

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
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NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 19, 2022. The following complaints were substantiated (Intakes #NC00191475, #NC00191801 and #NC00191928). The following complaints were unsubstantiated (Intakes #NC00190495 and NC00192107). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 12 beds and currently has a census of 12. The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p>	V 105	<p>DHSR - Mental Health</p> <p>SEP 19 2022</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

SIGNATURE *Michael J McNeil - Michael McNeil*

TITLE *Director of Operations* (X6) DATE *9/12/22*

STATE FORM

6899

T1W311

If continuation sheet 1 of 21

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Division of Health Service Regulation

<p>V 105</p>	<p>Continued From page 1</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	<p>V 105</p>		
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Division of Health Service Regulation

V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure judicial reviews were completed for six of six audited clients (client #1, client #2, client #3, client #4, client #5 and client #6). The findings are:</p> <p>A. Review on 8/1/22 of client #1's record revealed: -Age of 12. -Admission date of 5/24/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset type, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation and Enuresis. -No request for hearings were present in the client's record.</p> <p>B. Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation. -No request for hearings were present in the client's record.</p> <p>C. Review on 8/2/22 of client #3's record</p>	V 105	<p>Facility doors will remain unlocked except in emergency situations, such as an outside threat, like an active shooter situation warning in the general area of the facility. The Executive Director and Senior Team Leader and Team Leaders will be responsible for making sure that all doors are checked every shift at the beginning and end of the shift. Additional checks will be performed by the Senior Executive Director and Safety Officer. A log book will be created to document every check which will show the time, date, building status and the printed name and signature of persons conducting the checks.</p>
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Division of Health Service Regulation

V 105	<p>Continued From page 3</p> <p>revealed: -Age of 14. -Admission date of 2/12/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Child Sexual Abuse and Child Neglect. -No requests for hearings were present in the client's record.</p> <p>D. Review on 8/8/22 of client #4's record revealed: -Age of 13. -Admission date of 7/20/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood Onset Type, Attention Deficit Hyperactivity Disorder- Combined presentation (per history) and Child Neglect (per history). -No requests for hearings were present in the client's record.</p> <p>E. Review on 8/8/22 of client #5's record revealed: -Age of 17. -Admission date of 5/8/20. -Diagnoses of Disruptive Mood Dysregulation Disorder, Unspecified Disruptive, Impulse Control Conduct Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation (per history) Cannabis Use Disorder- Mild in secure environment and Child Neglect (per history). -No requests for hearings were present in the client's record.</p> <p>F. Review on 8/10/22 of client #6's record revealed: -Age of 11. -Admission date of 12/2/21. -Diagnoses of Disruptive Mood Dysregulation</p>	V 105	
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Division of Health Service Regulation

V 105	<p>Continued From page 4</p> <p>Disorder, Conduct Disorder- Childhood Onset Type, Borderline Intellectual Functioning and Child Neglect. -No requests for hearings were present in the client's record.</p> <p>Interview on 8/16/22 with the Executive Director revealed: -The facility is staff secure. -The door leaving the community area and the lobby door is unlocked to leave the facility. - There was a color card system on door in lobby that explained status of facility. -The color card system alerted staff of what to expect when coming into the facility. -The colors used are red, yellow, green and black. -Red represented high alert, client to staff ratio may not be sufficient to handle a crisis situation, clients are to be monitored closely and the building is on lock down. -Yellow represented state of caution and an event has occurred in the facility that has yet to be resolved. -Green represented standard operating procedures and there are no issues to address. - Black represented there is an external threat such as severe weather or threat of violence from an intruder or employee and emergency procedures have been enacted with clients prepared for evacuation. -Only color that door was locked is when on the red card.</p> <p>Interview on 8/16/22 with the Director of Operations revealed: -Judicial reviews stopped because the facility is staff secure. -Prior to COVID, doors remained unlocked. -Due to COVID and to ensure safety of who</p>	V 105	
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Division of Health Service Regulation

V 105	<p>Continued From page 5</p> <p>entered facility, doors were locked. -Confirmed the facility failed to complete the judicial reviews.</p>	V 105	
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privilege requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills; (6) communication skills; and</p> <p>(7) clinical skills.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p>	V 110	

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Division of Health Service Regulation

V 110	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, one of six audited staff (staff #3) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation.</p> <p>Review on 8/2/22 of client #3's record revealed: -Age of 14. -Admission date of 2/12/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Child Sexual Abuse and Child Neglect.</p> <p>Review on 8/2/22 of staff #3's personnel file revealed: -Hired on 48/22. -Hired as a Residential Mentor.</p> <p>Interview on 8/4/22 with client #2 revealed: -Staff did curse but not directly at him. - Had heard other staff using profanity when talking to one another. -Staff #3 had cursed around him and other clients.</p> <p>Interview on 8/16/22 with client #3 revealed: -He did not like the staff at the facility. -He really did not like staff #3 as he was rude and picked on him.</p>	V 110	<p>All staff will attend 4 hours of mandatory CPI training every 90 days along with the yearly CPI training that they already receive to ensure that they are retaining and using technics learned during training. In addition to CPI training staff will be required to show competence in core skills, by demonstrating and completing tests every 6 months to ensure that they are meeting the requirements to care for our clients. These Trainings will be given by CPI instructor and Clinical Director, they will be documented and placed in staff's files. The Director of Operations will check the status of these trainings every 6 months to ensure that all staff are continuing their training and development.</p>
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Division of Health Service Regulation

V 110	<p>Continued From page 7</p> <p>-He heard S -Staff #3 cursed all the time and other staff around said nothing. -"All the staff here curse at us, they don't care about us."</p> <p>Interview on 8/4/22 with the local Police Department revealed: -Staff #3 had a misdemeanor charge of pointing a gun. -Staff #3 had been charged with assault with a deadly weapon with intent to kill. -Staff #3 was found guilty of the charge. -Staff #3 was currently on probation. -"Not sure how he is not incarcerated."</p> <p>Interview on 8/3/22 with staff #2 revealed: -All staff at some point used profanity and may have made inappropriate comments but was not talking to the clients. -Clients could have heard if they were listening to staff sidebar conversations. -Sidebar conversations held when clients were in their room or having education. -Education is held in the community area; the main area.</p> <p>Interview on 8/5/22 with staff #3 revealed: -He had not heard staff use profanity or inappropriate conversations with clients. -"I mean once in a while a curse word may slip out but it's not directly to them." -He was currently suspended due to allegation of someone overhearing him having an inappropriate conversation with another staff. - The conversation was about guns and drinking as they were having current events discussion with the clients.</p> <p>Interview on 8/4/22 with the Facility First</p>	V 110		
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Division of Health Service Regulation

V 110	<p>Continued From page 8</p> <p>Responder revealed: -He was made aware of the incident regarding the inappropriate conversation of staff #3. -He was made aware that staff #3 had conversation in common area with another staff member with no redirection from other staff regarding the language and discussed topic. -Staff #3 was currently suspended and once the internal investigation is complete management will make the decision if he will return. -Confirmed he had heard staff use profanity in their conversations while on the floor and would redirect them when he was present.</p> <p>Interview on 8/4/22 with the Senior Team Leader revealed: -Staff #1 used profanity around the clients. - She also stated other staff used profanity but was not directed towards the clients. -During the current events discussion, staff had a conversation about drinking and guns. Review on 8/8/22 of a Plan of Protection (POP) written by the Senior Team Leader dated 8/8/22 revealed: "What immediate action will the facility take to ensure the safety of the consumer in your care: Staff member taken off the schedule (suspended) while an investigation is conducted. At this time still awaiting a response from supervisors to proceed with further actions. Describe your plans to make sure the above happens supervision with staff and training conducted again for set staff member."</p> <p>The facility served two clients whose diagnoses included Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Attention Deficit Hyperactivity Disorder- Combine presentation, Child Sexual Abuse and Child Neglect. Staff #3 was identified by client #2 and</p>	V 110	
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<p>V 110</p>	<p>Continued From page 9</p> <p>client #3 as someone who used profanity in their presence along with other clients. Staff #3 used profanity and had inappropriate conversation about guns and drinking in the presence of all the clients in the facility and resulted in staff #3's current suspension. The Senior Team Leader confirmed profanity was used and there was a conversation about guns.</p> <p>The deficiency constitutes a Type B violation which is detrimental to the welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	<p>V 110</p>		
<p>V 364</p>	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary.</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h)</p>	<p>V 364</p>		

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Division of Health Service Regulation

V 364	<p>Continued From page 10</p> <p>of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long-distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party.</p> <p>a. Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however, visiting shall not take precedence over therapies.</p> <p>(2) Communicate and meet under appropriate supervision with individuals of their own choice upon the consent of the individuals;</p> <p>(3) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding.</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week.</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to</p>	V 364	
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V 364	<p>Continued From page 11</p> <p>proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship.</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of</p>	V 364		
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NAME OF PROVIDER OR SUPPLIER GRACE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376	
(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

Division of Health Service Regulation

V 364	<p>Continued From page 12</p> <p>his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary.</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however, visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs.</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings.</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise</p>	V 364		
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Division of Health Service Regulation

V 364	<p>Continued From page 13</p> <p>prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p>	V 364		
<p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>				

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Division of Health Service Regulation

V 364	<p>Continued From page 14</p> <p>facility failed to ensure that clients can make and receive confidential telephone calls affecting 6 of 6 audited clients (client #1, client #2, client #3, client #4, client #5 and client #6). The findings are:</p> <p>A. Review on 8/1/22 of client #1's record revealed: -Age of 12. -Admission date of 5/24/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset type, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation and Enuresis. -The current treatment plan updated 5/11/22 does not include any specifications regarding phone call parameters.</p> <p>B. Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation. -The current treatment plan updated 7/14/22 does not include any specifications regarding phone call parameters.</p> <p>C. Review on 8/2/22 of client #3's record revealed: -Age of 14. -Admission date of 2/12/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset, Child Sexual Abuse and Child Neglect. -The current treatment plan updated 7/18/22 does not include any specifications regarding</p>	V 364	<p>Each Client is allowed to make phone calls daily, however there are times set up for phone calls during the week so as not to interfere with education and therapy sessions. Phone calls start after 3:30pm with the last phone call being at 8:00 pm. On the weekends phone calls start after 10:00 am last call being at 8:00pm, due to some of our guardian's work schedule Since we are a Mental health facility all phone calls are monitored which guardians are aware of and sign off on knowing that we do this to protect our clients. All phone calls will be documented, and show length of call who was called and printed and the signature of staff member conducting phone calls. This will be monitored by the Executive Director and the Senior Executive Director.</p>
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Division of Health Service Regulation

V 364	<p>Continued From page 15 phone call parameters.</p> <p>D. Review on 8/8/22 of client #4's record revealed: -Age of 13. -Admission date of 7/20/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood Onset Type, Attention Deficit Hyperactivity Disorder- Combined presentation (per history) and Child Neglect (per history). -The current treatment plan updated 7/6/22 does not include any specifications regarding phone call parameters.</p> <p>E. Review on 8/8/22 of client #5's record revealed: -Age of 17. -Admission date of 5/8/20. -Diagnoses of Disruptive Mood Dysregulation Disorder, Unspecified Disruptive, Impulse Control Conduct Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation (per history) Cannabis Use Disorder- Mild in secure environment and Child Neglect (per history). -The current treatment plan updated 7/5/22 does not include any specifications regarding phone call parameters.</p> <p>F. Review on 8/10/22 of client #6's record revealed: -Age of 11. -Admission date of 12/2/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood Onset Type, Borderline Intellectual Functioning and Child Neglect. -The current treatment plan updated 7/21/22 does not include any specifications regarding</p>	V 364	
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Division of Health Service Regulation

V 364	<p>Continued From page 16</p> <p>phone call parameters.</p> <p>Interview on 8/4/22 with client #1 revealed: -He would dial the phone number. -For every call, phone had to be on speaker phone for staff to hear the conversation.</p> <p>Interview on 8/4/22 with client #2 revealed: -Assigned phone call days were either Monday/Wednesday or Tuesday/Thursday. -Staff were in the room during calls. - Phone was placed on speaker during the conversation and staff listened.</p> <p>Interview on 8/16/22 with client #3 revealed: -Phone calls were monitored by staff. -Phone had to be put on speaker phone. - "I have rights and staff don't care."</p> <p>Interview on 8/8/22 with client #4 revealed: -Can have two phone calls a week. -Staff was in the room during calls with the phone on speaker.</p> <p>Interview on 8/8/22 with client #5 revealed: -Phone calls were on your assigned days. - The phone would be on speaker phone during the calls.</p> <p>Interview on 8/10/22 with client #6 revealed: -Had scheduled days of either Monday/Wednesday or Tuesday/Thursday to make phone calls. -The phone would be on speaker phone with staff present.</p> <p>Interview on 8/3/22 with staff #1 revealed: -Clients had assigned days of Monday/Wednesday or Tuesday/Thursday. -Clients received calls and were not denied phone</p>	V 364	
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Division of Health Service Regulation

<p>V 364</p>	<p>Continued From page 17</p> <p>calls. -Clients were permitted calls beyond their scheduled days.</p> <p>Interview on 8/5/22 with staff #3 revealed: -Staff had to be present in the room during client phone calls. -The phone had to be on speaker. -Staff would dial the numbers and clients could not hold the phone. -"We can't trust who they talking to like that, you know what I'm saying."</p> <p>Interview on 8/3/22 with the Facility First Responder revealed: -Some clients put calls on speaker phone, and some do not. -Staff had to be present during the calls at all times to avoid property destruction of the phone if client becomes upset.</p> <p>Interview on 8/3/22 with the Senior Team Leader revealed: -Clients had two assigned days to make calls but could receive and make more calls if requested. - Since her employment, phone calls were always monitored by staff and phone placed on speaker. - She believed there was a policy regarding phone calls. -Confirmed that facility failed to ensure that clients could make and receive confidential telephone calls.</p>	<p>V 364</p>		
<p>V 540</p>	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to</p>	<p>V 540</p>		

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>		<p>(X3) DATE SURVEY COMPLETED C 08/19/2022</p>
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

Division of Health Service Regulation

V 540	<p>Continued From page 18</p> <p>dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed.</p> <p>(2) opportunity to shave at least daily.</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrushes, sanitary napkins, tampons, shaving cream and shaving utensils.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that clients have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care affecting two of six audited clients (client #1 and client #2). The findings are:</p> <p>Review on 8/1/22 of client #1's record revealed: -Age of 12. -Admission date of 5/24/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset type, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation and Enuresis.</p>	V 540	
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Division of Health Service Regulation

V 540	<p>Continued From page 19</p> <p>Interview on 8/4/22 with client #1 revealed: -He did have privacy most times. -Stated he had a bathroom that only he used. - He had to do "Soap Up" for not having proper hygiene. - "Soap Up" was when you had to put soap all on your body and yell soap up and staff would come to door and check that soap is on your body.</p> <p>Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation.</p> <p>Interview on 8/4/22 with client #2 revealed: -One of the bathroom doors lock was broken. - Staff had walked in on him once while he was showering. -Staff walked in the bathroom when he was drying off and was putting on underwear.</p> <p>Interview on 8/3/22 with staff # 1 revealed: -Staff provided privacy to clients and only came to door during Soap Up process. -The "Soap Up" directives were given by the therapist. -He believed the process was documented in client charts or somewhere in their paperwork. - Process was implemented when clients did not complete hygiene tasks. -The process was for client to yell " Soap Up" and two male staff, one being a spotter for the other staff would go to open bathroom door and peep in to see that client has soaped up their entire body. - Confirmed client #1 currently has this process in place.</p>	V 540	<p>Staff will stand outside of bathroom doors and will not enter unless it is an emergency. Per policy staff should be listening for any unusual noises and be aware of how long the client stays in the restroom, but not to enter unless it is an emergency. The Team Leader will monitor this every shift constantly. Building deficiencies, such as broken locks or doors have been documented in facility work order and will be addressed immediately. The Executive Director will ensure all work orders are sent to maintenance and repairs completed in a reasonable time.</p>
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Division of Health Service Regulation

V 540	Continued From page 20 Interview on 8/3/22 with staff #2 revealed: -Client #1 that had hygiene issues. -Explained "Soap Up" was when male staff peeped head into bathroom to ensure client washed their body. Interview on 8/5/22 with staff #3 revealed: -Clients had privacy when bathing. -When clients had poor hygiene or caused issues with peers the therapist implement Soap Up. - Explained process when client lathered their body and yell "Soap Up" for staff to briefly open the door to see soap on their body to proceed and wash. -Stated he believed the "Soap Up" process was noted in the client's treatment plan. Interview on 8/4/22 with the Senior Team Leader revealed: -Clients had privacy during bathing. -The "Soap Up" process was determined by the therapist. -The "Soap Up" process was that staff unlocked the door with a spotter, visually looked to see soap on their body and would close and lock the door. -Believed the "Soap Up" process was documented in their charts but not sure.	V 540		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 31, 2022

Mr. Michael McNeil, Director of Operations
Premier Healthcare Services, Inc.
733 Bargain Street
Fayetteville, NC 28303

Re: Annual and Complaint Survey completed August 19, 2022
Grace House, 1892 Turnpike Road, Raeford, NC 28376
MHL # 047-103
E-mail Address: mmcneil.ncprtf@gmail.com; yashicabratcher@gmail.com
(Intakes #NC00190495, #NC00191475, #NC00191801, #NC00191928 and
#NC00192107)

Dear Mr. McNeil:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed August 19, 2022. Some of the complaints were substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (Tag 110).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is October 3, 2022. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against Premier Healthcare Services, Inc. for each day the deficiency remains out of compliance.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 31, 2022
Grace House
Mr. McNeil

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 18, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at (919) 855-3822.

Sincerely,



Tamara Gathers, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
DHSRreports@eastpointe.net
[DHSR Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)
Pam Pridgen, Administrative Supervisor