

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER JOHNSON ENRICHMENT SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 221 FOXCROFT DRIVE WINSTON SALEM, NC 27103
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 8/11/22. The complaint was unsubstantiated (intake #NC00190422). 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 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</p> <p>Staff #2 identified in the report is the mother of the Chief Executive Officer/Qualified Professional.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 2 of 2 audited paraprofessionals (staff #1 and #2) were trained to meet the mh/dd/sa needs of the clients as specified in the treatment plans. The findings are:</p> <p>Reviews on 8/9/22 of staff #1 and staff #2's personnel records revealed: -Both had worked at the facility since it was licensed on 7/9/21; -A job description for a paraprofessional; -No documentation that training to meet the mh/dd/sa needs of the clients had been completed.</p> <p>Interviews on 8/9/22 with staff #1 and #2 revealed they were unable to remember completing training to meet the mh/dd/sa needs of the clients.</p> <p>Interview on 8/11/22 with the Chief Executive Officer/Qualified Professional revealed:</p>	V 108		

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V 108	Continued From page 2 -It was his responsibility to ensure that all training was completed; -He was not aware that staff had to complete training on how to meet the mh/dd/sa needs of the clients. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.	V 109		

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V 109	<p>Continued From page 3</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 Qualified Professional (Chief Executive Officer/Qualified Professional (CEO/QP)) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 8/9/22 of the CEO/QP's personnel record revealed: -He had been the QP for the facility since it was licensed on 7/9/21; -A job description for a QP.</p> <p>Finding #1 Refer to V108 for evidence that the CEO/QP failed to ensure 2 of 2 audited paraprofessionals were trained to meet the mh/dd/sa needs of the clients.</p> <p>Finding #2 Refer to V114 for evidence that the CEO/QP failed to ensure that fire and disaster drills were completed quarterly for each shift.</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>Finding #3 Refer to V118 for evidence that the CEO/QP administered medication to a client without an order and failed to maintain medication administration records.</p> <p>Finding #4 Refer to V131 for evidence that the CEO/QP failed to access the Health Care Personnel Registry (HCPR) prior to hire for himself and staff #2.</p> <p>Finding #5 Refer to V132 for evidence that the CEO/QP failed to ensure an allegation that he abused a client was reported to the HCPR.</p> <p>Finding #6 Refer to V295 for evidence that the CEO/QP failed to have at least 1 full-time direct care staff who met the requirements of an Associate Professional.</p> <p>Finding #7 Refer to V296 for evidence that the CEO/QP failed to ensure there were at least 2 direct care staff present during awake hours, 2 direct care staff present with 1 staff awake during sleep hours, and to ensure the supervision of clients while they were being transported and at a community camp.</p> <p>Finding #8 Refer to V297 for evidence that the CEO/QP failed to ensure face to face clinical consultation was provided in the facility at least 4 hours a week by a Licensed Professional.</p> <p>Finding #9 Refer to V366 for evidence that the CEO/QP</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>failed to maintain documentation regarding developing and implementing measures to prevent similar incidents.</p> <p>Finding #10 Refer to V367 for evidence that the CEO/QP failed to report 3 level II and 1 level III incidents within 72 hours of becoming aware of the incidents.</p> <p>Finding #11 Refer to V521 for evidence that the CEO/QP failed to ensure documentation of the use of a restrictive intervention was included in the client record.</p> <p>Interview on 8/11/22 with the CEO/QP revealed: -He was aware that he was responsible for all failures of the facility; -The facility had only been licensed since 7/9/21 and "I'm still learning."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills on each shift and at least quarterly. The findings are:</p> <p>Review on 8/5/22 of the fire and disaster drills revealed there was no documentation of any fire or disaster drills completed since the facility was licensed on 7/9/21.</p> <p>Interview on 8/5/22 with the Chief Executive Officer/Qualified Professional (CEO/QP) revealed: -He was aware that fire and disaster drills were required to be completed quarterly on each shift; -It was his responsibility to ensure that fire and disaster drills were completed as required; -Fire and disaster drills had been completed as required but had not been documented.</p> <p>Interview on 8/5/22 with client #1 revealed there had been no fire or disaster drills conducted at the facility since he was admitted on 4/22/22.</p> <p>Interviews on 8/9/22 with staff #1 and staff #2 revealed: -They had been employed at the facility since it was licensed on 7/9/21; -They had never participated in a fire or disaster drill.</p>	V 114		

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V 114	Continued From page 7 Interview on 8/9/22 with staff #3 revealed: -She had been employed at the facility since May 2022; -She had never participated in a fire or disaster drill. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	<p>Continued From page 8</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interviews, records review and observation, the facility failed to ensure medications were administered to a client on the written order of a person authorized by law to prescribe drugs and the MAR was kept current with all required information for 1 of 1 current client (client #1). The findings are:</p> <p>Review on 8/9/22 of client #1's record revealed: -An admission date of 4/22/22; -An age of 10 years old; -Diagnoses included Post Traumatic Stress Disorder, Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD); -No physician's order for Clonidine Hydrochloride (used for ADHD).</p> <p>Observation on 8/5/22 from approximately 9:45am - 10:00am of client #1's medications revealed: -A bottle of Clonidine Hydrochloride 1 milligram (mg) that was dispensed on 7/9/22 for client #1; -Label instructions included to be administered by mouth, 1 in the morning and 2 in the evening.</p> <p>Review on 8/9/22 of client #1's MARs for the months of June 2022 - August 2022 revealed:</p>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Medications included Adderall (used for ADHD) 30 mg in the morning and Clonidine 1 mg in the morning and 2 mg after noon; -Initials of the Chief Executive Officer/Qualified Professional (CEO/QP) were documented as having administered medications once daily for all medications; -No documentation of the client's name; -No time the drugs were to be administered. <p>Interviews on 8/5/22 and 8/11/22 with the CEO/QP revealed:</p> <ul style="list-style-type: none"> -He thought he had received an order for Clonidine Hydrochloride from client #1's guardian when he was admitted; -He was aware that written medication orders were required prior to administering medications to clients; -He thought the MARs he had created were sufficient and contained all required information. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 2 of 3 audited staff (Chief Executive Officer/Qualified Professional (CEO/QP) and staff #2). The findings are:</p> <p>Review on 8/9/22 of the CEO/QP and staff #2's personnel records revealed: -Both had been employed at the facility since it was licensed on 7/9/21; -No documentation that the HCPR had been accessed for the CEO/QP; -Documentation that the HCPR had been accessed for staff #2 on 8/5/22.</p> <p>Interview on 8/11/22 with the CEO/QP revealed: -He was aware the HCPR had to be accessed prior to hiring staff; -The HCPR had been accessed by him for all staff prior to the facility being licensed on 7/9/21 but he was unable to provide documentation; -It was his responsibility to access the HCPR prior to hiring staff and to maintain personnel records.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 131		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	V 132		

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V 132	<p>Continued From page 11</p> <p>REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>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.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) and failed to investigate the allegation of abuse. The findings are:</p> <p>Review on 7/29/22 of North Carolina Incident Response Improvement System (IRIS) reports dated 7/9/21 - 7/29//22 revealed no incident reports submitted by the facility.</p> <p>Interview on 7/29/22 with a Child Protective Services Investigator at the local Department of Social Services revealed: -An investigation had been completed this month (July 2022) regarding a client (former client (FC) #2) who made an allegation that the Chief Executive Officer/Qualified Professional (CEO/QP) physically abused him; -FC #2 had reported to his school counselor (5/27/22) that the CEO/QP was too rough when he restrained him which resulted in bruises on his arms and legs and pain in his head and buttocks.</p> <p>Interview on 8/5/22 with the CEO/QP revealed: -It was his responsibility to report allegations of abuse to the HCPR; -He knew the allegation was false, so he didn't think he had to report anything to the HCPR; -FC #2 didn't make the allegation to the school until 3 days after the restraint occurred (5/24/22); -He thought FC #2 had made up the allegation because he was trying to redirect the attention</p>	V 132		

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V 132	Continued From page 13 away from him getting in trouble at school for cursing and threatening to hit a teacher. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 132		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors	V 293		

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NAME OF PROVIDER OR SUPPLIER JOHNSON ENRICHMENT SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 221 FOXCROFT DRIVE WINSTON SALEM, NC 27103
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V 293	<p>Continued From page 14</p> <p>related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interviews, records review, and observation, the facility failed to provide active therapeutic treatment and interventions within a system of care approach affecting 1 of 1 current client (client #1) and 1 of 1 former client (FC) (FC #2). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on records review and interviews, the facility failed to ensure 2 of 2 audited paraprofessionals (staff #1 and #2) were trained to meet the mh/dd/sa needs of the clients as specified in the treatment plans.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203</p>	V 293		

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V 293	<p>Continued From page 15</p> <p>Competencies of Qualified Professionals and Associate Professionals (V109) Based on record review and interview, 1 of 1 Qualified Professional (Chief Executive Officer/Qualified Professional (CEO/QP)) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) Based on record review and interviews, the facility failed to conduct fire and disaster drills on each shift and at least quarterly.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interviews, records review and observation, the facility failed to ensure medications were administered to a client on the written order of a person authorized by law to prescribe drugs and the MAR was kept current with all required information for 1 of 1 current client (client #1).</p> <p>CROSS REFERENCE: G.S. 131E-256 Health Care Personnel Registry (V131) Based on records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 2 of 3 audited staff (Chief Executive Officer/Qualified Professional (CEO/QP) and staff #2).</p> <p>CROSS REFERENCE: G.S. 131E-256 Health Care Personnel Registry (V132) Based on interviews and record review the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) and failed to investigate the allegation of abuse.</p> <p>CROSS REFERENCE: 10A NCAC 27G .1703 Requirements for Associate Professionals (V295)</p>	V 293		

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V 293	<p>Continued From page 16</p> <p>Based on interviews and record review the facility failed to maintain one full time employee that met the requirements for an Associate Professional (AP).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interviews, records review and observation the facility failed to ensure the minimum number of direct care staff required and to ensure supervision of children or adolescents when they were away from the facility in accordance with individual strengths and needs as specified in the treatment plan.</p> <p>CROSS REFERENCE: 10A NCAC 27G .1705 Requirements of Licensed Professionals (V297) Based on records review and interviews, the facility failed to ensure 1 of 1 Licensed Professional (LP) met the requirements for face to face clinical consultation at least four hours a week.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Based on record reviews and interviews the facility failed to document their response to incidents as required.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Based on interviews and records review, the facility failed to notify the local management entity of 3 level II and 1 level III incidents within 72 hours of becoming aware of the incidents.</p> <p>CROSS REFERENCE: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for</p>	V 293		

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V 293	<p>Continued From page 17</p> <p>Behavioral Control (V521)). Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for one of one former client (FC) (#2).</p> <p>Review on 8/11/22 of the Plan of Protection dated 8/11/22 and signed by the CEO/QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 2. When hiring staff I will ensure that all staff have a written job description which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file, is at least 18 years of age; (5) is able to read, write, understand and follow directions; (6) meets the minimum level of education, competency, work experience skills and other Qualifications for the position; and (7) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. All staff including Qualified, Associate, and Para professionals will receive training on client specific information to assist with providing treatment to clients. Training will be conducted by the licensed clinician.</p> <p>3. A fire drill will be conducted and documented each shift this weekend. The following weekend a disaster drill will be conducted and documented. Fire and disaster drills shall be held at least quarterly and shall be repeated for each shift. Drills will be conducted under conditions that simulate fire emergencies.</p> <p>4. All client MAR's (Medication Administration Record) will be updated to include client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date</p>	V 293		

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V 293	<p>Continued From page 18</p> <p>and time the drug is administered; and (E) name or initials of person administering the drug All medication orders will be included with the MAR's.</p> <p>5. I will go through all personnel files to ensure that all employees have copies of their health care personnel registry.</p> <p>6. I will employ a direct care staff provider who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104 (1). The responsibilities of the associate professional shall include (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding the responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.</p> <p>7. I will immediately start the process to hire additional staff to ensure two direct care staff shall be present for one, two, three or four children or adolescents; during child or adolescent sleep hours two direct care staff shall be present and one shall be awake for one through four children or adolescents; I will be immediately adding to the treatment plans when clients can be transported by 1 staff. The treatment plans will also include whether they can attend camp and other events unsupervised.</p> <p>8. I will immediately start the process to hire a licensed clinician that will meet face to face for clinical consultation at least four hours a week.</p> <p>9. I will report all suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult to the local DSS (Department of Social Services), pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610. Level I incidents of suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult must</p>	V 293		

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V 293	<p>Continued From page 19</p> <p>still be reported pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G. 0610. All allegations will be reported to the county Department of Social Services in which the suspected activity occurred, if the activity involves a parent, guardian, or caretaker, To the DHSR (Division of Health Service Regulations) Healthcare Personnel Registry, if the activity involves healthcare personnel, To the host LME (Local Management Entity) using IRIS (Incident Response Improvement System), and, if required by contract or memorandum of understanding, to the individual's home LME, and If a Level III incident is involved, to the home LME and to the DMH/DD/SAS (Division of Mental Health/Developmental Disability/ Substance Abuse Services) Quality Management Team.</p> <p>10. All incidents that occurred will be reported to the Division of Mental Health Developmental Disabilities and Local LME within the next 48hours.</p> <p>11. I will immediately review the policies that govern the response to level I, II, or III incidents. The policies shall require the provider to respond by: 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 the 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</p>	V 293		

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V 293	<p>Continued From page 20</p> <p>12. I will ensure that Johnson Enrichment Services will utilize positive and less restrictive alternatives that are considered and attempted whenever possible prior to the use of more restrictive interventions. Restrictive interventions are defined as: (1) seclusion; (2) physical restraint; (3) isolation time-out (4) any combination thereof; and (5) protective devices used for behavioral control. All allegations will be reported to the county Department of Social Services, in which the suspected activity occurred, if the activity involves a parent, guardian, or caretaker, To the DHSR Healthcare Personnel Registry, if the activity involves healthcare personnel, To the host LME using IRIS, and, if required by contract or memorandum of understanding, to the individual's home LME, and If a Level III incident is involved, to the home LME and to the DMH/DD/SAS Quality Management Team. After a restraint is used Johnson Enrichment Services staff will add to client records the signature and title of the staff that initiated the restraint, a description of the debriefing, a description of accompanying positive methods of intervention, a description of the intervention with the date, time and duration of its use, the rationale for the use of the intervention, notation of the frequency, intensity and duration of the behavior and notation of the client's physical and psychological well-being.</p> <p>13. I will review policies and procedures to ensure that I'm cable of demonstrating knowledge, skills and abilities required by the population served. Once a new licensed clinician is hired they will assist in ensuring that all Qualified and Associate professional are competent. Describe your plans to make sure the above happens. -When hiring staff I will ensure that all staff have a written job description which: (1) specifies the</p>	V 293		

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V 293	<p>Continued From page 21</p> <p>minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file, is at least 18 years of age; (5) is able to read, write, understand and follow directions; (6) meets the minimum level of education, competency, work experience skills and other Qualifications for the position; and (7) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>-Fire and disaster drills shall be held at least quarterly and shall be repeated for each shift. Drills will be conducted under conditions that simulate fire emergencies.</p> <p>-All client MAR's will be updated to include the client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug</p> <p>-I will go through all personnel files to ensure that all employees have copies of their health care personnel registry.</p> <p>-I will immediately start the process to hire additional staff to ensure two direct care staff shall be present for one, two, three or four children the entire day.</p> <p>-I will immediately start the process to hire a licensed clinician that will meet face to face for clinical consultation at least four hours a week. I've previously spoken to someone about the position and I will follow up with them.</p> <p>-Johnson Enrichment Services 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</p>	V 293		

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V 293	<p>Continued From page 22</p> <p>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. Johnson Enrichment Services shall send a copy of all level II and III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident.</p> <p>-I will report all suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult to the local DSS, pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610. Level I incidents of suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult must still be reported pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610.</p> <p>-I will immediately review the policies that govern the response to level I, II or III incidents. The policies shall require the provider to respond by: 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 the 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;</p>	V 293		

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V 293	<p>Continued From page 23</p> <p>and (7)maintaining documentation regarding Subparagraphs (a) (1) through (a) (6) of this Rule"</p> <p>Client #1 and FC #2 are 10 and 14 years old and have diagnoses that include Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, and Disruptive Mood Dysregulation Disorder. In addition, client #1 has had issues in school with inappropriate touching, language and assaulting a peer, at a community camp for pushing a younger child and has a history of property destruction, elopement and stealing. FC #2 has had issues at school with inappropriate language and threatening his teachers, at the facility with inappropriate language, intimidating other clients and physical aggression towards staff and other clients and at a community camp for being aggressive and assaulting younger children. Paraprofessionals were not trained to meet the mh/dd/sa needs of the clients. The HCPR was not accessed prior to the hire of 2 staff. The facility failed to employ a full-time staff member that met the requirements of an Associate Professional to manage the day to day operations. Clinical consultation had not been provided by a LP since the facility was licensed on 7/9/21. Fire and disaster drills were not completed quarterly on each shift. Medications were administered to a client without a written order and the MARs were not kept current with client's name, instructions for administering the medications, date and time the medications were administered and the name or initials of person administering the medication. The HCPR was not notified of allegations of abuse by the CEO/QP during a restraint. The facility failed to maintain documentation regarding 1 level I, 3 level II and 1 level III incidents and notify IRIS of the level II and</p>	V 293		

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V 293	Continued From page 24 III incidents. The facility failed to maintain documentation regarding the use of restraints. Client #1 and FC #2 were transported by 1 staff member, supervised at the facility by 1 staff and attended a community camp without facility staff supervision. There was no documentation on treatment plans that specified the clients were able to be transported with 1 staff or attend a community camp with no facility staff. While at the community camp, client #1 pushed a younger child and FC #2 attempted to elope and assaulted a younger child and was expelled. While at the facility, there were a couple of incidents that occurred with FC #2 when he was being supervised by 1 staff. These incidents include FC #2 being restrained, and ripping the blinds off the windows, pulling the ceiling fan from the ceiling and using it as a weapon and punching the walls and windows which resulted in him breaking his hand. The CEO/QP was responsible for the daily operations of the facility in order to meet the treatment needs of the clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of	V 295		

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V 295	<p>Continued From page 25</p> <p>an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to maintain one full time employee that met the requirements for an Associate Professional (AP). The findings are:</p> <p>Interview on 8/5/22 with the Chief Executive Officer/Qualified Professional (CEO/QP) revealed staff #1 and staff #2 shared duties of the AP.</p> <p>Review on 8/9/22 of the personnel records for staff #1 and staff #2 revealed: -A job description for a paraprofessional; -No documentation that the staff were qualified to serve as an Associate Professional.</p> <p>Additional interview on 8/11/22 with the CEO/QP revealed: -He had mistakenly said that staff #1 and staff #2 were APs;</p>	V 295		

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NAME OF PROVIDER OR SUPPLIER JOHNSON ENRICHMENT SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 221 FOXCROFT DRIVE WINSTON SALEM, NC 27103
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V 295	<p>Continued From page 26</p> <ul style="list-style-type: none"> -Both staff #1 and #2 were paraprofessionals; -An AP had not worked at the facility since it was licensed on 7/9/21; -Prior to being licensed, he had 2 APs hired but because it took so long for the facility to be licensed, they both took other jobs; -It was his responsibility to maintain employees as required. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 295		
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> <ul style="list-style-type: none"> (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <ul style="list-style-type: none"> (1) two direct care staff shall be present and one shall be awake for one through four 	V 296		

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V 296	<p>Continued From page 27</p> <p>children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interviews, records review and observation the facility failed to ensure the minimum number of direct care staff required and to ensure supervision of children or adolescents when they were away from the facility in accordance with individual strengths and needs as specified in the treatment plan. The findings are:</p> <p>Review on 8/9/22 of client #1's record revealed: -An admission date of 4/22/22; -An age of 10 years old; -Diagnoses included Post Traumatic Stress</p>	V 296		

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V 296	<p>Continued From page 28</p> <p>Disorder, Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD);</p> <p>-A treatment plan dated 4/20/22 included no documentation that client was able to be transported with 1 staff or attend a community camp with no facility staff supervision..."[Client #1] has engaged in property destruction, elopement, stealing, and using inappropriate language"...Update on 6/14/22 - "On 5/19/22 [Client #1] was suspended from school for punching a peer in the back of the head."</p> <p>Interview on 8/5/22 with client #1 revealed:</p> <p>-The Chief Executive Officer/Qualified Professional (CEO/QP) usually transported him to and from camp;</p> <p>-If the CEO/QP was not available to transport him then staff #2 filled in;</p> <p>-He attended the camp without any facility staff supervision;</p> <p>-There were usually only 1 staff at the facility when he was there.</p> <p>Interview on 8/9/22 with client #1's guardian revealed:</p> <p>-She was not aware that there weren't always 2 staff with the client while at the facility;</p> <p>-She was aware that the client was attending a community camp, but it wasn't discussed during a treatment team meeting.</p> <p>Review on 8/9/22 of former client (FC) #2's record revealed:</p> <p>-An admission date of 2/22/22;</p> <p>-A discharge date of 7/19/22;</p> <p>-An age of 14 years old;</p> <p>-Diagnoses included ODD, ADHD and Disruptive Mood Dysregulation;</p> <p>-A treatment plan dated 2/18/22 included no</p>	V 296		

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V 296	<p>Continued From page 29</p> <p>documentation that the client was able to be transported with 1 staff or attend a community camp with no facility staff supervision...Update 6/9/22 - "On 5/24/22 [FC #2] was disciplined for intimidating another child in the group home. [FC #2] was instructed to return to his room for the remainder of the evening. [FC #2] became irate and started yelling obscenities and stated that he was going to break his computer by throwing it against the wall. [FC #2] then attempted to punch holes in the wall. [FC #2] was placed in a therapeutic restriction hold to not allow property damage and harm to himself. After being released from the hold [FC #2] continued to use profanity towards staff and peers in home (facility)."...Update on 6/24/22 - "[FC #2] was involved in an altercation at summer camp [community camp]. QP (CEO/QP) was informed that [FC #2] had pushed a smaller child and attempted to walk away from the group that he was in. QP (CEO/QP) was informed that a counselor tried talking to [FC #2] but he started using profanities and then running away from the counselor. The counselor tackled [FC #2] to the ground to restrain him from leaving the premises while on the ground [FC #2] started fighting and hitting the counselor. The counselor was terminated for the incident and [FC #2] was suspended for a week."...Update on 7/6/22 - "[FC #2] is non-complaint when given directives at home (facility) or in camp. [FC #2] has attempted to walk away from camp because the counselors have attempted to discuss with him his behaviors;"...Update on 7/18/22 - "[FC #2] was expelled from the [community camp] for punching a child four years younger than him in the face. [FC #2] became angry and started yelling obscenities and racial slurs. [FC #2] then proceeded to punch holes in the wall and rip the blinds off the windows. [FC #2] also tore down the</p>	V 296		

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V 296	<p>Continued From page 30</p> <p>ceiling fan, broke of the ceiling fan blades and used them as weapons by trying to slash and stab QP (CEO/QP) with them. Unable to cut the QP (CEO/QP) [FC #2] then started throwing the fan blades at QP (CEO/QP). QP (CEO/QP) immediately called the police for assistance, upon police arrival they were able to calm [FC #2] down and transported [FC #2] to [a local hospital] Due to the continued aggression and destruction of property [FC #2] will not be permitted to return to the facility."</p> <p>Interview on 8/9/22 with FC #2's guardian revealed: -She was aware that the client had been expelled from a community camp on 7/19/22 for hitting another child; -The same day (7/19/22) he was expelled from the community camp, he suffered a broken hand from hitting the wall at the facility.</p> <p>Interviews on 8/5/22 and 8/11/22 with the CEO/QP revealed: -Since 7/19/22 there had only been 1 client (client #1) in the facility; -There had not always been 2 staff since 7/19/22 while client #1 was in the facility because, "it was not financially feasible;" -It was his responsibility to create the staff schedule to ensure clients were supervised as required; -He typically transported client #1 and FC #2 to and from a community camp in a nearby city; -Facility staff did not supervise client #1 nor FC #2 while at camp; -He was not aware that the decision to enroll clients in a community camp and have them attend without facility staff supervision should have been discussed during treatment team meetings and added to the client's treatment</p>	V 296		

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V 296	<p>Continued From page 31</p> <p>plans; -Client #1's guardian was aware that he was attending a community camp because they agreed to pay for half of the enrollment fee; -There were 2 incidents involving FC #2 when he was the only staff working; -During the 1st incident on 5/24/22, FC #2 had to be restrained to prevent him from harming himself; -During the 2nd incident on 7/19/22, FC #2 broke his hand while punching holes in the wall and a window.</p> <p>Observation on 8/5/22 from approximately 11:15am - 12:15pm of client #1 at a community camp revealed there were no facility staff present to supervise the client.</p> <p>Interview on 8/5/22 with the community camp Director revealed client #1 had pushed a child younger than him earlier in the day and she was going to discuss that with the CEO/QP when he picked the client up.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for LP</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional</p>	V 297		

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V 297	<p>Continued From page 32</p> <p>license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 1 of 1 Licensed Professional (LP) met the requirements for face to face clinical consultation at least four hours a week. The findings are:</p> <p>Interview on 8/5/22 with the Chief Executive Officer/Qualified Professional (CEO/QP) revealed:</p> <ul style="list-style-type: none"> -A contract staff that was qualified as a LP had been employed prior to the facility being licensed on 7/9/21; -The LP had moved to Raleigh "a few months ago;" -The LP had never provided services to clients in the facility; -The CEO/QP thought that if he was taking clients to their counseling appointments, that would take the place of the clinical consultation of the LP. 	V 297		

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V 297	<p>Continued From page 33</p> <p>Review on 8/11/22 of the LP's personnel file revealed: -A job description of an LP dated 4/16/21; -Documentation that the staff met the requirements of an LP.</p> <p>Interview on 8/5/22 with client #1 revealed he had never heard of the LP and had never received therapy while at the facility.</p> <p>Attempts on 8/9/22, 8/10/22 and 8/11/22 to interview the LP by telephone were not successful as they resulted in a message of, "Your call cannot be completed as the called party is temporarily unavailable. Please try your call again later."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 297		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>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</p>	V 366		

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V 366	<p>Continued From page 34</p> <p>specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</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>	V 366		

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V 366	<p>Continued From page 35</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 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>	V 366		

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V 366	<p>Continued From page 36</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to incidents as required. The findings are:</p> <p>Review on 7/29/22 of North Carolina Incident Response Improvement System (IRIS) reports dated 7/9/21 - 7/29/22 revealed no incident reports submitted by the facility.</p> <p>Review on 8/9/22 of former client (FC) #2's record revealed: -An admission date of 2/22/22; -A discharge date of 7/19/22; -An age of 14 years old; -Diagnoses included Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation; -A treatment plan dated 2/18/22 included: Update on 3/17/22 - "On 3/9/22 [FC #2] was disciplined for calling a teacher a b***h because she instructed [FC #2] to stay on task and complete work. When questioned by staff (facility) about the incident [FC #2] became frustrated and refused to participate in conversations and comply with directives. When staff (facility) instructed [FC #2] to go to his room he refused and started throwing items. After being prompted several times [FC #2] eventually went into his room where he engaged in property destruction by breaking a chair and kicking a hole in the wall." ...Update on 6/29/22 - "[FC #2] was instructed by staff (facility) to take a shower. [FC #2] refused to</p>	V 366		

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V 366	<p>Continued From page 37</p> <p>take a shower initially but after several minutes pleading with [FC #2], he was able to go into the bathroom. [FC #2] ran the water but didn't take a shower. [FC #2] came out the bathroom after a minute completely dry and obviously not taking a shower. [FC #2] was then instructed again by staff to take a shower. [FC #2] refused and started using profanities at staff. [FC #2] was then instructed to go into his room for noncompliance. [FC #2] refused and went to another client's (client #1) room and stole his toy cars and started throwing them at staff and other clients (client #1) in the home (facility). Staff attempted to retrieve the toys from [FC #2] but [FC #2] became irate and started pushing, kicking and hitting staff. [FC #2] then went into his room and started punching the walls, throwing his furniture in the room, tearing off his closet doors, and trying to break the window with them. Staff had to intervene by grabbing the closet doors and calling the police. Upon police arrival [FC #2] again attempted to hurt staff by throwing a lamp at staff and also other items in his room. [FC #2] was then transported to [a local hospital] for evaluation."</p> <p>Refer to V296 for evidence of 2 additional level II incidents from treatment plan updates on 6/9/22 and 7/18/22.</p> <p>Refer to V132 for evidence of a level III incident that occurred on 5/24/22.</p> <p>Interview on 8/5/22 with the Chief Executive Officer/Qualified Professional (CEO/QP) revealed: -He was unable to provide documentation regarding the response to incidents including attending to the health and safety needs of individuals involved in the incident, determining the cause of the incident, developing and</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER JOHNSON ENRICHMENT SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 221 FOXCROFT DRIVE WINSTON SALEM, NC 27103
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V 366	Continued From page 38 implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventive measures and adhering to confidentiality requirements; -He was not aware that documentation regarding the response to incidents was required. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	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;	V 367		

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V 367	<p>Continued From page 39</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously 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</p>	V 367		

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V 367	<p>Continued From page 40</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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>This Rule is not met as evidenced by: Based on interviews and records review, the facility failed to notify the local management entity of 3 level II and 1 level III incidents within 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 7/29/22 of North Carolina Incident Response Improvement System (IRIS) reports dated 7/9/21 - 7/29/22 revealed no incident reports submitted by the facility.</p> <p>Refer to V132 for evidence of a level III incident regarding former client (FC) #2 that occurred on 5/24/22.</p>	V 367		

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V 367	<p>Continued From page 41</p> <p>Refer to V296 for evidence of 2 level II incidents regarding FC #2 on treatment plan updates 6/9/22 and 7/18/22.</p> <p>Refer to V366 for evidence of a level II incident regarding FC #2 on treatment plan update 6/29/22.</p> <p>Interview on 8/5/22 with the Chief Executive Officer/Qualified Professional (CEO/QP) revealed: -It was his responsibility to enter information into IRIS; -He thought unplanned use of restraints was a level I incident and didn't have to be entered into IRIS; -He was not aware that incident reports were required for allegations of abuse, self-harm that resulted in injury requiring treatment of more than first aid or consumer acts that involved a report to law enforcement.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record</p>	V 521		

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V 521	<p>Continued From page 42</p> <p>to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;</p> <p>(C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;</p> <p>(G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for one of one former client (FC) (#2). The findings are:</p> <p>Review on 8/9/22 of FC #2's record revealed:</p>	V 521		

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V 521	<p>Continued From page 43</p> <ul style="list-style-type: none"> -An admission date of 2/22/22; -A discharge date of 7/19/22; -An age of 14 years old; -Diagnoses included Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation. <p>Refer to V296 for evidence of FC #2 being restrained on 5/24/22.</p> <p>Interview on 8/5/22 with the Chief Executive Officer/Qualified Professional (CEO/QP) revealed:</p> <ul style="list-style-type: none"> -He had restrained FC #2 on 5/24/22 to prevent him from destroying property and harming himself; -He was not aware that documentation of a restrictive intervention including notation of the client's physical and psychological well-being, notation of the frequency, intensity and duration of the behavior which led to the intervention, the rationale for the use of the intervention, description of the intervention and the date, time and duration of its use, a description of accompanying positive methods of intervention, and the signature and title of the staff who initiated the intervention was required to be in client records. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 521		