STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601078	A. BUILDING: _____ B. WING _____	R-C 08/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NORLAND HOUSE	1019 NORLAND ROAD CHARLOTTE, NC 28212

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 08/15/2022. The complaints were unsubstantiated (intake #NC00189403, #NC00191481, and #NC00191719). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 3.The survey sample consisted of audits of 3 current clients. This survey originally closed on 08/04/2022 but was reopened on 08/09/2022 due to additional complaints.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201	V 132		

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V 132	Continued From page 1 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to protect clients during an Internal Investigation involving 1 of 3 audited Staff (#2). The findings are: Review on 07/12/2022 of Client #1's record revealed: -Admission date of 11/16/2021. -Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD) and Attention Deficit	V 132		

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V 132	Continued From page 2 Hyperactivity Disorder (ADHD). -Age 15. Review on 08/03/2022 of Staff #2's personnel record revealed: -Hire date of 10/21/2021. -Job title of Behavioral Specialist. Review on 08/09/2022 of the facility's Incident Report for Client #1 revealed: -Level III incident report completed for Client #1 for the allegation of abuse incident against Staff #2 dated 08/03/2022 through the North Carolina Incident Response Improvement System (NC IRIS). -Facility learned of the abuse allegation on 08/02/2022. -Allegation involved Client #1 being punched in the eye by Staff #2 on 08/02/2022. Review on 08/09/2022 of a document titled Initial Allegation Report dated 08/03/2022 and signed by the Quality Assurance (QA)/Quality Improvement (QI) Director revealed: -Facility became aware of the abuse allegation against Staff #2 on 08/02/2022 at 5 pm and initiated an Internal Investigation. -Internal Investigation concluded on 08/03/2022. -Allegation against Staff #2 was unsubstantiated. Interview on 08/09/2022 with Staff #2 revealed: -Client #1 was placed in a physical restraint and went AWOL (absent without official leave) from the facility on 08/02/2022. -Was made aware of the abuse allegation against him (Staff #2) by local police officers, whom briefly questioned him on 08/02/2022. -Continued to work his scheduled double shifts (second and third) at the facility on 08/02/2022 with Client #1 and other clients.	V 132		

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V 132	Continued From page 3 Interview on 08/09/2022 with the Group Home Manager revealed: -Client #1 returned to the facility on 08/02/2022 after a visit to the local Behavioral Healthcare Center and was placed back in the care of Staff #2. -"I stayed (at the facility) for about 30 minutes, because I wanted to make sure [Client #1] was cool and calm and would not re-engage [Staff #2]. I told them (staff) not to engage him (Client #1) unless it is necessary." -Staff #2 continued to work his scheduled double shifts at the facility with Client #1 and other clients. Interview on 08/09/2022 with the Program Manager revealed: -Was with Client #1 when he reported abuse allegations against Staff #2 to local police officers. -Staff #2 continued to work his scheduled double shifts at the facility on 08/02/2022 with Client #1 and other clients after the facility became aware of the abuse allegation against him (Staff #2) and during an active Internal Investigation. Interview on 08/11/2022 with the Qualified Professional (QP) revealed: -Was notified of the abuse allegation against Staff #2 on 08/02/2022. -Was not aware that Staff #2 continued to work his scheduled double shifts at facility on 08/02/2022 with Client #1 and other clients after the facility became aware of the abuse allegation against him (Staff #2) and during an active Internal Investigation. Interview on 08/09/2022 with the Human Resources Director revealed:	V 132		

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V 132	Continued From page 4 -"We will allow Department of Social Services (DSS) to come and follow their lead. DSS came out ..." -"We don't remove the staff until DSS or you guys (Division of Health Service Regulation-DHSR) tell us to."	V 132		