STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A limited follow up survey for the Type A1's and a complaint survey was completed on May 25, 2022. This was a limited follow up survey, only 10A NCAC 27G .1801 Scope (V301), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27G .1804 Minimum Staffing Requirements (V304) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .1801 Scope (V301). The complaint was substantiated (intake #NC00187088). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children and Adolescents. This facility is licensed for 12 and currently has a census of 8. The survey sample consisted of audits of 1 current client and 3 former clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible;	V 112	RECEIVED JUN 17 2022 DHSR-MH Licensure Sect	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 112	Continued From page 1 (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement goals and strategies to address client needs for 2 of 3 former clients (FC) audited (FC#9, FC#13). The findings are: Finding #1: Review on 5/23/22 of FC#9's record revealed: -17 year old male admitted 2/10/20 and discharged 4/14/22 due to aging out. -Diagnoses included autism spectrum disorder; attention deficit hyperactivity disorder (ADHD); unspecified trauma and stress related disorder. Reviews on 5/23/22 and 5/24/22 of FC#9's Person-Centered Plan (PCP) dated 1/19/22 revealed: -FC#9 had 4 goals that addressed the follow areas: 1. Improve his ability to manage his anger. 2. Learn/demonstrate ability to take	V 112	The QP will remove all PCP's from the individual consumers books and place in the book of correction The QP will continue to update all PCP's on all consumers monthly. The annual review will be done vi CCA by the therapist and any changes will then be reflected in the PCP. This will be monitored by the Therapist monthly 5/23/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 112	Continued From page 2 responsibility for his actions when completing assigned tasks. 3. Learn appropriate interactions with family, peers, adults, and authority figures as evidenced by no more than 4 incidents of inappropriate verbalizations per week. 4. Demonstrate no sexually inappropriate behaviors. -Evaluation of goals on 2/17/22 and 3/8/22 documented FC#9 had no incidents of physical or verbal aggression, inappropriate verbalizations, or sexually inappropriate behaviors since January 20, 2022. -There were no goals or strategies to address FC#9's educational needs, independent living skills, or any other needs specific for his transition out of the facility once he turned 18 years of age. Reviews on 5/23/22 and 5/24/22 of FC#9's Addendum to Therapy Intake Assessment dated 4/7/22 revealed: -FC#9 was soon to turn 18 years old. -FC#9 continued to demonstrate impairment with independent living skills adaptation that included cooking, cleaning, maintaining living space, and simple financial management. -FC#9 was entering the final year of high school where emphasis was placed on coordinating resources to assist him with staying on track with a recommended in-person academic setting. Reviews on 5/23/22 and 5/24/22 of FC#9's Psychological Evaluation dated 3/11/22 revealed: -FC#9 lacked skills for independent or semi-independent living due "in part" to the lack of opportunity for learning these skills in his residential living environments; however, he was motivated to learn teachable skills such as cooking, shopping, laundry, and money management.	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 112	Continued From page 3 -FC#9 should be taught by practicing skills in daily life, and by guiding him through the step-by-step process involved in activities like shopping or cooking or money management. Reviews on 5/23/22 and 5/24/22 of an electronic mail (e-mail) dated 3/3/22 from FC#9's Social Worker to the facility Qualified Professional (QP) revealed: -The e-mail summarized a communication on 3/1/22 between FC#9's Social Worker and an Educator from FC#9's high school. -The Educator reported to the Social Worker: -FC#9 was having to repeat his Biology subject because he had not logged onto his on-line course or turned in his homework as required. -FC#9 was also failing Math and English subjects. -FC#9 needed supervision with his online schooling to make sure he was logging on every day and turning in his assignments. -She was interested in transitioning FC#9 back to physically attending school the next semester. Finding #2: Review on 5/23/22 of FC#13's record revealed: -17 year old male admitted 9/10/21 and discharged 4/26/22. -Diagnoses included disruptive mood dysregulation disorder; major depressive disorder, recurrent severe without psychotic features; and anxiety disorder, unspecified. -Hospitalized for self injurious behaviors from 3/29/22 - 4/15/22. Reviews on 5/23/22 and 5/24/22 of FC#13's Person-Centered Plan (PCP) dated 1/14/22 revealed: -3 Goals that addressed the following areas: -Comply with the rules and expectations of the	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 112	Continued From page 4 facility. -Accept responsibility for his actions, consequences of his negative behaviors, and model acceptable social skills and behaviors. -Develop appropriate coping skills to decrease aggressive behaviors (verbal and physical). -4th Goal, "[FC#13] will actively participate in all treatment team meetings and any subsequent calls to discuss his need to transition from DSS (Department of Social Services) custody back to the community, either with his biological family or independent living before 5/19/22." -From 9/24/21 - 3/10/22 FC#13's progress toward his 4th goal read, "[FC#13] participates in monthly team meeting." -There were no goals or strategies to address FC#13's educational needs, independent living skills, or any other needs specific for his transition out of the facility once he turned 18 years of age. -There were no goals or strategies to address FC#13's anxiety when his transition was addressed by the facility staff or his guardian. -There were no strategies listed in FC#13's plan for therapy and the therapist was not listed as a person with responsibility for any of FC#13's goals. -"Action Plan" documented on 9/24/21, 10/29/21, 11/23/21, and 12/29/21 that FC#13 met with his therapist weekly for group and individual therapy. -Between 2/25/22 and 4/25/22 it was documented that FC#13 received 60 minute outpatient therapy sessions on 3/10/22, 3/17/22, and 4/8/22. Reviews on 5/23/22 and 5/24/22 of FC#13's Therapist's, "Addendum to Therapy Intake Assessment," dated 4/16/22 revealed: -"From August 2021 until February 2022 FC#13 "presented with patterns of stability as he worked towards completing classes towards high school graduation, limited behavioral agitation and	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 112	Continued From page 5 stressors with engagement. [FC#13] and his guardian [DSS] worked with [FC#13] to construct a phase of life planning in facilitating his transition after he leaves his current placement. During the planning process, [FC#13] displayed anxiety and avoidance in directing planning strategies towards his transition when addressed by staff/guardian. Additionally, over the last 90 days, [FC#13] began making cues in response to his willingness to leave treatment and forego planning in lieu of staying with his mother. During that period, communication between [FC#13] and his mother became strained where his daily presentation exhibited signs of adverse stressors including severe agitation, negative communication, increased avoidance and depressed mood." Interview on 5/18/22 the Program Director stated: -All clients were enrolled in remote leaning for school. Interview on 5/19/22 the Home Manager stated: -The therapist provided services by video conference. -The therapist's last site visit was in December 2021. -There was no group therapy done with the clients. Interview on 5/20/22 the Qualified Professional stated: -There had been monthly treatment team meetings for FC#9 and FC#13. -She did not have access to the therapist's notes. -Efforts had been made to find "step down" placements for FC#9 and FC#13. -FC#9 was meeting his goals but was an emergency discharge because he turned 18. -FC#13's aggressive behaviors toward peers and staff had created an unsafe situation for the other	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 112	Continued From page 6 clients; therefore, he was an emergency discharge. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 302	27G .1802 Intensive Res. Tx. Child/Adol - Req. of L P 10A NCAC 27G .1802 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Each facility shall have at least one full-time licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance related disorders this shall include a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor. (b) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its licensed professional(s). At a minimum these policies shall include: (1) supervision of direct care staff; (2) oversight of emergencies; (3) provision of direct clinical psychoeducational services to children, adolescents or families; (4) participation in treatment planning meetings; and (5) coordination of each child or adolescent's treatment plan.	V 302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 302	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview the facility failed to have a least one full time licensed professional (LP) providing the required clinical and administrative duties related to client services. The findings are: Review on 5/24/22 of the Registered Nurse's (RN) personnel file revealed: -RN signed a "Contract for Services" on 12/12/19. -The "employment shall be for a maximum of 6 hours per home, per month..." -The contract did not identify the RN as the LP. -LP duties were not listed as contract services. Interview on 5/24/22 the RN stated: -She was the facility LP. -She was a RN with a bachelor's degree. -Her job duties included nursing assessment of new admissions, monitoring medication administration, weekly assessments with the psychiatrist, quarterly and annual nursing assessments, and follow up of any client injury or physician visit. -She was at the facility 1-2 times a week, usually for 1-2 hours, or longer if needed. -She also provided services for 2 other group homes. -She had no responsibility for the treatment plans. Interviews on 5/19/22 and 5/24/22 the Human Resources Director stated: -She agreed with the Program Director the RN was the LP. -The RN was not an employee. -The RN was hired as a contractor on 6/4/19. Interviews between 5/18/22 and 5/25/22 the	V 302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 302	Continued From page 8 Program Director stated: -The RN was the facility LP. -The RN was at the facility at least weekly and more if needed. -The RN met with the Psychiatrist every Wednesday. -The RN was on call 24 hours a day. -On average the RN provided 10 hours of services each week. -The RN job duties required her to be onsite during psychiatrist visits, new admissions, within 24 hours of a client's discharge from the hospital to the facility, and within 24 hours to review and sign off incident reports. -In addition to the facility, the RN had the same responsibilities for 2 other facilities owned by the Licensee. -The Therapist was not the LP. -On 5/25/22 the Program Director stated she realized there was no LP as required after she read the "LP rules" during the survey.	V 302	The facility will ensure that the LP on staff , the Therapist, will comply with the amount of time at facility as put forth by state guidelines. The Therapist will be available on call 24-7 days a week. The QP will report an infractions of this to the therapist superior weekly. 5/25/2022	
V 303	27G .1803 Intensive Res. Tx. Child/Adol - Req. of Q P 10A NCAC 27G .1803 REQUIREMENTS OF QUALIFIED PROFESSIONALS (a) Each facility shall have at least one full-time qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, the qualified professional shall have two years of direct client care experience. (b) For each facility: (1) a qualified professional shall perform clinical and administrative responsibilities a minimum of 40 hours each week; and (2) 75% shall occur when children or adolescents are awake and present in the facility. (c) The governing body responsible for each	V 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 303	Continued From page 9 facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include: (1) management of the day to day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; (3) participation in treatment planning meetings; and (4) provision of basic case management functions. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the full time qualified professional (QP) was providing the required client services on site when clients were awake and present in the facility at least 75% of a minimum 40 hours a week . The findings are: Review on 5/24/22 of the QP's personnel record revealed: -Hire date was 12/16/21. -The job description did not include a requirement for the amount of time to be spent on site. Interview on 5/19/22 client #5 stated: -He had been admitted last week. -He saw the QP the day he was admitted and one other day. -The QP was not on site for the entire day when	V 303	The QP will be at the facility 30 hours per week during waking hours, per State guidelines. The QP times sheets will be placed in the correction book with a schedule approved by the human resource manager and residential director, biweekly 5/20/2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 303	Continued From page 10 he saw her. Interview on 5/19/22 client #7 stated: -He had been at the facility a year and almost a month. -He was supposed to see the QP twice a week but he didn't. -The QP was at the facility every week, but sometimes he did not get to talk to her. -The QP had helped him; she was his therapist. Interview on 5/19/22 client #4 stated: -He saw the QP once a week. -He thought she had "things" going on at other places. -The QP worked less than an 8 hour shift. -He met with the QP "sometimes." -Sometimes something would come up and the QP would not be able to meet with the clients as planned. This did not upset him. Interview on 5/19/22 client #6 stated: -He saw the QP every couple of weeks. -The QP would come in, do paperwork, and then talk with the clients. Interview on 5/19/22 client #3 stated: -He had been at the facility for 8 months. -He saw the QP on site 1 day a week. -Sometimes the QP worked a "whole day" and sometime less than a "whole day." -He met with the QP every time she came to the facility. -It had happened that she was supposed to meet with him but she ran out of time. Interview on 5/19/22 client #1 stated: -He could not remember how many times he saw the QP the prior week. -The QP would come to the facility, "every now	V 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 303	Continued From page 11 and then when she gets a chance." Interview on 5/19/22 client #8 stated: -He had been at the facility less than a month. -The QP did not come to the facility every day. -The QP would come by to "check on them." -He had met with the QP 6 times. Interview on 5/18/22 Staff 5 stated: -She worked the day shift and extra evening shifts to cover the schedule. -The prior week she saw the QP on Tuesday and Thursday. -On Tuesday (5/10/22) she arrived about 10 am and left for the day around 12 noon. She did not see her meet with any of the clients that day. -On Thursday (5/12/22) the QP was on site about 3 hours. -It was typical for the QP to be on site 2 days a week. Some weeks the QP was not on site at all. Interview on 5/19/22 Staff #6 stated: -He was rehired into his position around mid February 2022. -He worked 2nd shift and extra shifts to cover the schedule because they were "short handed." -For the last 1½ months he had been working first shift 3 days a week. -Some days he saw the QP. -When on site the QP would stay 2-4 hours. -He would see the QP sit at her desk. He did not see her interact with the kids very much. Interview on 5/19/22 Staff #4 stated: -He had been working at the facility a year and "maybe" 2 months. -He worked the first shift and extra shifts in the evenings. -He was having to work 6 days a week on the day shifts.	V 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 303	Continued From page 12 -He did not see the QP "a lot." -Some times the kids would ask for the QP but he did not know when she was coming. -When on site the QP spent most of her time in the office. -The QP made a list for when she would meet with each client, but she might only get to 2 of the 8. -The QP meetings with the clients were very brief. -The kids would get upset sometimes because they were expecting something from the QP and she was not here and they would not know when she would be coming. Interview on 5/19/22 Staff #2 stated: -He had been working at the facility since the place opened. -He worked first shift, 6 and sometimes 7 days a week. -He did not see the QP "very often." -When on site, the QP would be in the office. -Recently, "maybe" 2-3 weeks ago, the QP had started meeting with the clients. -When on site, the QP was there for a very short time. Interview on 5/19/22 Staff #3 stated: -In July 2022 she would have been employed at the facility for 3 years. -The QP did not come to the facility every week. -When on site the QP stayed in the office. -The QP posted a list with the times she planned to meet each client. -The clients would see the list and get upset if she did not meet with them. She had heard clients express their disappointment. Interview on 5/19/22 the Home Manager (HM) stated: -She had been employed since the facility opened	V 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 303	Continued From page 13 3 years ago. -She was promoted in June 2021 to the HM position. -The QP did not come in on the weekend, evening, or night shifts. -Some weeks the QP did not come to the facility. -The QP was never at the facility all 5 days of the week. -The QP would do the CFT (Child Family Team) meetings and Step Down meetings via video conference. -When on video conference the QP would be at another location. -The client was the only one at the facility during a CFT. -The Residential Director provided staff supervision. Interview on 5/18/22 and 5/19/22 the Residential Director (RD) stated: -The full time QP was "based here" in the facility. -The QP's hours were 8 am - 5 pm and when needed. -The QP was on site at least 3 days a week. -The QP did not have a set schedule. -100% of the QP's job was to be responsible for the facility. -The RD could not determine when the QP was on site. -The QP had been on vacation and would be back 5/20/22. Interview on 5/20/22 the QP stated: -She had been informed there were questions about the amount of time she was on site. -If it was required that she be on site 75% of her time, she would comply.	V 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 14	V 304		
V 304	27G .1804 Intensive Res. Tx. Child/Adol - Min staffing 10A NCAC 27G .1804 MINIMUM STAFFING REQUIREMENTS (a) A Qualified Professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) If children or adolescents are cared for in separate units/buildings, the minimum staffing numbers shall apply to each unit/building. (c) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) three direct care staff shall be present for up to six children or adolescents; (2) four direct care staff shall be present for seven, eight or nine children or adolescents; and (3) five direct care staff shall be present for 10, 11 or 12 children or adolescents. (d) During child or adolescent sleep hours three direct care staff shall be present of which two shall be awake and the third may be asleep. (e) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(d) of this Rule, more direct care staff may be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to meet the minimum staffing requirements. The findings are:	V 304	The Home Manager will be informed that only the Human Resource Manager can authorize a person to leave early or be off a scheduled shift. All persons scheduled for a shift must remain at the facility. In the event of emergency or consumer elopement, law enforcement is to handle all searches. When emergencies happen or people must be off other employees from other [near by city] locations will be called into work. Either the Home Manager or QP will cover until other staff arrive. -"Describe your plans to make sure the above happens. Either the QP, or Home Manager, or Residential Director will call and/or visit the facility to ensure that proper ratio has been restored. This will be done at minimum daily. 5/21/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 15 Review on 5/18/22 of the client census completed 5/18/22 by the Home Manager revealed a census of 8 clients. Review on 5/24/22 of a police report for incident dated 5/13/22 revealed: -Police called for a "Runaway Juvenile" on 5/13/22 at 11:07 pm. -The Home Manager (HM) reported client #4 had jumped out of the facility window and she had seen him running down the street near the facility. -At approximately 1:27 am (5/14/22) the HM and a male facility staff located the client riding a bike on a street approximately 1½ miles from the facility. -The police officers met the staff and client#4 back at the facility and were informed the staff would be taking the client to the hospital. Interview on 5/19/22 client #4 stated: -The least number of staff he would see on duty was 3. -When he eloped it was around 11 pm (5/13/22). -He did not know how many staff were on duty when he eloped. -When he returned the HM, Residential Director, 2 staff, and the maintenance staff were at the facility. -Staff #2 and the HM took him to the hospital. -He returned to the facility the following Monday (5/16/22). -He had no physical injuries during his elopement. Interview on 5/19/22 client #7 stated: -He was awake the prior Friday when client #4 eloped at 10 pm. -There were 2 staff in the facility, the HM and Staff #6.	V 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 16 -They always had at least 2 staff in the facility. Interview on 5/19/22 client #8 stated: -He had "seen it" when there were only 2 staff on duty at 3:30 pm "around snack time." -Having only 2 staff on duty did not happen often, but when it did happen the clients could not go outside because of "ratio." -With 8 "kids" they would need 4 staff, and for 12 "kids" they would need 6 staff. -He knew the required ratios from listening to the staff. Interview on 5/18/22 Staff #8 stated: -The HM would work "over" in order to have 5 staff on duty. -Many of the staff were working extra shifts to make sure they had enough staff on duty. -There were times that they would drop to 2 staff on duty near the end of their shift for a couple of hours. Interview on 5/19/22 Staff #6 stated: -He worked 2nd shift and worked extra shifts to cover because they were "short handed." -The least number of staff he worked with was 4 staff with 8 clients. -He was working last Friday night when client #4 ran away. -There were just 2 staff on duty, himself and the HM, when client #4 eloped around 11:15 pm. -He was making rounds and saw client #4 pull his bedroom window down as he eloped. -There was not an operable alarm on client #4's window. -He notified the HM. -The HM called the police and the Residential Director. -The HM left in her car to search for client #4 leaving Staff #6 alone with the remaining 7	V 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 17 clients. -Around 11:30 pm the HM called and told him she was still looking for client #4. -The Residential Director arrived at approximately 11:45 pm to 12 am. -The HM returned to the facility, then left again with the Residential Director to continue the search. -This left Staff #6 as the only staff on duty until the 3rd shift staff started arriving. -Three (3) 3rd shift staff came on duty. -Staff #9 drove Staff #6 home, leaving 2 staff on duty with the kids. -He was called around 1:30 am and told the HM had located client #4 near a grocery store riding a bike. Interview on 5/19/22 Staff #4 stated: -He left the facility approximately 20-30 minutes before client #4 eloped. -Staff that worked extra shifts would wait until the clients were all asleep, then leave before the next shift arrived. -Sometimes the 3rd shift would come in early. -The least number of staff on duty would be 1. Interview on 5/19/22 Staff #3 stated: -She worked 5-6 days a week. -When she worked extra shifts she worked from 4 pm - 8 pm. -She had worked 5/13/22 and had left about 10 minutes before client #4 eloped. -The HM called and asked her to drive around the stores in town to look for client #4. -She did not come back to the facilty, but she did search for client #4 in her car. -All of the stores were closed and she never saw client #4. -She was home asleep when the HM called and said she had found client #4 near a grocery store.	V 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 18 -When she left her shift on 5/13/22, Staff #6 and the HM were the remaining staff on duty. Interview on 5/19/22 the HM stated: -Client #4 ran away from the facility the prior Friday night. -She was working the shift with Staff #6, Staff #4, and Staff #3. -At the time client #4 ran away she and Staff #6 were the only staff on duty. -Staff #3 and Staff #4 were working extra shifts and had left about 20 minutes before client #4 eloped. -Sometime the staff working extra shifts would leave before the 3rd shift staff arrived. -When the Residential Director arrived the 2 of them went looking for client #4. -She found the client riding a bike. -After finding client #4, one of the 3rd shift staff met her and client #4 and they returned him to the facility. Interview on 5/20/22 the Qualified Professional (QP) stated: -She had started her vacation on 5/13/22 and received a call that client #4 had eloped. -There had been one other elopement since she started her job with the facility (hire date 12/16/21) by former client #11 (discharged 2/22/22). -She had trained staff they were to let police respond to elopements and not leave the facility to search for clients. Review on 5/20/22 of the first Plan of Protection dated 5/20/22 completed by the QP revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? The QP will institute a mandatory training for all employees regarding proper ratio for each shift.	V 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 19 QP will pass out CARF (Commission on Accreditation of Rehabilitation Facilities) ratio guidelines sheet to each employee and instruct them to contact the Home Manager when a team member leaves their shift. The QP will coordinate with the Human Resources Manager and Residential Director regarding the proper ratio and continued training." -"Describe your plans to make sure the above happens. The QP will request the Residential Director and Human Resource Manager put out a mandate to all staff to attend a meeting, that they will also participate in. The Residential Director & Human Resource Manger will make sure the training takes place and will monitor the Home Manager's schedulle." Review on 5/20/22 of the second Plan of Protection dated 5/20/22 completed by the Qualified Professional (QP) revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? The Home Manager will be informed that only the Human Resource Manager can authorize a person to leave early or be off a scheduled shift. All persons scheduled for a shift must remain at the facility. In the event of emergency or consumer elopement, law enforcement is to handle all searches. When emergencies happen or people must be off other employees from other [near by city] locations will be called into work. Either the Home Manager or QP will cover until other staff arrive." -"Describe your plans to make sure the above happens. Either the QP, or Home Manager, or Residential Director will call and/or visit the facility to ensure that proper ratio has been restored." On 5/13/22 the facility was serving 8 adolescent clients with diagnoses to include oppositional	V 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 304	Continued From page 20 defiant disorder, and attention deficit disorder (ADHD), combined presentation. The local police were notified by the HM at 11:07 pm on 5/13/22 that client #4 had eloped from the facility and was seen running down the street from the facility. At the time of the elopement there were only 2 staff on duty, Staff #6 and the HM. After the HM notified the police and the Regional Director of the elopement, she left the facility to search for client #4. This left Staff #6 as the only staff on duty with 7 clients. Client #4 was found around 1:27 am riding a bike in an area approximately 1½ miles from the facility. It was reported by staff that it was a practice for those working extra shifts to leave the facility after clients were in bed, but before the night shift staff arrived. This would leave the facility with less than the required minimum staffing levels; sometimes, only 2 staff remained until the next shift arrived. This deficiency constitutes a failure to correct the Type A1 rule violation originally cited for serious harm and neglect. An administrative penalty of $500.00 per day is imposed for failure to correct within 23 days.	V 304		
V 306	27G .1806 Intensive Res.Tx. Child/Adol- Trans or Dischg 10A NCAC 27G .1806 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 21 existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge. This Rule is not met as evidenced by: Based on record review and interview the facility failed to (1) provide advance written notification and meet with the treatment team to make service planning decisions prior to discharge for 1 of 3 former clients (FC) audited (FC#9); and, (2) meet with the treatment team within five business days of an emergency discharge to make service planning decisions for 1 of 3 former clients (FC) audited (FC#13). The findings are:	V 306	The QP will continue to follow the guideline of the state and Renewing Grace discharge policy in notifying the stakeholders and collaterals to include legal guardians in writing for all manner of discharge and follow up with 5 day post discharge meetings. The QP will better document their refusal to participate in those meetings. The treatment team to include the therapist and doctor will ensure that this happens. on an ongoing basis. 5/23/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 22 Finding #1: Review on 5/23/22 of FC#9's record revealed: -17 year old male admitted 2/10/20 and discharged on 4/14/22. -Diagnoses included autism spectrum disorder; attention deficit hyperactivity disorder (ADHD); unspecified trauma and stress related disorder. -History of sexual abuse of a younger sibling in 2018. -FC#9's guardian was the adjacent county Department of Social Services (DSS). -No emergency or crisis incidents were documented to require an emergency discharge of FC#9. Reviews on 5/23/22 and 5/24/22 of FC#9's Addendum to Therapy Intake Assessment dated 4/7/22 revealed: -FC#9 continued to demonstrate impairment with independent living skills adaptation that included cooking, cleaning, maintaining living space, and simple financial management. -FC#9 was entering the final year of high school where emphasis was placed on coordinating resources to assist him with staying on track with a recommended in-person academic setting. Reviews on 5/23/22 and 5/24/22 of FC#9's Psychological Evaluation dated 3/11/22 revealed: -FC#9's treatment team requested the psychological evaluation to assess the client's ability to live independently, identify post-discharge supports if needed, and determine his level of intellectual functioning. -Results included: -FC#9 lacked skills for independent or semi-independent living due "in part" to the lack of opportunity for learning these skills in his residential living environments; however, he was motivated to learn teachable skills such as	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 23 cooking, shopping, laundry, and money management. -FC#9 would need support and education in developing better judgement for responding to stressful situations. The example was given that FC#9 stated, if he was outside and saw his house was on fire, he would run into the home to see if some was inside, "yell" for someone to call 911, open the windows to let in air, and get out quickly. -Initially after discharge from his current residential setting, FC#9 would need enhanced support because he was likely to regress in some behaviors and demonstrate more impulsivity and unregulated emotion. -It was "strongly encouraged" that FC#9 use resources for autism spectrum disorder in the community and in treatment. -FC#9 was most suited for "dependent living." -FC#9 should be assessed for Social Security disability benefits if not receiving already. -Participate in Vocational Rehabilitation Services to achieve work and academic goals. -Individual psychotherapy would help FC#9 with his social anxieties, behavioral and emotional dysregulation. -Continue to work on completing his high school diploma. Review on 5/23/22 and 5/24/22 of FC#9's Discharge/Transition Plan revealed: -No documentation of contacts to coordinate after discharge supports as suggested in his psychological evaluation to include community resources for autism spectrum disorder, Vocational Rehabilitation, and counseling. -No documentation of coordination with his school to support FC#9 to complete high school. Reviews on 5/23/22 and 5/24/22 of an electronic mail (e-mail) dated 3/3/22 from FC#9's Social	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 24 Worker to the facility Qualified Professional (QP) revealed the local school educator was interested in transitioning FC#9 back to physically attending school the next semester. Reviews on 5/23/22 and 5/24/22 of FC#9's discharge summary revealed: -4/7/22 FC#9's CFT (child family team) meeting: -Team met to discuss psychological exam results that were received by the facility on 4/6/22. -Based on the results of the psychological, FC#9 did not meet criteria for incompetency. -Placement options were discussed. The facility and care coordinator would look for level II facilities and the Guardian would follow up with a prior placement option and kinship options. -FC#9 was ineligible for Social Security benefits; therefore, his only option for assistance beyond age 18 was the "18 to 21" program offered by DSS. -4/12/22: FC#9's CFT meeting: -There had been no success in finding a level II facility, and FC#9's prior placement and mother had not agreed to accept the client. -The "18 to 21" program option was discussed. "DSS inferred that this would require an interview for [FC#9], to which the QP requested that they go ahead and schedule." -"It was relayed to DSS that [FC#9's] authorization for care expired on April 24, 2022 and that on April 25, 2022 it would be necessary for DSS to begin a new contract for payment of and continuity of [FC#9's] care until such time that placement could be facilitated. DSS informed QP that they would only be able to pay for '18 to 21' program less than half the fees necessary for continued treatment and care for [FC#9]." -FC#9 could not access the "18 to 21" program until suitable placement was located.	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 25 -DSS could not "sign" as the guardian for FC#9 after he turned 18 years old. -DSS stipulated they were not interested in treatment beyond 18 and that it was an issue of placement for FC#9. -FC#9 had completed his current treatment plan goals. -"Due to [FC#9] turning 18 on [date of birth] and his lack of a transition plan congruent with recommendations contained in his new psychological, and statement made by legal guardian regarding their involvement and inability to sign for placement after Friday April 15, 2022, Renewing Grace has decided to discharge [FC#9] into the care of his legal guardian DSS for them to determine next steps." -The discharge would be 4/14/22 by 10 am. Review on 5/23/22 and 5/24/22 of emails between the QP and FC#9's Guardian and treatment team dated 4/13/22 and 4/14/22 revealed: -4/13/22 at 10:30 am: E-mail sent from the QP to the Guardian and the MCO (Managed Care Organization) care coordinator with a notice of discharge attached. -The attached discharge notice read, "We are writing to inform you that the decision has been made to discharge [FC#9] from Renewing Grace Residential Facility as he no longer meets the requirements of Level IV placement, and has reached the maximum age of 18. Discharge Date and Time: Thursday April 14, 2022 at 10:00 AM. Please make arrangements to have [FC#9] picked up before that time." -4/13/22 at 10:37 am: E-mail response, Guardian to QP, "We are working on arrangements, but we cannot promise we can have him picked up by 10 am. We will follow up with by close of business with plans."	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 26 -4/13/22 at 10:51 am: E-mail response, QP to the Guardian and treatment team, "We gave until 10 am because we know that Friday is a holiday. Sometime around that time or at the very least before the afternoon is also acceptable. I understand that you are working to make arrangements, we just need to make sure that he is picked up before 2 pm tomorrow." -4/13/22 at 3:47 pm: E-mail response, Guardian to QP, "The places he would be able to transition to would not be able to take him till (until) his 18 th birthday. We will be able to make arrangements to come get him Friday even though it is a holiday." -4/13/22 at 3:59 pm: E-mail response, QP to the Guardian, "Unfortunately he needs to be picked up tomorrow due to the holiday and our schedule." -4/13/22 at 4:35 pm: E-mail response, Guardian to QP, "We will make arrangements to have him picked up by close of business tomorrow." -4/14/22 at 9:03 am: E-mail from the QP to the Guardian requested clarification of the time of "close of business." -4/14/22 at 11:02 am: E-mail response, Guardian to QP, "Close of business is 5pm for us. We are arranging to pick him up then." -4/14/22 at 11:31 am: E-mail response, QP to the Guardian, "If picking up [FC#9] is an issue we can transport him to DSS at any time today. We are prepared and planning to bring him by 4 pm. Please confirm this time by 1 pm today. -4/14/22 at 11:57 am: E-mail response, Guardian to QP, "Picking him up is not at issue we were advised close of business (5 pm). We have made arrangements with staff to pick him up then to ensure safety. Bringing him to the agency when we are remote working, there would be no one to receive him." -4/14/22 at 12:45 pm: E-mail response, QP to the	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 27 Guardian, "We were informed by close of business. So that we could be prepared. Originally we needed it to be 10 am, then we gave til (until) 2, then you said before close of business now you are saying at close of business, which is also our close of business in the middle of shift changing and meal time, which is a huge disruption for us. I am also concerned that if an emergency comes up on your end, then he will still be there on the holiday as we stated we could not make these arrangements work and requested today. We have been trying to facilitate a place for [FC#9] well over a year, everyone knew he was turning 18, this is not out of the blue. Therefore we need him picked up at 4 pm, or we need to make a call to the State." Interview on 5/24/22 FC#9's Guardian stated: -Everyone on the treatment team had agreed that FC#9's discharge date would be 4/25/22. -The Guardian had not expected FC#9 to be discharged on 4/14/22. -The facility discharged FC#9 because he "aged out." -The Guardian was notified the day before his discharge that FC#9 was being discharged and had to be picked up by 10 am. -The QP informed her the facility was discharging the client because they could not care for him once he turned 18 years old. -More time was needed to find placement. -The treatment team had been waiting on a CCA (Comprehensive Clinical Assessment) and Psychological for discharge planning. -They (DSS) and the facility went "back and forth" on the time to pick FC#9 up from the facility on 4/14/22. -The Guardian was trying to get FC#9 in the "18 to 21" program, but first they had to find placement.	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 28 -All of the places they had looked at denied him because of his history of inappropriate sexual behaviors. -Following FC#9's discharge, his mother agreed for him to move back in with her until they could locate alternative placement. -DSS was having to consider homeless shelters for placement until his mother agreed to take him. Finding #2: Review on 5/23/22 of FC#13's record revealed: -17 year old male admitted 9/10/21 and discharged 4/26/22. -Diagnoses included disruptive mood dysregulation disorder; major depressive disorder, recurrent severe without psychotic features; and anxiety disorder, unspecified. -FC#13's guardian was the adjacent county DSS. -No documentation of a treatment team meeting to make service planning decisions within five business days of FC#13's emergency discharge on 4/26/22. Reviews on 5/23/22 and 5/24/22 of FC#13's discharge summary revealed: -FC#13's discharge had been scheduled for 5/16/22, but, due to his "de-stabilized state," it was moved to "immediate" on 4/25/22. -The decision for the immediate discharge was based "strongly on an incident that occurred on March 29, 2022" when FC#13 was found to have an electronic device streaming inappropriate content, became highly agitated when staff confiscated the device, and used a piece from a metal binder to repeatedly cut into his forearm. The client was involuntarily committed to the hospital and returned to the facility on 4/15/22. -After his return on 4/15/22 FC#13 was non-compliant with his therapy and school work and got into a physical altercation with a peer on	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 29 4/21/22. On 4/22/22 he continued to make threats and was in a "highly erratic state" making statements that did not "make sense." On 4/23/22 and 4/24/22 FC#13 was almost non-communicative and non-compliant. -On 4/25/22 the QP spoke with the Guardian about his immediate discharge and the Guardian wanted the client further evaluated. -On 4/26/22 FC#13 was discharged from the facility, taken to the hospital for evaluation, and was to be discharged from the hospital to the care of his guardian. Reviews on 5/23/22 and 5/24/22 of FC#13's Addendum to Therapy Intake Assessment dated 4/16/22 revealed: -"From August 2021 until February 2022, [FC#13] presented with patterns of stability as he worked towards completing classes towards high school graduation, limited behavioral agitation and stressors with engagement. [FC#13] and his guardian [DSS] worked with [FC#13] to construct a phase of life planning in facilitating his transition after he leaves his current placement. During the planning process, [FC#13] displayed anxiety and avoidance in directing planning strategies towards his transition when addressed by staff/guardian. Additionally, over the last 90 days, [FC#13] began making cues in response to his willingness to leave treatment and forego planning in lieu of staying with his mother. During that period, communication between [FC#13] and his mother became strained where his daily presentation exhibited signs of adverse stressors including severe agitation, negative communication, increased avoidance and depressed mood." -Recommendations: Crisis level inpatient; PRTF (Psychiatric Residential Treatment for Children and Adolescents), Assertive Community Treatment Team (ACTT) services, psychiatric	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 30 evaluation, and academic support (graduation track). Review on 5/23/22 and 5/24/22 of e-mail messages between the QP and FC#13's Guardian between 4/27/22 and 5/11/22 revealed: -4/27/22 at 10:43 am: The QP emailed FC#13's treatment team that due to FC#13's refusal to participate in his treatment, his continued destabilization through aggressive behaviors and repeated verbal threats, he had met the facility policy for immediate discharge. After speaking with his guardian on 4/25/22 it was agreed he could no longer stay at the facilty and further evaluation by the hospital was needed. The QP had agreed to transport FC#13 to the hospital and would inform the hospital to contact his guardian for disposition, as he had been discharged from the facility. The Guardian had agreed with this plan. The client had been taken to the hospital by facility staff on 4/26/22. -4/27/22 at 10:53 am: The Guardian responded to the QP's email to clarify, "I did not specifically agreed but I acknowledge their position. I cannot on my own void the contract signed regarding [FC#13's] care and the requirement for a 30 day discharge notice ..." -4/27/22 at 12:35 pm: The QP responded this was an immediate discharge and the policy did not require a 30 day notice. -4/28/22 FC#13's Guardian requested FC#13's medical and dental information. The QP responded with contact information for the providers and offered to send information received from the providers. -5/4/22 FC#13's Guardian asked the QP if it were possible for FC#13 to continue his on-line school. The QP responded, "Unfortunately, we told them that he was discharged. If I knew this sooner, perhaps. You can try and call [on-line program] to	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 31 their main number and asked to speak to [representative]. -5/11/22 FC#13's Guardian asked the QP if the facility could assist with medication refills as they were having a difficult time finding a provider. Interview on 5/24/22 FC#13's Care Coordinator stated: -FC#13 went to the hospital when he was discharged from the facility. -After he was released from the hospital he was placed in a DSS group home to be stabilized and try to coordinate services. -FC#13's discharge planning had focused on "stepping him down," but his age was a barrier. -There was no service planning meeting when it was decided by the facility to discharge the client on 4/25/22. -There was no service planning meeting within 5 days of FC#13's emergency discharge. -A service planning meeting following his discharge would "definitely" have been helpful. Interview on 5/20/22 and 5/23/22 the QP stated: -She had made the decision to discharge FC#13 as an emergency because she considered him a danger to the other clients. He attacked a smaller peer and he had been making threatening remarks to her and the staff. -Some of FC#13's verbal and physical aggressive behaviors had occurred over the week end prior to his discharge. -FC#9 was an emergency discharge because he turned 18 and DSS would no longer pay for his care and could not be his guardian and sign consents. -The CFTs for FC#9 and FC#13 had been meeting and looking for step-down placements without success. -She was not able to send out personal health	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 32 information to other providers after a client was discharged because she did not have the client's or guardian's consent. -She provided information to the guardians at discharge. -There had not been a service planning meeting following FC#13's emergency discharge. Review on 5/25/22 of the Plan of Protection dated 5/25/22 completed by the Residential Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? In case of a emergency the facility will notify the treatment team, including the legally responsible person of the Consumer as soon as the emergency situation is stabilized. Notification will be by way of telephone. The service planning will be held with 5 business days of any emergency tranfer or discharge." -Describe your plans to make sure the above happens. The Qualified Professional will schedule the service Planning within the 5 business days and documentation of the planning meeting will be furnished to all parties. The Residential Director will follow-up to ensure this takes place." FC#9 was an 17 year old male admitted 2/10/20 and discharged on 4/14/22. His diagnoses included autism spectrum disorder; ADHD; unspecified trauma and stress related disorder; and a history of inappropriate sexualized behaviors. FC#9's psychological evaluation determined he lacked skills needed for independent living and, without supports, would be at risk in stressful situations and likely to regress and experience more impulsivity and unregulated emotions. FC#9's treatment team agreed on a discharge date of 4/25/22 as they	V 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-325	A. BUILDING: _____ B. WING _____	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEWING GRACE RESIDENTIAL HOME	703 WEST 3RD AVENUE, BUILDING A RED SPRINGS, NC 28377

(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 306	Continued From page 33 continued to look for placement, but the facility notified the Guardian on 4/13/22 he would be discharged the following day as an emergency discharge because he would soon reach his 18 th birthday. The Guardian requested an extra day because perspective placement options would not accept FC#9 until he turned 18 years old. The facility was not willing to give the Guardian 1 extra day to make discharge plans, in part because that day was a holiday. FC#13 was an 17 year old male admitted 9/10/21 and discharged on 4/26/22. His diagnoses included disruptive mood dysregulation disorder; major depressive disorder, recurrent severe without psychotic features; and anxiety disorder, unspecified. FC#13's treatment team had agreed he would be discharged on 5/16/22, but after his behaviors escalated to the point of verbal and physical aggression, the facility did an emergency discharge on 4/26/22. The facility did not hold a service planning meeting within 5 days of the emergency discharge and, subsequently, had not provided adequate information to his guardian regarding medical information, medication refills, and information needed for client #13 to continue his education. The immediate discharge of FC#9 and the failure to hold a service planning meeting for FC#13's treatment team limited their guardians's ability to secure placement, community supports, or plans for their high school education. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 306		

6/14/2022

THE CARTER CLINIC, PA
RESIDENTIAL SERVICES
2151 SKIBO ROAD, SUITE 200
FAYETTEVILLE, NC. 28304
PH: (910) 491-2352, FAX: (910) 491-2383

June 14, 2022

Mental Health Licensure and Certification Section
Attention: Betty Godwin, RN, MSN
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Plan of Correction
Renewing Grace Residential Home

Dear Ms. Godwin:

Enclosed please find the Plan of Correction for Renewing Grace Residential Home located at 703 W. 3rd Avenue, Red Springs, NC 28377.

Should you have any questions or concerns, please feel free to contact our office.

With best regards, I am

Vivian M. Malloy
Human Resource Director

VMM/
Enclosure(s): As indicated