

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL 054-126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/03/2022
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NAME OF PROVIDER OR SUPPLIER  OAKWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed October 3, 2022. The complaint was substantiated (intake # NC00193294). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 11. The survey sample consisted of audits of 4 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;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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V 105	<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>	V 105		
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V 105	<p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to implement the facility admission policy when a client was admitted from a sister facility. The findings are:</p> <p>Observation on 9/27/22 at approximately 9:00 am revealed Oakwood Facility was one of three Psychiatric Residential Treatment Facilities (PRTF) separately licensed to NOVA, Inc., on a common fenced campus.</p> <p>Review on 9/28/22 of the Licensee's "Comprehensive Admission Assessment (CAA) Treatment Administration Policy #32; Effective Date 1/01/14" revealed: - "PURPOSE: To provide comprehensive information for the development of the Person Centered Plan and the Individual Plan of Care (IPOC). POLICY: It is the policy of NOVA to complete a comprehensive Admission Assessment at or shortly following the time of admission for the purpose of providing detailed input into the development of various planning documents. PROCEDURE: 1. The Comprehensive Admission Assessment will be completed according to the format for the document by the Licensed Professional, with input for the Child and Family Treatment Team. 2. Each Comprehensive Admission Assessment will be filed in the Consumer Record."</p> <p>Review on 9/27/22 and 9/28/22 of client #6's record revealed:</p>	V 105		
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V 105	<ul style="list-style-type: none"> <li>- 17-year-old male; documented date of admission 6/24/21.</li> <li>- Diagnoses included Conduct Disorder, unspecified; Persistent Mood Disorder, and Post Traumatic Stress Disorder.</li> <li>- Medicaid service authorizations from the Local Management Entity/Managed Care Organization (LME/MCO) documented authorization of residential services for the facility effective 6/24/21; for a sister facility effective February 2022; and effective 7/21/22 for the current facility.</li> <li>- "General Entry Note" dated 7/20/22 signed by the Therapist documented client #6's "transition" to the facility from a sister facility due to bullying by other clients.</li> <li>- "Monthly Treatment Team Review" note dated 9/07/22 included ". . . DOA (Date of Admission) 6/24/21 . . . "</li> <li>- "Transition/Discharge Plan Update" dated 9/07/22 included ". . . DOA 6/24/21 . . . " - No documented pre-screening, admission assessment or "Comprehensive Admission Assessment" for client #6's admission to the facility in July 2022.</li> </ul> <p>During interview on 9/28/22 client #6 stated he had been at the facility for almost 2 years.</p> <p>During interview on 9/27/22 the Director of PRTF Services stated:</p> <ul style="list-style-type: none"> <li>- The Licensee's "Internal Transition/Discharge" policy was developed and implemented 4/21/22. - Clients were "transitioned" from one on campus facility to another based on individual client needs.</li> <li>- Client transitions from one facility to an on-campus sister facility were not considered admissions/discharges.</li> <li>- Admission assessments were not completed when clients were "transitioned" between</li> </ul>	V 105		
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V 105	campus facilities.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 105		
V110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (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: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 2 of 3 audited staff (#1 and Residential Services Supervisor #2 (RSS #2)) demonstrated	V110		

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V110	<p>knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 9/27/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- 17-year-old male; documented date of admission 6/24/21.</li> <li>- Diagnoses included Conduct Disorder, unspecified; Other Persistent Mood Disorder; Other Trauma Disorder; and Post Traumatic Stress Disorder (PTSD).</li> <li>- Comprehensive Admission Assessment (CAA) dated 6/28/21 included documentation of "elopement issues."</li> <li>- Psychological Assessment dated 10/23/19 included documented behaviors of open defiance, and physical altercations with peers.</li> <li>- "General Entry Notes" dated 4/07/22 included documentation of an elopement from a sister facility, requiring local law enforcement involvement.</li> </ul> <p>During interview on 9/28/22 client #6 stated: - On 9/03/22 he and his peers were outside with 2 staff and jumped the fence when it was time to go inside.</p> <ul style="list-style-type: none"> <li>- Staff were not paying attention to the clients when he and his peers went over the fence.</li> </ul> <p>Review on 9/27/22 of client #8's record revealed:</p> <ul style="list-style-type: none"> <li>- 16-year-old male admitted 11/02/21.</li> <li>- Diagnoses included Post Traumatic Stress Disorder; Major Depressive Disorder; Adjustment Disorder, unspecified; and Attention Deficit Hyperactivity Disorder (ADHD).</li> </ul> <p>Comprehensive Clinical Assessment dated 11/04/21 included documented history of elopement, defiance, and combative behaviors.</p> <p>During interview on 9/28/22 client #8 stated: - He eloped from the facility numerous times but</p>	V110		
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	<p>he could not remember the dates. - He eloped to "prove a point."</p> <p>Review on 9/28/22 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Title: paraprofessional, hire date 7/11/22.</li> <li>- Training in "Elopement/Runaway Acknowledgement" signed 7/15/22.</li> <li>- Training in "Population Served" completed 7/13/22.</li> </ul> <p>During interview on 9/28/22 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- He and former staff #3 (FS #3) were working on 9/09/22 when client #8 eloped.</li> <li>- He sat down with his back to the door and took out his cell phone; he was not paying attention to the clients because he was distracted with his cell phone; client #8 exited the facility by the back door.</li> <li>- He did not complete 15-minute bed checks as required.</li> <li>- He did not know client #8 was missing until the morning of 9/10/22 when day shift staff were waking clients up for breakfast.</li> <li>- Since the incident, he was more attentive to the clients and did not sit with his back to them.</li> </ul> <p>He had not received any additional training since the incident.</p> <p>During interview on 9/28/22 RSS #1 stated:</p> <ul style="list-style-type: none"> <li>- The staff to client ratio was 2 staff to 6 clients.- It was okay for one staff to go outside of the unit with one client, but the RSS should go inside the facility to help monitor the other clients.</li> </ul>			
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V 110	<p>- Staff were not supposed to have their personal cell phones on campus; they should either be locked in staff's vehicle or locked in a locker in the breakroom.</p> <p>During interviews on 9/28/22 and 10/03/22 the Director of Psychiatric Residential Treatment Facility Services stated:</p> <ul style="list-style-type: none"> <li>- There were 3 direct staff and 1 Residential Services Supervisor on duty on the evening of 9/09/22 when client #8 eloped.</li> <li>- She had reviewed security video recorded the night of client #8's elopement.</li> <li>- Client #8 appeared to open the facility door with a key; she did not know where the key came from.</li> <li>- No investigation was completed as a result of the incident.</li> <li>- She met with the facility's Leadership Committee to discuss measures to take to reduce the number of elopements.</li> <li>- Additional staff training was begun 9/30/22 and included responsibilities of paraprofessionals including monitoring and supervising consumers and accounting for their whereabouts as well as accounting for the whereabouts of staff keys.</li> <li>- Completion and documentation of checks of the "status of consumers . . . no less than every 15 minutes . . ." when clients are in their bedrooms. - Staff training also included review of the facility policy prohibiting staff personal property such as cell phones and other electronics in the facility. - The staff training would be completed 10/03/22.</li> </ul> <p>This deficiency is cross referenced 10A NCAC 27G .0208 Client Services (V115) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 110		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p>	V 115		

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V 115	<p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to provide supervision to ensure the safety and welfare of 4 of 4 audited clients (#6, #8, #10, and #11). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (Tag V110). Based on record</p>	V 115		
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V 115	<p>reviews and interviews the facility failed to ensure 2 of 3 audited staff (#1 and Residential Services Supervisor #2) demonstrated knowledge, skills and abilities required by the population served.</p> <p>Observation on 9/27/22 at approximately 10:00 am of the facility's campus revealed multiple buildings that housed residential units, an administration building, and a building with both a residential unit and school facility. All of the buildings were surrounded by an approximately 8 - 10 foot high fence with an automatic gate. The gate opened and closed slowly and was wide enough for two vehicles to pass at the same time.</p> <p>Review on 9/27/22 and 10/03/22 of the North Carolina Incident Response Improvement System (IRIS) for level II incident reports submitted by the facility 7/01/22 - 9/30/22 for clients #6, #8, #10, and #11 revealed:</p> <ul style="list-style-type: none"> <li>- Incident reports for 9/03/22 documented elopement by clients #6, #8, and #11; while away from the facility without authorization client #6 stole a delivery van parked at a local shopping center and drove to a city approximately 2 ½ hours from the facility; he was returned to the facility on 9/05/22 by law enforcement officers; clients #8, and #11 were away from the facility for approximately 1 ½ hours before they were found by local law enforcement and returned to the facility.</li> <li>- Incident reports for 9/07/22 documented elopement by clients #6, #8, #10 and #11 who ran through the opening gate while on their way to the on-campus school; facility staff followed them; the clients were off campus for "15-30 minutes;" local law enforcement was contacted and responded but did not assist with the return of the clients to the facility.</li> <li>- Incident report for 9/29/22 documented incident of property destruction, included " . . . ripping up the toilet causing the unit to flood . . . " by clients #8, #10, #11, and another client; local "Law enforcement was called to help assist with</li> </ul>	V 115		
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V115	<p>behaviors." - Incident report for 9/09/22 documented elopement by client #8, Client #8 was missing for approximately 12 1/2 hours overnight; he was located and returned to the facility by local law enforcement. - Incident report for 9/19/22 documented an attack on staff by client #6 while staff were addressing another client's behaviors; law enforcement was contacted.</p> <p>- Incident report for 8/22/22 documented elopement by client #8; he was away from the facility approximately 58 minutes and was returned by law enforcement officers.</p> <p>During interview on 9/28/22 client #6 stated: - He had been at the facility for 2 years and did not like it.</p> <p>- On 9/03/22 he and his peers had been outside with 2 staff and jumped the fence when it was time to go inside; staff were not paying attention to the clients when he and his peers went over the fence.</p> <p>- He and his peers eloped one night and he stole a delivery van from a local shopping center and drove to a city approximately 2 1/2 hours away. - The police stopped him and asked for his identification; he told them he didn't have his identification and that he was a runaway; the police met facility staff halfway between the two cities and handed him over to facility staff.</p> <p>- He and his peers jumped the fence one morning on their way to school but they "didn't get too far." - One night he ran out of the open gate and stayed out all night before being found and returned to the facility; he could not remember the date.</p> <p>- Prior to his admission he had stolen vehicles during elopements and as a result had pending criminal charges.</p> <p>- He did not plan to elope; he eloped when he was angry.</p>	V115		
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V115	<p>- "It's really easy to get over the fence" but it "was not worth it because you're not getting anywhere."</p> <p>- He was trying to "stay on a straight path" because he wanted to be discharged soon. - Since the last elopement he had noticed more staff in the facility "maybe 3 or 2 at one time; some are in the back (in the bedroom area of the facility) not in the same room at the same time."</p> <p>During interview on 9/28/22 client #8 stated: - The facility was better than some of his previous placements "but it's boring though." - He had run away "a lot."</p> <p>- He ran away to "prove a point."</p> <p>- He did not remember the dates of his elopements.</p> <p>- There were 2 or "sometimes 3" staff in the facility "the ratio is 1 staff to 3 clients."</p> <p>Review on 9/27/22 of client #10's record revealed:</p> <p>- 16-year-old male; documented date of admission 8/08/22.</p> <p>- Diagnoses included Attention Deficit Hyperactivity Disorder (ADHD), combined presentation and Conduct Disorder, adolescent onset.</p> <p>- Admission assessment dated 8/10/22 included documentation of "severe/imminent risk for personal safety (explosive anger and engages in risky behaviors.)"</p> <p>- Comprehensive Clinical Assessment Addendum dated 7/25/22 completed by a previous provider included documented history of physical assaults, property destruction, homicidal threats, threats to harm himself, and cruelty to animals.</p> <p>- Psychosexual Evaluation dated 6/26/20 included documentation of "moderate risk for sexual acting out" and history of attempted sexual assault of a younger female relative and stealing.</p> <p>During interview on 9/28/22 client #10 stated:</p>	V115		
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	<ul style="list-style-type: none"> <li>- He eloped once since his admission.</li> <li>- He and some peers eloped one morning on the way to school on campus.</li> <li>- He made the split-second decision to follow a peer and two peers followed him; they "just bolted for the gate."</li> </ul>			
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V 115	<ul style="list-style-type: none"> <li>- He and his peers ran down the railroad tracks.- Staff went after them; one staff person was sitting in a vehicle on the highway.</li> <li>- "7 or 8" staff went to return them to the facility.- He and his peers were away from the facility for approximately 30 minutes.</li> <li>- 2 staff were with them when they ran; one staff was at the front of the group and one was at the back of the group.</li> <li>- He ran because "we don't have enough things to look forward to."</li> <li>- Since his elopement there were extra staff working on shift.</li> </ul> <p>Review on 9/27/22 of client #11's record revealed:</p> <ul style="list-style-type: none"> <li>- 17-year-old male; documented admission date 7/16/21.</li> <li>- Diagnoses included Conduct Disorder; Adjustment Disorder and ADHD, combined presentation.</li> <li>- Person Centered Plan dated 7/16/22 included a goal and strategies to address client #11's behaviors of leaving his assigned area and elopement attempts.</li> </ul> <p>During interview on 9/28/22 client #11 stated: -</p> <p>"We run. Staff chase after us. They try to come after us but we be too fast. If it's not enough staff there's nothing they can do."</p> <ul style="list-style-type: none"> <li>- When they eloped, he and his peers were off campus for approximately 2 hours; the police returned them to the facility.</li> <li>- When off campus he and his peers "just be chillin'."</li> <li>- There were 2 staff with 6 clients in the facility.- He had noticed extra staff in the facility but could not remember which shift extra staff worked.</li> <li>- He eloped because he does not like being in the facility.</li> </ul>	V 115		
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V 115	<p>- He did not know when he would be discharged.</p> <p>Review on 9/28/22 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Title: paraprofessional, hire date 7/11/22.</li> <li>- Training in "Elopement/Runaway Acknowledgement" signed 7/15/22.</li> <li>- Training in "Population Served" completed 7/13/22. - No evidence of supervisory coaching or disciplinary action related to the incident of 9/09/22.</li> </ul> <p>During interview on 9/28/22 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- He and former staff #3 (FS #3) were working on 9/09/22 when client #8 eloped.</li> <li>- He was not sure of FS #3's whereabouts at the time of client #8's elopement.</li> <li>- He was in the facility alone with six clients and thought they were taking showers and getting ready for bed.</li> <li>- He sat down with his back to the door and took out his cell phone; he was not paying attention to the clients because he was distracted with his cell phone.</li> <li>- Client #8 had a facility key and unlocked the back door and went out; he did not know how client #8 got a facility key.</li> <li>- He thought a client "cranked up the music and I didn't hear him (client #8) go out."</li> <li>- At bed check time he looked into client #8's bedroom from the door but did not realize the client was not in his room.</li> <li>- He did not complete 15-minute bed checks as required.</li> <li>- He did not know client #8 was missing until the morning of 9/10/22 when day shift staff were waking clients up for breakfast.</li> </ul> <p>Review on 9/28/22 of RSS #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hired as a paraprofessional 6/08/20; promoted to RSS 11/16/21.</li> </ul>	V 115		
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V115	<ul style="list-style-type: none"> <li>- Training in "Elopement/Runaway Acknowledgement" signed 6/15/20.</li> <li>- Training in "Population Served" completed 6/10/20.</li> </ul> <p>During interview on 9/28/22 RSS #2 stated:</p> <ul style="list-style-type: none"> <li>- She was working on 9/09/22 when client #8 eloped.</li> <li>- At the time of the elopement she was outside with FS#3 and a client.</li> <li>- Staff #1 was inside the facility with client #8 and 3 other clients.</li> <li>- Client #8 waited until staff #1 was alone and distracted to elope.</li> <li>- Staff were required to do room checks every 15 minutes, but the checks were not completed on the night of 9/09/22.</li> <li>- No one realized client #8 was missing until about 7:00 am 9/10/22; he was located by local law enforcement and returned to the facility at 8:30 am.</li> <li>- Former staff #3 resigned over the weekend prior to the survey.</li> </ul> <p>During interviews on 9/28/22 and 10/03/22 the Director of Psychiatric Residential Treatment Facility Services stated:</p> <ul style="list-style-type: none"> <li>- The Licensee contacted fence companies for estimates to replace the existing fence and gate.</li> <li>- Facility doors were being replaced with keyless entry doors; the new doors would have electronic keypads requiring a numeric code be entered to unlock the door, rather than keyed locks.</li> <li>- A Behavior Analyst was hired to restructure the NOVA Stars program to improve engagement with older clients; the Behavior</li> </ul>	V115		
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V115	<p>Analyst was on-site two days per week and facilitated small group activities.</p> <ul style="list-style-type: none"> <li>- The Licensee "looked at" adding extra staff and tried to have extra staff on-site during "critical times" and considered the locations of staff within the facility.</li> <li>- She had been in contact with local law enforcement to discuss strategies to reduce the number of elopements, the number of calls for assistance from law enforcement and to ensure client safety.</li> <li>- All physical improvements to the facility, including replacing the doors, were part of a "long tedious process."</li> <li>- Additional staff training was begun 9/30/22 and included responsibilities of paraprofessionals including monitoring and supervising consumers, always accounting for clients' whereabouts, and ensuring the safety of the clients.</li> <li>- Residential Services Supervisors were made accountable for facility keys; they would ensure staff had their work keys on their person at the end of each shift.</li> <li>- Staff training would be completed 10/03/22.</li> </ul> <p>Review on 9/30/22 of the Plan of Protection completed by the Director of PRTF Services and</p>			
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V 115	<p>dated 9/30/22 revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Nova will immediately in-service Paraprofessionals to reinforce their roles and responsibilities specifically: supervising and monitoring consumers, accounting for their whereabouts and ensuring their safety at all times. Emphasis will be placed on staff's responsibility to ensure the security of facility keys. Supervisors will account for all unit keys at shift change and will notify the AOC (Administrator On Call) when keys are identified as missing so that additional safety measures are considered and implemented. 2. Residential Managers will be instructed to increase staffing in Oakwood to help reduce elopement risk and to increase monitoring within the facility. 3. NOVA will consider the use of disciplinary Personnel action and coaching sessions with staff that exhibit performance failures / skill deficits." - "Describe your plans to make sure the above happens: The Program Director will oversee the implementation of the above action plan. Corporate Leadership members (Licensed Psychologists) will assist the Program Director and Treatment Team in developing long-term solutions to these issues."</p> <p>Clients #6 and #8 had histories of elopement issues; clients #6, #8, #10, and #11 had histories of physical aggression and property destruction. Client #10 had history of sexualized behaviors including an attempted sexual assault of a younger female relative. Between August 22, 2022, and September 9, 2022, clients #6, #8, #10, and #11 eloped twice as a group; client #8 also eloped twice by himself. Staff were present during at the time of each elopement but</p>	V 115		
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V 115	<p>were not paying attention or were distracted. During each elopement incident the clients ran down nearby railroad tracks and crossed a busy highway. During one incident client #6 ran approximately 3 miles to a local shopping center, stole a van and drove approximately 2 ½ hours before being stopped by police. Client #8 obtained a staff's facility key, unlocked the door and left the facility without being detected by staff. Staff #1 was on duty and was distracted by his cell phone and did not know client #8 left the facility. He and his co-worker did not complete bed checks as required and were not aware of client #8's absence until the next morning. Other incidents involving clients #6, #8, #10, and #11 included incidents of physical attacks on staff and peers, as well as severe property destruction that required law enforcement intervention. The facility's failure to ensure adequate supervision to meet the clients' needs and ensure safety constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$6000.00 is imposed. If the violation is not corrected within 23 days, and additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 115		
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V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		
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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observations and interviews the facility was not maintained in a safe, clean manner. The findings are:</p> <p>Observations on 9/27/22 at approximately 10:00 am and 10/03/22 at approximately 12:15 pm revealed:</p> <ul style="list-style-type: none"> <li>- The facility was comprised of 2 buildings, building D and building E, each with 6 beds. - No doorknob on the inside of the front door to building D.</li> <li>- The inside of the front door of building D had dark staining.</li> <li>- The front door to building E did not close completely but could be locked.</li> <li>- The exit sign over the hall entrance in building E was missing the cover and had taped wires hanging down.</li> <li>- The door to bedroom E5 was split extending down the length of the door spine.</li> <li>- Unfinished repairs of varying sizes to the drywall throughout the facility.</li> <li>- Contractors were on-site installing new keyless entry doors, baseboards and caulking.</li> </ul> <p>During interviews on 9/28/22 and 10/03/22 the Director of PRTF Services stated:</p> <ul style="list-style-type: none"> <li>- Contractors were in the process of replacing existing exit doors in the facility; the new doors would have keyless entries.</li> </ul>	V 736		
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V736	<ul style="list-style-type: none"> <li>- Making physical improvements to the facility was a "long tedious process."</li> <li>- The Maintenance Director had ordered new interior doors for the facility but they had not been delivered yet.</li> <li>- The insides of the front doors were dirty. - Facility maintenance was difficult due to the behaviors of the clients served.</li> </ul> <p>This deficiency has been cited 4 times since the original cite on 4/19/21 and must be corrected within 30 days.</p>	V736		
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