

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on June 3, 2022. Two complaints were substantiated (Intake #NC00188647 and NC00189319) and one complaint was unsubstantiated (Intake #NC00188932). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p> <p>A summary suspension was issued on June 3, 2022.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> </ul>	V 107		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 107	<p>Continued From page 1</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff met the minimum level of education for their position affecting 1 of 2 audited former staff (Former Staff (FS) #5). The findings are:</p> <p>Review on 5/25/22 of FS#5's record revealed:</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>-Hired 2/15/22; -Separated 5/8/22; -Hired as Paraprofessional; -Job description identified high school diploma required; -No education credentials.</p> <p>Interview on 5/17/22 with FS#5 revealed: -Recently graduated from college.</p> <p>Interviews on 5/25/22, 6/1/22, and 6/2/22 with the Licensee revealed: -Attempted to obtain education credentials for FS#5 but was unsuccessful; -Was informed by FS#5 that he recently graduated from college; -Will obtain all staff's education credentials in the future.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training to meet the needs of the clients affecting 8 of 8 audited current staff (Staff #1, #2, #3, Assistant House Manager (AHM), Associate Professional (AP), House Manager (HM), Qualified Professional (QP), and Licensee) and 2 of 2 audited former staff (Former Staff (FS) #4 and #5). The findings are:</p> <p>Review on 5/25/22 of Staff #1's record revealed: -Hired 3/28/22; -Hired as Paraprofessional; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/31/22 of Staff #2's record revealed: -Hired 5/12/22; -Hired as Paraprofessional; -No documentation of training to meet the needs of the clients.</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>Review on 5/31/22 of Staff #3's record revealed: -Hired 4/14/22; -Hired as Paraprofessional; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/31/22 of FS#4's record revealed: -Hired 4/10/22; -Separated 5/8/22; -Hired as Paraprofessional; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/25/22 of FS#5's record revealed: -Hired 2/15/22; -Separated 5/8/22; -Hired as Paraprofessional; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/25/22 of the AHM's record revealed: -Hired 1/12/22; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/25/22 of the AP's record revealed: -Hired 5/11/22; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/25/22 of the HM's record revealed: -Hired 5/25/20; -No documentation of training to meet the needs of the clients.</p> <p>Review on 5/25/22 of the QP's record revealed: -Hired 3/16/22; -No documentation of training to meet the needs of the clients.</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>Review on 5/25/22 of the Licensee's record revealed: -Hired 12/4/19; -No documentation of training to meet the needs of the clients.</p> <p>Interviews on 5/23/22 - 6/1/22 with Staff #1, #2, #3, FS#4, AHM, AP, and HM revealed: -Did not receive training on Clients #1, #2, and #3's treatment plans.</p> <p>Interview on 6/3/22 with the Licensee revealed: -Did not have any documentation of training to meet the needs of the clients; -Was supposed to complete training to meet the needs of the clients but did not complete the training due to the on-going survey with Division of Health Service Regulation (DHSR) and the challenges faced providing documentation to DHSR during the survey (5/13/22-6/3/22); -"We were always getting paperwork for you (DHSR)."</p>	V 108		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 6 audited paraprofessionals (Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 5/25/22 of the Licensee's record revealed: -Hired 12/4/19.</p> <p>Refer to V132 for failure to report and investigate all allegations against health care personnel: -House Manager observed Client #1 smoking marijuana in Staff #2's car in the presence of Staff #2 and Former Staff (FS) #5 in the middle of the night;</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>-Licensee failed to report Staff #2 to the Health Care Personnel Registry (HCPR) and failed to complete an internal investigation regarding Staff #2's role in the incident.</p> <p>Refer to V364 for failure to ensure clients' rights in a 24-hour facility: -Licensee removed clients' clothing, shoes, and personal belongings as a consequence to clients' behaviors.</p> <p>Refer to V367 for failure to complete incident reporting: -No incident reports completed in North Carolina Incident Response Improvement System (NC IRIS) regarding calls to the police on 4/4/22, 5/7/22, and 5/8/22; -No incident reports completed in NC IRIS regarding Clients #1 and #3 using marijuana; -No incident reports completed in NC IRIS regarding an incident with Staff #2, FS #5, and Client #1 in Staff #2's car in the middle of the night on 5/8/22.</p> <p>Refer to V509 for failure to promote and encourage social integration: -Licensee restricted clients to their bedrooms for days as a consequence to the clients' behaviors.</p> <p>Interview on 6/1/22 with the Assistant House Manager (AHM) revealed: -Client #3 "was definitely provoked by the owner [Licensee] to act out the way she (Client #3) did" which resulted in Client #3 getting upset and requiring law enforcement intervention on 5/8/22; -Client #3 became upset because all of her clothes, shoes, and personal possessions had been removed after she had gone AWOL (absent without leave) with Client #1 and the personal belongings were placed in the garage away from</p>	V 110		

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V 110	<p>Continued From page 8</p> <p>Client #3; -Client #3 wanted her personal belongings back and went to the garage to retrieve the items; -Licensee told Client #3 that if she got her belongings from the garage that the Licensee would call the police; -Client #3 told the Licensee to go ahead and call the police; -Licensee jumped up and blocked Client #3 from returning from the garage with her belongings; -A "power struggle" ensued; -Client #3 started throwing items; -Licensee blocked the doorway preventing Client #3 from passing into the facility with her belongings; -Licensee "would not leave [Client #3] alone even when [Client #3] said she (Client #3) did not want to talk to [Licensee] but wanted to talk to [AHM]" about what was happening; -"The incident could have been avoided."</p> <p>Interviews on 6/2/22 and 6/3/22 with the Licensee revealed: -Did not believe Staff #2 was smoking marijuana; -Did not report Staff #2 to HCPR; -Did not complete an investigation into Staff #2's actions; -Would report Staff #2 to HCPR and complete an investigation into her actions "if that is what you (Division of Health Service Regulation" want; -" ...Will not do it (removing clients' clothing, shoes, and belongings) again;" -Had instructed the AHM and HM to complete the incident reports in NC IRIS but did not follow up to see if they were completed; -Had not utilized room restrictions lately; -Had used 24-hour room restrictions in the past with clients.</p> <p>This deficiency is cross referenced to 10A NCAC</p>	V 110		

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V 110	Continued From page 9  27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.  This Rule is not met as evidenced by:	V 112		

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V 112	<p>Continued From page 10</p> <p>Based on interview and record review, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Review on 5/23/22 of Client #1's record revealed:                      -Admitted 10/8/21;                      -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder;                      -History of homicidal ideation, lying, aggression, substance use, and AWOL (absent without leave);                      -14 years old;                      -Treatment plan dated 5/17/22 revealed a goal to increase awareness of addiction "...Over the next 60 days, [Client #1's] progress will be evident by: Utilize behavioral strategies to manage urges substance uses, Learn and implement problem-solving skills to reduce desire of illegal substances, and Use relaxation exercise to control anxiety, urges and reduce consequent impulse behavior." Support and intervention strategies identified revealed client will "participate in substance abuse group one a week;"                      -Treatment plan updates revealed Client #1 had gone AWOL and smoked marijuana on 5/7/22;                      -No documentation of Client #1 receiving weekly substance abuse group therapy.</p> <p>Review on 5/23/22 of Client #3's record revealed:                      -Admitted 3/11/21;                      -Discharged during the survey on 5/17/22;                      -Diagnosed with Major Depressive Disorder;                      -History of crying spells, auditory hallucinations, suicidal ideation and attempts, substance use, AWOL;                      -16 years old;                      -Treatment plan dated 5/8/22 revealed a goal "To identify and cope with triggers, incorporate coping</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>skills when wanting to use illegal substances that can reduce the symptoms of depression, lower suicidal ideation refrain from self-harm and improve overall well-being. Over the next 60 days [Client #3's] progress will be evident by: Learning and using effective communication skills to express herself in a healthy manner at least 4 out of 7 days weekly; Learning and utilizing thought stopping techniques, thought replacement and positive reinforcement at least 5 days per week; Learning and using coping mechanisms 3 out of 5 times she feels anxious, depressed or overwhelmed; Leave about recovery and the disease of addiction." Support and intervention strategies did not identify specific substance abuse strategies;</p> <p>-Treatment plan updates revealed Client #3 "was caught smoking Marijuana out her back bedroom window and showed no signs of remorse" and had gone AWOL and smoked marijuana on 5/8/22.</p> <p>Review on 6/2/22 of the investigation report dated 5/8/22-5/30/22 regarding Staff #2 and Former Staff (FS) #5 with Client #1 revealed:</p> <p>-Incident dated 5/8/2022 on third shift between 12:30am-1:30am;</p> <p>-House Manager (HM) called the Licensee and reported " ...she had smelled weed coming out of the care where [FS#5], [Staff #2], and [Client #1] Was sitting at. [HM] told Both Staff to clock out for the remainder of their shift ...[FS#5] denied being in the car and said that [HM] was lying ... [Staff #2] stated that [Client #1] was very upset about another consumer situation and needed to vent. [Staff #2] said that she took [Client #1] out side it was cold so they talked I her car. [FS#5] Came out side to [Staff #2] Car started smokig up his Blunt and started smoking said 'its cold f**k this' got in side [Staff #2]'s car. [Staff #2] start to</p>	V 112		

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V 112	<p>Continued From page 12</p> <p>yell you can't smoke around the resident (Client #1) get out my car 'he said 'Girl I been smoking with [Client #1] here [Client #1] do you want to hit the Blunt';"</p> <p>-FS#5 admitted he smoked marijuana around the facility and provided marijuana to Client #1.</p> <p>Review on 6/2/22 of an incident report dated 5/30/22 regarding Client #1 revealed: -" ...[Client #1] explained that she was depressed and need help she could not stop smoking (marijuana) staff asked [Client #1] where she was getting her Drugs from She didn't respond. [Qualified Professional (QP)] took [Client #1] to the Hospital ..."</p> <p>Review on 5/31/22 of Client #3's hospital medical records for date of service 5/8/22 revealed: -Client #3 tested positive for marijuana.</p> <p>Interviews on 5/23/22 and 6/1/22 with Client #1 revealed: -Was discovered smoking marijuana with Client #3 in the facility by the HM; -Client #3 gave her marijuana and left marijuana in the facility after her discharge; -Smoked marijuana with FS#5 one night after midnight while sitting in Staff #2's car with Staff #2 and FS#5. They were discovered by the HM when the HM arrived at the facility; -FS#5 provided her with marijuana; -Was supposed to attend substance abuse counseling weekly but did not receive this service; -Was evaluated and admitted at a local hospital at the end of May, 2022 after revealing to the QP she had been struggling with substance abuse through continued marijuana use and had used marijuana possibly laced with methamphetamine which had been hidden in the facility.</p>	V 112		

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V 112	<p>Continued From page 13</p> <p>Interview on 5/25/22 with Client #3 revealed: -Was discovered smoking marijuana with Client #1 in the facility by the HM; -Smoked marijuana with FS#5 outside the facility on the street with Client #1; -Was given marijuana by FS#5 and had purchased marijuana for \$40 from the Assistant House Manager; -Did not receive substance abuse treatment while at the facility.</p> <p>Interviews on 5/17/22 and 6/1/22 with FS#5 revealed: -Denied smoking marijuana with any client or on the grounds of the facility; -Denied knowledge of any staff smoking marijuana at the facility; -Would not participate in any further interviews without an attorney.</p> <p>Interview on 6/1/22 with the AHM revealed: -Denied selling marijuana to Client #3.</p> <p>Interviews on 6/2/22 and 6/3/22 with the Licensee revealed: -Client #1 received weekly substance abuse treatment which she provided; -Acknowledged she was not certified or licensed to provide substance abuse treatment; -Would investigate enrolling clients in local substance abuse treatment programs; -Believed the clients obtained marijuana from school; -"I have nothing to say. I am doing all I can to turn this around. I have been trying to get back into compliance."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced to 10A NCAC</p>	V 112		

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V 112	Continued From page 14  27G .1701 Scope (V293) for a Failure to Correct Type A1 rule violation.	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 with a physician.	V 118		

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V 118	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure prescription medication was administered to a client as ordered affecting 1 of 3 audited clients (Client #2) and failed to ensure medications were administered by persons trained by a registered nurse (RN) or other legally qualified person affecting 6 of 8 audited current staff (Staff #1, #2, #3, Assistant House Manager (AHM), Associate Professional (AP), and House Manager (HM)) and 2 of 2 audited former staff (Former Staff (FS) #4 and #5). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V123) Based on interview and record review, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist affecting 1 of 3 audited clients (Client #2).</p> <p>Finding #1 Review on 5/23/22 of Client #2's record revealed: -Admitted 6/5/21; -Diagnosed with Major Depressive Disorder, Reaction to Stress, Parent-Biological Child Conflict, Child Sexual Abuse; -16 years old; -Physician's orders dated 5/11/22 for Cetirizine (allergies) 10mg (milligram) 1 tab (tablet) daily (7am), Divalproex Sodium (mood) 500mg 1 tab twice daily (7am and 7pm), Lactaid Fast Acting Caplets (heartburn) 1 cap (caplet) three times daily (7am, 12pm, 5pm), Mirtazapine (antidepressant) 30mg 1 tab daily (7pm), Metronidazole (antibiotic) 30mg 1 tab twice daily (7am and 7pm) for 7 days, Restora (supplement) 500mg 1 cap daily (7pm) for 7 days, Fluconazole</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>(antifungal) 150mg 1 tab for one day dose; -Physician's orders dated 4/26/22 for Latuda (antipsychotic) 40mg decreased via taper to Latuda 20mg 1 tab daily (5pm) and then discontinued; -April, 2022 MAR revealed Lactaid Fast Acting Caplets not administered on 14 days (1 refusal, 2 left for school and missed administration, and 12 awaiting delivery of medication from the pharmacy), and Divalproex Sodium and Cetirizine not administered 1 day (left for school and missed administration); -May, 2022 MAR revealed Lactaid Fast Acting Caplets not administered 3 days (refusals); -No documentation of holding medications for a medical appointment or fasting bloodwork.</p> <p>Interview on 5/31/22 with Client #2 revealed: -Had gone to school without receiving morning medications at least three times; -Was not administered morning medications once in May, 2022 and twice in April, 2022; -Cannot recall which staff was supposed to administer the missed medications, but recalled it was the overnight staff; -Cannot recall the specific dates when her morning medications were not administered.</p> <p>Interviews on 5/26/22 and 6/1/22 with FS#4 revealed: -Staff #3 administered medications slowly which caused Client #2 to miss medications when Client #2's bus arrived, and Client #2 left for school; -FS#4 could not recall the specific date when Client #2 went to school without medication but identified it was late April or early May, 2022;</p> <p>Interview on 5/31/22 with Staff #3 revealed: -Had no knowledge of Client #2 missing medications prior to leaving for school.</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>Interview on 6/2/22 with the House Manager revealed: -Had no knowledge of Client #2 missing medications prior to leaving for school.</p> <p>Finding #2 Review on 5/25/22 of Staff #1's record revealed: -Hired 3/28/22; -Hired as Paraprofessional; -Certificate for medication administration training dated 3/28/22 (Monday).</p> <p>Review on 5/31/22 of Staff #2's record revealed: -Hired 5/12/22; -Hired as Paraprofessional; -Certificate for medication administration training dated 4/29 (with no year) with staff first name only.</p> <p>Review on 5/31/22 of Staff #3's record revealed: -Hired 4/14/22; -Hired as Paraprofessional; -Certificate for medication administration training dated 4/19/22.</p> <p>Review on 5/31/22 of FS#4's record revealed: -Hired 4/10/22; -Separated 5/8/22; -Hired as Paraprofessional; -Certificate for medication administration training dated 4/14/22.</p> <p>Review on 5/25/22 of FS#5's record revealed: -Hired 2/15/22; -Separated 5/8/22; -Hired as Paraprofessional; -Certificate for medication administration training dated 2/12/22 (Saturday).</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>Review on 5/25/22 of the AHM's record revealed: -Hired 1/12/22; -Certificate for medication administration training dated 1/1/22.</p> <p>Review on 5/25/22 of the AP's record revealed: -Hired 5/11/22; -Certificate for medication administration training dated 5/11/22.</p> <p>Review on 5/25/22 of the HM's record revealed: -Hired 5/25/20; -Certificate for medication administration training dated 5/26/22.</p> <p>Medication administration training certificates for Staff #1, #2, #3, FS#4, FS#5, AHM, AP, and HM had evidence of staff names and dates of trainings on the certificates being whited-out and written over.</p> <p>Review on 6/1/22 of Client #2's April and May, 2022 MARs revealed: -Staff #1 administered medications to Client #2 on several days.</p> <p>Review on 6/1/22 of an email correspondence dated 6/1/22 from the Licensee revealed: -An RN provided medication administration training to all staff; -No employee administered medication prior to receiving medication administration training; -The RN who provided medication administration training was uncomfortable with the questions asked by Division of Health Service Regulation and expressed concerns about the status of her nursing license.</p> <p>Review on 6/1/22 of email correspondence dated 6/1/22 from the RN identified to complete</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>medication administration training revealed: -Provided home health assessments (for a different agency) on 2/8/22, 2/24/22, 3/18/22, 5/10/22, 5/19/22, 5/24/22.</p> <p>Interview on 6/1/22 with Staff #1 revealed: -Was trained in medication administration by the Licensee; -Never met with an RN for medication administration training.</p> <p>Interviews on 5/26/22 and 6/1/22 with FS#4 revealed: -Did not receive medication administration training immediately upon hire; -Eventually received medication administration training several weeks after being hired.</p> <p>Interview on 6/1/22 with the AHM revealed: -Did not receive medication training on 1/1/22 as it was a holiday and he did not work; -Did receive medication administration training from a Caucasian woman but it was not on 1/1/22; -"I believe [Licensee] falsifies a lot of documents and covers a lot of stuff up."</p> <p>Interview on 6/1/22 with the AP revealed: -Had not received medication administration training; -When asked about the certificate in her personnel record reflecting medication administration training, she identified the certificate was falsified as she did not receive the training. She continued to explain that she was waiting to receive training in medication administration today but had not been alerted to what time the training would occur.</p> <p>Interview on 6/1/22 with the RN identified to</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>complete medication administration training revealed:</p> <ul style="list-style-type: none"> <li>-Upon first contact at 8:05am, the RN identified she taught 4 medication administration classes for period 1/1/22 through 6/1/22, with the last course taught on 4/21/22. She was unable to provide the dates of the other 3 classes, but would call right back with the information after checking her calendar;</li> <li>-A follow-up call to the RN was made at 12:35pm and a message left. The RN returned the call at 1:50pm and revealed she had provided medication administration training on 4/14/22, 4/20/22, 4/29/22, 5/10/22, and 5/26/22;</li> <li>-Was not able to provide any other dates of training as her calendar/planner was only for two months;</li> <li>-Was unable to provide documentation of the individuals trained on particular dates as she did not maintain any paperwork or training rosters;</li> <li>-Was unable to recognize staff names when names were provided as she was "very bad with names;"</li> <li>-Was unable to explain the discrepancy between her first report of no medication administration training since 4/21/22 and her current report of 5 classes between 4/14/22 and 5/26/22;</li> <li>-When asked about the discrepancies, she responded with "can't answer that" and "not sure about it;"</li> <li>-She worked at a healthcare facility every Saturday, Sunday, and Monday so never provided medication administration training on those days of the week;</li> <li>-Never used white-out on her certificates;</li> <li>-Had staff write their own names on the certificates to ensure staff's names were spelled correctly and then signed and dated the certificates;</li> <li>-If there was white-out marks on the certificates</li> </ul>	V 118		

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V 118	<p>Continued From page 21</p> <p>then they were not valid; -Provided dates she completed home health assessments for a different agency as she would not complete medication administration training on the same dates; -Was able to provide the dates of the home health assessments dating back to 1/1/22 despite her calendar/planner only dating back two months; -Did not explain why home health assessments and medication administration training were both completed on 5/10/22; -Did not have any upcoming medication administration trainings scheduled for the facility and was not planning on providing any training to staff today.</p> <p>Interviews on 6/2/22 and 6/3/22 with the Licensee revealed: -All staff have received medication administration training from an RN; -The medication administration training certificates were not falsified; -The medication administration training certificates were whited-out and re-used because the RN did not always have certificates; -Cannot explain why some staff reported they did not receive medication administration training from the RN; -"Poor staff. Poor, poor staff. Staff wasn't trained. Poor, poor staff."</p> <p>Review on 6/3/22 for the Plan of Protection dated 6/3/22 and signed by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Medication key will be kept on staffs person that on duty at all times around their Arms. At the end of their shift the key will be passed on to the next staff member at the end of the shift following</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>medication count.</p> <p>BCS (Blossom Community Services - Licensee and Facility) will train and Provide education on all on boarding staff on medication training with a licensed RN (Registered Nurse) before they are allowed to work.</p> <p>BC (Blossom Community) will provide sign in sheet to ensure that we have record of training from RN and Staff</p> <p>Describe your plans to make sure the above happens.</p> <p>The Plan is to Make sure an audit is done to ensure that training are completed before working with consumers."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients #1, #2, and #3 ranged in age from 14-16 years old. They were diagnosed with mental health needs including Major Depressive Disorder and Post-Traumatic Stress Disorder. Clients #1, #2, and #3 received medications to control medical and mental health needs. Client #2 was not administered antacid medications 14 days in April and 3 days in May. Additionally, she was not administered Divalproex Sodium and allergy medication at least 1 day in April. There was no documentation of notification to a pharmacist or physician regarding the missed doses.</p> <p>Furthermore, it could not be determined if staff received training in medication administration from a registered nurse. The training certificates contained areas where white-out had been used and new information had been entered. The registered nurse denied issuing certificates with areas of white-out. Furthermore, staff denied receiving training on dates indicated on their certificates, denied ever meeting with a registered nurse for training, and denied receiving training at</p>	V 118		

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V 118	Continued From page 23  all from the facility. The registered nurse was inconsistent with her reports of when training was provided at the facility. This deficiency constitutes a Type A1 rule violation for serious neglect. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.  This Rule is not met as evidenced by:	V 120		

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V 120	<p>Continued From page 24</p> <p>Based on interview, record review, and observation, the facility failed to ensure medications were stored securely affecting 3 of 3 audited current clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 5/23/22 of Client #1's record revealed: -Admitted 10/8/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder; -History of homicidal ideation, lying, aggression, substance use, and AWOL (absent without leave); -14 years old.</p> <p>Review on 5/23/22 of Client #2's record revealed: -Admitted 6/5/21; -Diagnosed with Major Depressive Disorder, Reaction to Stress, Parent-Biological Child Conflict, Child Sexual Abuse; -History of cutting, suicidal ideation and attempts by cutting and attempting to drown herself; -16 years old.</p> <p>Review on 5/23/22 of Client #3's record revealed: -Admitted 3/11/21; -Discharged during the survey on 5/17/22; -Diagnosed with Major Depressive Disorder; -History of crying spells, auditory hallucinations, suicidal ideation and attempts, substance use, AWOL; -16 years old.</p> <p>Review on 5/13/22 of audio and written emergency call reports from the county's 911 System revealed: -Call at 12:41 pm on 4/2/22 revealed Client #3 went AWOL; -Call at 1:31pm on 4/2/22 revealed Client #3 had overdosed with " ...pill bottles everywhere ..."</p>	V 120		

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V 120	<p>Continued From page 25</p> <p>Review on 5/13/22 of the North Carolina Incident Response System (NC IRIS) revealed: -Incident report regarding an incident on 4/2/22 at 12:30pm involving Client #3; -" ...Client went AWOL a t around 12;30pm from the home. Client was able to get in a locked window which was the office window. Client was able to get into the medicine cabinets and begin taking medications while staff and others were out in the community. Client was observed by staff taking medications that didnt belong to her and some that belonged to her. Client was seen by EMTs (emergency medical technicians) and they escorted client to the hospital ...Unlock keys are now in a secure and locked place where clients arent able retrieve them even behind a locked office door ..."</p> <p>Interview on 5/25/22 and review of the undated list of medications taken by Client #3 after Client #3 accessed the medication cabinet on 4/2/22 provided by the House Manager (HM) revealed: -Client #1: " ...(30 count) Paliperdone ER (6m) ... (60 count) Oxcarbazepine (600mg (milligrams)) ...;" -Client #2: " ...Divalproex 5-0;" -Client #3: " ...Hydroxyzine 53-0 ...Olanzapine ...Focalin 12-0 ...Vitamin D 22-0;" -Former Client (FC) #6: " ...(Cyprohetadine Cl 4mg tab (tablet) 19.5-2) ...(Vyvanse 21-0);" -HM was not able to identify or explain the meaning of the numbers listed next to the medications.</p> <p>Review on 5/31/22 of email correspondence dated 5/29/22 from the Licensee with the list of medications taken by Client #3 after Client #3 accessed the medication cabinet on 4/2/22 revealed:</p>	V 120		

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V 120	<p>Continued From page 26</p> <p>-Client #1: Oxcarbazepine 600mg 9 pills; -Client #2: None missing; -Client #3: Focalin XR (no dose noted) with unidentified number of pills missing, Vitamin D 22 pills, Hydroxyzine 25mg 53 pills, Olanzapine 26pills; -FC#6: Vyvanse 40mg 21missing.</p> <p>Review on 6/2/22 of the hospital medical records for Client #3 dated 3/29/22-5/13/22 revealed: -Evaluated at the hospital for suicidal ideation on 3/29/22 and discharged 4/1/22 after 3 days; -Evaluated at the hospital on 4/2/22 " ...She states today she thought about running away but instead decided to sit on the porch. She admits she did think about harming herself today and did have SI (suicidal ideation) in the past. Pt (patient) states she was crying today and did not know exactly why she was crying. Pt reports later on she got "angrier" and took the frame off of something. She states earlier today, she took the key, unlocked the medication box, and took some medications. Per group home staff, Pt had took 30 tablet of her prescribed Prozac in addition to an unknown amount of narcotics. Per group home staff report, they got the first set of vitals 1342 (1:42pm). Currently Pt reports she does feel somewhat somnolent. She states she was initially nauseous after taking the medications but did not vomit ....Pt reported to have taken an unknown quantity of a variety of medications some prescribed for her and some for other group home members including Prozac (est (estimated) 30 tablets), Vyvanse, Hydroxyzine, Focalin, Olanzapine, Sertraline and Cyproheptadine ....At approximately 0645 am (6:45am 4/3/22) her blood pressure rapidly declined from 99/57 to 69/28 and she no longer appeared responsive to stimuli. A rapid response was called to evaluate the patient. She was noted to be responsive to</p>	V 120		

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V 120	<p>Continued From page 27</p> <p>sternal rub with verbal compliant asking the provider to stop, she received a 2000ml (milliliter) bolus of NS (sodium fluid) and her blood pressure responded to the intervention with an increase to 100-101/48-49 by 0711am (7:11am) and has remained predominantly in the 80's-100 systolic, and 40's-50's diastolic range since that intervention. Her calculated BP (blood pressure) mean has ranged predominantly 62-72. [Second local hospital] PICU (pediatric intensive care unit) was contacted for transfer of the patient due to need for higher level of care. She has been accepted for transfer, and they are in route."</p> <p>Interviews on 5/23/22 and 5/25/22 with Clients #1 and #2 revealed: -The keys to the medication cabinet were kept in the office, usually hanging on the wall next to the medication cabinet.</p> <p>Interview on 5/25/22 with Client #3 revealed: -Was outside the locked facility because she refused to go to the office with the HM, Staff #1, and Clients #1 and #2 on 4/4/22; -She needed to use the bathroom, but the facility was locked; -Had no place to use the bathroom so went "around the right hand side of the house (facility) and pee (urinated) in the yard;" -Did not want to be outside because it was cold; -Wanted to go to her room and get into bed; -Went to the window which led to the office; -Took the screen off the window and lifted up the unlocked window; -Pushed herself up and went headfirst through the window; -Balanced her abdomen on the windowsill for a few seconds to get up high enough to get through the window; -Landed on her hands to break her fall once</p>	V 120		

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V 120	<p>Continued From page 28</p> <p>through the window;</p> <p>-Was not thinking about taking the medications at first, but then she saw the medication cabinet with the keys right beside it;</p> <p>-Took the keys and unlocked the medication cabinet;</p> <p>-"Went for the controlled medications first" but could not find the key to open the controlled medication box;</p> <p>-Took the blister packs and started "popping medications out of the packets (blister packs);"</p> <p>-Took her medications and those that belonged to Clients #1, #2, and discharged clients;</p> <p>-Did not take Client #2's antacid pills because she did not want those;</p> <p>-Took several packs of the "bubble pills" (blister packs) and "kinda zoned out;"</p> <p>-Could not identify how many pills she ingested because some of the blister packs were only half full;</p> <p>-Crushed up some of the pills and "started snorting because they (pills) hit you faster;"</p> <p>-Her nose "started burning" so she went back to swallowing the pills;</p> <p>- "It (swallowing pills) took a long time because I had so many pills in my mouth;"</p> <p>-Found an additional box of medications and took some of those;</p> <p>-HM arrived back to the facility;</p> <p>-HM grabbed the pills out of her hand and walked out of the office;</p> <p>-HM called for help;</p> <p>-Was brought to her bedroom by HM and an ambulance arrived;</p> <p>-Had "dozed off a little and was high" when placed on the ambulance stretcher;</p> <p>-"My last thought before I left the house (facility) was that I am going to die;"</p> <p>-Had some memories of the hospital but limited memories.</p>	V 120		

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V 120	<p>Continued From page 29</p> <p>Interview on 6/1/22 with Staff #1 revealed; -Could not identify specifics about how or when Client #3 accessed the medication cabinet because she did not observe the incident.</p> <p>Interview on 5/23/22 with the HM revealed: -Upon return to the facility from the office, she noticed the screen was off the medication room window; -There was a log near the medication room window; -Went inside the facility and discovered Client #3 went through the window of the medication room; -The window was not broken; -Believed Client #3 had unlodged the lock on the window; -Client #3 was found next to the medication cabinet; -Client #3 accessed the medication cabinet and had medication blister packets in her hand; -Client #3 was popping the medication out of the blister packs; -Never witnessed Client #3 put medication in her mouth; -Medication pills and empty blister packs were on the floor; -Client #3 took some of her own medications and also took some of Clients #1, #2, and a discharged client's medications; -Client #3 was groggy and unresponsive so the HM called 911; -Client #3 was transported to a local hospital and then transferred to a second hospital and admitted to the intensive care unit; -It was later identified Client #3 took:     -Client #1's Paliperidone ER 6mg and Oxcarbazepine 600mg;     -Client #2's Divalproex Sodium;     -Client #3's Hydroxyzine 25mg, Olanzapine</p>	V 120		

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V 120	<p>Continued From page 30</p> <p>2.5mg, Focalin 30mg, and Vitamin D; -FC #6's Cyproheptadine HCL 4mg and Vyvanse 40mg.</p> <p>Interview on 6/1/22 with the dispensing pharmacy revealed: -The pharmacy replaced the following medications after Client #3 accessed the medication cabinet and took medications on 4/2/22: -Client #1's Paliperidone ER 6mg 30 tabs, Prazosin 2mg 31 tabs, Prazosin 1mg 62 tabs, Hydroxyzine Pamoate 25mg 60 tabs, and Oxcarbazepine 600mg 60 tabs; -Client #2's Mirtazapine 30mg 31 tabs, Divalproex Sodium 500mg 5 tabs; -Client #3's Vitamin D3 400 IU (international units) 10 tabs, Olanzapine 15mg 16 tabs, Focalin XR 20mg 30 tabs.</p> <p>Interview on 5/16/22 with the Former Quality Assurance Consultant (FQAC) #1 revealed: -Received a telephone call from Client #3 when she discovered FQAC #1's phone number posted in the facility; -Client #3 revealed she had been left sitting outside the facility and climbed through an unlocked window. She observed the medication cabinet keys and accessed the medication cabinet. She ingested multiple medications and overdosed; -Client #3 wanted her concerns reported to the State (Division of Health Service Regulation).</p> <p>Interview on 5/17/22 with FQAC #2 revealed: -Was informed by the HM that Client #3 went AWOL and broke into the facility. Client #3 accessed the medication cabinet using the keys to do so and ingested multiple medications. Client #3 was transported to the hospital for an</p>	V 120		

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V 120	<p>Continued From page 31</p> <p>overdose; -Did not believe she received an accurate and full story from the HM.</p> <p>Interview on 6/2/22 and 6/3/22 with the Licensee revealed: -The medication cabinet would not have been accessible if Client #3 did not break into the facility after going AWOL; -"The system failed [Client #3], not Blossom (facility)."</p> <p>Observations on 5/23/22 at approximately 11:30am-3:45pm, 5/25/22 at approximately 3:00pm-4:00pm, and 6/1/22 at approximately 6:10pm-6:25pm of the facility revealed: -Office housing the medication cabinet was left unlocked; -Client #1 walked right past the unlocked office housing the medication cabinet and into the garage leading Division of Health Service Regulation staff immediately behind her before Staff #6 was able to get to the area to close the office door on 6/1/22.</p> <p>Due to inconsistent reports and documentation, the type of medication and quantity of medication ingested by Client #3 after accessing the medication cabinet at the facility on 4/2/22 could not be determined.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512) for a Type A1 rule violation.</p>	V 120		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	V 123		

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V 123	<p>Continued From page 32</p> <p><b>REQUIREMENTS</b> (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 5/23/22 of Client #2's record revealed: -Admitted 6/5/21; -Diagnosed with Major Depressive Disorder, Reaction to Stress, Parent-Biological Child Conflict, Child Sexual Abuse; -16 years old; -Physician's orders dated 5/11/22 for Cetirizine (allergies) 10mg (milligram) 1 tab (tablet) daily (7am), Divalproex Sodium (mood) 500mg 1 tab twice daily (7am and 7pm), Lactaid Fast Acting Caplets (heartburn) 1 cap (caplet) three times daily (7am, 12pm, 5pm), Mirtazapine (antidepressant) 30mg 1 tab daily (7pm), Metronidazole (antibiotic) 30mg 1 tab twice daily (7am and 7pm) for 7 days, Restora (supplement) 500mg 1 cap daily (7pm) for 7 days, Fluconazole (antifungal) 150mg 1 tab for one day dose; -Physician's orders dated 4/26/22 for Latuda</p>	V 123		

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V 123	<p>Continued From page 33</p> <p>(antipsychotic) 40mg decreased via taper to Latuda 20mg 1 tab daily (5pm) and then discontinued;</p> <p>-April, 2022 MAR (medication administration record) revealed Lactaid Fast Acting Caplets not administered on 14 days (1 refusal, 2 left for school and missed administration, and 12 awaiting delivery of medication from the pharmacy), and Divalproex Sodium and Cetirizine not administered 1 day (left for school and missed administration);</p> <p>-May, 2022 MAR revealed Lactaid Fast Acting Caplets not administered 3 days (refusals);</p> <p>-No documentation of holding medications for a medical appointment or fasting bloodwork.</p> <p>Review on 5/23/22 and 6/1/22 of the facility's Incident Reports for period 4/1/22 to 6/1/22 revealed:</p> <p>-No documentation of medication administration errors.</p> <p>Review on 6/1/22 of an undated and unsigned email attachment sent by the Licensee on 6/1/22 revealed:</p> <p>-Typed statement written in the first person which identified the writer as the Qualified Professional (QP);</p> <p>-Allegation made by FS#4 against the House Manager (HM) for not administering medication to Client #2;</p> <p>-" ...I [QP] stated to [FS#4] that [Client #2] had a doctor's appointment to have her blood levels check per her father due to him having concerns with whether medications were harming her body and if [HM] did not give [Client #2] her medications, then maybe the doctor instructed her not to ..."</p> <p>Review on 6/1/22 of email correspondence sent</p>	V 123		

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V 123	<p>Continued From page 34</p> <p>by the Licensee dated 6/1/22 revealed: -I (Licensee) would like to provide you (Division of Health Service Regulation (DHSR) staff) with the information requested for the investigation. You are correct that there are no orders to hold medications prior to medical appointments. However, [Client #2] was supposed to fast prior to 4/26/22 appointment for blood work."</p> <p>Interview on 5/31/22 with Client #2 revealed: -Had gone to school without receiving morning medications at least three times; -Was not administered morning medications once in May, 2022 and twice in April, 2022.</p> <p>Interviews on 5/26/22 and 6/1/22 with Former Staff (FS) #4 revealed: -Staff #3 did not administer morning medications to Client #2 before Client #2 left for school in late April or early May, 2022; -FS#4 spoke with the Licensee regarding Client #2 missing her medications and the Licensee said that it was not a problem that Client #2 did not take her medication because Client #2 had a medical appointment and the doctor instructed the medications held; -The entire situation about Client #2 missing her medications "was covered up."</p> <p>Interviews on 5/31/22, 6/1/22, 6/2/22, and 6/3/22 with the Licensee revealed: -Client #2 did not take her medication before school because she had a doctor appointment and the doctor instructed the facility not to administer medications prior to the appointment; -Was unable to identify the date of the medical appointment requiring the medications held; -Upon request of documentation supporting that Client #2's physician requested medication administration held pending an appointment, the</p>	V 123		

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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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V 123	Continued From page 35  Licensee revealed there was no documentation; -No contact was made to a physician or pharmacist when Client #2 was not administered her medications; -The Licensee suggested DHSR was misinformed by Client #2 due to the early morning interview of Client #2 on 5/31/22 at 7:15am prior to Client #2 leaving for school.  This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 5 of 8 audited staff (Staff #1, #2, #3, House Manager (HM) and Qualified Professional (QP)). The findings are:  Review on 5/25/22 of Staff #1's record revealed:	V 131		

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V 131	<p>Continued From page 36</p> <p>-Hired 3/28/22; -Hired as Paraprofessional; -HCPR completed 4/1/22.</p> <p>Review on 5/31/22 of Staff #2's record revealed: -Hired 5/12/22; -Hired as Paraprofessional; -No HCPR completed.</p> <p>Review on 5/31/22 of Staff #3's record revealed: -Hired 4/14/22; -Hired as Paraprofessional; -HCPR completed 4/28/22.</p> <p>Review on 5/25/22 of the HM's record revealed: -Hired 5/25/20; -HCPR completed 5/26/20.</p> <p>Review on 5/25/22 of the QP's record revealed: -Hired 3/16/22; -HCPR completed 3/18/22.</p> <p>Interviews on 6/1/22 and 6/2/22 with the Licensee revealed: -Acknowledged several HCPR checks were completed after an offer of employment; -Personnel responsible for completing HCPR checks were not aware the checks needed to be completed prior to an offer of employment; -Will train staff to complete HCPR checks properly; -All HCPR checks will be completed prior to an offer of employment in the future.</p>	V 131		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 132		

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V 132	<p>Continued From page 37</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 38</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Department was notified of all allegations against health care personnel and failed to complete an investigation affecting 1 of 8 audited staff (Staff #2). The findings are:</p> <p>Review on 5/31/22 of Staff #2's record revealed: -Hired 5/12/22; -Hired as Paraprofessional.</p> <p>Review on 5/23/22 and 6/1/22 of the facility's Internal Investigations revealed: -Client #1 was observed by the House Manager (HM) to be sitting in Staff #2's car with Staff #2 and Former Staff (FS) #5 smoking marijuana in the middle of the night on 5/8/22.</p> <p>Interviews on 5/23/22 and 6/1/22 with Client #1 revealed: -Smoked marijuana with FS#5 one night after midnight while sitting in Staff #2's car with Staff #2 and FS#5 on 5/8/22. They were discovered by the HM when the HM arrived at the facility.</p> <p>Interview on 5/31/22 with Staff #2 revealed: -Denied any knowledge of or participation in Client #1 smoking marijuana while residing at the facility.</p> <p>Interviews on 5/17/22 and 6/1/22 with FS#5 revealed: -Denied smoking marijuana with any client or on the grounds of the facility; -Denied knowledge of any staff smoking</p>	V 132		

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V 132	<p>Continued From page 39</p> <p>marijuana at the facility; -Would not participate in any further interviews without an attorney.</p> <p>Interviews on 6/2/22 and 6/3/22 with the Licensee revealed: -Sent both Staff #2 and FS #5 home after they were discovered in Staff #2's car with Client #1 smoking marijuana in the middle of the night on 5/8/22; -Did not believe Staff #2 was smoking marijuana; -Did not report Staff #2 to Health Care Personnel Registry (HCPR); -Did not complete an investigation into Staff #2's actions; -Would report Staff #2 to HCPR and complete an investigation into her actions "if that is what you (Division of Health Service Regulation" want.</p> <p>This deficiency is cross referenced to 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation.</p>	V 132		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national</p>	V 133		

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V 133	<p>Continued From page 40</p> <p>criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an</p>	V 133		

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V 133	<p>Continued From page 41</p> <p>appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the</p>	V 133		

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V 133	<p>Continued From page 42</p> <p>listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17,</p>	V 133		

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V 133	<p>Continued From page 43</p> <p>Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p>	V 133		

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V 133	<p>Continued From page 44</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to request a criminal background check within 5 days of an offer of employment affecting 1 of 8 audited staff (Staff #3). The findings are:</p> <p>Review on 5/31/22 of Staff #3's record revealed: -Hired 4/14/22; -Hired as Paraprofessional; -Criminal background check requested 4/29/22.</p> <p>Interviews on 5/31/22, 6/1/22, and 6/2/22 with the Licensee revealed: -Acknowledged the criminal background check for Staff #3 was requested almost two weeks after Staff #3 was offered employment; -Personnel responsible for completing criminal background checks were not aware the checks needed to be requested within 5 days of an offer of employment; -Will train staff to complete the criminal background checks properly; -All criminal background checks will be requested within 5 days of an offer of employment in the future.</p>	V 133		

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V 293	Continued From page 45	V 293		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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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 293	<p>Continued From page 46</p> <p>gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide active therapeutic treatment and interventions within a system of care approach affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on interview and record review, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 2 of 3 audited clients (Clients #1 and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview, record review, and observation, the facility failed to maintain minimum staffing ratios of two staff for up to four adolescents.</p> <p>Review on 6/3/22 for the Plan of Protection dated</p>	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/03/2022</b>
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V 293	<p>Continued From page 47</p> <p>6/3/22 and signed by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1.) [Licensed Professional] and [Qualified Professional] will review all client's current treatment plans to ensure that all clients treatment plans capture the true needs of client's presenting problem; strengths and needs; update current diagnosis for accuracy; implement additional professional supports including but not limited to support groups, substance abuse counseling; client outcome and progress will be tracked for success and documented on PCP (Person Centered Plan). 2.) Management will ensure that all clients have the documentation within their PCP allowing for 1 on 1 ratio; ensure that there are 2 staff per 1-4 clients at all times; ensure that staff are closely monitored through surveillance to ensure that staff are providing therapeutic services, supervision and the best practice of care for all clients. BCS (Blossom Community Services) will Hire a person with a Maters Level education in mental health services to oversee Blossom Group Home In the Next 90 days Describe your plans to make sure the above happens. 1.) During weekly management and client staffing meetings clients progress will be evaluated for participation, appropriateness, and additional professional supports will be identified if needed and updated in their treatment Plan 2.) During weekly and monthly supervision meeting management and Individual meeting We will re-enforce the DHSR (Division of Health Service Regulation) and BCS expectations. BCS will ensure incidents and/or allegations of neglect and abuse are investigated within 24 hours and reported to the NC (North Carolina) Health Care Registry"</p>	V 293		

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V 293	<p>Continued From page 48</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients #1, #2, and #3 ranged in age from 14-16 years old. They were diagnosed with mental health needs including Major Depressive Disorder and Post-Traumatic Stress Disorder. Clients #1 and #3 had histories of substance abuse. Treatment plans identified substance abuse, but weekly counseling strategies were not implemented for Client #1 and specific treatment strategies were not identified for Client #3. Clients #1 and #3 used marijuana on several occasions. The House Manager observed Client #1 in Staff #2's car with Staff #2 and Former Staff #5 in the middle of the night with a strong smell of marijuana emanating from the car. Additionally, the House Manager discovered Clients #1 and #3 smoking marijuana at the facility. Both Clients #1 and #3 reported smoking marijuana with Former Staff #5 and Client #3 reported purchasing marijuana from the Assistant House Manager. Furthermore, the facility did not maintain staffing ratios resulting in a lack of supervision and support. There was only one staff observed at the facility upon arrival of Division of Health Service Regulation on 6/1/22. Clients #1, #2, and #3 all reported incidents of being in the facility with either no staff or only one staff. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 293		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING</p>	V 296		

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V 296	<p>Continued From page 49</p> <p><b>REQUIREMENTS</b></p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and</p>	V 296		

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V 296	<p>Continued From page 50</p> <p>needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain minimum staffing ratios of two staff for up to four adolescents. The findings are:</p> <p>Review on 5/23/22 of Client #1's record revealed: -Admitted 10/8/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder; -History of homicidal ideation, lying, aggression, substance use, and AWOL (absent without leave); -14 years old.</p> <p>Review on 5/23/22 of Client #2's record revealed: -Admitted 6/5/21; -Diagnosed with Major Depressive Disorder, Reaction to Stress, Parent-Biological Child Conflict, Child Sexual Abuse; -History of cutting, suicidal ideation and attempts by cutting and attempting to drown herself; -16 years old.</p> <p>Review on 5/23/22 of Client #3's record revealed: -Admitted 3/11/21; -Discharged during the survey on 5/17/22; -Diagnosed with Major Depressive Disorder; -History of crying spells, auditory hallucinations, suicidal ideation and attempts, substance use, AWOL; -16 years old.</p>	V 296		

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V 296	<p>Continued From page 51</p> <p>Observation on 6/1/22 at approximately 6:10pm-6:25pm revealed: -Staff #6 (new staff not identified at the start of the survey) with two clients (Client #1 and Client #4).</p> <p>Review on 6/2/22 of an incident report dated 5/22/22 revealed: -Assistant House Manager (AHM) arrived to work to take Client #1 to the hospital for medical care; -AHM was dropped at the hospital with Client #1 and an unidentified second client in order for Client #1 to be evaluated for a medical concern; -AHM walked (approximately 1 mile) back to the facility with both clients; -AHM reported his telephone calls for pick up to the facility went unanswered so he decided to walk home from the hospital as he had no other way of getting the clients back to the facility.</p> <p>Interviews on 5/23/22, 5/31/22, and 6/1/22 with Client #1 revealed: -Sometimes there was one staff working per shift and sometimes there were two staff working per shift; -She walked back from the hospital on 5/22/22 when the AHM was unable to secure a ride back to the facility; -She and Client #4 were alone with Staff #6 at the facility on the evening of 6/1/22 after having just been released from a behavioral health unit for hiding her medications and smoking marijuana possibly laced with methamphetamines which had been hidden in the facility; -Was at the facility alone without staff at times when she returned from school for the day and would climb through her unlocked bedroom window to gain access to the facility; -Was taken to the House Manager's (HM) home</p>	V 296		

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V 296	<p>Continued From page 52</p> <p>by the HM and was left in the car on the driveway without staff when the HM went into her home to check on her children.</p> <p>Interviews on 5/25/22 and 5/31/22 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Sometimes there was one staff working per shift and sometimes there were two staff working per shift;</li> <li>-"Supposed to always have two staff (at the facility);"</li> <li>-Had been left at the facility alone without staff at least three times;</li> <li>-Sometimes other clients would be with her in the facility without staff;</li> <li>-Happened when she attended her former school and would arrive back to the facility earlier than she does now;</li> <li>-Left her bedroom window unlocked so she could climb through her window;</li> <li>-Had been left at the facility without staff supervision for at least 45 minutes;</li> <li>-She and Client #1 spent time alone in the facility without staff supervision;</li> <li>-Was taken to the House Manager's (HM) home by the HM and was left in the car on the driveway without staff when the HM went into her home to check on her children.</li> </ul> <p>Interviews on 5/25/22 and 5/26/22 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Sometimes there was one staff working per shift and sometimes there were two staff working per shift;</li> <li>-Had been in the facility without staff in the past;</li> <li>-"Happened a lot when [HM] worked alone or was in the office with [Licensee] and other staff;"</li> <li>-Clients arrived from school and climbed through unlocked windows;</li> <li>-Clients were alone or with one another but no</li> </ul>	V 296		

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V 296	<p>Continued From page 53</p> <p>staff were present at times; -She and Client #2 were together in the facility without staff at times; -Clients #1 and #2 were together in the facility without staff at times; -Was taken to the House Manager's (HM) home by the HM and was left in the car on the driveway without staff when the HM went into her home to check on her children.</p> <p>Interview on 5/26/22 with Former Staff #4 revealed: -In early May, 2022 all of the clients returned to the facility from school and were in the facility without staff; -Client #1 returned to the facility and accessed the facility by climbing through her unlocked bedroom window; -Client #1 was in the facility without staff for the longest time period.</p> <p>Interviews on 6/2/22 and 6/3/22 with the Licensee revealed: -Was not aware only one staff (Staff #6) was present in the facility with two clients (Clients #1 and #4) on 6/1/22 upon arrival of Division of Health Service Regulation (DHSR); -Was not aware the other staff (Staff #7) had taken two clients (Clients #2 and #5) shopping on 6/1/22 upon DHSR arrival; -Both staff working on 6/1/22 (Staff #6 and #7) were "newly hired staff which is why they did not know to maintain staffing ratios" of two staff for up to four adolescents; -"They would not have done that if they knew (about the minimum staffing ratios);" -Denied clients were left alone in the facility without staff supervision; -"I have nothing to say. I am doing all I can to turn this around. I have been trying to get back</p>	V 296		

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V 296	Continued From page 54  into compliance."  This deficiency constitutes a re-cited deficiency.  This deficiency is cross referenced to 10A NCAC 27G .1701 Scope (V293) for a Failure to Correct Type A1 rule violation.	V 296		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00	V 364		

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V 364	<p>Continued From page 55</p> <p>a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for</p>	V 364		

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V 364	<p>Continued From page 56</p> <p>his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving</p>	V 364		

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V 364	<p>Continued From page 57</p> <p>treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be</p>	V 364		

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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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V 364	<p>Continued From page 58</p> <p>reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure clients were able to keep and use personal clothing and possessions affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 5/23/22 of Client #1's record revealed: -Admitted 10/8/21; -Diagnosed with Post-Traumatic Stress Disorder,</p>	V 364		

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V 364	<p>Continued From page 59</p> <p>Major Depressive Disorder; -14 years old; -Treatment plan dated 5/17/22 did not include strategies to remove personal belongings, clothing, or shoes as a consequence to behavior.</p> <p>Review on 5/23/22 of Client #2's record revealed: -Admitted 6/5/21; -Diagnosed with Major Depressive Disorder, Reaction to Stress, Parent-Biological Child Conflict, Child Sexual Abuse; -16 years old; -Treatment plan dated 4/28/22 did not include strategies to remove personal belongings, clothing, or shoes as a consequence to behavior.</p> <p>Review on 5/23/22 of Client #3's record revealed: -Admitted 3/11/21; -Discharged during the survey on 5/17/22; -Diagnosed with Major Depressive Disorder; -16 years old; -Treatment plan dated 5/8/22 did not include strategies to remove personal belongings, clothing, or shoes as a consequence to behavior.</p> <p>Observation on 6/1/22 from 6:10pm-6:25pm revealed: -Client #1 had no clothing or shoes in her bedroom; -Client #1's clothing, shoes, and personal belongings were in the garage in large black garbage bags.</p> <p>Review on 6/2/22 of an incident report dated 5/30/22 regarding Client #1 revealed: " ...Client clothing was taken out of her room so that she could be monitored for not hiding her medication in her clothes ..."</p> <p>Review on 6/2/22 of a Search and Seizure Report</p>	V 364		

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V 364	<p>Continued From page 60</p> <p>dated 5/30/22 at 10:00am for Client #1 revealed: -Client's clothing was removed to the garage; -"Property seized from client for search of marijuana and checking her medications."</p> <p>Interviews on 5/25/22 and 6/1/22 with Client #1 revealed: -After she and Client #3 went AWOL (absent without leave) on 5/7/22, the staff took away all of their clothing, shoes, and belongings; -Upon arriving home from the hospital on 6/1/22, she discovered her room was moved and all of her clothing and shoes were removed from her room and were in large garbage bags in the garage.</p> <p>Interviews on 5/25/22 and 5/31/22 with Client #2 revealed: -"Sometimes things were not handled properly (at the facility)". For example, when clients went AWOL the Licensee removed all of their clothing, shoes, and belongings from their possession.</p> <p>Interview on 5/31/22 with Client #3 revealed: -Licensee instructed staff to remove all clothing, shoes, and belongings from clients' bedrooms after clients went AWOL; -She told the Licensee that removal of clothing, shoes and belongings "was a rights restriction and not allowed."</p> <p>Interview on 6/1/22 with Staff #1 revealed: -Did not have firsthand knowledge of removing clients' clothing, shoes, and belongings after clients went AWOL; -Heard staff removed clients' clothing, shoes, and belongings after clients went AWOL; -Personal items removed from the clients' possession were placed in the garage in plastic storage bins and "from what I had seen the items</p>	V 364		

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V 364	<p>Continued From page 61</p> <p>are stored nicely."</p> <p>Interview on 6/1/22 with the Assistant House Manager revealed: -Clients #1 and #3 had their clothing, shoes, and belongings removed by the Licensee after they went AWOL; -There were no written directives about when clients' personal belongings were removed or returned; -The House Manager (HM) or Licensee decided when to remove and return clients' personal belongings.</p> <p>Interview on 6/1/22 with the Associate Professional revealed: -Never witnessed the implementation of consequences when clients went AWOL, but knew that clients' clothing, shoes, and belongings were removed from their possession.</p> <p>Interview on 6/2/22 with the HM revealed: -The removal of clothing, shoes, and personal belongings when clients went AWOL was done for safety reasons and to prevent clients from taking the items with them if they went AWOL again; -The removal of clothing, shoes, and personal belongings was "only done for safety and looking out for the clients' welfare."</p> <p>Interview on 6/2/22 with the Licensee revealed: -"No problem. Will not do it (removing clients' clothing, shoes, and belongings) again."</p> <p>This deficiency is cross referenced to 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation.</p>	V 364		

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V 367	Continued From page 62	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 63</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</li> </ol>	V 367		

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V 367	<p>Continued From page 64</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 5/13/22 of audio and written emergency call reports from the county's 911 System revealed: -Call to local police on 4/4/22 at 5:00pm regarding a former client going AWOL (absent without leave); -Call to local police on 5/7/22 at 6:24pm regarding Clients #1 and #3 going AWOL; -Call to local police on 5/8/22 at 5:32pm regarding Client #3 displaying aggressive behaviors.</p> <p>Review on 5/13/22 and 5/25/22 of the facility's incident reports revealed: -No incident reports completed in North Carolina Incident Response Improvement System (NC IRIS) regarding calls to the police on 4/4/22, 5/7/22, and 5/8/22; -No incident reports completed in NC IRIS regarding Clients #1 and #3 using marijuana; -No incident reports completed in NC IRIS regarding an incident with Staff #2, Former Staff</p>	V 367		

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V 367	<p>Continued From page 65</p> <p>(FS) #5, and Client #1 in Staff #2's car in the middle of the night on 5/8/22.</p> <p>Review on 6/1/22 of Client #3's hospital medical records for date of service 5/8/22 revealed: -Client #3 tested positive for marijuana.</p> <p>Interviews on 5/23/22 and 6/1/22 with Client #1 revealed: -Was discovered smoking marijuana with Client #3 in the facility by the House Manager (HM); -Smoked marijuana with FS#5 one night after midnight while sitting in Staff #2's car with Staff #2 and FS#5 on 5/8/22. They were discovered by the HM when the HM arrived at the facility.</p> <p>Interview on 5/25/22 with Client #3 revealed: -Was discovered smoking marijuana with Client #1 in the facility by the HM; -Smoked marijuana with FS#5 and Client #1 outside the facility on the street.</p> <p>Interviews on 6/2/22 and 6/3/22 with the Licensee revealed: -Had instructed the Assistannd house Manager and HM to complete the incident reports in NC IRIS but did not follow up to see if they were completed; -Will make sure to document all level II and level III incidents in the future.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced to 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation.</p>	V 367		
V 509	27D .0301 Client Rights - Social Integration	V 509		

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V 509	<p>Continued From page 66</p> <p>10A NCAC 27D .0301 SOCIAL INTEGRATION</p> <p>Each client in a day/night or 24-hour facility shall be encouraged to participate in appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community. A client shall not be prohibited from such social interactions unless restricted in writing in the client record in accordance with G.S. 122C-62(e).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility restricted clients from participation in appropriate and acceptable social interactions and activities with other clients affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 5/23/22 of Client #1's record revealed: -Admitted 10/8/21; -Diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder; -14 years old; -Treatment plan dated 5/17/22 did not include strategies to limit social integration as a consequence to behavior.</p> <p>Review on 5/23/22 of Client #2's record revealed: -Admitted 6/5/21; -Diagnosed with Major Depressive Disorder, Reaction to Stress, Parent-Biological Child Conflict, Child Sexual Abuse; -16 years old; -Treatment plan dated 4/28/22 did not include strategies to limit social integration as a consequence to behavior.</p> <p>Review on 5/23/22 of Client #3's record revealed: -Admitted 3/11/21;</p>	V 509		

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V 509	<p>Continued From page 67</p> <ul style="list-style-type: none"> <li>-Discharged during the survey on 5/17/22;</li> <li>-Diagnosed with Major Depressive Disorder;</li> <li>-16 years old;</li> <li>-Treatment plan dated 5/8/22 did not include strategies to limit social integration as a consequence to behavior.</li> </ul> <p>Interview on 5/25/22 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-After she and Client #3 went AWOL (absent without leave) on 5/7/22, the staff made the clients stay in their bedrooms the remainder of the weekend until school on Monday.</li> </ul> <p>Interview on 5/31/22 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- "When clients go AWOL and return to the group home they have to stay in their room."</li> </ul> <p>Interview on 5/31/22 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Clients were put on "punishment" after an AWOL and made to stay in their rooms;</li> <li>-Clients "had to stay in their rooms for several days" after AWOL but were allowed to come out for meals (breakfast, lunch, and dinner) and a 2 hour break.</li> </ul> <p>Interview on 6/1/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Not sure how long the clients had to stay in their rooms after AWOL, but knew it was a few days.</li> </ul> <p>Interview on 6/1/22 with the Assistant House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Clients have to stay in their rooms after AWOL;</li> <li>-Clients are only allowed out of their bedrooms for meals;</li> <li>-Clients "must stay in their rooms for like 3 days."</li> </ul> <p>Interview on 6/2/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-Had not utilized room restrictions lately;</li> <li>-Had used 24-hour room restrictions in the past with clients;</li> </ul>	V 509		

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V 509	Continued From page 68  -Will no longer use room restrictions as a consequence to behaviors.  This deficiency is cross referenced to 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A1 rule violation.	V 509		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.  This Rule is not met as evidenced by: Based on interview and record review, 2 of 8 audited staff (Staff #1 and House Manager (HM))	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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V 512	<p>Continued From page 69</p> <p>subjected 1 of 3 audited clients (Client #3) to harm and neglect. Furthermore, 1 of 8 audited staff (Licensee) failed to protect 1 of 3 audited clients (client #3) from harm and neglect. The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V120) Based on interview, record review, and observation, the facility failed to ensure medications were stored securely affecting 3 of 3 audited current clients (Clients #1, #2, and #3).</p> <p>Review on 5/25/22 of Staff #1's record revealed: -Hired 3/28/22; -Hired as Paraprofessional.</p> <p>Review on 5/25/22 of the HM's record revealed: -Hired 5/25/20.</p> <p>Review on 5/25/22 of the Licensee's record revealed: -Hired 12/4/19.</p> <p>Review on 5/23/22 of an investigation report provided by the Licensee on 5/23/22 regarding an incident on 4/2/22 revealed: -Incident occurred between 12:30pm-1:30pm; -Licensee called and said she wanted the clients to go to the office so HM could rest; -Since only Staff #1 would be present at the facility, the clients needed to go to the office where the Licensee was working which would provide two staff to supervise the clients; -Client #3 went AWOL (absent without leave) and did not respond to the HM verbally prompting her to return; -HM called the police to report the AWOL after they arrived at the office because it had been 30 minutes since Client #3 went AWOL;</p>	V 512		

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V 512	<p>Continued From page 70</p> <p>-Upon HM's return to the facility, Client #1 was sitting on the floor in the office and popping medication pills out of blister packs; -Medication included a former client's medications; -" ...Pills were all over the floor and in [Client #3's] hands;" -HM reported all doors and windows of the facility were locked; -The office window was not damaged, and the lock was still functional after the incident; -" ...The med (medication) keys were hanging up on the wall (unsecured);"</p> <p>Review on 6/3/22 of an email correspondence dated 6/3/22 from Staff #1 to the Licensee revealed: -"[Licensee] wanted the girls (Clients #1, #2, and #3) to the office so we we locked everything up and prepared to go to the office as we exited the house [Client #3] sat on the porch so the Manager (HM) talk to her and so did the owner (Licensee). I tried to talk to her to try and get her to come with us she didn't say a word to either of us so she started walking off didn't want to communicate with neither of us she continued walking off so she went AWOL (absent without leave) so we got in the car and took the other girls (Clients #1 and #2) to the office as per owner ..."</p> <p>Interview on 5/23/22 with Client #1 revealed: -Remembered the day Client #3 accessed the medication cabinet on 4/2/22 and took multiple medications; -The HM and Staff #1 were working; -She and Clients #2 and #3 were told they needed to spend the day in the office; -Client #3 did not want to go to the office; -Client #3 wanted to stay in the facility because</p>	V 512		

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V 512	<p>Continued From page 71</p> <p>she was painting; -She and Client #2 went outside and got in the HM's car; -Client #3 sat on the front step and would not get in the HM's car; -The HM and Staff #1 drove away with her and Client #2 and left Client #3 on the front step of the facility; -Staff later said Client #3 went AWOL, but Client #3 never went AWOL; -Client #3 was left sitting on the brick step in the front of the facility when the HM and Staff #1 left Client #3 to go to the office to meet the Licensee who was waiting for them to arrive; -Happened between 10am-11am in the morning between breakfast and lunch.</p> <p>Interview on 5/25/22 with Client #2 revealed -Client #3 was in her room painting; -She and Clients #1 and #3 were told by the HM they had to go to the office; -She and Clients #1 and #3 were the only clients at the facility with the HM and Staff #1; -It was early in the morning between 10-11am; -Client #3 walked outside and sat on the front step and refused to go to the office; -The HM and Staff #1 both took turns talking with Client #3 but could not get Client #3 to agree to go to the office; -She and Client #1 were instructed to get into the HM's car; -The HM got into the car with her and Client #1 and Staff #1 got into her own car; -Pulled away from the facility leaving Client #3 alone at the facility on the front step; -The HM and Staff #1 were at the office for about one hour before the HM went back to the facility; -The HM found Client #3 went through the office window, got the keys to the medication cabinet and "took a lot of medications;"</p>	V 512		

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V 512	<p>Continued From page 72</p> <ul style="list-style-type: none"> <li>-The medication cabinet keys hung on the wall in the office;</li> <li>-Client #3 was sent to the hospital.</li> </ul> <p>Interview on 5/25/22 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Was feeling sad on 4/2/22 and was in her room painting as a coping strategy;</li> <li>-The HM told her and Clients #1 and #2 they needed to go to the office because of the staff schedule;</li> <li>-There was not enough staff to remain at the facility so they needed to go to the office to meet the Licensee as they could not be out of ratio at the facility;</li> <li>-Did not want to spend the day at the office;</li> <li>-Wanted to spend the day painting in her bedroom;</li> <li>-Went outside and sat on the front steps;</li> <li>-The HM went outside and spoke with her about needing to be at the office to finish paperwork;</li> <li>-The HM was not successful getting her to go to the office;</li> <li>-Staff #1 spoke with her about going to the office;</li> <li>-HM called the Licensee on the telephone and the Licensee spoke with her about going to the office;</li> <li>-She refused to get in the car to go to the office;</li> <li>-Clients #1 and #2 went outside and got in the HM's car;</li> <li>-The HM and Staff #1 got in their cars and left with Clients #1 and #2 to go to the office and left her alone on the front porch step;</li> <li>-Happened around 11am between breakfast time and lunch time.</li> </ul> <p>Interview on 6/1/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Worked the day Client #3 accessed the medication cabinet and took multiple medications;</li> <li>-Happened on Saturday 4/2/22;</li> <li>-Worked first shift from 7am-3:30pm on 4/2/22;</li> </ul>	V 512		

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V 512	<p>Continued From page 73</p> <ul style="list-style-type: none"> <li>-Client #3 woke up and ate breakfast;</li> <li>-Licensee wanted her, the HM, and Clients #1, #2, and #3 to go to the office;</li> <li>-Client #3 refused to go to the office;</li> <li>-Client #3 went outside and sat on the front porch;</li> <li>-Clients #1 and #2 were either standing by the HM's car or sitting in the HM's car;</li> <li>-Client #3 was on the front porch talking on the telephone with the Licensee;</li> <li>-Client #3 refused to get into the car with the HM to go to the office;</li> <li>-Clients #1 and #2 were with the HM in the HM's car and she was in her car by herself;</li> <li>-The HM pulled away in her car and she pulled away in her car leaving Client #3 on the porch;</li> <li>-She, the HM, and Clients #1 and #2 went to the office and met the Licensee;</li> <li>-Not sure if Client #3 walked away later or stayed on the porch;</li> <li>-Cannot recall what time of the morning this happened.</li> </ul> <p>Interview on 5/23/22 with the HM revealed:</p> <ul style="list-style-type: none"> <li>-Was finishing work hours from third shift on the morning of 4/2/22 and was getting ready to leave work;</li> <li>-Was getting ready to go to the office with the clients to meet the Licensee to ensure the minimum staffing ratio of two staff for up to four clients;</li> <li>-The Licensee and Staff #1 planned to work together at the office with Clients #1, #2, and #3;</li> <li>-Client #3 stated she did not want to go to the office;</li> <li>-Client #3 walked outside and sat on the front step;</li> <li>-She spoke with Client #3 and tried to redirect her to go to the office to ensure work could be completed and they would be in compliance with</li> </ul>	V 512		

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V 512	<p>Continued From page 74</p> <p>staffing ratio;</p> <ul style="list-style-type: none"> <li>-Client #3 walked off from the facility and would not come back;</li> <li>-She requested Client #3 come back;</li> <li>-She stayed with Staff #1 and Clients #1 and #2 at the facility and then they all got in the car and went looking for Client #3 but could not find her;</li> <li>-She and Staff #1 took Clients #1 and #2 to the office, unloaded the car, and then returned to the facility alone;</li> <li>-Upon return to the facility, she found Client #3 had accessed the medication cabinet;</li> <li>-Could not recall the time of the incident.</li> </ul> <p>Interview on 5/16/22 with the Former Quality Assurance Consultant (FQAC) #1 revealed:</p> <ul style="list-style-type: none"> <li>-Received a telephone call from Client #3 when Client #3 discovered her phone number posted in the facility;</li> <li>-Client #3 said she was left outside of the facility for three hours;</li> <li>-Staff (HM and Staff #1) were going to take Client #3 and the other clients to the office because that is what they do when there are not enough staff to work;</li> <li>-Client #3 refused to go to the office;</li> <li>-Client #3 was outside for hours and got tired of waiting outside for staff to return to the facility to let her back into the facility;</li> <li>-Client #3 took the screen off the office window and crawled through the window.</li> </ul> <p>Interview on 5/17/22 with FQAC #2 revealed:</p> <ul style="list-style-type: none"> <li>-Was informed by the HM about the incident with Client #3 on 4/2/22;</li> <li>-There was not enough staff working to maintain minimum staffing ratios, so the clients were being taken to the office to remain in the office for the day with Staff #1 and the Licensee;</li> <li>-The HM instructed the clients to make sure all</li> </ul>	V 512		

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V 512	<p>Continued From page 75</p> <p>the windows were locked before leaving the facility;</p> <ul style="list-style-type: none"> <li>-The HM reported Client #3 refused to go to the office, so she went AWOL;</li> <li>-The HM and Clients #1 and #2 went looking for Client #3 but could not find her;</li> <li>-The HM went to the office and then returned to the facility within 30 minutes;</li> <li>-Did not believe she received an accurate and full story from the HM.</li> </ul> <p>Interview on 6/3/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-Denied Staff #1 and the HM left Client #3 sitting outside the facility and drove away;</li> <li>-Client #3 went AWOL prior to Staff #1 and the HM leaving the facility;</li> <li>-Questioned Staff #1 regarding her interview with the Division of Health Service Regulation (DHSR);</li> <li>-After the Licensee interviewed Staff #1 regarding her remarks to DHSR, Staff #1 decided to change her statement from what was initially reported to DHSR and emailed the new statement to the Licensee on 6/3/22 prior to DHSR arriving to complete the exit interview;</li> <li>-"The system failed [Client #3], not Blossom (facility)."</li> </ul> <p>Review on 6/3/22 of the Plan of Protection dated 6/3/22 and signed by the Licensee revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? There will be weekly audits on the MARS (medication administration records) and interviews with the staff and clients. The director will call 1st , 2nd, and 3rd shifts at medication times to find out if they were given, along with calling the pharmacy or doctor. Anytime there is a medication error we will call the doctor or the pharmacy to find out the next steps. Drug</p>	V 512		

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V 512	<p>Continued From page 76</p> <p>administration errors and significant will be reported immediately to a physician or pharmacist. An entry of the drug administered, and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. Medication key will be kept on staff that is on duty at all times. At the end of their shift the key will be passed on to the next staff member at the end of the shift following medication count.</p> <p>Describe your plans to make sure the above happens.</p> <p>Residential manager (House Manager) will monitor the MARS daily to verify each shift has given medication to member and if not the RM (Residential Manager) will call the pharmacy or doctor to notify of the errors. Keys will be made and provided to staff with a lanyard that will allow them to keep the keys on their person at all times during their shift."</p> <p>Clients #1, #2, and #3 ranged in age from 14-16 years old. They were diagnosed with mental health needs including Major Depressive Disorder and Post-Traumatic Stress Disorder. The Licensee instructed the House Manager and Staff #1 to bring Clients #1, #2, and #3 to the office so that the Licensee could remain in the office to complete paperwork rather than the Licensee bringing the paperwork to the facility. Client #3 was left at the facility outside on the porch alone during the morning hours of 4/2/22 when she refused to go to the office to spend the day at the office. Client #3 entered the facility through the unlocked office window. Once inside, Client #3 observed the keys to the medication cabinet. Client #3 used the keys to open the medication cabinet and accessed the medications. Client #3 ingested and snorted over 100 medications belonging to her and her peers. Due to</p>	V 512		

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V 512	Continued From page 77  inconsistent reports and documentation, the type and quantity of medication ingested by Client #3 could not be determined; however, reports identified Paliperidone ER, Oxcarbazepine, Divalproex Sodium, Hydroxyzine Pamoate, Olanzapine, Focalin, Cyproheptadine, Vyvanse, and Vitamin D. Client #3 overdosed requiring transfer to a hospital emergency department for immediate care and intervention. Client #3's blood pressure plummeted the following day requiring an emergency response by the hospital medical team followed by transfer and admission to an intensive care unit for two weeks. This deficiency constitutes a Type A1 rule violation for serious harm and neglect. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention	V 513		

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V 513	<p>Continued From page 78</p> <p>procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to promote a safe and respectful environment promoting coping and engagements skills that are alternatives to injurious behavior to self or others affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on interview and record review, 1 of 7 audited paraprofessionals (Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>CROSS REFERENCE: General Statute 131-256 Health Care Personnel Registry (V132) Based on interview and record review, the facility failed to ensure the Department was notified of all allegations against health care personnel and failed to complete an investigation affecting 1 of 8 audited staff (Staff #2).</p> <p>CROSS REFERENCE: General Statute 122C-62 Additional Rights in a 24-Hour Facility (V364) Based on interview, record review, and</p>	V 513		

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V 513	<p>Continued From page 79</p> <p>observation, the facility failed to ensure clients were able to keep and use personal clothing and possessions affecting 3 of 3 audited clients (Clients #1, #2, and #3).</p> <p>CROSS REFERENCE: 10 NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Based on interview and record review, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident.</p> <p>CROSS REFERENCE: 10A NCAC 27D .0301 Social Integration (V509) Based on interview and record review, the facility restricted clients from participation in appropriate and acceptable social interactions and activities with other clients affecting 3 of 3 audited clients (Clients #1, #2, and #3).</p> <p>Review on 5/31/22 of hospital discharge records for Client #3 dated 5/9/22 revealed: -"[Client #3] expressed concern that her belongings have been taken away as a form of punishment for her behaviors. Patient did admit that she ran away the day prior to go to the mall but subsequently returned to the group home 4 hours later ...She says she likes the other girls at the group home and is generally happy there aside from one particular staff member who she says doesn't follow state rules and has taken her personal belongings and clothing as a form of punishment ...She said that yesterday when the staff member took all of her belongings out of her room and put it in the garage she stated flipping out and throwing things. She says she can handle this differently by just calling the state</p>	V 513		

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V 513	<p>Continued From page 80</p> <p>instead ..."</p> <p>Review on 6/1/22 of an email sent by Former Staff (FS) #4 to the Licensee dated 5/9/22 revealed: -" ...Yesterday turned into a real mess, one that could have been easily avoided ...I had let them (Clients #1 and #3) out of their room for a while after dinner and chores, when we were talking about it, we receive a phone call from [House Manager (HM)] telling us to send them back in (their bedrooms). They became angry, talked back and forth from their rooms, put on their clothes and Left (went AWOL (absent without leave))."</p> <p>Review on 6/1/22 of email correspondence from the Licensee dated 6/1/22 included an unsigned and undated statements from the Qualified Professional which revealed: -" ...On May 7th at approximately 6:10pm ...the girls were consequence by [Licensee] and told that they were on room-only restriction for not complying with the house rules ..."</p> <p>Review on 6/2/22 of an investigation report completed on 5/9/22 by the HM regarding FS#5 revealed: -FS#5 had been informing the clients the facility was out of compliance regarding client rights issues " ...for example they (clients) should have the right to have their belongings after having been AWOL and having S/I (suicidal ideation) ... [Qualified Professional] also had several conversations with her about why the belongings are confiscated after incidents like S/I and AWOL."</p> <p>Review on 6/3/22 of the Plan of Protection dated 6/3/22 and signed by the Licensee revealed:</p>	V 513		

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V 513	<p>Continued From page 81</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110 Our agency has continued to complete weekly Competency supervision training and Weekly virtual and one on one in person supervision n when the staff found out of compliance, monthly in person Supervision, although there are times that employees do not show up for supervision, complete their paperwork.</p> <p>Health Care Personnel Registry (V132 CEO (Chief Executive Officer) [Licensee] and Director [Qualified Professional] will train administrative assistant on how to properly do the health care registry of Outpatient General Statute 122C-62 Additional rights in a 24- Hour Facility (V364), 10A NCAC 27G .0604 BCS (Blossom Community Services - facility) ensure that we have consent and Prior approval from treatment and LPR (legal person responsible) before taking precautions after AWOL (absent without leave) and Suicide attempts to ensure to are not validating their rights</p> <p>Incident Reporting Requirements for Category A and B Providers (V367), 10A BCS will Ensure that we train our administrative assistant QP (Qualified Professional) and Contact partners to do An all staff incident report training on incidents so that they are Competent in IRIS (Incident Response Improvement System)</p> <p>NCAC 27D .0301 Social Integration BCS will ensure That the PCP (person Centered Plan) plan reflects how we can ensure their safety each consumer. BCS will Make sure that each consumer had documentation in their chart on if social integration is restricted</p> <p>Describe your plans to make sure the above happens.</p>	V 513		

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V 513	<p>Continued From page 82</p> <p>For the employees that do not attend training without prior notice or approval there will be a written verbal warning, 1st write up with up to a two-day suspension along with coaching 2nd write up to include up to five day suspension with ongoing close monitory for thirty days, 3rd Health Care Personnel Registry (V132 CEO, And Director Will Audit Files before Staff start to ensure we have heath care registry Incident reporting, BCS will call to our MCO (Managed Care Organizations) so that we can be training on Iris reports. [Qualified Professional] will train Staff on Iris reporting and how to complete internal reports. BCS will cover what needs to be reported and how long staff have to reported it. BCS will Ensure that Each Staff reviews Clients rights and sign off that they understand"</p> <p>Clients #1, #2, and #3 ranged in age from 14-16 years old. They were diagnosed with mental health needs including Major Depressive Disorder and Post-Traumatic Stress Disorder. Client rights restrictions were used a consequence to clients' behaviors. Clients personal clothing and shoes were removed from their possession after AWOL (absent without leave). Clients were also placed on room restriction preventing them from social integration with their peers after AWOL. The House Manager or Licensee determined when these rights restrictions would be implemented and lifted. These rights restrictions resulted in a power struggle between Client #3 and the Licensee on 5/8/22. Client #3 engaged in property destruction and aggressive behaviors requiring police intervention and admission to a behavioral health hospital unit. Furthermore, incidents were not reported or tracked using the North Carolina Incident Response Improvement</p>	V 513		

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V 513	Continued From page 83  System. The Licensee did not report Staff #2 to the Health Care Personnel Registry when Staff #2 was observed sitting in her car with Former Staff #5 and Client #1 in the middle of the night on 5/8/22 with the smell of marijuana emanating from the car. Additionally, the Licensee did not investigate Staff #2 for her actions of placing Client #1 in her car outside the facility in the middle of the night. The Licensee did not identify these systemic failures. This deficiency constitutes a Type A1 rule violation for serious harm and neglect. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 513		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data	V 536		

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V 536	<p>Continued From page 84</p> <p>gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace</li> </ol>	V 536		

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V 536	<p>Continued From page 85</p> <p>behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience</p>	V 536		

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V 536	<p>Continued From page 86</p> <p>teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 536		

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V 536	<p>Continued From page 87</p> <p>failed to ensure training in alternatives to restrictive interventions affecting 1 of 8 audited staff (Staff Associate Professional (AP)). The findings are:</p> <p>Review on 5/25/22 of the AP's record revealed: -Hired 5/11/22; -Certificate for NCI (North Carolina Interventions) + (plus) Restrictive with the AP's name but no date of training completion and no instructor signature.</p> <p>Interview on 6/1/22 with the AP revealed: -Did not receive training in alternatives to restrictive intervention; -When asked about the certificate in her personnel record reflecting NCI training, she identified the certificate was falsified as she did not receive the training. She continued to explain that she was waiting to receive alternatives to restrictive intervention training today but had not been alerted to what time the training would occur.</p> <p>Interviews on 5/25/22, 6/2/22, and 6/3/22 with the Licensee revealed: -Was the instructor for alternatives to restrictive intervention and completed the training with the AP but did not sign or date the certificate; -Discussed the training with the AP meeting with her for a one-on-one training session; -The AP resigned on 6/2/22 providing two weeks notice; -"Poor staff. Poor, poor staff. Staff wasn't trained. Poor, poor staff."</p>	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO	V 537		

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V 537	<p>Continued From page 88</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p>	V 537		

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V 537	<p>Continued From page 89</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program</p>	V 537		

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V 537	<p>Continued From page 90</p> <p>teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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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 537	<p>Continued From page 91</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training in seclusion, physical restraint, and isolation time-out affecting 1 of 8 audited staff (Staff Associate Professional (AP)). The findings are:</p> <p>Review on 5/25/22 of the AP's record revealed: -Hired 5/11/22; -Certificate for NCI (North Carolina Interventions) + (plus) Restrictive (training in seclusion, physical restraint, and isolation time-out) with the AP's name but no date of training completion and no instructor signature.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLOSSOM COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1911 WILLIMAX AVENUE</b> <b>GASTONIA, NC 28054</b>
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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 537	<p>Continued From page 92</p> <p>Interview on 6/1/22 with the AP revealed: -Did not receive training in seclusion, physical restraint, and isolation time-out; -When asked about the certificate in her personnel record reflecting NCI training, she identified that the certificate was falsified as did not receive the training. She continued to explain that she was waiting to receive training in seclusion, physical restraint, and isolation time-out today but had not been alerted to what time the training would occur.</p> <p>Interviews on 5/25/22, 6/2/22, and 6/3/22 with the Licensee revealed: -She was the instructor for seclusion, physical restraint, and isolation time-out and completed the training with the AP but did not sign or date the certificate; -Discussed the training with the AP meeting with her for a one-on-one training session; -The AP resigned on 6/2/22 providing two weeks notice; -"Poor staff. Poor, poor staff. Staff wasn't trained. Poor, poor staff."</p>	V 537		