

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2022
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NAME OF PROVIDER OR SUPPLIER JAMES EL PARRISH	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 AMOS DRIVE GREENSBORO, NC 27405
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 26, 2022. The complaint was unsubstantiated (Intake #NC00190391). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</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>	V 296		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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V 296	<p>Continued From page 1</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 needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to have the minimum number of direct care staff required when children or adolescents are present and awake in the facility for 2 of 2 clients (#2 and #3). The findings are:</p> <p>Observations on 7/7/22 at 8:45am of the staff and clients inside the facility revealed: -The Home Manager (HM) was present with 2 clients (#2 and #3) -No other facility staff were present</p> <p>Review on 7/7/22 of client #2's record revealed:</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 2</p> <p>-An admission date of 11/30/21 -Diagnoses of Oppositional Defiant Disorder and Post-Traumatic Stress Disorder. -Age 17 -An assessment dated 11/30/21 noted "was previously at a PRTF (Psychiatric Residential Treatment Facility), wants to be placed with a family, has a history of depression, needs outpatient therapy, requires a level III residential placement, in January 2021 had thoughts of harming himself, in 2019 set the yard on fire and has auditory hallucinations." -A treatment plan dated 11/2/21 noted "will reunite with his family, will decrease sexual abuse trauma, will have successful academic school performance, participate in stabilization and assessment services, will actively engage in therapy, will improve his relationship with his family, will participate in recreational activities, will get a healthy amount of sleep nightly and will ask for help when needed and follow all the rules."</p> <p>Review on 7/7/22 of client #3's record revealed: -An admission date of 6/29/22 -Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Impulsive Presentation. -Age 16 -An assessment dated 6/29/22 noted "was previously placed at [a local county]'s detention center, has issues with anger, following directions and participates in criminal activity, needs counseling, take responsibility for his actions and decisions, the Department of Juvenile Justice (DJJ) involvement, has elopement tendencies, peer pressure and needs a level III residential placement." -A treatment plan dated 6/15/22 noted "will learn to manage past trauma/loss without becoming overwhelmed with negative thoughts by being</p>	V 296		

Division of Health Service Regulation

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V 296	Continued From page 3 able to openly discuss/process these experiences during therapy, will reduce the frequency, intensity and duration of this conduct disorder behaviors such as lying, rule breaking, theft and truancy by expressing his feelings in a non-aggressive manner and learn how to express his feelings appropriately, will learn how to manage his impulsivity and hyperactivity by increased ability to communicate at an appropriate tone and follow rules and regulations in a residential setting, will be allowed therapeutic leave under the discretion of the level III facility staff and team members, will comply with the medication regimen and necessary medical procedures by reporting side effects or problems to physicians or therapists, will adhere to stated rules and regulations of level III facility by preparing for assigned sleep time and remaining asleep or in his room throughout the night, will attend school on a daily basis, participate in transitional skills, complete assigned class work, ask for help as needed and follow the expectations and rules in the classroom by maintaining passing grades and daily attendance, will demonstrate greater respect and compliance by following the program rules and daily milieu schedule, responding to directives, communication in a calm tone of voice, accepting responsibility for his actions and having positive interactions with others, will get a healthy amount of sleep and rest each night and wake up in a timely manner to complete morning hygiene, will identify situations, thoughts and feelings that trigger angry feelings, problem behaviors, decrease the number, intensity and duration of angry outbursts by an increased use of new learned coping skills for managing his anger, will complete chores, follow directives, will develop the skills that are essential to maintaining a drug free lifestyle by processing reasons for past use,	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 4</p> <p>develop strategies to handle stress/anxiety, verbalize the need to utilize substance free coping skills, and submit to random testing as deemed necessary, will be transported by one residential staff member to all appointments, school and community outings as scheduled."</p> <p>Interview on 7/7/22 with client #2 revealed: -Was admitted to the facility "about 2 days ago." -At night there were 2 staff that worked at the group home. -"Sometimes in the morning, there are 2 staff here, but on some shifts, there is only one." -Only the HM was present the past two mornings.</p> <p>Interview on 7/7/22 with client #3 revealed: -Last night (7/6/22), only the HM was on shift -"Staffing really depends on if they are short staffed or not. Sometimes there are two staff, but one may leave, and we are only here with [the HM]. Normally there are two staff here, but recently (date unknown), there was only one staff here on second shift ..."</p> <p>Interview on 7/7/22 with the House Manager (HM) revealed: -Was aware there were to be 2 staff present when any clients were in the facility -Admitted he was the only staff at the facility with the 2 clients. -"The other staff (Associate Professional/Registered Nurse/Licensee/President (AP/RN/L/P)) was just here and left about 2 minutes after you arrived (9:09am). She went to the store to get some milk for breakfast ... -There were times the facility was short staffed on the shifts "because no one wants to work."</p> <p>Interview on 7/7/22 with the AP/RN/L/P revealed:</p>	V 296		

Division of Health Service Regulation

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V 296	Continued From page 5 -Was aware there were to be two staff on every shift when a client was present. -The facility had been short staffed recently due to one staff not showing up to work their assigned shift and another staff was on medical leave. -"I have just hired two new staff that will begin next week ..."	V 296		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 6</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 7</p> <p>catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct an internal review within 24 hours of the incident. The findings are:</p> <p>Review on 7/7/22 of the Home Manager (HM)'s record revealed: -A hire date of 9/23/09</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 8</p> <p>-A job description of HM</p> <p>Review on 7/7/22 of Former Client #1 (FC #1)'s record revealed:</p> <p>-An admission date of 6/1/22</p> <p>-Diagnoses of Oppositional Defiant Disorder, Unspecified Attention Deficit Hyperactivity Disorder, Other Specified Trauma and Stressor Related Disorder and Other Specified Schizophrenia Spectrum Disorder.</p> <p>-A discharge date of 6/6/21</p> <p>-Age 14</p> <p>Interview on 7/7/22 with the HM revealed:</p> <p>-Former Client #1 (FC #1) had been discharged in June 2022</p> <p>-Was interviewed by the Child Protective Services (CPS) Social Worker (SW) due to an allegation made by FC #1.</p> <p>-"The allegation was against me. He said that I slapped him. That did not happen. It is my understanding the case was closed as [FC #1] said he lied and had made up the story ...I think the term used was unfounded ...the police took him to the crisis center, and I followed ...while we were at the crisis center, the lady (worker at the crisis center) came out and asked me about slapping him. That was the first time I had heard that, and I most definitely did not slap him or put my hands on him ..."</p> <p>-Was not removed from the schedule when the allegation was made against him for FC #1's statement he was slapped.</p> <p>Interview on 7/7/22 with the Associate Professional/Registered Nurse/Licensee/President (AP/RN/L/P) revealed:</p> <p>-At the crisis center FC #1 made an allegation the HM had slapped him.</p>	V 366		

Division of Health Service Regulation

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V 366	Continued From page 9 -An adjoining county's social services investigator came out to the facility on put date -The HM was not suspended pending the results of the investigation -"Since [FC #1] was admitted to the hospital and was not returning, we did not see a need to remove [the HM] from the schedule ..." -In the future, if a client makes an allegation against a staff member, the AP/RN/Licensee would suspend the staff and conduct an internal investigation.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 10</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 unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 11</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that 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 record reviews and interviews, the facility failed to ensure that level III incidents were reported to the LME/MCO responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/7/22 of the facility's incident reports revealed: -No level III incident report for the abuse allegation against the Home Manager (MH) slapping Former Client #1 (FC #1) on 6/5/22</p> <p>Review on 7/7/22 of Former Client #1 (FC #1)'s record revealed: -An admission date of 6/1/22 -Diagnoses of Oppositional Defiant Disorder,</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 12</p> <p>Unspecified Attention Deficit Hyperactivity Disorder, Other Specified Trauma and Stressor Related Disorder and Other Specified Schizophrenia Spectrum Disorder. -A discharge date of 6/6/21 -Age 14</p> <p>Interview on 7/7/22 with client #3 revealed: -Heard FC #1 yelling he was going to get everyone (facility staff) fired and have the place shut down -The police and a social worker came to the facility and interviewed everyone -"I told her (the social worker) the truth. [FC #1] was never slapped by staff. Staff treats us good here. [FC #1] was way too aggressive towards people ..."</p> <p>Interview on 7/7/22 with the HM revealed: -FC #1 had been discharged in June 2022 -Was interviewed by the Child Protective Services (CPS) Social Worker (SW) due to an allegation made by FC #1. -"The allegation was against me. He said that I slapped him. That did not happen. It is my understanding the case was closed as [FC #1] said he lied and had made up the story ...I think the term used was unfounded ...the police took him to the crisis center, and I followed ...while we were at the crisis center, the lady (worker at the crisis center) came out and asked me about slapping him. That was the first time I had heard that, and I most definitely did not slap him or put my hands on him ..." -Was not removed from the schedule when the allegation was made against him for FC #1's statement he was slapped. -Did not think an Incident Response Improvement System (IRIS) report was done "because it was just not true."</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2022
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NAME OF PROVIDER OR SUPPLIER JAMES EL PARRISH	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 AMOS DRIVE GREENSBORO, NC 27405
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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 367	Continued From page 13 Interview on 7/7/22 with the Associate Professional/Registered Nurse/Licensee/President (AP/RN/L/P) revealed: -At the crisis center FC #1 made an allegation the HM had slapped him. -An adjoining county's social services investigator came out to the facility on put date -Had not submitted a level III incident report "due to him being discharged." -Would submit level III incidents in the future if a client made an allegation against staff.	V 367		