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V 000	0 INITIAL COMMENTS			V 000			
	completed on 8/4/22. substantiated Intake: NC00190486, NC001 Intake #NC00191346 Deficiencies were cite. This facility is license category: 10A NCAC Treatment for Childre This facility is license census of 4. The surv	190483 & NC00190434. S was unsubstantiated. ed. d for the following servic 27G .1300 Residential	ee s a				
V 113	27G .0206 Client Red	cords		V 113			
	10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred		e ch ne e of lress				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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physician; (6) a signed statement responsible person gemergency care from (7) documentation of (8) documentation of (9) if applicable: (A) documentation of diagnosis according to Diseases (ICD-9-C(B) medication orders (C) orders and copies (D) documentation of administration errors (b) Each facility shall relative to AIDS or reonly in accordance w	nt from the client or legally ranting permission to seek a a hospital or physician; services provided; progress toward outcomes; physical disorders to International Classification CM); s; s of lab tests; and f medication and and adverse drug reactions. ensure that information lated conditions is disclosed with the communicable	V 113				
Based on record revifailed to maintain a client (#1) & 1 of 2 for findings are: A. Review on 7/22/22 revealed: - admitted 4/1/22 - age: 11 - diagnoses of Op Adjustment Disorder Hyperactivity Disorder	ew and interview the facility lient record for 1 of 1 current rmer client (FC#5). The 2 of client #1's record positional Defiant Disorder, and Attention Deficit					
	ROVIDER OR SUPPLIER NUNDER CONSTR TREASUMMARY ST (EACH DEFICIENCE REGULATORY OR Continued From page physician; (6) a signed statement responsible person greenergency care from (7) documentation of (8) documentation of (9) if applicable: (A) documentation orders (C) orders and copies (D) documentation orders (C) orders and copies (D) documentation orders (C) documentation orders (D) document	MHL051-170 ROVIDER OR SUPPLIER STREATMENT CENTER, B SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a client record for 1 of 1 current client (#1) & 1 of 2 former client (FC#5). The findings are: A. Review on 7/22/22 of client #1's record revealed: - admitted 4/1/22 - age: 11 - diagnoses of Oppositional Defiant Disorder, Adjustment Disorder and Attention Deficit Hyperactivity Disorder - no documentation of respite care in March	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 42 JEWEL LANE FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. 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Review on 7/22/22 of client #1's record revealed: - admitted 4/1/22 - age: 11 - diagnoses of Oppositional Defiant Disorder, Adjustment Disorder and Attention Deficit Hyperactivity Disorder - no documentation of respite care in March	ROVIDER OR SUPPLIER MHL051-170 STREET ADDRESS, CITY, STATE, 2IP CODE 42 JEWEL LANE FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 1 physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. 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Review on 7/22/22 of client #1's record revealed: - admitted 4/1/22 - age: 11 - diagnoses of Oppositional Defiant Disorder, Adjustment Disorder and Attention Deficit Hyperactivity Disorder - no documentation of respite care in March	A BUILDING: MHL091-170 BY STREET ADDRESS, CITY, STATE, ZIP CODE 42 JEWEL LANE FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEPICIENCES SUMMARY STATEMENT OF DEPICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL KEDULATORY OR LSC LIGENTFYNG INFORMATION) Continued From page 1 physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable; (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of progress toward outcomes; (B) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a client record for 1 of 1 current client (#1) & 1 of 2 former client (#C#5). The findings are: A. Review on 7/22/22 of client #1's record revealed: - admitted 4/1/22 - age: 11 - diagnoses of Oppositional Defiant Disorder, Adjustment Disorder and Attention Deficit Hyperactivity Disorder - no documentation of respite care in March	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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V 113	Continued From page 2			V 113			
V 138	B. Review on 7/28/22 of the Division of Health Service Intake form for FC#5 revealed: - FC#5's name - age: 12 - no diagnoses During interview 7/28/22 the Licensee reported: - client #1 came in March 2022 for respite - was not not approved for authorization by the Local Managed Care/Management Care Organization until 4/1/22 - did not consider client #1 admitted to the facility until 4/1/22 - FC#5 was an emergency respite for approximately 2 weeks in April 2022 - he did not keep a client record for respite clients - he was responsible for ensuring clients had a record		V 138				
V 150	V 138 27G .0404 (A-E) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place		V 155				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 138	in each facility.	cept no more clients than the	V 138				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to accept no more clients than the number for which it was licensed for affecting 4 of 4 current clients (#1, #2, #3 & #4) and 1 of 2 former client (FC#5). The findings are: Review on 7/22/22 of client #1's record revealed: - admitted 4/1/22 - age: 11 - diagnoses of Oppositional Defiant Disorder, Adjustment Disorder and Attention Deficit Hyperactivity Disorder (ADHD) - no documentation of respite care in March 2022						
	- admitted 10/30/2	client #2's record revealed: 0 active Attachment Disorder					
	- admitted 4/9/20 - diagnoses of ADDisorder - age: 16 Review on 7/22/22 of - admitted 6/3/19 - age: 15	client #3's record revealed: HD & Post Traumatic Stress client #4's record revealed:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU A. BUILDING: COMPLE					
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V 138	Continued From page	e 4		V 138			
	Intake form for FC#5 - FC#5's name - age: 12 - no diagnoses - admitted to the famay 2022 During interview on 8	acility between April 202 8/2/22 the Qualified					
	Professional reported: - there were 4 boys at the facility when FC#5 was admitted - stayed at the facility 2 - 3 weeks - he left and returned backed to the facility for 2 - 3 more nights because the placement did not work out During interview on 8/4/22 the Licensee reported: - FC#5 was an emergency respite client - came for a week in April 2022 and discharged to placement - the placement did not work out and was readmitted for another week - he did not keep a client record for respite clients - would not admit clients above what he was licensed for in the future						
V 366	10A NCAC 27G .060 RESPONSE REQUIF CATEGORY A AND E (a) Category A and E implement written pol	REMENTS FOR B PROVIDERS B providers shall develop licies governing their or III incidents. The po	•	V 366			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			(X3) DATE SURVEY COMPLETED		
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V 366	Continued From page	e 5		V 366			
V 366	(1) attending to of individuals involved (2) determining (3) developing a measures according to timeframes not to exc (4) developing a to prevent similar incispecified timeframes (5) assigning profor implementation of preventive measures; (6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a)(1) (b) In addition to the Paragraph (a) of this shall address incident regulations in 42 CFR (c) In addition to the Paragraph (a) of this providers, excluding I develop and implementation response to a lewhile the provider is cor while the client is on the policies shall requipely: (1) immediately by: (A) obtaining the making a plant in the control of the policies shall requipely: (B) making a plant in the control of the policies shall requipely: (A) obtaining the making a plant in the policies making a plant in the control of the policies shall requipely: (B) making a plant in the control of the policies shall requipely: (A) obtaining the making a plant in the policies making a plant in the policies in the policies in the policies shall requipely: (B) making a plant in the policies shall requipely: (B) making a plant in the policies i	o the health and safety of in the incident; the cause of the incident; the cause of the incident and implementing corrector provider specified seed 45 days; and implementing meadents according to provide according to provide seconds to exceed 45 days; erson(s) to be responsified the corrections and confidentiality requirementations and 45 CFR Parts 160 documentation regards through (a)(6) of this Frequirements set forth Rule, ICF/MR providers as required by the fet R Part 483 Subpart I. requirements set forth Rule, Category A and ECF/MR providers, shall and written policies gove well III incident that occurred the provider to response to the provider to response to the provider to response to the client record; hotocopy;	ent; ective sures vider ible nents 6B, 0 and ing Rule. in s deral in 3 I erning urs vice ses. pond	V 366			
		the copy to an internal					
	(D) transferring review team;	the copy to an internal					
		a meeting of an internal	I				

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V 366 Continued From page	6	V 366			
review team within 24 internal review team sh who were not involved were not responsible for with direct professional services at the time of review team shall commodillows: (A) review the condetermine the facts and make recommend occurrence of future in (B) gather other (C) issue written within five working day preliminary findings of LME in whose catchmore located and to the LME if different; and (D) issue a final wowner within three more final report shall be seen catchment area the profunde all public docurrence all documents needed available within three more LME may give the profunction of the LME may give the profunction of the LME response area where the services Rule .0604;	hours of the incident. The hall consist of individuals in the incident and who or the client's direct care or I oversight of the client's the incident. The internal plete all of the activities as the py of the client record to d causes of the incident ations for minimizing the cidents; information needed; preliminary findings of fact as of the incident. The fact shall be sent to the ent area the provider is where the client resides, written report signed by the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incident. The fact shall be sent to the enths of the incidents. If for the report are not months of the incident, the wider an extension of up to	V 366			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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V 366	μ-19-1			V 366			
	for maintaining and up treatment plan, if differ provider; (D) the Departm (E) the client's lapplicable; and	pdating the client's erent from the reporting	·				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their incident reporting policy. The findings are:		•				
	Refer to V367 regarding details of incidents that occurred at the facility - police calls to the facility - client #1 placed in a restraint by the Licensee						
	he was aware ofverified he placeddid not completeresponsible for in	/28/22 the License reports the police calls d client #1 in a restraint Level II incident reports evestigating incidents al lent response improven	s nd				
V 367	27G .0604 Incident R	eporting Requirements		V 367			
	10A NCAC 27G .0604 REPORTING REQUIL CATEGORY A AND B (a) Category A and B	REMENTS FOR	all				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
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V 367 Continued From page	 ∋ 8		V 367		,	
level II incidents, except the provision of billable consumer is on the provider son the provider services are provided becoming aware of the submitted on a for Secretary. The report in person, facsimile of means. The report slinformation: (1) reporting provident identification information: (1) reporting provident identification information: (3) type of incidentification information: (4) description (5) status of the cause of the incident; (6) other individent or responding. (b) Category A and Emissing or incomplete shall submit an updata report recipients by the day whenever: (1) the provided information provided erroneous, misleading (2) the provided required on the incident unavailable. (c) Category A and Emission provided unavailable.	ept deaths, that occur of le services or while the roviders premises or le deaths involving the clip rendered any service whickent to the LME atchment area where I within 72 hours of the incident. The report improvided by the it may be submitted via rencrypted electronic shall include the following the incident; of effort to determine the and duals or authorities noticed report to all required the end of the next busing that reason to believe in the report may be gor otherwise unreliable robtains information ent form that was previous providers shall submit LME, other information incident, including:	vel III ents within shall mail, g fied n any vider d ness that le; or pusly	V 367			

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V 367	Continued From page	9	V 367		
	(0)	0 0 20 1			
	. ,	ther authorities; and			
	(3) the provider	's response to the incident.			
	(d) Category A and B	providers shall send a copy			
	` ,	reports to the Division of			
		opmental Disabilities and			
		•			
		vices within 72 hours of			
		e incident. Category A			
	providers shall send a	a copy of all level III			
	incidents involving a	client death to the Division of			
	_	ation within 72 hours of			
		e incident. In cases of			
	•				
		ven days of use of seclusion			
		ler shall report the death			
	immediately, as requi	red by 10A NCAC 26C			
	.0300 and 10A NCAC	27E .0104(e)(18).			
		providers shall send a			
		LME responsible for the			
		e services are provided.			
		ıbmitted on a form provided			
	by the Secretary via e	electronic means and shall			
	include summary info	rmation as follows:			
	(1) medication	errors that do not meet the			
	definition of a level II				
		iterventions that do not meet			
	` '				
		el II or level III incident;			
		a client or his living area;			
	(4) seizures of	client property or property in			
	the possession of a cl				
		mber of level II and level III			
	incidents that occurre				
		•			
	` ,	indicating that there have			
	been no reportable incidents whenever no				
	incidents have occurr	ed during the quarter that			
		ia as set forth in Paragraphs			
	_	e and Subparagraphs (1)			
	through (4) of this Par	ayrapri.			

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V 367	Continued From page	e 10	V 367			
	failed to ensure Level submitted within 72 h Management Care/M The findings are: Review on 7/22/22 of improvement system - last submission of During interview on 7 - he eloped from the returned to the fadestroy property in himal to the fadestroy property in himal companion of the police was contant 2022 or May 2022 - she thought he had hid under the factorial puring interview on 7 - police was contant 2022 or May 2022 - she thought he had hid under the factorial puring interview on 7	ew and interview the facility Ill incident reports were ours to the Local anaged Care Organization. The incident response (IRIS) revealed: of an incident was 7/28/20 //22/22 client #1 reported: ne facility in April 2022 acility and attempted to s bedroom face down restraint by the //22/22 staff #3 reported: cted for client #4 either April ad left the premises but he				
	- the police was co	ontacted				
	reported: - verified he place restraint	/28/22 & 8/4/22 the Licensee d client #1 in a face down ed in March 2022 & client #1				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	MHL051-170 B. WING			I	R / 04/2022		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
TVAIVIL OF T	NOVIDER OR GOLF EIER		42 JEWEL		, Z.II GODE		
CHILDRE	N UNDER CONSTR TRE	ATMENT CENTER, B		S, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 367	V 367 Continued From page 11 - did not complete a level II incident report because he was respite - aware of police calls to facility		t	V 367			
	he was responsible for the completion of incident reports & submission through the IRIS system						
V 518	27E .0104(e1-2) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (1) the requirement that positive and less restrictive alternatives are considered and attempted whenever possible prior to the use of more restrictive interventions; (2) consideration is given to the client's physical and psychological well-being before, during and after utilization of a restrictive intervention, including: (A) review of the client's health history or the client's comprehensive health assessment conducted upon admission to a facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities		SED Itions II be ess e of s e, or nt	V 518			
	and limitations that would place the client at greater risk during the use of restrictive interventions; (B) continuous assessment and monitoring of the physical and psychological well- being of the client and the safe use of restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions;						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, , ,	E SURVEY PLETED
				A. BOILDING			В
		MHL051-170		B. WING		30	R 3 /04/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CUII DDE	N LINDED CONSTD TOE	ATMENT CENTED D	42 JEWEL	LANE			
CHILDRE	N UNDER CONSTR TRE	AIMENI CENIER, B	FOUR OAK	S, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 518	V 518 Continued From page 12			V 518			
	trained in the use of or resuscitation of the classification of the classification (D) continued in trained in the use of or resuscitation of the classification well-be	ient's physical and sing during the use of no nonitoring by an individe cardiopulmonary ient's physical and sing for a minimum of 3 to the termination of a	nanual ual				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure continuous assessment and monitoring of the physical and psychological well being of the client and the safe use of a restraint by a staff who was physically trained in the use of emergency safety interventions by 1 of 3 audited staff (Licensee). The findings are:		d Il well traint use of				
	 admitted 4/1/22 age: 11 diagnoses of Op Adjustment Disorder Hyperactivity Disorde 		rder,				
	reported: - eloped from the factory property in hi - was placed on the hand behind his bed	ne floor face down and	1				

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL051-170	B. WING		08/04/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
<u> </u>		42 JEWEI	L LANE		
CHILDRE	N UNDER CONSTR TRE	ATMENT CENTER, B FOUR OA	KS, NC 27524		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 518	/ 518 Continued From page 13		V 518		
	- the restraint lasted less than a minute				
	- the restraint laste	ed less than a minute			
	(North Carolina Interv - the facility's staff (prevention) which we	s/2/22 the facility's NCI+ vention) trainer reported: were trained in NCI + ere de-escalation techniques sined in any physical			
	reported: - verified he place restraint - verified he was t techniques - client #1 attempt the same day, from tl - destroyed prope - client #1 was pla safety - did not complete the restraint - restraint happene	rty in his bedroom iced in a restraint for his any documentation about ed in March 2022 espite client & was not			
V 537	ITO 10A NCAC 27E .0108 SECLUSION, PHYSI ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to em	CAL RESTRAINT AND JT cal restraint and isolation loyed only by staff who have	V 537		

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PRINTED: 08/18/2022 FORM APPROVED

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MHL051-170 MML051-170 MHL051-170 MHL051-170 MHL051-170 MHL051-170 MHL051-170 MHL051-170 MHL051-170 MHL051-170 MHL051-170 STREET ADDRESS, CITY, STATE, ZIP CODE 42 JEWEL LANE FOUR OAKS, NC 27524 FOUR OAKS, NC 27524 PREPIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREPIX TAG Competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of sectusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating omegation of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competencely-based, include measurable learning objectives, measurable tearning objectives, measurable tearning objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of.		FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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NAME OF PROVIDER OR SUPPLIER CHILDREN UNDER CONSTR TREATMENT CENTER, B (X4) ID PREFIX TAG (CAD ID SUMMARY STATEMENT OF DEFICIENCISE TAG (CAD ID SUMMARY STATEMENT OF DEFICIENCISE (EACH DEFICIENCY MUST BE PRECEDED BY PLUL TAG (CONTINUED FROM ISSEED INTERVING INFORMATION) V 537 Continued From page 14 competence at least annually, (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrated. (c) A pre-requisite for taking this training is demonstrated. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or falling the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to presentation of:			MHL051-170	B. WING		
CHILDREN UNDER CONSTR TREATMENT CENTER, B SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 14 competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable tearing (written and by observation of behavior) on those objectives and measurable methods to determine passing or falling the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pusuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of:	NAME OF D	DOVIDED OD SUDDUIED	etreet Ani	DESS CITY STA	TE ZID CODE	
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SUMMARY STATEMENT OF DEFICIENCIES PRECIDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCY MIST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 537 Continued From page 14 V 537	CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER. B			
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 14 competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrated. (c) A pre-requisite for taking this training is demonstrated. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of:				<u>, </u>		
competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of:	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of:	V 537	V 537 Continued From page 14		V 537		
the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);	V 537	competence at least at (b) Prior to providing disabilities whose treatincludes restrictive interest shall composed seclusion, physical reand shall not use the straining is completed demonstrated. (c) A pre-requisite for demonstrating competraining in preventing, the need for restrictive (d) The training shall include measurable leasurable testing (vince) behavior) on those of methods to determine course. (e) Formal refresher by each service proviannually). (f) Content of the trait provider plans to empthe Division of MH/DD Paragraph (g) of this (g) Acceptable training but are not limited to, (1) refresher into the use of restrictive in (2) guidelines of (2) guidelines of (3) emphasis or rights and dignity of a concepts of least restrictive in (3) emphasis or rights and dignity of a concepts of least restrictive of the concepts of least restrictive or concepts or least restrictive or concepts or least restrictive or concepts or concept	direct care to people with atment/habilitation plan terventions, staff including ployees, students or olete training in the use of estraint and isolation time-out se interventions until the and competence is a taking this training is etence by completion of the reducing and eliminating eliminating eliminating eliminating eliminating objectives, written and by observation of objectives and measurable eliminating must be completed der periodically (minimum) aning that the service oloy must be approved by D/SAS pursuant to Rule. The programs shall include, presentation of formation on alternatives to interventions; on when to intervenement danger to self and an safety and respect for the all persons involved (using rictive interventions and	V 537		

Division of Health Service Regulation

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MHL051-170 MHL051	STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CHILDREN UNDER CONSTR TREATMENT CENTER, B SUMMARY STATEMENT OF DEFICIENCIESS. (A) ID REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 15 of restrictive interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention infing strategies, including their importance and purpose; and (8) documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation and training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on lesting in a training program				A. BUILDING: _			
CHILDREN UNDER CONSTR TREATMENT CENTER, B SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FROM THE APPROPRIATE TAG Continued From page 15 of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/I/DI/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program			MHL051-170	B. WING		1	<u>?</u>
(X4) ID SUMMARY SYSTEMENT OF DEFICIENCIES (EACH DEFICIENCY WIS STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIS TERMENT OF DEFICIENCIES (EACH DEFICIENCY WIS TERMENT OF DEFICIENCY) V 537 Continued From page 15 of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/I/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PORFORM ARS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PRE			42 JEWEI	L LANE			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	CHILDRE	N UNDER CONSTR TRE	ATMENT CENTER. B				
of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMF	PLETE
interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program	V 537	Continued From page	e 15	V 537			
need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and	V 537	of restrictive intervent (5) the use of e interventions which ir assessment and mon psychological well-be use of restraint throug restrictive intervention (6) prohibited p (7) debriefing s importance and purpo (8) documentat (h) Service providers documentation of initiat least three years. (1) Documenta (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Division review/request this do (i) Instructor Qualificat Requirements: (1) Trainers shaby scoring 100% on taimed at preventing, need for restrictive in (2) Trainers shaby scoring 100% on teaching the use of seand isolation time-out (3) Trainers shaby scoring a passing instructor training pro (4) The training competency-based, in objectives, measurab	tions; emergency safety include continuous altoring of the physical and being of the client and the safe ghout the duration of the in; procedures; strategies, including their ose; and tion methods/procedures. shall maintain ital and refresher training for tion shall include: sated in the training and the where they attended; and name. In of MH/DD/SAS may occumentation at any time, action and Training all demonstrate competence esting in a training program reducing and eliminating the terventions. In all demonstrate competence esting in a training program reducing and eliminating the terventions. In all demonstrate competence esting in a training program ecclusion, physical restraint it. In all demonstrate competence grade on testing in an gram. In gram, gram is shall be include measurable learning the testing (written and by	V 537			

Division of Health Service Regulation

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DIVISION	n nealth Service Regu	ilation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		MHL051-170	B. WING		08/04/2022
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AS	DRESS, CITY, STA	TE 710 000E	
NAME OF PR	ROVIDER OR SUPPLIER		, ,	II E, ZIP CODE	
CHILDREN	N UNDER CONSTR TREA	ATMENT CENTER, B			
···		FOUR OA	KS, NC 27524		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
V 537	Continued From page	2 16	V 537		
* 001	Continued i form page	3 10	* ***		
	failing the course.				
	(5) The content	t of the instructor training the			
	service provider plans	s to employ shall be			
	approved by the Divis	sion of MH/DD/SAS pursuant			
	to Subparagraph (j)(6	•			
		instructor training programs			
		be limited to, presentation			
	of:	bo innited to, procentation			
		ng the adult learner;			
		r teaching content of the			
		leaching content of the			
	course;	-f.t			
	• •	of trainee performance; and			
	` '	tion procedures.			
	` '	all be retrained at least			
	<u> </u>	strate competence in the use			
	of seclusion, physical	l restraint and isolation			
	time-out, as specified	I in Paragraph (a) of this			
	Rule.				
	(8) Trainers sha	all be currently trained in			
	CPR.	·			
	(9) Trainers sha	all have coached experience			
	` '	f restrictive interventions at			
	~	a positive review by the			
	coach.	a postario roriori by the			
		all teach a program on the			
	` '	rventions at least once			
	annually.	i veritions at least office			
	•	all complete a refresher			
	(11) Trainers shall complete a refresher instructor training at least every two years.				
	(k) Service providers				
		ial and refresher instructor			
	training for at least the				
	\ /	tion shall include:			
		ated in the training and the			
	outcome (pass/fail);				
	(B) when and w	where they attended; and			
	(C) instructor's				
		n of MH/DD/SAS may			
		ocumentation at any time.			

Division of Health Service Regulation

STATE FORM 6899 UJRQ11 If continuation sheet 17 of 29

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE S COMPL	
				7 5 6 1.25 16 1			₹
		MHL051-170		B. WING		1	\ 04/2022
NAME OF D	ROVIDER OR SUPPLIER		STREET AND	RESS, CITY, STA	TE ZIR CODE	•	
NAME OF P	ROVIDER OR SUPPLIER		42 JEWEL		ie, zip code		
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER. B		S, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 537	Continued From page	÷ 17		V 537			
	requirements as a tra (2) Coaches sh times, the course whi	all meet all preparation iner. all teach at least three ch is being coached. all demonstrate letion of coaching or ction. hall be the same					
	utilized restrictive inte	n, record review and y staff (#1, #2 & License rvention for which they v ity failed to ensure 1 of 1 I (QP) demonstrated	vere				
	providing quality servi mannerstaff will only approved by the compappropriate training behavior intervention authorization for the uspecific resident shall professional who has use of the intervention interventions are application. It is a professional who has use of the intervention are applicational under Construction, Efacilityphysical restriction or action in wimminent danger of a	realed: "committed to ices in the least restrictive years interventions pany for which they receithe determination that a is indicated and the use of such treatment for only be made by a been formally trained in hthe following roved for use in Children Barnes Inc. residential aint - only to terminate a	a the				

Division of Health Service Regulation

STATE FORM 6899 UJRQ11 If continuation sheet 18 of 29

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
			756.12516.1			R
		MHL051-170	B. WING		08	3/04/2022
				TE 710 000E	, ,	
NAME OF P	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, STA	ILE, ZIP CODE		
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER. B	EWEL LANE IR OAKS, NC 27524			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	COMPLETE DATE
V 537	Continued From page	e 18	V 537			
	occurring"					
	Licensee's personnel	n NCI+ (North Carolina				
	revealed:	the QP's personnel record				
	Review on 7/22/22 of client #1's record revealed: - admitted 4/1/22 - age: 11 - diagnoses of Oppositional Defiant Disorder (ODD), Adjustment Disorder and Attention Deficit Hyperactivity Disorder (ADHD)					
	Observation on 7/22/2 bedroom revealed ca	22 at 4:02pm of client #1's rpet flooring				
	reported: - eloped from the factory property in hi - the Licensee atterestraint" on his bed to bed - was then placed 1 hand behind my ba - was able to turn - could not recall that carpet therapy" - "carpet therapy" floor" in a restraint	empted to do a "face down out did not want to break his "on the floor face down with ck" his face from side to side he clients that told him "you meant "put down on the				
	7/28/22 client #3 repo	servation at 2:22pm on orted: in any restraints				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL051-170		B. WING	<u>-</u>	08	R / 04/2022
NAME OF P	ROVIDER OR SUPPLIER	S	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
CHII DRE	N UNDER CONSTR TREA	ATMENT CENTER B	12 JEWEL I	_ANE			
011125112		F	OUR OAK	S, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 537	Continued From page	e 19		V 537			
	heard it from - carpet therapy woon the floor" - he would demonsthe floor face down	herapy but not sure where as when "you get put dow strate carpet therapy: got ace from side to side	vn				
	 floor restraints we prevention was told if a client could mush them in the their hands to prevention 	/22/22 staff #2 reported: ere not taught in NCI+ at charged at staff, "staff neir face with the palm of t the attack" ducted this restraint					
	- if client #3 had a by his side and escor - she was trained thim in a wrap position pounds" and she could him - clients in the pas down" - "guess that mear	/2/22 staff #1 reported: behavior, she held his ha ted him to his bedroom to place his hands in front n, however, "he was like 2 ld not get his arms in front t told her they "were put nt a restraint" "put down" meant	t of 220				
	- "don't know if it m - she asked the cli down?" - could not recall w they were "put down" - had not witnesse During interview on 8 trainer reported: - the facility's staff (prevention) which we	neant to be escorted" ents "what they did to get what clients told her as to	why				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER			CONSTRUCTION	, ,	E SURVEY PLETED
				7 5 5 . 2 5 1 5 .			R
		MHL051-170		B. WING		08	3/04/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
	NUMBER CONCER TRE	ATMENT OFNITED D	42 JEWEL	LANE			
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER, B	FOUR OAK	S, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 537	V 537 Continued From page 20			V 537			
	NCI+ trainings - floor restraints ha 2012 or 2013 due to t		since				
	During interview on 8/2/22 the NCI+ Instructor reported: helped develop the NCI+ program no floor restraints were taught, only standing restraints have not heard of carpet therapy NCI+ techniques did not include placing a client's arms behind their back there were no NCI+ techniques taught to "mush a client in the face" during a charge "you do not hit a client" if a client charged, then "move out of the way" did away with floor restraints years ago" a therapeutic wrap was a technique - the arms are wrapped in front of the client below the rib cage to allow breathing During interview on 8/2/22 the Qualified Professional reported: was contacted twice in the last 2 months by						
			e way"				
			ne				
			ıs hv				
	staff #1 in regards to		•				
	- was not sure who	at "put down" meant, "s ybe?" ed any clients being "pu					
	down" - she was trained	in physical restraints bu	ut was				
	restraints	ehaviors without physi raint was not a techniq					
		/28/22 & 8/4/22 the Lic	ensee				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MIII 054 470	B. WING		R	
		MHL051-170	5		08/04/2022	\dashv
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER. B 42 JEWEL				
		FOUR OAK	KS, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	≣
V 537	Continued From page 21		V 537			
	- he placed client #2022 - client #1 attempt the same day, from the he destroyed procedure on his bedroom floor he placed both he client #1 off the floor, being near the floor the restraint was it had been years "carpet therapy" - "carpet therapy"	#1 in a restraint in March ed to elope a second time, ne facility perty in his bedroom ced in a restraint face down is arms under him, to lift this prevented his face from less than 1 minute for client #1's safety s since he used the words was a face down restraint" "carpet therapy, not as a				
	8/4/22 written by the I "What immediate acti ensure the safety of the I My immediate action not use physical interprevention methods was restraints. We will contoday August 4th, 202 refresher course. Dessure the above happen make sure the above Client #1 was admitted diagnoses of ODD, A ADHD. He was placedown restraint with or the Licensee. Staff #1 hands by his side to a would mush a client in her hands if they chain	on will the facility take to the consumers in your care? on August 4th, 2022, we will wentions. We will only use which excludes from physical stact our NCI instructor 22, to set up a time for a scribe your plans to make ens. The Owner/CEO will statements happen."				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		MHL051-170	B. WING		R 08/04/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER, B 42 JEWEL FOUR OAI	LANE (S, NC 27524		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 537	The QP was made averaged being utilized, however about how the physic conducted. Based on physical restraints an were not approved as this deficiency constitute which is detrimental to welfare of the clients. corrected within 45 descriptions are sent as the provided by the physical restraints and the physical restraints are sent as the physical restraints and the physical restraints are sent as the physical restraints and the physical restraints are sent as the physical restraints and the physical restraints are sent as the phys	de-escalation techniques. ware physical restraints were er, did not follow up with staff al restraints were being staff not being trained in d utilizing techniques that is restrictive interventions, nutes a Type B rule violation to the health, safety and If the violation is not ays, an administrative er day is imposed for failure	V 537		
V 736	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it maintained in a safe,	EMENTS	V 736		
	failed to maintain its gand orderly manner. Observation on 8/4/2: 12:54pm & 12:57pm e kitchen area: Iaminate peeled countertops	n and interview the facility grounds in a safe, attractive The findings are: 2 of the facility between revealed the following: away from the outside of the pane from a window that			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED		
				B. WING			R
		MHL051-170		B. WING		08/	/04/2022
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER, B	42 JEWEL FOUR OAK	S, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 736	- the missing glass cardboard & boarded - client #3 & #4's b - a hole the size of corner of their bedrood - client #4 had a w baseball on the wall r During interview on 8 - the clients had be damage to the facility - client #3 had a bethrew something & br - ordered the glass 2022 but it did not fit and the completed	s pane was covered with with yellow tape bedroom: If a quarter in the upper of the paint spot the size hear his bed I/4/22 the Licensee reported and caused the glass pane so have the glass pane is pane and it came. Jurnand had to be re-ordered at the facility were statutes a re-cited deficient per second to the paint spot and the pa	left of a orted: and ne	V 736			
V 766	10A NCAC 27G .0304 EQUIPMENT (d) Indoor space requirensed prior to Octominimum square foot at that time. Unless of Rules, residential facility, 1988 shall meet the requirements: (3) No more that	More Than Two Clients 4 FACILITY DESIGN AI uirements: Facilities ber 1, 1988 shall satisfy age requirements in effotherwise provided in the dilities licensed after Oct e following indoor space an two clients may share egardless of bedroom si	y the ect ese ober e	V 766			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			la www			R	
		MHL051-170		B. WING		08	3/04/2022
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
CHILDRE	N UNDER CONSTR TRE	ATMENT CENTER, B	42 JEWEL FOUR OAK	LANE (S, NC 27524			
(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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 766	V 766 Continued From page 24			V 766			
	failed to ensure 2 clie regardless of the bed	ew and interview the fa ents shared a bedroom Iroom size affecting 2 c #4) & 1 of 2 former clie	of 2				
	Review on 7/22/22 of client #3's record revealed: - admitted 4/9/20 - diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) & Post Traumatic Stress Disorder - age: 16						
	Review on 7/22/22 of client #4's record revealed: - admitted 6/3/19 - age: 15 - diagnoses of Conduct Disorder & ADHD						
	Review on 7/28/22 of Division of Health Service Intake form for FC#5 revealed: - FC#5's name - age: 12 - no diagnoses - admitted to the facility between April 2022 - May 2022						
	During interview on 8/2/22 the Qualified Professional reported: - FC#5 initially slept on a "blow up" mattress in client #3 & #4's bedroom - they had a huge bedroom - later requested to sleep on the "blow up" mattress in the television room						
	- FC#5 was an en	8/4/22 the Licensee represency respite client up" mattress in client #	in April				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		A. Bolebino.		R				
MHL051-170			B. WING		1	4/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CHILDREI	N UNDER CONSTR TREA	ATMENT CENTER, B	42 JEWEL					
		, 	FOUR OAK	S, NC 27524	DDG//DED/G DI AN GE GODDEGT	2N		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE	
V 766	Continued From page	25		V 766				
	bedroom - slept on a "blow or room"	not want to be in their up" mattress in the tele ore than 2 clients were						
V 774	27G .0304(d)(7) Minir	num Furnishings		V 774				
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.							
	failed to ensure 1 of 2 minimum furnishings. Review on 7/28/22 of Intake form for FC#5 - FC#5's name - age: 12 - no diagnoses	ew and interview the fact former client (FC#5) he will the findings are: Division of Health Services	ad					

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STATEMENT OF DEFICIENCIES (VA) DROVIDED/CURDUED/CUA		(Y2) MI II TIDI E	(V2) MULTIPLE CONSTRUCTION			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		D MANAGE		R		
		MHL051-170	B. WING		08/04/2	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		42 JEWE	LLANE			
CHILDRE	N UNDER CONSTR TRE	ATMENT CENTER. B	AKS, NC 27524			
()(1) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE
				DEI IGIENCI)		
V 774	Continued From page	e 26	V 774			
	During intorvious on 8	3/2/22 staff #1 reported:				
	_	"blow up" mattress in the				
	television room	blow up mattress in the				
	television room					
	During interview on 8	3/2/22 the Qualified				
	Professional reported					
		pt on a "blow up" mattress on				
	the floor in client #3 8					
	 later requested to 	o sleep on the "blow up"				
	mattress in the televis	sion room				
	-	y for 2 - 3 weeks &				
discharged to placement						
	 the placement did not work out and returned for 2 - 3 more nights During interview on 8/4/22 the Licensee reported: 					
	During interview on o	1/4/22 the Licensee reported.				
	- FC#5 was a eme	ergency respite client in April				
	2022	organisy respite ellerit iii , tpili				
	 slept on a "blow up" mattress in the television room will ensure all clients have a bedroom with 					
	furnishing					
		itutes a re-cited deficiency				
	and must be correcte	ed within 30 days.				
V 784	27G .0304(d)(12) The	erapeutic and Habilitative	V 784			
	Areas					
	404 NOAC 070 000	4 FACILITY DECICAL AND				
	EQUIPMENT	4 FACILITY DESIGN AND				
	i -	uirements: Facilities licensed				
		988 shall satisfy the minimum				
		rements in effect at that				
		se provided in these Rules,				
		censed after October 1,				
		following indoor space				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL051-170		B. WING		08	R / 04/2022
	ROVIDER OR SUPPLIER N UNDER CONSTR TREA	ATMENT CENTER, B	42 JEWEL I	RESS, CITY, STA LANE S, NC 27524	TE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 784	V 784 Continued From page 27 requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on record review and interview the facility			V 784			
	failed to ensure therapeutic and habilitative activities were conducted separately from sleeping areas for 1 of 2 former client (FC#5). The findings are:						
	Review on 7/28/22 of Division of Health Service Intake form for FC#5 revealed: - FC#5's name - age: 12 - no diagnoses - admitted to the facility between April 2022 - May 2022						
	- FC#5 slept on "b television room - did not allow him other clients because information about him - no diagnoses or FC#5	/2/22 staff #1 reported: low up" mattress in the to sleep in bedroom wit she did not have any background information stay for the weekend be	for				
	client #3 & #4's bedro - later requested to mattress in the televis - stayed at the fac	l: pt on a "blow up" mattre: pom p sleep on the "blow up"	S				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		MHL051-170		B. WING		•	R 04/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
CHILDREN UNDER CONSTR TREATMENT CENTER, B FOUR OAKS, NC 27524									
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE		
V 784	more nights because out During interview on 8 - FC#5 was a eme - came for a week discharged to anothe - the placement di readmitted for anothe - slept on a "blow room	the placement did not we /4/22 the Licensee report ergency respite client in April 2022 and was r placement d not work out and was	ted:	V 784					

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