 got into verbal fight with peer and physical altercation with another peer; left the facility unsupervised after several attempts by staff to deescalate her behavior; was returned to the facility at approximately 11:00pm by the police; Client #1's behavior continued into the next day; was taken for a psychiatric assessment on 4/11/22; discharged from the hospital on 4/12/22.

Review on 4/28/22 of the facility's internal incident reports for Client #1 revealed:
-4/6/22- staff noticed smoke in Client #1's room; she brought a vape home from school; staff confiscated vape.

Review on 4/27/22 of Client #2's record revealed:
-admitted on 2/11/22
-age 16
-diagnoses of Unspecified Bipolar d/o, Conduct d/o, Adolescent Onset type; Cannabis Use d/o, mild, Rule Out specific learning d/o, Mild Mathematics
-Pre-screening completed 2/4/22 -Client #2 has history of assaultive behavior, engages in sexual misconduct with older men, non-compliant with medication, Department of Juvenile Justice Involvement (DJJ), meets with older men on social media, bipolar disorder d/o, substance use, and elopement.
-CCA completed by the Licensed Professional after admission to the facility (undated) - Client #2 needs safety plan for community and therapeutic environment so caretakers can identify triggers to avoid aggressive behavior and outbursts

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-there was no documentation or assessment of Client #2's ability to ride the bus to and from school or be transported by only one staff without the required supervision.

Review on 4/27/22 and 5/3/22 of Client #2's PCP dated 2/9/22 and updated on 4/1/22 revealed:
-Goals dated 2/9/22:
-work on controlling anger; decrease incidents of making verbal threats to harm others when angry or upset, use appropriate copings skills, express self in a positive manner when upset, accept feedback from those in authority without becoming verbally or physically aggressive
-get along better with peers, decrease incidents of manipulation; use problem solving skills
-improve symptoms of mental health towards others daily
-the plan was reviewed on 4/1/22 and the goals remained the same
-after Client #2 was admitted to the facility, there were no goals or strategies added to the PCP which addressed Client #2's unsupervised time on the bus or 1:1 transportation by facility staff.

Review on 4/27/22 and 5/4/22 of Child and Family Team (CFT) meeting dated 3/11/22 for Client #2 revealed:
-"minimal improvements in risky behaviors"; willingly gave staff a vape on 3/8/22
-had several consequences for negative behaviors including profanity use, bullying peers, disrespecting staff and suspension from the school bus on 3/10/22 for 3 days for "unruly" behavior during bus ride home on 3/10/22
-"suicide prevention: Director implemented additional monitoring during reflection time and nighttime"
-Recommendations of treatment team: "provider will provide transportation to and from school as

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needed to monitor [Client #2's] behavior and as a measure for safety in the community."

Review on 4/27/22 of facility's internal incident reports for Client #2 revealed:
-3/22/22- suspended from school for slapping a male student
-4/10/22-engaged in physical altercation with another peer, after an argument with name calling and profanity; staff intervened and the Director/Licensee/QP #2 was notified.

Review on 4/27/22 of Client #3's record revealed:
-admitted 2/14/22
-age 14
-diagnoses of Generalized Anxiety d/o, Major Depressive d/o, Mild Intellectual Developmental Disability
-Pre-admission screening dated 2/2/22- presenting problems included boundaries with peers, elopement, self-harm, history of physical and sexual abuse, hospitalized September 2021 for suicidal ideation, sexually active, unprotected sex, started fire at school, modified schooling for IQ
-CCA completed on 2/14/22 by the LP-"no urgent needs upon admission", admits to self-harm to feel better, needs help developing coping skills to help regulate mood and behavior, needs to learn interpersonal and socialization skills, history of sexual abuse at age 12, previous treatment and hospital stays
-there was no documentation or assessment of Client #3's ability to ride the bus to and from school or be transported by only one staff without the required supervision.

Review on 4/27/22 and 5/3/22 of Client #3's PCP dated 7/14/21 and updated on 3/17/22 revealed:
Goals on 7/14/21 - 1. engage in individual

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V 112	Continued From page 10 therapy evidenced by implementing effective coping skills, healthy expression of thoughts and feelings and demonstrating effective communication skills with peers and adults Progress on 1/12/22: "participates in weekly therapy ...has been suspended from school and is non-compliant most of the time, especially when she does not get her way ...has been communicating with men over the internet ..." 2. refrain from displaying ODD (Oppositional Defiant Disorder) behaviors; use effective copings skills to decrease incidents of lying, stealing, self-harming, defiant and manipulative behaviors. Progress on 1/12/22: "non-compliant with rules at home and on school bus, requires constant redirection to manage, became upset and walked away, police were called, continuously lies about appropriate computer usage, buying gifts for men she meets online, inappropriately dressed most of the time." 3. show decrease in impulsive behaviors, express needs, feelings, frustrations and anger in appropriate manner, accept being told "no" from staff without resulting in running away or using self-harm behavior. Progress reviewed on 1/12/22: Client #3 got mad and ran away, returned within the hour, police were called, upset that school took laptop away, suspended and should not be using it, had been rude and disrespectful to teacher at school 4. maintain compliance with program rules and expectations Progress on 1/12/22: client non-compliant with rules at home, does not respond to redirection, dishonest, has meltdown when she does not get her way, inappropriate boundaries with computer use with peers on social media -PCP updated on 3/17/22 by the LP- Progress: " ...has had some conflicts with peers and staff; has been defiant to rules causing	V 112		

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herself and others to be in potentially dangerous situations through running away, leaving facility without an adult and/or permission ..."; recommended therapist who specialized in adolescent sexual behavior issues
Goals dated 3/17/22-
-actively participate in therapy and use coping skills to improve feelings about herself, comfort around others and learn to manage urges
-learn to get along with others by respecting boundaries and following rules
-learn self-care skills to take care of her body
-there were no goals or strategies to address Client #3's self-injurious
-after Client #3 was admitted to the facility, there were no goals or strategies added to the PCP which addressed Client #3's elopement, suicidal ideation, and unsupervised time on the bus or 1:1 transportation by facility staff.

Review on 4/27/22 of the Incident Response Improvement System for Client #3 revealed:
On 3/1/22- Client #3 self-harmed by scratching her arm until it turned red and broke skin; felt threatened which triggered the self-harm; was emotionally disturbed by what she heard her peer discussing on the school bus; reported she felt fearful for her safety after the peer made threatening comments towards her for "snitching." (regarding Client #2 making plans to get a vape at school). Incident prevention: has to be monitored/accompanied by one staff at all times when she is clearly not in a good space; must be checked every 10 minutes during reflection even if she appears to be in a good space; will not be allowed to shave for at least one week; if consumer shaves, must be supervised by staff.
-on 3/5/22, Client #3 was verbally aggressive towards staff; using profanity, refused to follow

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directions, expressed feeling angry at peers; refused to give up her handheld game (used as a coping skills); left the facility unsupervised; prior to leaving, made life threatening comments towards peers; staff immediately called the police and she was returned to facility approximately 20-25 minutes later; refused to enter the facility; the QP obtained an IVC and Client #3 was taken to the hospital for a psychiatric evaluation
-on 4/1/22- after therapy session, expressed she felt like fighting a peer; reported feeling anger at her peer for saying she smelled bad; used profanity towards, made threats towards her peer and staff; refused to comply with daily routines.

Review on 4/27/22 of facility's internal incident reports for Client #3 revealed:
-on 3/24/22- picked up early from school after school counselor reported that Client #3 "was emotionally disturbed by other children on the bus on her ride to school." Client #3 made threats to self-harm or run away; had a session over the phone with the LP
-on 3/28/22- school called the Licensee/Director/QP#2 to report that Client #3 came to school upset due to being picked on the bus by other students; wanted to harm self and/or others; used an eraser to make marks on her left wrist; Licensee/Director/QP #2 went to school, met with the counselor, and developed safety plan. Plan: bus ride was too much of a trigger for client, needed a referral to day treatment, client would be "transported to and from school by the clinical home team most days", if she was placed on the bus, she would not be allowed to carry on items she could use to harm self.
- 4/5/22- the Licensee/Director/QP #2 received call from school around 10am, Client #3 was having suicidal ideation (SI) with a plan; the school therapist reported no previous factors

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leading to SI other than she "just wanted to be w/ (with) her dad"; the Licensee/Director/QP#2 transported Client #3 to the hospital for an evaluation; the client was still in the hospital on 4/6/22.

Review on 5/17/22 of Client #4's record revealed:
-admitted 3/30/22
-discharged 5/13/22
-age 15
-diagnoses of Unspecified Trauma and Stressor Related Disorder (d/o), Major Depressive d/o, recurrent episode, severe.
-CCA completed 3/31/22 - did not present with any current needs or suicide risk, however, was just released from the hospital for overdosing on pain killers; needed level III group home to stabilize behavior and mental health issues; has anger outbursts, mood swings; has history of psychiatric admission, intensive in-home, day treatment; history of outburst or rage that turns to physical assault of peers, adults, family and friend; needs safety plan for community and therapeutic environment so that care takers can identify her triggers before her outburst of anger.
-there was no documentation or assessment of Client #4's ability to ride the bus to and from school or be transported by only one staff without the required supervision.

Review on 5/17/22 of Client #4's PCP dated 11/3/21 with updates on 11/19/21, 1/3/22, and 3/1/22 revealed:
Progress towards long range outcomes: continues with IIH (intensive in-home), can communicate what she needs to work on but refuses to implement the skills; continues to express anger through verbal altercations with peers, walking away to avoid being confronted on inappropriate choices, leaves home without

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permission, sometimes staying gone for hours and the police being called; communicates with older males, getting in trouble at day treatment; out of home placement recommended
Goals on 3/1/22-
-learn to handle anger, use relaxation techniques when agitated, learn new positive communication skills
-identify and utilize new mood and emotional management skills; self-esteem skill building and coping skills to deal with depressive symptoms
-after Client #4 was admitted to the facility, there were no goals or strategies added to the PCP which addressed Client #4's unsupervised time on the bus or 1:1 transportation by facility staff.

Interview on 4/29/22 and 5/12/22 with the LP revealed:
-when the facility re-opened, it was her understanding the Director/Licensee/QP#2 only wanted her to do therapy
-she updated the PCP's as needed
-she completed the PCP for Client #3; she trained QP#1 on how to complete a PCP for Client #3's update
-she completed CCA addendums when the treatment team requested it
-the Licensee/Director/QP #2 completed the PCP's for Client #1, Client #2 and Client #4

Interview on 5/3/22 with the Licensee/Director/QP #2 revealed:
-she or the LP were responsible for updating the PCP; "depends on who has time"
-the Community Safety Plans completed by the facility documented the client's unsupervised time on the bus and in the community.

Interview on 5/4/22 with QP #1 revealed:
-she was recently trained by the LP to write

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V 112	Continued From page 15 PCP's; she completed one PCP update for Client #3. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (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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with a physician.

This Rule is not met as evidenced by:
Based on record reviews, interviews and observations, the facility failed to ensure that medications were administered to a client only on the written order of a physician and that medications were recorded immediately after administration affecting 3 of 4 audited clients (#1, #2, and #3). The findings are:

Review on 4/27/22 of Client #1's record reviewed:
-admitted 2/10/22
-Diagnoses of Post-Traumatic Stress Disorder (d/o) Reactive Attachment d/o, Major Depressive d/o, recurrent.

Review on 4/27/22 of physician's orders dated 2/4/22 for Client #1 revealed:
-cetirizine (allergies) 10 milligrams (mg) one capsule daily as needed (PRN)
-albuterol (asthma) 90 micrograms (mcg), inhale 2 puffs every 4-6 hours PRN
-trazodone (sleep) 50mg one tablet at bedtime (qhs) PRN
-melatonin (sleep) 3 mg one tablet qhs PRN.

Review on 4/27/22 of February, March and April 2022 MAR's for Client #1 revealed:
-albuterol 90mcg was not written on the April 2022 MAR
-trazodone 50mg was documented as administered 4/1/22-4/27/22 and 4/29/22-4/30/22 on the April MAR; the PRN flow sheet only

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documented Trazodone 50mg as administered on 14 days
-cetirizine 10mg was documented as administered daily in April 2022; the PRN flow sheet only documented cetirizine 10mg as administered on 16 days
-melatonin 3 mg was documented as administered 4/1/22-4/8/22 and 4/11/22-4/27/22; the PRN flowsheet only documented melatonin 3 mg as administered on 19 days
-melatonin 10mg was administered on 4/9/22, 4/10/22, 4/29/22 and 4/30/22 without a written physician's order
-melatonin 3mg was not written on the March MAR; the PRN flow sheet documented that it was administered on 16 days.

Interview on 5/16/22 with Client #1 revealed:
-she used her albuterol inhaler only when she needed it but didn't remember the last time she used it.

Review on 4/27/22 and 5/3/22 of Client #2's record revealed:
-admitted 2/11/22
-diagnoses of Unspecified Bipolar d/o, Conduct d/o, Adolescent Onset type; Cannabis Use d/o, mild, Rule Out specific learning d/o, mild, mathematics.

Review on 4/27/22 of of physician orders for Client #1 revealed:
-melatonin 3mg, 1 tablet PRN for sleep ordered 3/1/22
-melatonin 5 mg, take 1-2 tablets every night ordered on 4/6/22
-there were no physician orders for melatonin 3mg for February 2022.

Review on 4/27/22 and 5/16/22 of February,

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March and April 2022 MARs for Client #2 revealed:
-melatonin 3mg, 1-3 tablets, was administered in February without a written physician's order
-there were no administration instructions for melatonin 3mg on the February MAR
-melatonin 3 mg PRN was documented on the February 2022 MAR as administered on 4 days; the PRN flow sheet documented:
  -1-3 tablets of melatonin 3 mg administered on 6 days
  -3 tablets of 1 mg melatonin as administered on 1 day
  -"melatonin (3)" was administered on 3 days but did not specify if the "(3)" was the number of tablets or the number of milligrams
-melatonin 3mg was not written on the March 2022 MAR; the PRN flowsheet did not distinguish if the numbers in parentheses were the number of tablets or the number of milligrams and documented melatonin as administered on 25 days:
  -"melatonin (1) tab (tablet)" as administered on 13 days and twice on 3/12/22
  -"melatonin (1)" administered on 4 days
  -"melatonin (3)" administered on 5 days
  -"melatonin (3mg)" administered on 1 day
  -"melatonin (3) mg tab" administered on 1 day
-melatonin 10mg was administered on 3/25/22 without a written physician's order
-melatonin 5mg was not listed on the April MAR; the PRN flowsheet documented melatonin 10mg as administered on 21 days.

Interview on 4/27/22 with Client #2 revealed:
-she takes medication; there was no time that staff have missed giving medication.

Review on 4/27/22 of Client #3's record revealed:
-admitted 2/14/22

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V 118	Continued From page 19 -discharged 5/10/22 -diagnoses of Generalized Anxiety d/o, Major Depressive d/o, Mild Intellectual Developmental Disability. Review on 4/27/22 of physician orders for Client #3 revealed: -albuterol (wheezing) 90mcg, inhale 2 puffs every 2-4 hours PRN ordered on 2/15/22 -cetirizine (allergies) 10mg take one tablet daily PRN ordered 2/15/22 -melatonin (sleep) 3mg one tablet qhs PRN ordered 2/22/22. Review on 4/27/22 of Client #3's February, March and April 2022 MARs revealed: -albuterol 90mcg was not listed on the February MAR -there were no administration instructions for cetirizine 10mg on the February MAR -cetirizine 10mg was documented as administered on the February MAR 6 times; the PRN flowsheet only documented the cetirizine as administered 2 times -there were no administration instructions for melatonin 3mg on the February MAR -melatonin 3mg was documented as administered on 2/17, 2/19, 2/22-2/24; the PRN flowsheet did not distinguish if the numbers in parentheses were the number of tablets or the number of milligrams and documented as administered on 12 days as follows: --"melatonin 3mg (2)" on 3 days --"melatonin 3mg (3)" on 3 days --"melatonin (2)" 1 day --"melatonin (3)" on 3 days --"melatonin (3)" tabs on 2 days -the March 2022 MAR documented cetirizine 10mg as administered daily; the PRN flowsheet documented it as administered on 3 days.	V 118		

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V 118	Continued From page 20 Interview on 4/27/22 and 5/3/22 with the Licensee/Director/QP #2 revealed: -when Client #1 stopped physical activities at school, she no longer needed the Albuterol inhaler and hasn't used it lately -the number of melatonin tabs given to clients depended on if the pharmacy provided melatonin in 1, 3, 5, 10mg tabs. -she and QP #1 reviewed the MARs monthly -she has already spoken to staff about documenting PRN medication accurately. Interview on 5/16/22 with Staff #4 revealed: -some clients get prescription melatonin and some do not -Client #2 doesn't have a prescription for melatonin 5mg; she took over the counter melatonin 10mg PRN. Due to the failure to accurately document medication administration it could not be determined if clients received their medication as ordered by the physician. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall	V 139		

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V 139	Continued From page 21 not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any change in partnership; or (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information: (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation	V 139		

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V 139	Continued From page 22 inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide written notice to the Division of Health Service Regulation (DHSR) 30 days prior to temporarily closing the facility. The findings are: Interviews on 4/27/22, 5/11/22 and 5/24/22 with the Licensee/Director/Qualified Professional (QP) #2 revealed: -on 4/27/22, she stated Client #1 and Client #2 were on "a 30-day notice" -Client #1 was going to make a lateral move to another level III facility -they were looking for a placement for Client #3 to better meet her mild IDD (Intellectual Developmental Disability) needs -on 5/11/22, she stated she was closing the facility temporarily because she was considering other business options and maybe a change of ownership -Client #3 was discharged yesterday (5/10/22) to a Development Center -guardians of all 4 clients were notified -she did not want to inform staff that she was closing the facility until she was sure that was her plan -on 5/24/22, she stated she was closing the facility temporarily due to health needs of a family member	V 139		

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V 139	Continued From page 23 -she did not know she needed to inform DHSR of a temporary closure. Review on 5/24/22 of an email dated 5/24/22 from the DHSR Administrative Supervisor revealed: -she checked all closures notices, Enterprise and change applications that have come in and there was no notice from the facility that they were closing. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 139		
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:	V 293		

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V 293	Continued From page 24 (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis 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 record reviews, interviews and observations, the facility failed to provide the necessary level of supervision and structure to provide ongoing therapeutic treatment, intensive supervision and interventions within a system of care affecting 4 of 4 clients (Client #1, #2, #3, and #4). The findings are:	V 293		

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Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews, 1 of 2 audited Qualified Professionals (Licensee/Director/QP#2) failed to demonstrate the knowledge, skills and abilities required by the population served.

Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Plan or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 4 of 4 clients (Clients #1, #2, #3, and #4).

Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118). Based on record reviews, interviews and observations, the facility failed to ensure that medications were administered to a client only on the written order of a physician and that medications were recorded immediately after administration affecting 3 of 4 audited clients (Client #1, #2, and #3).

Cross Reference: 10A NCAC 27G .0404 Operations During Licensed Period (V139). Based on record review and interviews, the facility failed to provide written notice to the Division of Health Service Regulation (DHSR) 30 days prior to temporarily closing the facility.

Cross Reference: 10A NCAC 27G .1703 Requirements of Associate Professionals (V295). Based on record review and interviews, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full-time basis.

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Cross Reference: 10A NCAC 27G .1704 Minimum Staff Requirements (V296). Based on record reviews, interviews and observations, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents in the home or community affecting 4 of 4 clients (Clients #1, #2, #3, and #4).

Cross Reference: 10A NCAC 27G .1708 Transfer or Discharge (V300). Based on record reviews and interviews, the facility failed to meet with existing child and family teams and other required persons to make service planning decision prior to the transfer or discharge of the adolescent from the facility affecting 1 of 4 audited clients (Client #4).

Review on 4/29/22 of the initial Plan of Protection dated 4/29/22 written by the Licensee/Director/QP #2 and QP #1 revealed:

"What immediate action with the facility take to ensure the safety of the consumers in your care? The provider has immediately taken each consumer off the bus and will provide transportation to and from school. The provider will ensure consumers legal guardians are in agreement with any community involved transportation moving forward. The provider will continue to maintain 2 staff to 1 consumer ratio during transportation. The provider will work with the Licensed Professional and the qualified professional to update treatments to meet the needs for the consumer safety and overall care. The provider will ensure the regulations are adhere to as written.

Describe your plans to make sure the above happens?

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V 293	Continued From page 27 The provider will compile training materials to assist all staff with learning the Scope 10A NCAC 27G tag 293 and 10ANCAC 27G .0205/112 cross ref. (reference) into 293 tx (treatment) plan crisis management. The provider will ensure a full CCA (Comprehensive Clinical Assessment) that includes safety, crisis, overall specific community plans for each consumer meets the standards regarding the scope and plans for tx for each individual consumer. The provider will make addendums to current CCA regarding this concern." Review on 5/4/22 of the 2nd Plan of Protection written on 5/4/22 by QP #1 revealed: "What immediate action with the facility take to ensure the safety of the consumers in your care? The provider has removed each consumer that has been of concern from the public-school buses. The provider is currently transporting to and from school until further notice. 1) Who (by name/position) will be involved in determining whether or not a client is capable /safe to have unsupervised time on the bus (or other community time): Legal Guardian, [QP#1], [LP], Licensee/Director/QP #2. 1.1 transportation by staff (it cannot be for convenience of staff/staff shortage) The provider will make all necessary plans to follow state regulations 2-1 ratio. If there is a case of an emergency the provider will staff with the clinical team and guardian to acquire written documentation for the approval of 1-1 transportation. 2) How and when an assessment will be completed that documents a client does/does not require 24-hour supervision. In a level III placement 24hrs supervision is always required. However, [local] School District determines educational placement by board members. if a consumer is eligible to attend public schools the clinical team will assess any	V 293		

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safety concerns regarding the individual consumer; create a service/community safety plan that meets the need of the individual client. This plan will be included in an addendum to the Comprehensive Clinical Assessment and Crisis plan. 3) How safety will be monitored if the client has the unsupervised time, frequency of review and/or what behaviors/indicators would indicate the need to review the unsupervised time. The safety will be monitored daily by the Associate (AP)/ Director. Documented and placed in the clients' file. QP will review meet with LP weekly or as deemed necessary and monthly reviews completed by the LP and QP prior to monthly treatment team meeting and or Child Family Treatment Team Meeting. The indicators that will dictate review will include but not limited to: observed emotional disturbance, suspensions, any misconduct reported from peers, bus driver, or school officials. With guardian approval of unsupervised time, the provider will ensure there is an assessment/documentation that the client is capable/safe without the supervision of two staff per the 1700 rule.

Describe your plans to make sure the above happens?
The provider plans to implement trainings such as: WRAP (Wellness Recovery Action Plan), DBT (Dialectical Behavior Therapy). The primary training will be WRAP. All staff will receive the training including LP, QP, AP and direct care staff no later 30 days from this date. 2) Who will be responsible for ensuring the action above will happen- more specific than "provider" as noted in the Plan of Protection submitted on 4/29/22. Qualified Professional will ensure the training is completed.
,QP plans to schedule WRAP training for all staff including LP, QP and AP within the 30 days. QP

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will ensure that all client specific trainings are updated as new concerns changes occur per individual consumer."

Review on 5/24/22 of the amended Plan of Protection dated 5/24/22 written by the Licensee/Director/QP #2 and QP #1 revealed:
"Plan of Protection Addendum 05/24/22
10A NCAC 27G .0203 /Competencies of QP's and AP's/Tag #109
What immediate action will the facility take to ensure the safety of the consumers in your care?
Director/AP/QP has taken the girls off the bus. QP /AP will have the consumers accessed by the LP and or trauma therapist for evaluation of competency to ride the bus. Staff shortage will not be a reason for bus ride. In transporting clients there will be two staff, unless otherwise there is a needed for one staff. Clients will be properly accessed to determine this choice as well.
Background checks will be performed at initial interview and at least 1 or more time within that year and the following years.

Describe your plans to make sure the above happens.
LP will access clients for ability to ride the bus or not and update CCA and PCP to reflect this information. Staff with pending charges will be handled on a case-by-case bases. The staff will be supervised by director for 30 days to determined stability and safety to continue work. Staff will need to provide proof of not being guilty and court dates so Director may stay abreast with the case.
10A NCAC 27G .0209 (c)(4) Medication Requirements/Tag #118
What immediate action will the facility take to ensure the safety of the consumers in your care?

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The MAR and medications will be compared and contrasted at least one time a week
Describe your plans to make sure the above happens.
QP/AP will assure that medications are listed on the MAR and that the signatures match for proper medications. As well as properly dispose all medications that are no longer a requirement or not prescribed to client.
10A NCAC 27G .1703 Requirements for Associate Professionals/Tag #295
What immediate action will the facility take to ensure the safety of the consumers in your care?
Director/ Management team will look for and hire a dedicated and competent AP who can work 40 hours minimum.
Describe your plans to make sure the above happens.
Begin to place ads and interview for the AP position to replace director. So that the job duties can be focused or centered on ones' scope of practice/ job description.

10A NCAC 27G .1704 /Minimum Staff Requirements (e) /Tag #296/
What immediate action will the facility take to ensure the safety of the consumers in your care?
QP/AP will take client off the bus. QP/AP will assure there are two staff members available for transporting clients. We will assure the clients are accessed for safety and competency for bus ride.
Describe your plans to make sure the above happens.
The LP, QP, AP and Director will work together to assure things are in place from client's guardians, school administrators and an assessment will be done by the LP to state if client can ride the school bus or not.

10A NCAC 27G .1708 Transfer or Discharge/Tag

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#300 /
What immediate action will the facility take to ensure the safety of the consumers in your care?
Discharge plan will be in place for all clients at initial intake. In case of an emergency/premature discharge the discharge will be updated with 24-48 hours prior to discharge.
Describe your plans to make sure the above happens.
During the intake process the discharge of client will be reviewed and signed by the client, the guardian and a representative from the facility. All parties involved will be made aware of the changes immediately this change will also be reflected in the PCP.

10A NCAC 27G .0404 Operations During Licensed Period (k) /Tag #139
What immediate action will the facility take to ensure the safety of the consumers in your care?
Facility director will assure all parties involved are aware of the plans to close temporarily or permanently.
Describe your plans to make sure the above happens.
Director will contact DHSR within the 30-day notice moving forward. This notice will also include informing all stakeholders involved.

10A NCAC 27G .0203 /Competencies of QP's and AP's/Tag #109/
What immediate action will the facility take to ensure the safety of the consumers in your care?
QP and AP will have their job descriptions and allowed to operate based on those descriptions
Describe your plans to make sure the above happens.
Supervision will be provided for QP and AP concerning their job."

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V 293	Continued From page 32 This facility serves adolescent females ranging in ages from 14-16 years old with diagnoses which included Post-Traumatic Stress Disorder (d/o), Reactive Attachment d/o, Major Depression, Generalized Anxiety, Dissociative d/o, exercise induced asthma also induced by Panic; Unspecified Bipolar d/o, Conduct d/o, Adolescent Onset type; Cannabis Use d/o, mild Intellectual Developmental Disability, and Unspecified Trauma and Stressor Related Disorder. Client #1 and Client #4 were admitted directly from inpatient psychiatric units, Client #2 was admitted from therapeutic foster care. When clients were admitted to the facility, there was no documentation or assessment that clients were capable to have less than the required ratio of two staff for one client and there were no goals or strategies on the Person Centered Plans (PCP's) for Clients #1, #2, #3, and #4 that addressed the unsupervised time. Clients #1, #2, #3, #4 were allowed to ride the bus and were also transported 1:1 by staff for appointments or to and from school. The Licensee/Director/QP #2 made the decision for unsupervised time on the bus by reading assessments, looking for red flags for behavior, and letting clients ride the bus on a trial basis to assess their ability to have the unsupervised time. Client #1 had episodes of defiance, property damage, verbal and physical aggression. On 4/10/22 she left the facility unsupervised and was returned by the police. Due to continued escalation of her behavior the following day, she was admitted to the hospital from 4/11/22-4/12/22. Shift notes indicate she rode the bus to school on 4/13/22. On 3/11/22, Client #2's Child and Family team documented minimal improvement in behavior; behaviors included bullying peers, disrespecting staff and a 3-day suspension from the school bus due to "unruly" behavior during the bus ride home. The	V 293		

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V 293	Continued From page 33 plan developed at the CFT meeting was the facility would provide transportation to and from school as needed allowing Client #2 to continue to have unsupervised time on the bus. Client #3 harmed herself by scratching her arm on 3/1/22 and had a psychiatric admission on 3/5/22; incident reports on 3/24/22, 3/28/22 and 4/1/22 document Client #3 was triggered by peers on the bus, had self-injurious behavior, thoughts to harm herself and others and verbal aggression. On 4/5/22, Client #3 was having suicidal ideation with a plan resulting in a psychiatric admission on 4/5/22. There was no update to her PCP that addressed the suicidal ideation and she continued to ride the bus on some days despite the safety concerns. The facility was closed temporarily from December 1 to February 10. When the facility re-opened, the Licensee/Director/QP #2 also functioned as the Associate Professional. She functioned in the role of Director, split Qualified Professional duties with QP #1, and also worked shifts as a direct care staff as needed. There were discrepancies in documentation for the dosage, number of tablets and doctors order for melatonin for Clients #1, #2, and #3 on the February, March and April MARs and some MARs were missing administration instructions. Client #4 was discharged from the facility on 5/13/22 without a written discharge summary. It is not clear if the guardian chose to take Client #4 home sooner than planned due to the facility closing or if she was discharged by the facility. The Licensee/Director/QP #2 notified the guardians of Clients #1, #2, #3, and #4 that the facility was planning to close at least temporarily but failed to notify DHSR 30 days in advance. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000 is imposed. If the	V 293		

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V 293	Continued From page 34 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 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full-time basis. The findings are:	V 295		

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V 295	Continued From page 35 Review on 4/26/22 of the Clients and Staff Census completed by the Licensee/Director/Qualified Professional (QP)#2 revealed: -an AP was not identified. Interview on 4/27/22 and 5/3/22 with the Licensee/Director/QP #2 revealed: -she is the "Licensee, Director, AP and QP...work a lot of hours" -she works as direct staff to fill in if needed -she functioned as the AP since the facility re-opened February 10, 2022 -she planned to hire an AP -she supervises all the staff but she will also take direction from the Licensed Professional (LP) and QP #1 -QP #1 was the AP prior to the facility closing in December 2021 but she was promoted to QP when the facility re-opened in February 2022. Interviews on 4/27/22 and 5/4/22 with QP #1 revealed: -she was the AP before the facility closed in December 2021 -when the facility re-opened, she was hired as the QP -there was no AP staff at the moment. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 295		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING	V 296		

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V 296	Continued From page 36 REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (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	V 296		

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needs as specified in the treatment plan.

This Rule is not met as evidenced by:
Based on record reviews, interviews and observations, the facility failed to ensure minimum staffing requirements of two staff for up to four adolescents in the home or community affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:

Refer to V112 for client information and treatment plan goals.

Interview on 4/27/22 with Client #1 revealed:
-she attended public high school and rode the bus to and from school; she has had no problems on the bus
-she was asked by the facility if she wanted to ride the bus before she started school
- she gets off the bus at 4:30pm; other girls got off the bus at 3:30pm.
-on the day she arrived at the facility with her Department of Social Services (DSS) transportation staff, they arrived at 2:45pm and no staff would have been at the facility at that time
-that was the only time that there were no staff at the facility; "one of the girls told [DSS staff] a bunch of lies ...it shouldn't have been a thing."

Interviews on 4/26/22 and 5/11/22 with Client #2 revealed:
-she rode the school bus to and from school
-she arrived by bus to the facility on the day that

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Client #1 and her DSS worker were already waiting; they waited for approximately 45 minutes for staff to arrive
-there were "2 or 3" times when there were no staff at the facility when she got off the bus in the afternoon
-one time she and Client #2 got off the bus and waited for staff to arrive; the doors were locked so she sat outside and waited for staff to arrive
-there was one time that she, Client #2 and a staff person were locked out of the house in the afternoon and waited until another staff arrived with the keys
-"hasn't happened since [Client #4] got here"
-it hasn't happened since first DSS worker came to house
-when she was suspended from school it was "just me and [Licensee/Director/QP#2]
-there were always two staff at the facility but only one staff picked her up from school.

Interview on 4/26/22 with Client #3 revealed:
-rode the school bus to and from school
-there were no days that a staff wasn't at the facility when she arrived home from school.

Interview on 5/16/22 with Client #4 revealed:
-there were two staff at the facility but only one staff transported her to appointments
-she rode the bus to and from school; "bus was ok."

Review on 5/16/22 of shift notes (1st, 2nd, 3rd) from 2/10/22-5/15/22 revealed:
-each shift completes one note per client per shift
-Client #1 rode the bus to and/or from school on 3/8/22, 3/10/22, and 4/13/22
-Client #3 rode the bus to and/or from school on 3/1/22, 3/10/22, 3/11/22, 3/14/22, 3/15/22, 3/17/22, 3/21/22, 4/13/22, and 4/25/22

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 39 Interview on 4/27/22 with Staff #1 revealed: -hired in February 2022 -his position was residential counselor; he was hired to work 2nd shift but helped on 3rd shift when needed -the "standard time" to arrive for 2nd shift was 3:00pm -Client #1 and Client #2 attended alternative school and rode the bus -Client #3 and Former Client #4 attended regular public school and both rode the bus -Client #3 was suspended off the bus today for 10 days for vaping so staff will have to be with her. Interviews on 4/28/22 and 5/12/22 with Staff #2 revealed: -she worked 3rd shift; she has worked 2nd shift -at the end of 3rd shift, she stayed in the morning until clients got on the bus -on 4/28/22, Staff #2 stated that when staff drove clients, there was one staff with two clients -staff needed to arrive at 3:00pm for 2nd shift; there was a 5-minute grace period and staff have to be at facility by 3:05pm -on 5/12/22, Staff #2 stated that when driving clients, there were always 2 staff in the van. Interview on 4/27/22 and 5/4/22 with QP#1 revealed: -when clients arrived at the facility, a community safety plan was developed; the guardian had to review it -Client #1 and Client #4 had no concerns on the bus -2 staff transported clients to and from appointments -she was not sure how it was determined when a client can be transported by only one staff; "would assume if client is stable enough"	V 296		

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-she worked at the facility on Mondays, Wednesdays and Fridays; if a client had an issue on the bus that day, she knew when they arrived at the facility
-if there was an issue on the bus on Tuesdays and Thursdays, staff informed the Licensee/Director/QP# 2 about it.

Review on 4/27/22 and 4/29/22 Community Safety Plans (CSP) for Client #1 revealed:
-the CSP written on 2/17/22 was signed only by the Licensee/Director/QP #2 and did not include who or what activity the plan was intended for
-the CSP written dated 3/2/22 was signed by the Licensee/Director/QP#2 on 3/2/22 and signed by two school staff on 3/7/22
-Recommended Interventions:
-"maintain a structured/safe environment, provide clear rules and expectations, talk with her one on one' practice active listening, hearing her out; provided support space and time to calm down and get her thoughts and feelings together
-Allow [Client #1] to journal
-Do not allow [Client #1] to spend long periods alone.
-Observe for any visible signs of self-harming behaviors"
-the CSP included the statement "I understand that I should never leave the child alone or unsupervised at any time"
-an undated CSP signed by QP #1 did not include the specific environment or activity that the plan was intended for.

Review on 4/27/22 of the CSP for Client #2 revealed:
-the CSP did not include a specific environment /activity to which it applied
-signed on 3/19/22 -ineligible signature
-signed on 4/27/22 by Client #2's guardian

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-included recommended interventions to address Client #2's behavior
-included a statement "I understand that I should never leave the child alone or unsupervised at any time."

Review on 4/27/22 and 4/29/22 of the CSPs for Client #3 revealed:
-the CSP written on 2/17/22 was signed only by the Licensee/Director/QP#2; it did not include who the plan was intended for
-the CSP written on 3/2/22 was signed on 5/1/22 by the Licensee/Director/QP #2 and the DSS Social Worker
-recommended interventions included:
" ...the provider will register for bus transportation on a trial basis. The provider will not allow bus rides to or from school upon any safety concerns with the plan to remove from the bus immediately AEB (as evidenced by) negative behaviors or triggering behaviors for the safety of consumers or others ...do not allow [Client #3] to spend long periods of time alone ...observe for any visible signed of self-harm"
-included the statement "I understand that I should never leave the child alone or unsupervised for long periods of time. [Client #3] always needs supervision by 2 staff/adults."

Interview on 4/29/22 and with the Licensed Professional (LP) revealed:
-she did not have input regarding clients riding the bus; "it's usually [Licensee/Director/QP #2] who works it out with the school"
-when the facility re-opened, there were some changes made, from her understanding they just wanted her to do therapy.
-Client #2 was suspended due to vaping on the bus; it happened (vaping) more than once.
-she was contacted by QP #1 when Client #3 was

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having thoughts of self-harm because peers on the school bus were calling her names such as child molester
-Client #3 was taken to the hospital the following day on an Involuntary Commitment (IVC).

Interview on 4/27/22 and 5/3/22 with the Licensee/Director/Qualified Professional #2 revealed:
-Client #1 and Former Client #4 attended public school and their afternoon bus arrived on time
-Client #2 and Client #3 attended an alternative school and the arrival time of their bus was unpredictable; it depended on how many students rode the bus that day
-they "had established the fact that girls aren't here until about 3:30pm"
-Client #1 had an appointment on the day she and her worker arrived at the facility and no staff were present; DSS staff picked Client #1 up from school that day to take her to the appointment
-"[DSS staff] doesn't always tell us when she has an appointment"
-usually "the girls" don't get back until 3:30 or 4:00pm
-"one of the girls" (Client #2) showed up about 5 minutes before staff arrived at the facility; Client #1 and her worker were waiting outside of the facility
-staff was picking up Client #3 that day because she was having a hard time riding the bus her first month at the facility; staff was delayed due to an accident
-the DSS worker who investigated this incident was coming to the facility today to close the report.
-Client #3 was getting suspended off the bus; it was challenging who was going to pick up Client #3 when Client #2 was suspended off the bus
-she addressed the staff issue at the next staff

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meeting and thought she also addressed it in supervision; "consumer staff" was the topic at staff meeting; "we got right on it"
-she did the schedule for staff; she and QP #1 did the schedule for the house.

Interview on 4/27/22 with the DSS worker revealed:
-DSS did an afterhours visit the day it was reported that they were no staff present at the facility when Client #1 and Client #2 arrived home in the afternoon
-Client #1 and her DSS staff arrived early and Client #2 arrived on the bus early to the facility
-through her investigation, not having staff present at the facility occurred only once
-DSS was closing the case.

Interview on 5/10/22 with the school counselor revealed:
-he informed the facility "early on" that Client #3 would arrive (by bus) to school in distress
-he discussed with the Licensee/Director/QP #2 that Client #3 was not ready to ride the bus
-the License/Director/QP #2 transported Client #3 back and forth a few times; other times she rode the bus
-he thought Client #2 was capable to ride the bus, but she had a "continued to desire to access vapes."

Interview on 5/11/22 with the Assistant Principal/Transportation Coordinator of the high school revealed:
-they did not keep transportation logs of when students rode the bus or were driven to school
-when Client #2 was suspended, facility staff transported her; client #2 had been suspended for vaping on the bus
-suspension was the only time that Client #2

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V 296	Continued From page 44 didn't ride the bus -facility staff transported Client #3 "a couple of times" during her first week of school -she saw one staff come into the school to pick up at the end of the school day; she didn't know if there was a second staff person in the vehicle for transportation. Review on 4/27/22 of Staff meeting notes dated 3/12/22 revealed: -there was no documentation addressing supervision of clients or arriving for scheduled shifts on time. Observation at approximately 3:00pm on 4/29/22 revealed: -QP #1 arrived at the facility in a van with Client #2 and Client #3 -QP #1 was the only staff person transporting Client #2 and Client #3. Observation at 11:15am on 5/3/22 revealed: -the Licensee/Director/QP #2 arrived at the facility with Client #2; she was the only staff person transporting Client #2. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.	V 300		

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(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.
(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.
(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.
(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to meet with existing child and family teams and other required persons to make service planning decision prior to the transfer or discharge of the adolescent from the facility

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affecting 1 of 4 audited clients (Client #4). The findings are:

Review on 5/17/22 of Client #4's record revealed:
-admitted on 3/30/22
-discharged on 5/13/22
-age 15
-diagnoses of Unspecified Trauma and Stressor Related Disorder (d/o), Major Depressive d/o, recurrent episode, severe

Interview on 5/16/22 with Client #4 revealed:
-she had returned to living at her mother's house.

Interview on 5/16/22 with Client #4's mother/guardian revealed:
-she received a letter and email which said the facility was shutting down on June 3rd; she did not recall the date of the letter or email
-she went to the facility on Friday, 5/13/22 to pick her daughter up for a home visit and was told by staff that Client #4 was being discharged; she didn't know Client #4 was going to be discharged that day
-her belongings were packed before she arrived and staff gave her Client #4's medications
-she did not remember which staff were working when she arrived
-she received a call from the facility on 5/12/22 that Client #4 was suspended from school for 10 days and she needed to pick her up because there was no one to pick her up; Client #4 ended up riding the bus to the facility
-the Licensee/Director/Qualified Professional (QP) #1 and Local Management Entity/Managed Care Organization (LME/MCO) Care Manager (CM) were looking for placement for Client #4 but no other services other than Client #4's regular medical appointments were arranged prior to discharge

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-she was going to call the LME/MCO CM for assistance in setting up ongoing services
-Client #4 cannot be left alone
-she did not receive a discharge summary for Client #4.

Interview on 5/16/22 with the Licensed Professional (LP) revealed:
-Client #4 was discharged to her mother's house on 5/13/22
-she received a text from the Licensee/Director/QP #2 that Client #4 was discharged
-she was supposed to have a therapy session with Client #4 today; she wasn't sure what discharge plans were made.

Interview on 5/17/22 with the Qualified Professional #1 revealed:
-she was out of the office on vacation for 4 days and was not part of Client #4's discharge; she said to ask the Licensee/Director/QP #2 about the discharge.

Interview on 5/18/22 with the Licensee/Director/Qualified Professional #2 revealed:
-she sent a notice to the guardians of the four current clients that the facility was closing June 3rd
-they were working with the LME/MCO CM to find another placement- a level II or level III placement or to return home with ACTT (Assertive Community Treatment Team) or Intensive Home services
-the CM and facility were unable to find another placement
-Client #4's family had a death in the family and her mother was picking her up to spend some time with family

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V 300	Continued From page 48 -Client #4 was suspended from school for 10 days; her mother was aware of this which led to her mother picking her up because the school year was essentially over -facility staff called her and said Client #4's mother was at the facility and was taking Client #4 home -she did not say that Client #4 was discharged, that was her mother's decision -she didn't know that Client #4's mother was coming to pick her up. Interview on 5/18/22 with the Client #4's Local Management Entity/Managed Care Organization (LME/MCO) Care Manager's (CM)s supervisor revealed: -she spoke with Client #4's mother today -the CM learned of Client #4's discharge when she called the facility on 5/13/22 -aftercare services were not confirmed but options were being explored prior to discharge because the facility was closing -returning to live with her mother was one of the discharge options and "it sounds like it happened sooner than mom expected" -mother went to pick Client #4 up for respite and was told by staff she was taking her home. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 300		
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	V 736		

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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 and attractive manner. The findings are:

Observations at 4:22pm on 4/26/22 and at 9:50am on 4/27/22 revealed:
-a fist sized hole in the front side of the Client #1 and Client #4's bedroom door
-missing back side of the bedroom door in Client #1 and Client #4's room
-2 of 3 lightbulbs missing from the ceiling fan/light over the kitchen table.

Interviews on and 5/3/22 and 5/24/22 with the Licensee/Director/QP #2 revealed:
-the hole in the door was from a former client discharged prior to the facility closing in December 2021
-Client #1 ripped the back of the door off when she was angry
-the maintenance person was at the facility about one week ago and took measurements for a new door
-they removed 2 of the 3 lightbulbs in the ceiling fan light because it was too bright.
-the bedroom door was replaced.