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V 000	INITIAL COMMENTS A complaint survey was completed on October 11, 2022. A Summary Suspension of license to operate was issued on September 30, 2022. The complaint was unsubstantiated (intake #NC00192758). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.1300 Residential Treatment for Children or Adolescents. This facility is licensed for 8 and currently has a census of 6. The survey sample consisted of audits of 6 current clients and 3 former clients. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.	V 000		
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;	V 109		

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V 109	Continued From page 1 (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. (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. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 3 of 3 audited Qualified Professionals (QP) (the Behavioral Health Director/QP, the Behavioral Health Administrator and the Clinician) demonstrated the knowledge, skills, and abilities required by the population served. The findings are: Refer to V111, V112, V180 regarding assessment, treatment plans, and staffing ratios. Review on 9-30-22 of the Behavioral Health Director/QP's record revealed: -Date of Hire: 9-25-17. -Job Title: Behavioral Health Director/QP.	V 109		

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V 109	Continued From page 2 Review on 9-30-22 of the Behavioral Health Director/QP's job description dated 1-24-20 revealed: - "Description ...coordinate and monitor all aspects of the consumer case. This includes: monitoring the progress of person-centered plans ...responding to deficiencies in services and managing the consumer caseload/documentation ...The QP will ...advise the AP (Associate Professional) and direct care team members of all consumer support plans/goals and interventions..." - "Duties and Responsibilities ... -Conduct initial assessments and intake of new clients -Be knowledgeable in the challenges and care of adolescent clients with mental illness -Lead the initial and ongoing revisions of the Person-Centered Plan (PCP) ... -Be available outside of normal office hours for necessary and urgent company matters ..." - "Documentation Standards: - ...Verify and maintain timesheets for all direct care employees ..." - "Performance Measurements: - ...Demonstrate the ability to problem solve independently ..." The Behavioral Health Director/QP failed to demonstrate competency by the following: -He did not revise the client PCP's. -He performed client intake assessments which did not match the clients' behavioral histories. -He did not provide oversight to ensure direct care staff were meeting client needs. -He was responsible for verifying and maintaining timesheets of all direct care staff which indicated the facility was out of ratio on numerous dates. -He failed to problem-solve the systemic issues within the facility.	V 109		

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V 109	Continued From page 3 Interviews on 9-26-22 and 10-3-22 with the Behavioral Health Director/QP revealed: -Role included referrals, incident reporting, overseeing day to day operations, communicating with direct care staff and clinical team. -He was responsible for admission assessment screenings and decisions to accept clients into the program. -He admitted that usually he did not receive relevant documentation about the client's history prior to making the decision for admission. - "The lens you are looking at, it is just the standard perfect scenario." - "Rules/standards and the law is the law, you're right, but not provider reality." - "The beginning level of failure is with the Clinician referral." Review on 9-30-22 of the Behavioral Health Administrator's record revealed: -Date of Hire: 9-25-17. -Job Title: Behavioral Health Administrator. Review on 9-30-22 of the Behavioral Health Administrator job description revealed: - "Description ... -Ensure that company meets its legal, fiscal, and moral obligations within the services being provided ..." - "Duties and Responsibilities ... -Understand protocol of working with individuals with disabilities -Have a thorough knowledge of rules, regulations, policies, and procedures ... -Be available outside of normal office hours for necessary and urgent company matters ..." The Behavioral Health Administrator failed to demonstrate competency by the following:	V 109		

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V 109	Continued From page 4 -He did not ensure the company met legal and moral obligations within the services being provided. -He did not have a thorough knowledge of rules/regulations. Interviews on 9-30-22 and 10-3-22 with the Behavioral Health Administrator revealed: - "When [Local Management Entity] calls and we say Level 2 available then the addendum gets tweaked to what you have available." - "[Client #1] is sitting on a level 3 addendum and [Client #A6] is not salvageable and a PRTF (Psychiatric Residential Treatment Facility) is recommended." - "There's no true fix to any of this." -[Clinician] wanted [Client #3] in a Level 3 for eyes on. We know it was a violation of rule." - "I tried to model a 12 bed Level III and tried to increase the level of security ...Being creative got us in trouble ...I'll have 1 awake (staff) from 7:00 pm until ...and then 2:00 am-6:30 am both staff asleep. This level of service is similar to therapeutic foster. If a kid mis-leveled like a few of them now, like the one kid is supposed to be in a PRTF. It's like Russian Roulette. Everything seems to happen between 11pm and 2am, or at bedtime. I was trying to be creative within rule." - "You (DHSR) showed up when [unaudited staff] was not at work." - "We don't use the PCP because we got dinged on them before if it's erroneous." - "I don't have to be there. That's not my job. That's [Behavioral Health Director/QP's]. He can sit there. That's the only way to have a finger on the pulse." Review on 10-5-22 of the Clinician's record revealed: -Date of Hire: 8-1-22.	V 109		

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V 109	Continued From page 5 -Job Title: Clinician. Review on 10-5-22 of the Clinician's job description dated 8-1-22 revealed: - " ...professional services to include but not limited to; Perform duties in compliance with service definition of Out Patient Therapy Plus and Level III services, Comprehensive Clinical Assessments and recommendations (as needed) ..." The Clinician failed to demonstrate competency by the following: -She did not follow rule and regulation requirements when she moved a client from a level II facility to a level III facility. Interview on 10-3-22 with the Clinician revealed: -She believed DHSR (Division of Health Service Regulation) surveyors should not be allowed to speak with clients without her being present. -" I should be involved in the interviews. They (clients) think you're the feds and looking to bust them and get them in trouble. I want to be there for your interviews. You won't see it, but these kids are tough and traumatized and they're chatty to you and then later get upset." - "I did what was best for the child. If it was wrong, it was wrong. That is a question for [Behavioral health Administrator] and [Behavioral Health Director/QP]. They make capacity decisions. That night that was the best decision. I would make that decision again." This deficiency is cross referenced into 10A NCAC 27G .1300 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 109		

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V 110	Continued From page 6	V 110		
V 110	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	V 110		

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V 110	Continued From page 7	V 110		

facility failed to ensure that 1 of 4 audited Paraprofessionals (the Behavioral Health Facilitator) demonstrated the knowledge, skills, and abilities required by the population served. The findings are:

Review on 9-30-22 of the Behavioral Health Facilitator's record revealed:
-Date of Hire: 5-22-19.
-Job Title: Behavioral Health Facilitator.

Review on 9-30-22 of the Behavioral Health Facilitator's job description dated 1-30-20 revealed:
- "Duties and Responsibilities: ...
-Coordinate with company Behavioral Health Specialists to establish and implement goals to ensure that the daily functions of the treatment program are successfully completed and are in compliance with rule and regulations of the governing bodies
-Monitor building interior and exterior for cleanliness and safety issues ...
-Work with Behavioral Health Specialist to ensure proper resident to staff ratio is maintained in the event of an employee call-in or no show ...
-Provide and maintain a safe environment for all residents ..."

Refer to V112 for failure to establish and implement goals:
-Treatment strategies and interventions were not individualized and were identical for every client and every goal.

Refer to V180 for failure to ensure that resident to staff ratios were maintained:
-There were numerous dates on which 1 staff was responsible for 5 or more clients.

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V 110	Continued From page 8 Interviews on 9-26-22 and 9-30-22 with the Behavioral Health Facilitator revealed: - "None of them (clients) are in danger. They love it here." -She felt as if she "fixed" the staffing ratio. -Her role was to stay in compliance as well as visit the facilities to make sure they are clean and in working order. Client chart audits were also a part of her role. - "They (Behavioral Health Director/QP and Behavioral Health Administrator) are coming up with an elopement policy. Even though we have a procedure, he (Behavioral Health Administrator) is going to put it in writing. I do know that." This deficiency is cross referenced into 10A NCAC 27G .1300 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history;	V 111		

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V 111	Continued From page 9 and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have an assessment that reflected the presenting problems and needs of the clients affecting 5 of 6 current clients (Client #1, #2, #3, #4, and #5) and 3 of 3 audited Former Clients (FC #7, FC #8, and FC #15). The findings are: Review on 9-30-22 of Client #1's record revealed: Date of Admission: 8-8-22. -Age: 16. -Diagnoses: Conduct Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder. -Comprehensive Clinical Assessment (CCA) dated 12-17-20 indicated a history of threatening his younger sister and maternal aunt with a knife, making threats to kill his foster mother, sexual inappropriateness with classmates, masturbating	V 111		

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in public, physical aggression, destructive behaviors, substance use, elopements and involvement with the Department of Juvenile Justice (DJJ).
-CCA addendum dated 7-30-22 had a recommendation for "preferably a level III residential placement ..."

Review on 9-30-22 of the Clear Sky Behavioral (CSB)/Licensee Initial Assessment Screening Tool for Client #1 revealed:
-Does the candidate have a history of physical aggression towards staff? No.
-Does the candidate have any history of elopement ...? No.
-Does the candidate have behavioral concerns at school or during peer interaction? No.
-Does the candidate have any sexualized behaviors? No.
-Does the candidate have any DJJ involvement? No.
- Does the candidate have any history of bullying others? No.
-Does the candidate have a history of homicidal threats or gestures? No.
-Assessment was signed by the CSB Behavioral Health Director/Qualified Professional (QP) on 7-19-22.
- "QP Comments ...discussed a Level 2 Enhanced Setting for [Client #1] ...CSB is accepting [Client 1] into Level 2 residential."

Review on 9-30-22 of Client #2's record revealed:
-Date of Admission: 8-25-22.
-Age: 17.
-Diagnoses: Oppositional Defiant Disorder, Severe; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder; Cannabis Use Disorder, Mild.
-CCA dated 3-22-22 indicated " ...Client is

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currently in the hospital and will not be discharged until placement is found ... having problems in the Group Home as evidenced by not listening, lost temper, screaming, throwing things, grabbing a knife, picking up heavy objects and throwing them, mad at other children and aggressive towards them. Client reports not willing to go back to the Group Home and decided not to comply to the rules of the program ...client started to exhibit inappropriate behaviors ...the police got involved .... Client reports of smoking 5 hits of marijuana 1-2x (times) a week ...client has been working with the care coordinator to get client into a higher level of care including PRTF (Psychiatric Residential Treatment Facility) ...client was denied and will not be accepted by any program because of his aggressive and violent behaviors, problem being chronic, history of aggressive behaviors ... DJJ is involved in client's case for communicating threats to parents, assault with deadly weapon ...client self-harms ...Seriously Emotionally Disturbed Child ... anger, verbal and/or physical aggression, impulsivity, outbursts occurring almost every day ..."

Review on 9-30-22 of the CSB/ Licensee Initial Assessment Screening Tool for Client #2 revealed:
-Does the candidate have a history of physical aggression towards staff? No.
-Does the candidate have behavioral concerns at school or during peer interaction? No.
-Does the candidate have any history of bullying others? No.
-Does the candidate have issues with staff prompts and accepting guidance? No.
-Assessment was signed by the CSB Behavioral Health Director/QP on 7-13-22.

Review on 9-30-22 of Client #3's record revealed:

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V 111	Continued From page 12 -Date of Admission: 8-12-22. -Age: 17. -Diagnoses: Conduct Disorder; Attention Deficit Hyperactivity Disorder; Mild Intellectual Disability; Disruptive Mood Dysregulation Disorder; Unspecified Psychotic Disorder; Persistent Depressive Disorder; Specified Anxiety Disorder. -CCA dated 3-1-22 indicated a "recent hospitalization due to SI (Suicidal Ideation) ... for the past 3 years moving back and forth between Level II and Level III Residential placement ... recently moved to Level III Residential placement in November 2021 due to HI (Homicidal Ideation)/SI which led to a hospitalization at that time as well ...demonstrates ...AVH (auditory/visual hallucinations) and delusions. Client reports he is able to see angels and demons ...Client reports demons tell him to hurt and kill people ...argues with or defies authority figures ...sexually aggressive behavior ...history of running away from group home ...it is recommended client engage in services at a Level IV residential placement ...need cannot be met with Residential Treatment Level III service - client has attempted at this level of care however had multiple visits to crisis and multiple behavioral health hospital admissions ...verbalized HI towards staff and other residents in the group home ... reports he would feel no remorse if he acted on his HI towards others. Client reports no remorse for his previous sexual assault of a 5 y.o. (year old) child ...Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others ... has created significant disruption and trauma in the lives of his schoolmates, teachers, group home staff, and peers ... significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision ...The	V 111		

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V 111	Continued From page 13 parent/caregiver is unable to provide the supervision of the sex offender required for community safety. Moderate to high risk for re-offending. Moderate to high risk for sexually victimizing others. Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems ..." Review on 9-30-22 of the CSB/ Licensee Initial Assessment Screening Tool for Client #3 revealed: -Does the client have a history of physical aggression towards staff? No. -Does the candidate have any history of elopement ...? No. -Does the candidate have behavioral concerns at school or during peer interaction? No. -Does the candidate have any sexualized behaviors? No. -Does the candidate have any history of bullying others? No. -Does the candidate have issues with staff prompts and accepting guidance? No. -Does the candidate have a history of suicidal threats or gestures? No. -Does the candidate have a history of homicidal threats or gestures? No. - Assessment was signed by the CSB Behavioral Health Director/QP on 3-16-22. - "QP comments ... [Client #3] seems appropriate ...PRTF was recommendation ...CSB is accepting with a contract ..." Interview on 9-29-22 with the Behavioral Health Facilitator revealed: -Client #3 was having suicidal ideations and did not meet the criteria for inpatient hospitalization. -The Clinician recommended an "eyes on approach" for Client #3 at the level III sister facility.	V 111		

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V 111	Continued From page 14 -Client #3 was still admitted to Catawba River Group Home but was sleeping in the living room of the level III facility. Interview on 10-4-22 with the Clinician revealed: - " ...When we have a child that we want eyes on, like we do checks every 15 minutes in the evenings ...eyes on to my knowledge we have used it one time and that is literally a resident we wanted to have our eyes on and so we had him sleeping in the common area in the dining room ..." -Client #3 " ...has extensive diagnosis and reports hallucinations every time we meet, and he has Schizophrenia and when he eloped, he was very upset and I didn't feel like based on his action and reaction that we could care for him at our Level 2 facility and so we did eyes on. We moved him back last Thursday ... in this instance he got upset and believed he was in trouble and could not calm down and the other situation was volatile because the other 2 boys he eloped with thought he ratted him out, so I made the decision to move him to the other facility for eyes on ...and once he was calmer and his hallucinations weren't giving him the instructions, we moved him back to level 2 ..." - "Eyes on" could not be done at the level 2 facility " ...because the staff ratios are different there and if it didn't work, he would have to be hospitalized ..." -Client #3 had to sleep in the common area at the level III facility because " ...There is only so many spaces and that's a question for [Behavioral Health Administrator] and I accept responsibility for moving the child..." -She stated, "I get piss poor support from the local hospital ...that was my recommendation and if I had to do it again then I would do it again because that's the resources that I had to work	V 111		

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V 111	Continued From page 15 with ..." -" ...you're asking for protocols you are looking for uniformity and this is not [brand] shoes and [Client #3] would have had to be hospitalized and he instantly calmed down and if I had a policy that said we absolutely had to take him to the hospital, I would have and I didn't have to take up law enforcement's time and IVC (Involuntary Commitment) process and I used my own clinical judgement and I am confused about hearing a lot about consistency of care, but it seems all you want is a check list to go by ..." Review on 9-30-22 of Client #4's record revealed: -Date of Admission: 7-13-22. -Age: 16. -Diagnoses: Autism Spectrum Disorder; Specific Learning Disorder with Impairment in Reading; Specific Learning Disorder with Impairment in Written Expression; Persistent Depressive Disorder Dysthymia. -CCA dated 7-7-22 completed by Clear Sky Behavioral " ... [Client #4] has been residing in level III placement with Clear Sky ...history of aggression, challenges with boundaries, challenges with peer relations ...substance use with mom, grandparents and father ...history of challenges with peers/staff ...history of challenges and ongoing progress developing boundaries with others ...AH/VH reported ...history of challenges in placement ...history of traumatic experiences ...Child with Serious Emotional Disturbance (CMSED) ..." -No other CCA, or client history was provided. Review on 9-30-22 of the CSB/ Licensee Initial Assessment Screening Tool for Client #4 revealed: -Every question on the assessment was answered with "No."	V 111		

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-Does the candidate have full use of arms and legs? No.
-Does the candidate have any cognitive disabilities? No.
-Would the candidate be medically capable of participating in a physical training program? No.
-Does the candidate have a good appetite? No.
-Does the candidate have a history of physical aggression towards staff? No.
-Does the candidate have behavioral concerns at school or during peer interaction? No.
-Does the candidate have any history of bullying others? No.
-Assessment was signed by the CSB Behavioral Health Director/QP on 2-18-22.
- "QP comments ...client is on the spectrum and needs structure. Client will enter the Level 3 program and CSB will evaluate his potential ability to transition in the near future. Client would have the potential ability to remain with CSB until 18 ...Client is being accepted for Level 3 program."

Review on 9-30-22 of Client #5's record revealed:
-Date of Admission: 7-13-22.
-Age: 16.
-Diagnoses: Major Depression Disorder, Severe; Adjustment Disorder with Disturbance of Conduct; General Anxiety Disorder; Unspecified Trauma and Stressor Related Disorder; Autism Spectrum Disorder; Attention Deficit Disorder with Hyperactivity.
-CCA dated 6-21-22 indicated "[Client #5] has been on pornography websites and will send and receive naked photos ...was sexually aggressive towards girls ... [Client #5] is currently in DSS (Department of Social Services) custody and residing in a foster home. He is doing well in the foster home. This is a temporary placement ...It is recommended for [Client #5] to engage in outpatient services at this time ...higher level of

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care is not necessary due to the lack of risk of harm to self and others ... [Client #5] has not engaged in clinical services in the past therefore there is no evidence that a higher level of care would be more effective ..."

Review on 9-30-22 of the CSB/ Licensee Initial Assessment Screening Tool for Client #5 revealed:
-Does the candidate have any sexualized behaviors? No.
-Assessment was signed by the CSB Behavioral Health Director/QP on 7-12-22.
- "QP comments Client was taken into custody and was placed in an emergency TFC (Therapeutic Foster Care) ...Client has to be moved by 7-15-22 from current TFC. Placement options are limited ...Client is interested in transition towards the CSB Independent Living Program.

Review on 9-30-22 of FC #7's record revealed:
-Date of Admission: 7-22-22.
-Date of Discharge: 9-7-22.
-Age: 16.
-Diagnoses: Oppositional Defiant Disorder; Unspecified Trauma-Stressor Related Disorder; Attention Deficit Hyperactivity Disorder.
-CCA dated 7-19-22 indicated " ...Currently, [FC #7] continues to demonstrate verbal aggression and purposeful misbehavior, difficulty interacting appropriately with younger peers and adults, being argumentative and defiant ... refusing to participate in school activities, completing schoolwork, and disrespectful behaviors toward teachers ...[FC #7] meets the medical necessity for Level III Group Home placement where he can receive more intensive, active therapeutic interventions, which would require a staff secure treatment setting to be successfully implemented.

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[FC #7] would benefit from individualized and family therapy, intensive and constant supervision, and structure daily living designed to contain out of control behaviors including intensive and frequent crisis management with or without physical restraint and to maintain optimum level of functioning. If [FC #7's] behavior improves, it is possible that he can be leveled down to Level II."
-CCA addendum dated 7-20-22 " ... [FC #7] meets the medical necessity for Enhanced Level II placement where he can receive active therapeutic intervention services in a structured living environment with wrap around services. If [FC #7's] behaviors do not improve within 90 days of current placement, a higher level of care is recommended ..."

Review on 9-30-22 of the CSB/ Licensee Initial Assessment Screening Tool for FC #7 revealed:
-Does the potential resident have behavioral concerns at school or during peer interaction? No.
-Assessment was signed by the CSB Behavioral Health Director/QP on 7-21-22.
- "Comments: Initial call scheduled for 7/20. Client was frustrated and rescheduled ...Client desires a level 2 setting ...Accepted for Level 2 program ..."

Review on 9-30-22 of FC #8's record revealed:
-Date of Admission: 8-5-22.
-Date of Discharge: 9-7-22.
-Age: 16.
-Diagnoses: Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder.
-CCA dated 3-9-22 indicated FC #8 "has been in multiple different foster homes, two PRTFs, group homes, and Youth Detention ... charged with 2 simple assault charges for getting physical with 2

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different staff members which led to his placement in Youth Detention ... ran away from the DSS Supervisor during a transition ...ran out in front of a car and into traffic ...which was labeled a suicide attempt ... sexually inappropriate videos and messages were found between [FC #8] and an adult man. The conversations included discussion of exchanging sexual acts for money ...DJJ involvement due to aggression and trauma behaviors ... has engaged in elopement behaviors, getting into fights, and problem sexual behavior ..."

Review on 9-30-22 of the CSB/ Licensee Initial Assessment Screening Tool for FC #8 revealed:
-Does the candidate have a history of physical aggression towards staff? No.
-Dose the candidate have any history of elopement ...? No.
-Does the candidate have behavioral concerns at school or during peer interaction? No.
-Does the candidate have any sexualized behaviors? No.
-Does the candidate have any ...DJJ involvement? No.
-Does the candidate have issues with staff prompts and accepting guidance? No.
-Does the candidate have a history of suicidal threats or gestures? No.
-Assessment was signed by the CSB Behavioral Health Director/QP on 7-27-22.

Review on 9-30-22 of FC #15's record revealed:
-Date of Admission: not provided.
-Date of Discharge: not provided.
-Age: 15.
-Diagnoses: Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder.
-CCA dated 7-1-22 with an addendum dated

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V 111	Continued From page 20 8-17-22 indicated FC #15 "resides in a level III placement ...has some issues engaging in positive interactions with his peers at his placement ...displays oppositional behaviors while engaging with people in the position of authority ...has a history of hospitalizations due to SI/HI ...noncompliance with rules and authority ...feelings of rage, aggression towards people and objects ...it is recommended that [FC #15] make a lateral move to another level III facility that can better support his current diagnosis and behaviors. [FC #15] has begun to elope from his current placement and displays significant intellectual disabilities that require a different level of care at this time ..." Review on 9-30-22 of the CSB/Licensee Initial Assessment Screening Tool for FC #15 revealed: -Does the candidate have a history of physical aggression towards staff? No. -Does the candidate have a history of suicidal threats or gestures? No. -Does the candidate have a history of homicidal threats or gestures? No. Review on 10-10-22 of the CSB Admission Log for Catawba River Group Home revealed: -A list of 14 clients with admission and discharge dates. -FC #15 was not included on the Admission Log. Interview on 9-22-22 with Staff #4 revealed -FC #15 had resided at Catawba River Group Home until last week. Interviews on 9-26-22 and 9-27-22 with the Behavioral Health Director/QP revealed: -FC #15 was "a level III recommendation and was held at level II until we were able to get the level III bed and we were just waiting on a bed for level	V 111		

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V 111	Continued From page 21 III. He is still at clear sky but at a level III now. He was at level II for a week approximately ..." -He asked DSS if they thought FC #15 could maintain in a level II setting until a level III bed was available. - "Sometimes it (CCA) isn't available and a lot of times I don't get that until after the fact and then when I finally get it and read the kids history, I wouldn't have accepted him. Folks know what I am looking for and what would be disqualifiers for the program, and I feel like sometimes certain documentation is shared and some isn't. All I am left with reviewing is what they submit." - "[Client #A6] had charges prior to admission." -He completes the Initial Assessment Screening tool for each client and also sends the form to the guardians. "But ...I can't even get them to return them half the time." -He agreed the assessment screening should reflect "more robust questions". -He made a decision on 9-26-22 not to admit clients without having all of the clients' historical information. - "I had 16 level II beds to fill and providers asking for months about the 16 beds being available and I feel like maybe some documentation appeared to make some folks level II that weren't ...you have some others that say they are level II, and they are not. I ran into this issue ...before and when I read their recommendation, I wouldn't even take them into a level III." Interviews on 9-26-22, 10-3-22, and 10-6-22 with the Behavioral Health Administrator revealed: - "I need some clarity on, well I don't know how else to say it but a Level 2 having an elopement. Why are we going through this investigation?" - "You're going down an un-needed path and there's going to be no outcome." - "It's going to go on and on until DJJ will lock	V 111		

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V 111	Continued From page 22 them (client) down." - "We are doing all we can at a Level 2 facility." - "DJJ is not helping us. They got 2 felonies and sent them back. DJJ is the problem." - "The boys are going to elope." - "This is not what a level 2 facility should have to handle." - "The wrongdoing is that I have to take them (clients) back." - "[Client #A6] had a PRTF recommendation from before he showed up." -Client #1 has not had a CCA since 2020. - "We are getting kids out of locked facilities. Can you manage? Nope you can't manage." - "[Behavioral Health Director/QP] looks at level of behaviors ...eliminate gang and sexually active." - "Addendums aren't worth the paper they are written on." - "[Clinician] made the call for him [Client #3] to go over (to a level III facility without documentation). From safety input, it was the best choice." - "They (guardians) train them (clients) to present the way they want ...we had two kids that were homosexual and propositioned other kids ...we had to discharge." - "The therapist has to be held accountable, not the QP." This deficiency is cross referenced into 10A NCAC 27G .1300 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE	V 112		

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V 112	Continued From page 23 PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 6 of 6 current clients (Client #1, #2, #3, #4, #5 and #6) and 3 of 3 audited Former Clients (FC #7, FC #8, and FC #15). The findings are:	V 112		

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V 112	Continued From page 24 Review on 9-29-22 of facility support/intervention strategies that were part of all client Person Centered Plans (PCP's) revealed: -The strategies were not individualized and were identical for every client as indicated below: "HOW (Support/Intervention) Client will: " Participate in treatment without negativity " Accept Criticism, Accept Accountability, Accept Disappointment " 'Stay in your Lane' during the Treatment Program " Develop skills to identify when he is actively displaying a negative affect " Practice utilizing coping skills with staff as needed " Accept feedback from authority figures to enhance skills to decrease negative affects " Adhere to behavioral agreements and contracts made by appropriate parties " Utilize opportunities to practice new cooperative skills and strategies around negative affects " Be compliant with a single staff during periods of transport to appointments, activities, or events " Participate with compliance and enthusiasm in daily exercise program ... Legal Guardian: " Actively participate in visits and safety planning " Demonstrate competency with supporting management of anger control by addressing negative affect incidents in all settings-visits, community outings " Support the treatment program and avoid negative discussion with the client regarding hurdles that may have presented themselves " Provide for the needs of the client (clothing, hygiene products, special snacks, and funding for	V 112		

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activities while in treatment)
Provider:
" Provide safe treatment environment that includes- shelter, nutrition, hygiene, education, and physical activity
" Utilize Love and Logic principles across program settings to reinforce skill development for success and managing anger and dysregulation
" Maintain a structured program that encourages effort and pride in completion of successful benchmarks
" When necessary, utilize the NCI (National Crisis Interventions) + Interventions to assist de-escalation and debrief after episodes of dysregulations
" Case Manager/QP (Qualified Professional) will assist in providing updates to guardians or MCOs (Managed Care Organizations) in monthly CFTs (Child and Family Teams)
" AP (Associate Professional) will provide day to day guidance within the facility to direct care staff within policy of provider
Therapist:
" Support client, family, and staff by providing- individual sessions, weekly group skill building sessions, weekly staff trainings
Medication Management Provider:
" Provide medication management as needed to assist with regulation of negative affect
Therapeutic Leave:
Therapeutic Leave is implemented as part of the Discharge/Transition Plan. The client and guardian will adhere to the following guidelines:
" Client will be on a home pass with his guardian
" Client will be with his guardian at all times
" Client will follow all rules by his guardian
" Client will not ingest any substances
" Client will report any issues concerning his

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mental health with his guardian and Clear Sky Behavioral (Licensee) Staff/ Clear Sky Behavioral Clinical Team, will be notified immediately of these issues
" Client will take his medications as prescribed and no other medications, vitamins, supplements etc."

Review on 9-30-22 of Client #1's record revealed:
Date of Admission: 8-8-22.
-Age: 16.
-Diagnoses: Conduct Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder.
-Comprehensive Clinical Assessment (CCA) dated 12-17-20 indicated a history of threatening his younger sister and maternal aunt with a knife, making threats to kill his foster mother, sexual inappropriateness with classmates, masturbating in public, physical aggression, destructive behaviors, substance use, elopements and involvement with the Department of Juvenile Justice (DJJ).

Review on 9-30-22 of Client #1's PCP dated 7-26-22 revealed:
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention strategies to address client's threatening behaviors, sexual inappropriateness, substance use or elopements.

Review on 9-30-22 of Client #1's Crisis and Intervention Plan dated 12-1-21 and revised on 7-26-22 revealed:
- "What I am like when I am feeling well. Will update upon arrival."
- "Early signs that I am not doing well. Significant event(s) that may create increased stress and

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trigger the onset of a crisis ... Will update upon arrival."
- "Ways that others can help me...what I can do to help myself. Crisis prevention and early intervention strategies that have been effective ...Will update upon arrival."
- " ...List everything you know that has worked to help me to become stable. Will update upon arrival."
- " ...Acceptable and unacceptable treatments that have and have not worked in past crises; Specific recommendations for interacting with the person during a crisis ...Will update upon arrival."

Review on 9-30-22 of Client #2's record revealed:
-Date of Admission: 8-25-22.
-Age: 17.
-Diagnoses: Oppositional Defiant Disorder, Severe; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder; Cannabis Use Disorder, Mild.
-CCA dated 3-22-22 indicated " ...Client ...not listening, lost temper, screaming, throwing things, grabbing a knife, picking up heavy objects and throwing them, mad at other children and aggressive towards them ...decided not to comply to the rules of the program ...started to exhibit inappropriate behaviors ...the police got involved .... smoking 5 hits of marijuana 1-2x (times) a week ...has ...aggressive and violent behaviors ...history of ...communicating threats to parents, assault with deadly weapon ...client self-harms ...Seriously Emotionally Disturbed Child ... anger, verbal and/or physical aggression, impulsivity, outbursts occurring almost every day ..."

Review on 9-30-22 of Client #2's PCP dated 7-14-22 revised on 8-15-22 and 8-22-22 revealed:
- Supports/Interventions on the PCP were the

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same for every goal.
-There were no specific goals or intervention strategies to address client's aggressive/violent behaviors, substance use or self-harm.

Review on 9-30-22 of Client #3's record revealed:
-Date of Admission: 8-12-22.
-Age: 17.
-Diagnoses: Conduct Disorder; Attention Deficit Hyperactivity Disorder; Mild Intellectual Disability; Disruptive Mood Dysregulation Disorder; Unspecified Psychotic Disorder; Persistent Depressive Disorder; Specified Anxiety Disorder.
-CCA dated 3-1-22 indicated a "HI (Homicidal Ideation)/SI (Suicidal Ideation) ...AVH (auditory/visual hallucinations) and delusions ...demons tell him to hurt and kill people ...argues with or defies authority figures ...sexually aggressive behavior ...history of running away from group home ...previous sexual assault of a 5 y.o. (year old) child ...Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others ...significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision ...supervision of the sex offender required for community safety. Moderate to high risk for re-offending. Moderate to high risk for sexually victimizing others. Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems ..."

Review on 9-30-22 of Client #3's PCP dated 4-4-22 revised on 4-27-2022, 5-24-2022, 6-30-2022, 7-20-2022, 8-11-2022, 8-19-2022 and 9-22-2022 revealed:
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention

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strategies to address client's HI/SI, hallucinations, delusions, sexually aggressive behaviors or elopements.

Review on 9-30-22 of Client #4's record revealed:
-Date of Admission: 7-13-22.
-Age: 16.
-Diagnoses: Autism Spectrum Disorder; Specific Learning Disorder with Impairment in Reading; Specific Learning Disorder with Impairment in Written Expression; Persistent Depressive Disorder Dysthymia.
-CCA dated 7-7-22 completed by Clear Sky Behavioral " ...history of aggression, challenges with boundaries, challenges with peer relations ...substance use ...history of challenges with peers/staff ...and ongoing progress developing boundaries with others ...AH/VH reported ..."

Review on 9-30-22 of Client #4's PCP dated 2-22-22 revised on 3/16/2022, 4/8/2022, 5/12/2022, 06/08/2022, 07/08/2022, 07/14/2022 and 08/18/2022 revealed:
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention strategies to address client's substance use or hallucinations.

Review on 9-30-22 of Client #5's record revealed:
-Date of Admission: 7-13-22.
-Age: 16.
-Diagnoses: Major Depression Disorder, Severe; Adjustment Disorder with Disturbance of Conduct; General Anxiety Disorder; Unspecified Trauma and Stressor Related Disorder; Autism Spectrum Disorder; Attention Deficit Disorder with Hyperactivity.
-CCA dated 6-21-22 indicated "[Client #5] has been on pornography websites and will send and

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receive naked photos ...was sexually aggressive towards girls ..."

Review on 9-30-22 of Client #5's PCP dated 7-13-22 revised on 8-17-22
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention strategies to address client's sexually aggressive behaviors.

Review on 9-30-22 of Client #6's record revealed:
-Date of Admission: 8-2-22.
-Age: 17.
-Diagnoses: Unspecified Trauma and Stressor Related Disorder; Post Traumatic Stress Disorder; Generalized Anxiety Disorder.
-CCA dated 7-15-22 completed by Clear Sky Behavioral indicated " ...2 ½ years of placement. Stuff happened leading to placement ...He is not to have contact with biological brother ...challenges: aggression, violence and occasionally ...drugs ...obsessive behaviors ...legal ...valdolism (vandalism) or drugs. a year probation ...recent threats made to adoptive parents ..."
-No other CCA or client history was provided.
-CSB/Licensee Initial Assessment Screening Tool dated 10-1-20 " ... [Client #6] ran away from school ...[Guardian] fears that [Client #6] will elope and convince his two sisters to elope with their biological mother ..."

Review on 9-30-22 of Client #6's PCP dated 10-26-21 revised on 11-23-21, 12-14-21, 1-11-22, 2-17-22, 3-17-22, 4-19-22, 5-12-22, 6-7-22, 7-15-22, 8-2-22 and 9-6-22 revealed:
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention

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strategies to address client's elopement behaviors or contact with biological brother.

Review on 9-30-22 of FC #7's record revealed:
-Date of Admission: 7-22-22.
-Date of Discharge: 9-7-22.
-Age: 16.
-Diagnoses: Oppositional Defiant Disorder; Unspecified Trauma-Stressor Related Disorder; Attention Deficit Hyperactivity Disorder.
-CCA dated 7-19-22 indicated " ...verbal aggression and purposeful misbehavior, difficulty interacting appropriately with younger peers and adults, being argumentative and defiant ... refusing to participate in school activities, completing schoolwork, and disrespectful behaviors toward teachers ...often observed being deceitful and manipulative ...threatens staff and disregards physical boundaries ...exhibits verbal and physical aggression ...displays destruction of property ...swearing and breaking things in a reaction disproportionate to the stressor ...struggles with impulsivity and being disrespectful toward adults ...demonstrates poor attention seeking behaviors ...has no regard to authority figures ..."

Review on 9-30-22 of FC #7's PCP dated 7-21-22 revised on 8-25-22 revealed:
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention strategies to address client's physical aggression or destruction of property.

Review on 9-30-22 of FC #8's record revealed:
-Date of Admission: 8-5-22.
-Date of Discharge: 9-7-22.
-Age: 16.
-Diagnoses: Post Traumatic Stress Disorder;

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Attention Deficit Hyperactivity Disorder.
-CCA dated 3-9-22 indicated FC #8 " ...charged with 2 simple assault charges for getting physical with 2 different staff members which led to his placement in Youth Detention ... ran away from the DSS Supervisor during a transition ...ran out in front of a car and into traffic ...which was labeled a suicide attempt ... sexually inappropriate videos and messages were found between [FC #8] and an adult man. The conversations included discussion of exchanging sexual acts for money ...DJJ involvement due to aggression and trauma behaviors ... has engaged in elopement behaviors, getting into fights, and problem sexual behavior ..."

Review on 9-30-22 of FC #8's PCP dated 8-25-22 revealed:
-Supports/Interventions on the PCP were the same for every goal.
-There were no specific goals or intervention strategies to address client's elopements, suicidal behaviors or sexually inappropriate behaviors.

Review on 9-30-22 of FC #15's record revealed:
-No documentation of a date of admission or date of discharge.
-Age: 15.
-Diagnoses: Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder.
-CCA dated 7-1-22 with an addendum dated 8-17-22 indicated FC #15 "resides in a level III placement ...has some issues engaging in positive interactions with his peers at his placement ...displays oppositional behaviors while engaging with people in the position of authority ...has a history of hospitalizations due to SI/HI ...noncompliance with rules and authority ...feelings of rage, aggression towards people

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V 112	Continued From page 33 and objects ...[FC #15] has begun to elope from his current placement and displays significant intellectual disabilities that require a different level of care at this time ..." Review on 9-30-22 of FC #15's PCP dated 8-17-22 revealed: -Supports/Interventions on the PCP were the same for every goal. -There were no specific goals or intervention strategies to address client's SI/HI, rage, aggression or elopements. Interview on 10-4-22 with the Clinician revealed: -She was not responsible for having to update client PCP's. Interview on 9-30-22 and 10-3-22 with Behavioral Health Administrator revealed: - "There's no true fix to any of this." - "We don't use the PCP because we got dinged on them before if it's erroneous." This deficiency is cross referenced into 10A NCAC 27G .1300 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 179	27G .1301 Residential Tx - Scope 10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and	V 179		

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V 179	Continued From page 34 adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide a structured living environment and failed to provide services to address the functioning level of the children or adolescents. The findings are: Cross-Reference 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews, the facility failed to ensure that 3 of 3 audited Qualified Professionals	V 179		

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V 179	Continued From page 35 (QP) (the Behavioral Health Director/QP, the Behavioral Health Administrator and the Clinician) demonstrated the knowledge, skills, and abilities required by the population served. Cross-Reference 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110). Based on record reviews and interviews, the facility failed to ensure that 1 of 4 audited Paraprofessionals (the Behavioral Health Facilitator) demonstrated the knowledge, skills, and abilities required by the population served. Cross-Reference 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V111). Based on record reviews and interviews, the facility failed to have an assessment that reflected the presenting problems and needs of the clients affecting 5 of 6 current clients (Client #1, #2, #3, #4, and #5) and 3 of 3 audited Former Clients (FC #7, FC #8, and FC #15). Cross-Reference 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112). Based on observations, record reviews and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 6 of 6 current clients (Client #1, #2, #3, #4, #5 and #6) and 3 of 3 audited Former Clients (FC #7, FC #8, and FC #15). Cross-Reference 10A NCAC 27G.1302 Staff (V180). Based on observations, record reviews and interviews, the facility failed to maintain at least one direct care staff for every four children or adolescents for each building.	V 179		

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V 179	Continued From page 36 Review on 9-30-22 of a Clear Sky Behavioral (CSB)/(Licensee) Incident Reporting form dated 7-23-22 revealed: - "CSB clients were taking part in a facility outing of tubing down the Catawba River ...an intoxicated male approached the staff member. The intoxicated male began to curse the staff member about a client that had fallen behind the group. The staff member hurried the clients towards the CSB van to avoid conflict. The female companion of the intoxicated male approached the staff member and began to inquire about the clients ...A third man approached staff and began to engage as well. [Non-Audited Client (NAC) #9] approached staff and asked if staff was threatened. The third male stated, "Let's go", meaning that he was going to fight [NAC #9]. The third male called for the rest of his group to come over. The group of approximately six men and two women walked over. [NAC #9] walked around the group and an altercation took place. Staff attempted to separate [NAC #9] from the group and get him into the van. Another CSB client also assisted in getting [NAC #9] separated from the group. The clients were getting on the van as the owner of the tubing company approached. He stated that the individuals were going to be banned an instructed CSB staff to leave with the clients to diffuse the situation. Staff left with the clients and notified [Behavioral Health Facilitator] of the incident. [Local city police] will be notified on 7-26 and an incident report will be filed for prosecution." Review on 9-30-22 of a CSB Preliminary Inquiry Form dated 7-23-22 revealed: - "[Behavioral Health Facilitator] notified [Behavioral Health Director/QP] that an altercation occurred while CSB clients were	V 179		

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involved in an off-campus activity. [Behavioral Health Facilitator] stated that clients were tubing down the ...river ... [Client #4] became stuck in the river. [Staff #5] was supervising the clients on this activity ... [Staff #5] was attempting to shift himself from the current and assist this client ... Clients, [Staff #5] and the unknown man all exited the river at the same location. The unknown man argued with [Staff #5] and made threats towards [Staff #5]. Another unknown man joined into the argument and struck [NAC #10] during the argument. The two men began engaging in an altercation with CSB clients. The owner of the tubing company requested for the CSB clients and staff to leave the premises ..."

Review on 9-30-22 of a CSB Incident Reporting Form dated 7-28-22 revealed:
- "AMMENDED REPORT [NAC #9] was hit in the nose by an unknown individual. [NAC #9] received a bloody nose from the incident. [NAC #9] cleaned his nose and medical attention was not needed. Bloody Nose. No medical attention needed ..."

Review on 9-30-22 of an additional CSB Incident Reporting Form dated 7-28-22 revealed:
- "AMMENDED REPORT [NAC #10] was complaining of a headache because of this assault. [NAC #10] was evaluated and cleared by medical professionals for this complaint. Medical discharge paperwork is attached to this file. Headache evaluated and cleared ..."

Review on 9-30-22 of a CSB Incident Reporting Form dated 8-1-22 revealed:
- "There was information received from another resident at [sister facility A] ...about potential use of illicit dab pens and cigarettes that were acquired by [NAC #9] during work hours ...room

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searches, and drug testing was ordered. During this [NAC #9] tested positive for THC (Tetrahydrocannabinol) ... [NAC #9] was ...in possession of two operational tasers and two tactical knives. Both of which ...pose a severe health and security risk to other residents ..."

Review on 9-30-22 of an email notification from the Behavioral Health Director/QP to NAC #9's Guardian dated 8-1-22 revealed:
- " ...CSB received information this afternoon concerning contraband inside the facility. Information that was received was that [NAC #9] is obtaining items while at work and bringing them into the facility. It was also reported that [NAC #9] was obtaining VAPE and DAB Pens at work and bringing them into the facility. This was also consistent with what the [prior placement] reported that led to [NAC #9] no longer being placed with their family. CSB is currently conducting an investigation into this concern as it involves other clients in the facility. [NAC #9] tested positive for THC along with other clients ..."

Review on 9-30-22 of an additional CSB Incident Reporting Form dated 8-1-22 revealed:
- " ... [FC #7] tested positive for THC ...he was found to be in possession of a multitude of contraband articles such as a lighter, a 'black and mild', and presumably a dab pen used for inhalation of THC ..."

Review on 9-30-22 of a NC Incident Response Improvement System (IRIS) report dated 8-1-22 revealed:
-Catawba River Group Home clients [NAC #9], [NAC #10], [FC #7] and 4 other clients from Sister Facility A tested positive for THC.

Interview on 9-22-22 with Client #3 revealed:

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- " ...I don't like it here. People are bringing stuff like drugs in here and I don't want to do it. I've told people about it, so they're going to move me to [sister facility]. It's their other group home. The kids here bring in drugs, marijuana, DAB pens, vapes, nicotine, cigarettes. Staff don't catch them ...I told my social worker about it yesterday."

Review on 9-30-22 of a CSB Incident Reporting Form dated 8-3-22 revealed:

- " ...approximately 5:50 am on 8-3, Staff observed that [Client #6] was not in his bed. A perimeter search was conducted, and [Client #6] was not located ... [local county] Sheriff's Office was contacted ...At approximately 9am, [Behavioral Health Facilitator] received a phone call from [adjacent county] Sheriff's Office that [Client #6] had been located and was in their custody ..."

Review on 9-30-22 of a Sheriff's Office Incident/Investigation Report dated 8-3-22 revealed:

-8-3-22 at 6:22 am " ...responded to [Catawba River Group Home] in reference to a 17 year old male, [Client #6], that had ran away form Clear Sky Behavioral ...employee at the home on said night ...said he checked on [Client #6] about 2230 (10:30 pm) on 8/02/2022, and he was in bed and ok. On said morning, [Client #6] was not in his room and his screen had been removed from his window, and the window was unlocked ...the other kids stated they didn't even know he was gone ...Communications (sheriff's office) had a video of a juvenile getting in the river on a tube at midnight ...the river is just behind Clear Sky Behavioral where the juvenile put the tube in the water ...Clear Sky Behavioral ...confirmed it is [Client #6] ...[Sheriff's deputy] contacted Rescue Squad and they are going to fly their drones to check the area of the river to attempt to locate

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V 179	Continued From page 40 this juvenile ..." Review on 9-30-22 of an email notification from the Behavioral Health Director/QP to Client #6's Guardian dated 8-3-22 revealed: - ... [Behavioral Health Administrator] is requesting for a meeting ...at the office with [Client #6]. He and I will both be there as well to discuss how we can make this work until he reaches 18. After his session with [Clinician] today, I will be discussing level of care with her. If we move him to [Level III sister facility], it will be his 3rd time at the facility. He cannot work and will have little to do during the day except to sit. I do not believe that there is any therapeutic value in his return. If we leave him at [sister facility A], we have only two staff and will likely elope again. [Client #6's] goal is to be with his biological family. This will happen at 18 irregardless. We are going to have to come to some type of resolution on our plan until 18. He does not meet criteria for Level 4. I am at a loss on our direction and keeping him stabilized until 18 ..." Review on 9-30-22 a NC IRIS report dated 8-16-22 revealed: - " ... [NAC #11] was bullying another client outside of the facility. The other client retreated into his assigned facility (sister facility A) and into his bedroom. [NAC #11] walked into the unassigned facility and into the client's bedroom and assaulted him ...Law enforcement was called for the incident ... [NAC #11] maintained his escalated behavior and began property destruction. Law Enforcement responded and [NAC #11] resisted two deputies taking him into custody for service of the IVC (involuntary commitment) ..." Review on 9-30-22 of a CSB Incident Reporting	V 179		

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V 179	Continued From page 41 Form dated 8-16-22 revealed: - " ... [NAC #11] became irate this evening at a fellow peer ... [NAC #11] repeatedly assaulted this peer as he was attempting to ask staff a question in the doorway of the adjacent facility. This other peer gave up on asking the question and returned to his own facility. [NAC #11] then entered this other peers facility and proceeded to violently assault him in his room. Staff attempted to separate the two, but were not immediately successful, he continued punching until his peer was on the ground screaming. At this point, [NAC #11] still irate, began to threaten staff as they were trying to get him out of the facility. Sheriff's Department was called ... [NAC #11] ...kicked four holes in the walls of the Catawba facility then broke his guitar against the wall and threw it across the room. He then went outside and started throwing rocks at the exterior of the facilities. EMS (Emergency Medical Services) had to be called for the peer he assaulted which resulted in an ER (Emergency Room) visit ..." Review on 9-30-22 of NC IRIS reports dated 8-30-22 revealed: - " ...Three clients (Client #1, FC #7 and FC #8) created clothing 'body dummies' in their beds during the night. All three clients eloped from the facility. - " ...CSB policy is that staff does not enter client rooms at night. Awake staff conducted bed checks during the night. Staff will utilize flashlights to better view clients in their beds at night. CSB is also exploring enhanced cameras around the perimeter of the facility for increased security ..." Review on 9-30-22 of email notifications from the Behavioral Health Director/QP to the Guardians of Client #1, FC #7 and FC #8 dated 8-31-22	V 179		

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revealed:
- " ... clients eloped last night. All three placed garments in their beds that would make night staff assume they were present during bed checks. We do not enter client rooms and night and this is the reason that this tactic was successful ..."

Review on 9-30-22 of a CSB Incident Reporting Forms dated 8-31-22 to 9-7-22 revealed:
- " ... At approximately 2135 (9:35 pm), (clients) eloped from the Catawba facility via a window ...They were seen on camera playback departing the facility grounds shortly thereafter. Awake staff [Staff #1] did not notice their absence until 0630 (6:30 am) the following morning ..."

Review on 9-30-22 of a CSB Internal Review Memo to the Behavioral Health Administrator from the Behavioral Health Director/QP date 9-1-22 revealed:
" ...Client Elopement Summary: CSB Administration reviewed the events of the evening on August 30th and the morning of August 31st surrounding the elopement of three (3) CSB clients. During the review, staff's actions as well as client's actions were reviewed. There was no indication that these three (3) clients were planning to elope from the actions of that evening. Staff stated that they did not observe anything that would indicate nor lead them to believe that they were planning to elope. During the evening hours, staff conducted bed checks. Staff stood at the threshold of the bedroom doorways and observed what they believed to have been clients sleeping in their beds. Staff went to wake the client's up on the morning of August 31st and observed that all three (3) clients had made "clothing dummies" and placed them in their beds to disguise their absence. Without

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going into the bedrooms and physically observing the sleeping clients in bed, one would not have been able to determine their absence. (See Attached Photo depicting one client's bed) Conclusion: Based on the actions of staff, no deficiencies were noted nor indicated. Staff followed proper facility protocol and notified law enforcement when the elopement was discovered. Proper reporting procedures were followed. Recommendation: Based on the information above, I recommend closure with no further action."

Review on 9-30-22 of a CSB Incident Reporting Form dated 8-31-22 to 9-9-22 revealed:
- ..." On the evening of 09/08/2022, [Client #1] was found at his fathers house by the ...Sheriffs Department ... [Client #1] ...returned to CSB at 0330 on 09/09/2022 ..."

Review on 9-30-22 of a CSB Incident Reporting Form dated 9-10-22 revealed:
- " ... [Client #1] became frustrated with CSB on the evening of September 10th, and thus decided to elope from the facility. He eloped with two peers of his (Client #2 and FC #15) from the Catawba facility and one (Client #A6) from [Sister Facility A]. This appears to have been a coordinated effort as all four jumped out of their windows at the same time. Staff immediately noticed their absences in the facilities. They were not found on CSB property so the [local county] Sheriffs Department was promptly notified. [Behavioral Health Facilitator] was called to respond to the facilities. On her way, she observed [Client #1] and two others at a swimming hole close to the facilities. She was able to get them into her vehicle and transport them back to the facility ..."

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V 179	Continued From page 44 Review on 9-30-22 of a Sheriff's Office Incident/Investigation Report dated 9-12-22 revealed: -9-12-22 at 4:29 pm " ...Deputies responded to [Catawba River Group Home] in reference to a runaway juvenile. Upon arrival ... [Staff #2] who is a care taker at Clear Sky Behavioral ...told deputies that [NAC #12] had ran away from Clear Sky Behavioral ...Deputies then proceeded to search the area [NAC #12] was last seen, but could not locate him. Deputies then started the process of filing a report for a missing/runaway juvenile. It was at this time communications reached back out to deputies to notify them that [NAC #12] had been found ..." Review on 9-30-22 of CSB Incident Reporting Forms dated 9-12-22 revealed: - " ...At approximately 2130 (9:30 pm) on the evening of September 12th, [NAC #13] and two other peers eloped from the facility. However, they quickly realized that they had made a mistake and returned on their own volition. However, shortly thereafter, the same group decided to elope again and added a new resident for a total of four. Again, they were not away from the facility for more than 10 minutes. They decided to return on their own volition. Where they remained for the rest of the night ..." - " ...At approximately 2130 on the evening of September 12th, a few of [FC #15's] peers eloped from the facility. They came back within minutes after realizing their mistake. Once they were back, they planned to run again and [FC #15] became involved. He eloped with the groups second attempt. However, this attempt also resulted in them realizing their mistake again. The entire group returned to their respective facilities for the evening ..."	V 179		

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V 179	Continued From page 45 Review on 9-30-22 of NC IRIS reports dated 9-22-22 revealed: - " ...Three ...clients (Client #1, Client #3 and Client #A6) eloped from the [Sister Facility A]/Catawba facilities. All three clients went out their windows when staff had lights out for the evening. Staff immediately notified law enforcement and missing person reports were filed. All three clients were located at [a local recreational vehicle (RV) dealership] on 9-23. All three clients were returned to their respective facility without incident ..." Review on 9-30-22 of a Sheriff's Office Incident/Investigation Report dated 9-23-22 revealed: - " ...Burglary/Breaking and Entering at [a local RV dealership] ..." Interview on 9-26-22 with the Manager of the local RV dealership revealed: - " ...around 2:30 pm on Friday 9-23-22 a group of 3 kids (Client #1, Client #3 and Client #A6) were standing at the edge of the woods and smoking near the RV dealership. A salesperson thought their behavior seemed unusual and thought they were up to no good, so (RV dealership) staff got in a golf cart to approach them. The 3 kids ran from staff ...the kids then entered inside a new travel trailer (camper) which was on the sales lot. The kids deadbolted themselves inside and damaged the travel trailer (camper) ... It's believed that the kids spent the night in the travel trailer (camper). One of the kids admitted to sleeping in the camper and ripped a curtain down for warmth because the temperatures got cool that night ... I am disappointed that not one of them apologized ..." Observation of camper at RV dealership on 9-26-22 at 4:00 pm - 4:30 pm revealed:	V 179		

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V 179	Continued From page 46 -The protective plastic covering was removed from the Queen-sized mattress. -A valance on right window of camper was completely ripped off. -A window valance on the left window of camper was torn. -There was no running water in the bathroom, and it appeared to have been used. There was brown colored substance which appeared to be fecal matter in the commode. - A yellow substance dried onto the inside of the shower basin which appeared to be urine -The shower stall curtain was ripped and laying on the floor. -The divider curtain from the bed to the rest of the camper had been ripped down and torn. -There was white colored residue smeared on the bathroom mirror. -The vinyl couch was ripped and had cotton filling coming out of it. -There was visible mud and dirt on the dinette table and on the cushions for the booth of the dinette. Interview on 10-6-22 with the local county Department of Juvenile Justice (DJJ) revealed: -Felony charges were filed against Client #1, Client #3 and Client #A6 related to the incident at the RV dealership. Interview on 9-30-22 and 10-3-22 with a Lieutenant at the local County Sheriff's Department revealed: -Clear Sky Behavioral has had "a rash of incidents the past few months." -The facilities "have not been opened long and we've already been out there a lot." -One of the guys that we looked for during an elopement (Client #1) returned and then ran again.	V 179		

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-FC #7 and FC #8 eloped on 8-30-22 and had not been located.
- "We (sheriff's department) are spending a lot of manpower and a lot of hours trying to find these kids."

Interview on 9-26-22 with the Behavioral Health Facilitator revealed:
- " ...They pretty much snuck out the window, that's their getaway plan, they always hop out the windows. We did settle time at 9:30 pm where everyone has to be in bed and when staff went to check at 9:35 pm two of the clients were not there. We immediately called the sheriff's office. Staff called me and I responded to the facility. I was there until about midnight and went home. Then the next day around 2 pm or 2:30 pm I got a phone call that one of the clients was seen walking. [Staff #4] called me. She saw [Client #A6] walking and I told her to bring him back. He told her that the other clients were at [local RV dealership] ... then we did find the others. They had the police dispatched because they had torn up a camper. We waited for DJJ and everybody to do their stuff. We waited out there until about 4:30 or 4:35 pm and then I personally took the clients back to their facilities. They dispatched police and they had to do their report and waited there for a few hours because they didn't know how to proceed. Charges were pressed against the clients (all 3) and that is pending as we speak ...The same client [Client #A6] did walk off the premises again and went to a swimming hole/tubing place and got onto another man's property. It's the [local county] river and you tube down the river. The client [Client #A6] said he just doesn't care. He walked off on Saturday afternoon after they had been found. He was very upset that he had lost privileges due to his actions and the others. Staff directed him and told

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him that wasn't our property and he needed to come back. He was defiant. He was swimming and kept going to the other people's property and the police were called and he was informed if he did it again there would be trespassing charges ...They (CSB) are coming up with an elopement policy. Even though we have a procedure he (Behavioral Health Administrator) is going to put it in writing I do know that ..."

Interview on 9-26-22 with the Behavioral Health Director/QP revealed:
-On 9-22-22 Client #1, Client #3 and Client #A6 eloped.
-The Clinician had a session with Client #1 that morning.
-Staff put the clients to bed at 9:30 pm and heard a window open and then noticed clients were missing.
- The next day we were notified the clients had been located at a local RV dealership.
- "All 3 (clients) were being detained. They did a bit of destruction in the camper, cutting up seats."
-The Clinician went out there and talked to Client #1 and he said he got upset over the DHSR interview and that is one of the reasons why he eloped.
-Client #3 "is a follower and didn't have a reason why he eloped."
-Client #A6 did not give a reason for eloping but "he has current pending charges ...had charges prior to admission."

Interview on 10-3-22 with the Clinician revealed:
- "[FC #8] had a history of elopement for more than 30 days. He contacted outside people and ran. He's a professional runner ... If DSS (Department of Social Services) was genuinely concerned, they could have his (FC #8's) mother call him. She knows how to get a hold of him and

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tell him that she was going to have to go to jail if he didn't return ..."
- " ... [Client #1] just wants to know what's going with his dad. He ran 6 times since being 14 years old in placement ... [Client #1] eloped after being here 2 weeks. We were taking time to know a child and trying to address why he was eloping ..."

Review on 9-30-22 of the Plan of Protection (POP) completed by the Behavioral Health Administrator on 9-29-22 revealed:
- "What immediate action will the facility take to ensure the safety of the consumers in your care? This facility will ensure that the facility is staffed with 1 staff member for (4) clients. If the client census in the facility is at (5) or more than a second staff member will be added to the rotation. Night shift will have a total of (2) sleeping staff members in the facility. Facility staff will search, by metal wand, any resident that has been out of Clear Sky behavioral supervision throughout the course of the day. The staff will receive remedial training in contraband and being aware of contraband items in and around the home. Staff will receive remedial training in being conscious of contraband in plain view and take action. Staff will receive remedial training and understand the general statute regarding search and seizure and what to do in the case contraband is discovered. Staff will receive remedial training on general safety protocols, elopement policy, and search and seizure policy. Staff will be conscious of clients that are not eating their meals and allow for alternate choices. Staff will pick up lunches, for their assigned facility, by 11am each day from the office. Staff will begin dating all lunch bags with the date it was prepared. Staff will rotate the lunches with various meats, chips, and desserts each day vice consistently preparing similar lunches. Staff will

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complete the monthly October order (Week 1) for 'Independent Meal Plan' and have all items delivered to the facility prior to close of business 9/30/2022. Staff will be trained to only allow a few items during scheduled snack times to be consumed and prevent overconsumption of snack items.
Describe your plans to make sure the above happens.
I have discussed these things with the employee leads in the homes to ensure these things have been made aware. Many of these items have already been implemented. The policy and procedure for all varying subjects will be re-trained in meticulous detail to ensure staff have good comprehension of the rules governing the facility. [Behavioral Health Director/QP] will be responsible to ensure that remedial training on the subject matter shown above is completed. Policy and Procedure remedial training will be scheduled for Tuesday, October 4th by [Behavioral Health Administrator]."

Review on 9-30-22 of an Addendum to the POP completed by the Behavioral Health Administrator on 9-30-22 revealed:
- " ...Case Management will receive further training, in times of emergency with adding goals relative to the immediate behavioral concern. We will also update the crisis plan and potentially create a 'Individual Behavioral Plan' with the client should the situation seem to dictate. Clear Sky Behavioral has already revised the Initial Assessment Screening tool that has been used since 2017 to meet the recommendations of the DHSR surveyors on site. This tool encompasses a broader spectrum of questions along with a clinical review of documents by a licensed therapist. The final steps will include a face to face or virtual type of meeting with the potential

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resident. This process has been practiced for years but has not been a required facet on the screening tool until this revision ...."

Review of 10-11-22 of a second Addendum to the POP completed by the unaudited QP on 10-11-22 revealed:
- "What immediate action will the facility take to ensure the safety of the consumers in your care? Initial Assessment Tool has been revised to include licensed clinician input into review of documentation. Once the clinician has had an opportunity to review clinical documentation, the referral will then be passed onto a newly established review committee that is made up of Behavioral Health Director, (1) Qualified Professional, and (1) Associate Professional with at least (1) year of mental health experience. Each member of the review committee will provide input and ultimately become a voting member of the committee to accept of decline the potential resident. Once the review committee has tentatively accepted the potential client, a face to face or virtual meet and greet will be scheduled with the Behavioral Health Director. The areas that will continue will be screening out of Gang Related Activity, Sexualized Behaviors, Assaultive or Aggressive Behaviors, and will now include past elopement concerns.
Clinical Documentation standards will include the most recent annual Comprehensive Clinical Assessment (CCA) and Addendum and also the Person-Centered Plan (PCP). If any documentation is less than 6 months old, the previous CCA and PCP will be requested.
The assessment policy has also been revised to include details regarding detailed steps taken from the receipt of the initial referral, clinical document review, and meet and greet that includes program expectations with the potential

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CATAWBA RIVER GROUP HOME	1914 OLD GREENLEE ROAD MARION, NC 28752

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client.
Describe your plans to make sure the above happens.
Implementation of this plan has already begun and will be introduced upon receipt of the next referral or attempt to fill a vacant bed at any Clear Sky Behavioral, LLC facility."

The facility was licensed on 6/21/22 as a Residential Treatment for Children or Adolescents. Clients at the facility range in age from 15 to 17 years of age and have mental health diagnoses including but not limited to Mild Intellectual Disability; Unspecified Psychotic Disorder; Autism; Adjustment Disorder with Mixed Anxiety and Depressed Mood; Other Specified Trauma and Stressor Related Disorder; Attention Deficit Hyperactivity Disorder; Cannabis Dependence Continuous; Disruptive Mood Dysregulation Disorder and Oppositional Defiant Disorder. The clients have histories of trauma, sexually aggressive behavior, physical aggression, suicidal ideation, auditory and visual hallucinations, delusions and elopements. Systemic failures and serius neglect of the facility endangered the health, safety, and welfare of the clients. The facility failed to provide a structured living environment with supervision and failed to provide services designed to address the treatment needs of the clients. This directly resulted in client elopements, one of which led to two clients having pending felony charges and one of which led to two 16-year-old clients being placed on the NC Missing Endangered list. These clients have been missing since 8-30-22 and had not been located by the exit date of the survey. The lack of supervision also resulted in numerous weapons being found in a client's possession inside the facility including tactical knives and tasers. The facility failed to maintain minimum

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staffing ratios which require at least one direct care staff member be present for every four clients. There were multiple dates on which no staff were identified as working. There were multiple dates on which only one staff member was present with 6-8 clients. Between 7-13-22 and 8-22-22 there were 47 shifts which the staff to client ratio was not met. Initial assessment screenings by the Behavioral Health Director/QP did not coincide with the behaviors identified on the Comprehensive Clinical Assessments (CCA's) and did not follow placement recommendations. Clients recommended for a higher level of care were placed in a level 2 facility. Treatment plans did not include goals or strategies to address client behaviors or meet the clients' needs. The Behavioral Health Facilitator failed to coordinate and implement goals to ensure the daily functions of the treatment program were successfully completed and in compliance with rules/regulations, failed to monitor for cleanliness and safety issues, failed to ensure proper staff ratio was maintained and failed to provide and maintain a safe environment for all residents. The Behavioral Health Administrator failed to ensure the company met legal, moral obligations within the services being provided and did not have a thorough knowledge of rules/regulations, The Behavioral Health Director/QP failed to verify and maintain timesheets of all direct care staff, ensure revisions of PCP's were completed, failed to provide oversight to the direct care team and failed to problem solve the issues within the facility.

This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $3,000.00 has been imposed. If the

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V 179	Continued From page 54 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 179		
V 180	27G .1302 Residential Tx - Staff 10A NCAC 27G .1302 STAFF (a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field. (b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. (c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes. (d) Psychiatric consultation shall be available as needed for each client. (e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain at least one direct care staff for every four children or adolescents for each building. The findings are: Review on 10-10-22 of the Clear Sky Behavioral Admission Log for Catawba Group Home	V 180		

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V 180	Continued From page 55 revealed: -A total of 14 clients were listed on the log. -FC #15 was not listed as having been admitted to or discharged from the facility. -It could not be determined how long FC #15 resided at Catawba Group Home. -Other than 8-2-22, 8-3-22 and 8-4-22 there were 5 or more clients residing in the facility from 7-22-22 to 9-30-22. Review of shift logs on 10-3-22 revealed: -A 3-ring binder book titled "Old Greenlee Complex". -Time sheets were titled as Clear Sky Behavioral Daily Shift Log Level II - Facility Old Greenlee Complex." -There were spaces for employee name, time in, time out, and total hours worked. Review on 9-29-22 and 10-5-22 of Clear Sky Behavioral Daily Shift Logs revealed: -No staff were listed as working the day shift on 7-13-22. -No staff were listed as working the night shift on 7-15-22, 7-16-22, 7-17-22, 8-16-22 from 8:30 pm to 11:30 pm and 8-18-22 from 7:00 pm to 7:30 pm for a total of 5 shifts. -No staff were listed as working day shift or night shift on 8-6-22. -Out of ratio by having only 1 staff for 5 or more clients for both the day and night shifts on 7-22-22, 7-24-22, 7-30-22, 7-31-22, 8-5-22, 8-9-22, 8-10-22, 8-11-22, 8-12-22, 8-14-22, 8-17-22, 8-20-22 and 8-21-22 for a total of 26 shifts. -Out of ratio by having only 1 staff for 5 or more clients for the night shifts on 7-25-22, 7-26-22, 7-27-22, 7-28-22, 7-29-22, 8-1-22, 8-9-22, 8-10-22, 8-11-22, 8-12-22, 8-14-22, 8-15-22, 8-17-22, 8-19-22 for a total of 14 shifts.	V 180		

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V 180	Continued From page 56 -Staff #5 worked 24 hour shifts on 7-18-22, 7-19-22, 7-21-22, 7-22-22, 7-24-22 through 7-29-22, 7-31-22, 8-1-22, 8-4-22 and 8-14-22. -No staffing logs were received for the dates of 7-20-22, 7-23-22, 8-7-22, 8-8-22, 8-13-22 and 8-22-22 through 8-28-22. The staffing ratio could not be determined, nor which staff worked for those dates. -The licensee started using a combined shift log on 8-29-22 for Catawba River Group Home and sister facility A. It could not be determined to which specific facility each staff were assigned. -From 8-29-22 to 9-28-22 for the evening shifts a total of 2 staff covering both facilities worked every night with the exception of 9-9-22 and 9-11-22 where it appears that only one staff worked and covered both facilities. The total census ranged between 12-15 clients for both facilities during this time frame. Observation of the facility on 9-29-22 at 9:13 am revealed: -Staff #4 was present inside Catawba River Group Home and responsible for the clients at both facilities. -There was a total of 5 clients at Catawba River Group Home and 4 clients at sister facility A. -Client #1 was assigned to Catawba River Group Home but was observed inside sister facility A with 3 sister facility A clients. -When asked to identify all clients present between the two facilities, Staff #4 was unaware and had to leave one facility to go ask a client his name. -A Department of Social Services transport worker arrived to pick up and transport a client to a medical appointment. Staff #4 was unsure if the client had a medical appointment as she thought he had to work.	V 180		

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V 180	Continued From page 57 Observation of the facility on 10-3-22 at 9:17 am revealed: -2 clients were present inside Catawba River Group Home along with 2 clients from sister facility A. -Sister facility A was locked. -Staff #4 was the only staff member present for both facilities. Interview on 9-29-22 and 10-3-22 with Staff #4 revealed: - "We used to have separate books for each (facility), but it's easier for management to keep up having it combined." -Staff signed in for their shift in the office on the form titled "Old Greenlee Complex" regardless of which facility they were assigned. -The "complex" was for Catawba River Group Home and sister facility A and shows the staff for both facilities together. - "There are 3 total staff for both homes at night most of the time. One person in each cottage and one to float." -On 10-3-22 clients from both Catawba River Group Home and sister facility A were combined into one residence during the day. Interview on 9-26-22 and 9-29-22 with the Behavioral Health Facilitator revealed: - "All of our staff work between all of the houses as needed." -The daily shift logs were kept "all in one book on one sheet." - "Staff literally sign into the book and then enter the time they arrived and when they leave, they sign out. The book is looked at weekly..." Interview on 10-3-22 with the Behavioral Health Director/Qualified Professional (QP) revealed:	V 180		

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V 180	Continued From page 58 -It was not realistic for providers to follow the staffing requirements. Interview on 9-26-22, 9-29-22, 10-3-22, 10-6-22, 10-11-22 with the Behavioral Health Administrator revealed: - "It's becoming frustrating. We are doing more than required. They (clients) eloped yesterday. The same two trespassed onto property." (One client from Catawba River Group Home and one client from sister facility A). - "We are in compliance with state law." - "Staff is following state law." - "We are doing all we can at a Level 2 facility." - "We receive a higher rate of reimbursement from [Local Management Entity (LME)] for having awake staff and we had that conversation with [LME] for us to be a level 2.5" - "Have we not done everything? The boys are never alone." - "You're going down an un-needed path and there's going to be no outcome." -Staffing ratios were his decision. - "I don't have to be there. That's not my job. That's [Behavioral Health QP's] job. He can sit there ..." -He changed night shift staff "from two asleep to one awake to increase security." - "Using the budget I have; I am trying to mimic therapeutic foster care." - "We have to work with what we have. We are at their (staff) mercy. We can't fire anybody. We would do it ourselves." -In reference to being observed out of ratio on 10-3-22, "the staff there wanted to transport the kids to school ...Night shift could have stayed." - "One weekend I can recall seems out of ratio." - "Venture to argue 2 awake staff are better than 4 asleep staff." - "I told you the shift logs are a mess ...The	V 180		

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V 180	Continued From page 59 reports are incorrect." - "I am one man down at night." - "When staff call in it's problematic. There are statewide staffing issues." This deficiency is cross referenced into 10A NCAC 27G .1300 SCOPE (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 180		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.	V 512		

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V 512	Continued From page 60 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the Behavioral Health Director/QP and the Behavioral Health Administrator neglected 6 of 6 current clients. The findings are: Review on 9-30-22 of the Behavioral Health Director/QP's record revealed: -Date of Hire: 9-25-17. -Job Title: Behavioral Health Director/QP. Review on 9-30-22 of the Behavioral Health Administrator's record revealed: -Date of Hire: 9-25-17. -Job Title: Behavioral Health Administrator. Observation of the facility on 9-21-22 at approximately 11:15 am revealed: -The door to the kitchen was locked. -There was no food in any of the kitchen cabinets. -The refrigerator contained: 3 packs of a brand name sports drink, 2 packs of juice, 1 bag of oranges, 1 bag of apples, 7 brown bagged lunches with 2 sandwiches and a pack of nut grain bites in each, 2 leftover plastic disposable food containers, 1 box of pizza, 1 can of soda and condiments -There were no food items in the freezer except for 7 boxes of frozen breakfast sandwiches. -A shelving unit had 5 empty re-usable drink bottles, 1 pack of a brand name sports drink. The rest of the shelves were empty. -A plastic tower with a total of 9 drawers, each one labeled with the initials of a client, 4 of the drawers were completely empty, the other 5 had the following: -Drawer with name of Client #4 had 1 opened box of chocolate/peanut butter bars. -Drawer with the name of Client #1 had a variety of 14 individually wrapped snack cakes.	V 512		

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V 512	Continued From page 61 -Drawers with the names of Client #2 and Client #3 each had a box of honeybuns and a few individual sized bags of chips. -There were no other food items in the facility. Observation of the facility on 9-22-22 at approximately 4:38 pm revealed: - Staff brought a black insulated bag into the facility with plastic disposable containers inside of the bag which contained the clients' evening meals. - Each container had 1 bratwurst/hot dog type of sausage (no bun), about one large spoonful of green peas and dirty rice which was watery. -The bottom of the food container was lukewarm to touch. Observation of the facility on 9-28-22 at approximately 11:14 am to 11:30 am revealed: -The plastic tower of drawers in the kitchen contained the following: -Client #6's drawer had two 1.3-ounce bags of a nut and grain snack. -The other 8 drawers were empty. -A shelving unit with one 1-ounce bag of pretzels and no other food items. -Six disposable containers in the drying rack at the sink. -The freezer contained: three boxes of frozen breakfast sandwiches and three individually wrapped breakfast sandwiches which were undated. -The following items were in the refrigerator: four rotten oranges, two apples and seven brown bagged lunches each of which contained two peanut butter and jelly sandwiches, one 1-ounce bag of chips and two cookies. -There were no other food items in the facility. Observation of the facility on 9-29-22 at	V 512		

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V 512	Continued From page 62 approximately 9:26 am revealed: -The Behavioral Health Facilitator arrived with an insulated bag full of brown bagged lunches which she placed inside the refrigerator. -Each bagged lunch contained 2 (deli meat, lettuce, and mayonnaise) sandwiches, one 1-ounce bag of chips and two cookies. -None of the bagged lunches were dated. -No other change to the food items inside the facility. Interview on 9-22-22 with Client #2 revealed: - "We can only go in the kitchen for snacks, we used to be able to get food whenever we were hungry. If we ask for food, it's not time to eat. I've been hungry and asked to get food and wasn't allowed ..." - "The kitchen opens for breakfast, and we can grab a microwavable biscuit. Lunch is ...always a peanut butter and jelly sandwich, a bag of chips, and a cookie." - "They don't cook here ...There is no other option at mealtime. If we don't like it, then we wait for a snack time ...it's only whatever snacks we have in our bins. If our bin is empty, we just don't eat. There is no milk, cereal, oatmeal. We've been trying to have them get us something other than water to drink but the higher ups won't allow it. Staff sometimes bring in juice pouches for us." Interview on 9-22-22 and 9-28-22 with Client #3 revealed: -Most clients don't like the meals. " ...Staff say the meals are nasty ..." - "I don't eat when I don't like it. There is nothing else here for me to eat." - "There is no grits, eggs, cereal, or milk. They took everything." - "Lunches are packed with two peanut butter and jellies, chips, and sometimes fruit. I don't like	V 512		

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peanut butter and jelly, so I just eat the chips."
- "We either eat snacks in our bin, or if we don't have anything, we don't eat anything."
-The previous evening's meal was chili dogs. He did not like chili dogs, so he only ate the side dish of macaroni.
-Clients were never allowed to cook.
-Breakfast is the same frozen biscuits and lunch are bags with peanut butter and jelly.

Interview on 9-28-22 with Client #4 revealed:
-Lunch is "peanut butter and jelly and chips every day and water to drink, not like juice or any other drinks except water."
-Breakfast is "things like biscuits. Apparently, staff won't let us in the kitchen ...breakfast is a microwave sandwich."
- "There's no food in the house except breakfast meals. I'm not trying to get them in trouble."
-Evening meals served on black trays with3 sections " ...they have a vegetable, potato, or meat like sloppy joes or crap like that."
-Clients were not aware of where the evening meals were prepared. "All we know is there is a big bag with food in it for dinner sometimes it is hot and sometimes it is cold and sometimes warm."
-If somebody doesn't like the food, they get a lunch bag.

Observation of Client #4 on 9-28-22 at 1:17 pm revealed:
-Client was in a classroom at local community college eating his lunch at a desk in the classroom.
-The lunch was a brown paper bag packed lunch of 2 sandwiches and chips.

Interview on 9-28-22 with Staff #3 revealed:
- "When I first started, we were cooking the

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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
V 512	Continued From page 64	V 512		

dinners and the boys liked it. Now they did away with that, and they are bringing stuff in and even for the bag lunches, it is the same every day. It is peanut butter and jelly."
-She and other staff advocated to allow clients to eat at the school cafeteria "so they can have actual cooked meals ...We are being told no. They (management) told us it has to be brought before a committee and the committee meeting has been canceled three times now."
-Breakfast is typically whatever frozen food is there.
-The system of bagged lunched and outsourced dinners had been in place for a month and a half to two months.
- "Lunch is bagged peanut butter and jelly sandwiches, chips, and a cookie or something."
-She was unaware of where lunches and dinner are prepared.
-Evening meals were prepared and packaged in Tupperware containers and placed in an insulated bag and taken to the Clear Sky Behavioral office. Then they are picked up in the office around 4:30 pm and transported to each facility. "And I guess I would say they are lukewarm."
-If they don't like the evening meal, then they have to eat the next days bagged lunch unless staff use their money to get the clients dinner. "I have done that because I am not going to let them starve."
-Clients drink water unless they use their snack money to buy drinks.
-If the clients go through their snacks quickly, then they do without. "A bunch of them (clients) were complaining about it."

Interview on 9-28-22 with Staff #2 revealed:
-She did not agree with the food situation.
-There were days when clients did not get breakfast.

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V 512	Continued From page 65 - "I've said something a few times and it doesn't change anything ...they get peanut butter and jelly every single day for lunch, and they are put together with glob of jelly and very little peanut butter." -Clients complained that dinners have no seasonings and taste bad. -She had tasted some of the dinners and "they are bland." -She was unaware of where meals were cooked. - "Meals are picked up at the office and by the time we get them back to the house they are lukewarm and not hot at all." - "There is no other food in the house. If they don't like it (dinner) they go hungry pretty much and it is sad to see because I can't do anything about it ...The food is just terrible." Interview on 9-29-22 with Staff #4 revealed: - "We outsource the food. Meals are brought to the office. We pick them up and distribute." -The lunch bags were made the night before. -The lunch bags " ...don't normally last more than a day. Don't know the dates, they are not on the bag." -Unaware if the person making the meals was employed by the facility or not. - "If the clients do not like the food, they can have any snack or an extra pack out lunch." -Clients can have their water bottles at all times and fill them up from the bathroom sink. -Clients are never allowed in the kitchen alone. - "We just ran out of silverware yesterday because they hoard in their rooms. Once we stopped cooking in the kitchen, we started using disposable silverware." -Clients "used to cook but we've gone away from that." - "If food is not liked the client uses what's in his snack bin, or an extra brown bagged lunch	V 512		

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sandwich."
-Sometimes clients ran out of snacks.
-All clients had access to water, but milk, juice or Gatorade had to be ordered a as snack option.
-2 meals and 2 snacks are provided by the facility each day.
-" Each lunch bag has 2 sandwiches, some type of chips and then some sort of Oreo or sugar cookies."

Interview on 9-27-22 and 9-28-22 with the Behavioral Health Facilitator revealed:
-She had to leave work early because her wife was ill, had a feeding tube and was hospitalized.
-The clients were not allowed in the kitchen at all.

Interview on 9-29-22, 9-30-22 and 10-3-22 with the Behavioral Health Administrator revealed:
- "These insufficient food findings I don't gather. I have a box full of receipts to show."
-He consulted with Division of Health Service Regulation (DHSR) construction, and they reported to him that the rules of the kitchen only require a sink.
- "Frozen food can be made during inclement weather."
- "Snacks won't be a meal replacement. If they don't like a meal the order form had grab and go snacks. If Hot Pockets are an alternative, they will never eat the evening meal. What you see on the shelves is snack foods."
- "The neglect portion is a big beating for us and a lot hinging on the food scenario."
- "If they don't like a meal, they can eat a peanut butter and jelly ...It is beneficial the way we do it."
-The meals are cooked by the wife of the Behavioral Health Facilitator in her home.
- "When I buy silverware and plates and pots and pans, and nobody has done anything with it and the kids would throw the plates and silverware in

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the trashcan because they didn't want to wash dishes. If I didn't do this, I would be hit on sanitation issues. There is always two ways to look at things and to decrease our liability it is to lock the kitchen ...I just can't leave the kitchen wide open, or I would have a major safety issue."
- "We are not doing anything to jeopardize a kid. We have kids that gained 50 pounds, and nobody is malnourished ...We were buying gallons and gallons of milk and they would pour it down the drain. There are only 3 out of 20 kids that even want to buy milk. I want to maximize the dollar ...Fruit is rotten because it is not being eaten and they just don't want to eat that. They are never without snacks ...if they don't like the meal, then they can eat a peanut butter and jelly. It is beneficial the way we do it ...This is an arguable thing."
- "I have done this for 20 years ...we have a decent reputation."

Interview on 9-29-22 with the Behavioral Health Director/QP revealed:
-In regard to the meeting for the Plan of Protection (POP) for neglect of the clients, after the meeting he asked, "I was told I needed to come back for something urgent?"
-He did not understand the immediacy and seriousness of the POP.

Review on 10-11-22 of the POP completed by unaudited Qualified Professional (QP) on 10-11-22 revealed:
- "What immediate action will the facility take to ensure the safety of the consumers in your care? Nutrition Policy has been revised to include standard inventory in each facility. This inventory includes all staple products and will be replenished every Friday to the stock levels. The stock list is shown below:

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V 512	Continued From page 68 8 Bed Home (6) Gallons of Milk (review expiration date) (4) Gallons of Apple Juice (4) Gallons of Orange Juice (3) Dozen Eggs (1) Salt and Pepper (1) Bottle of Ketchup (32oz) (1) Bottle of Mustard (32oz) (2) Bags of Fresh Apples (5lbs) (2) Bags of Fresh Oranges (5lbs) (4) Pancake and Sausage of a Stick (40 Count) (2) Box [name brand] Breakfast Biscuits (Various) (16 Count) (48) [name brand] Breakfast Bowls (Various) (2) Bags of Shredded Cheddar Cheese (32oz) (3) Loaves of Sliced Sandwich Bread (2) Large Jars of Peanut Butter (40oz) (2) Large Jars of Strawberry Preserves (32oz) (2) Large Jars of Grape Jelly (32oz) (2) Boxes of Pancake Mix (2) Package of Sausage Patties (18 Count) (2) Large Bottles of Maple Pancake Syrup (24oz) (2) [name brand] Chocolate Powder (38oz) (2) [name brand] Strawberry Powder (35.5oz) (21) Various [name brand] Snack Cakes (168 count) (12) *[name brand] Beef Stew (20oz) (12) *[name brand] Chicken Noodle Soup (10.75oz) (12) *[name brand] Vegetable Soup (10.75oz) (3) [name brand] Frozen Family Meals (Inclement Weather Plan) *Items are considered to be alternative meals to the one provided Weekday / School Day Breakfast will be served in each facility prior to school. It will be a varying choice of fruit, breakfast sandwiches, and breakfast bowls. Apple or Orange Juice will be provided. *Items are considered to be alternative meals to the one provided Weekday / School Day	V 512		

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V 512	Continued From page 69 Breakfast will be served in each facility prior to school. It will be a varying choice of fruit, breakfast sandwiches, and breakfast bowls. Apple or Orange Juice will be provided. Lunches will be provided by [local county] Schools cafeteria and be transported to the Adult High School on a daily basis. If school is not in session, facilities will provide a bag lunch of 2 sandwiches, chips, and cookies. The sandwiches will rotate through Turkey, Roast Beef, Ham, or Peanut Butter and Jelly. Preparation of the evening meal is currently being provided by our [sister facility B] facility. The menu for these evening meals will rotate based on 22 meals and are shown below: 1. Hamburgers, Potato Wedges, Baked Beans 2. Chicken Alfredo, Pasta, and Tossed Salad 3. Cheese Quesadillas, Spanish Rice, Tossed Salad 4. Coney Dogs with Chili and Cheese, Home Fries 5. Pork Chops, Mashed Potatoes, Green Beans 6. Chicken Parmigiana, Pasta, and Texas Toast 7. Breaded Chicken Sandwich, Onion Rings, Tossed Salad 8. Spaghetti with Meat Sauce and Garlic Bread 9. Chicken Wraps, Green Beans, Macaroni and Cheese 11. BBQ Chicken with White Rice and Green Beans 12. Hamburger Steak, Baked Potato, and Salad 12. Meatball Sub, Chips, Tossed Salad 13. Beef Enchilada, Spanish Rice, Tortilla Chips 14. Lasagna with Garlic Bread, Kernel Corn 15. Cheeseburger Macaroni Pasta with Green Beans 16. Corn Dogs, French Fries and Mixed Vegetables 17. Italian Grilled Chicken, Carrots, and Creamy Rice	V 512		

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V 512	Continued From page 70 18. Grilled Cheese Sandwiches, Baked Beans, Cole Slaw 19. Sweet and Sour Chicken, Wonton Noodles, White Rice, Sweet Carrots 20. Chicken Wings with Mozzarella Sticks with Marinara 21. Chicken Tenders with Curly Fries and Kernel Corn 22. Philly Cheesesteak Subs with Potato Chips and a Pickle Weekend Meals Breakfast will be provided in the facility and rotate with one weekend day being Pancake style and the other being county breakfast style. All facilities will be responsible for meal preparation at each location. Lunch and Evening meal will be the responsibility of the facility. (2) meals of the facility choosing can be outings at local restaurants. The others will be prepared in the facility with input from all clients. Funds will be provided for grocery shopping and planned weekend choices. Describe your plans to make sure the above happens. This process has already begun with our other facilities. We are no longer implementing the client allowance and have repurposed this funding directly to each facility to purchase the items needed to ensure each clients meals are planned with staff oversight. The basic stock for these facilities will be in place prior to acceptance of any clients back into the Catawba River Group Home" Review on 10-11-22 of an Addendum to the POP completed by unaudited QP on 10-11-22 revealed: - "Preparation of the evening meal will follow the menu shown below for the weekdays. The meals	V 512		

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V 512	Continued From page 71 will be prepared in the facility ... Weekend Meals Breakfast will be provided in the facility and rotate with one weekend day being 'Pancake Style' and the other being 'County Breakfast Style'. Lunch and Evening meal will be prepared in the facility. (2) meal periods, of the facility choosing, can be substituted with outings at local restaurants." Clients at the facility range in age from 15 to 17 years of age and have mental health diagnoses including but not limited to Mild Intellectual Disability; Unspecified Psychotic Disorder; Autism; Adjustment Disorder with Mixed Anxiety and Depressed Mood; Other Specified Trauma and Stressor Related Disorder; Attention Deficit Hyperactivity Disorder; Cannabis Dependence Continuous; Disruptive Mood Dysregulation Disorder and Oppositional Defiant Disorder. There was not an adequate food supply kept in the facility to sufficiently meet the nutritional needs of the clients. The only items in the freezer were frozen breakfast sandwiches. The refrigerator had four rotten oranges, two apples, condiments and unlabeled brown bags containing two peanut butter and jelly sandwiches, a 1-ounce bag of chips and two cookies. There were no eating utensils or plates. The clients received a frozen breakfast sandwich daily along with the brown bagged lunch described above. The evening meal was prepared by the spouse of a staff member in an unlicensed, unregulated private home. The evening meals were prepared and placed in plastic disposable containers and transported to the office to be picked up later by facility staff. By the time the clients received their meal, it was lukewarm or cold. If a client did not like the meal, their only other food option was a leftover bagged lunch, or a snack item if it was	V 512		

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V 512	Continued From page 72 available. Snack items were limited to the following: Fruit Loops Cereal Cup, Pop Tarts, Frozen Breakfast Bowl, Crackers, Potato Chips, Cookies, Individual Snack Cakes, Cup of Noodles, Single Chef Boyardee Ravioli/Spaghetti/Mac and Cheese. The only other food items found during the survey were a few bags of individual potato chips, snack cakes and ramen noodles. Other than water from the bathroom sink, drink choices were limited to client purchases of items from the snack list which consisted of Gatorade, fruit punch, apple juice and individual milk cartons. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $3,000.00 has been 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 512		
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. This Rule is not met as evidenced by: Based on observations the facility was not maintained in a safe, clean, attractive, and orderly	V 736		

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V 736	Continued From page 73 manner. The findings are: Observation of the facility on 9/21/22 at 11:15 am revealed: -bent window screen on window to the right of the front door. -the hinge was missing from the top of the entrance door. -area on the door jamb by the latch, splintered. -empty water bottle lying on a small couch pushed in the middle of the room. -2-liter Ginger-Ale bottle half full of a clear liquid sitting on the floor beside the couch. -Empty paper towel dispensers on the wall leading into bathroom #1 and #2. -An opened bottle of bodywash and deodorant on the sink in bathroom # 1. - A wet soiled washcloth was balled up lying on the back of the sink. - An empty bodywash bottle was on the floor between the sink and the wall. -Toilet bowl stained with a dark colored substance. -There were no racks or shelving in the shower. 3 bottles of body wash were thrown on the floor of the shower. -Floor of the shower was stained. -there was a wet soiled washcloth thrown across the top of the shower and a wet soiled washcloth on the floor of the shower. -there were no paper towels in the bathroom. A partial roll of toilet paper sat on the back of the sink. -There was dirt and debris on the floor including dead bugs, spider webs and bits and pieces of paper. -Bedroom #1- both beds unmade. Unfolded Clothing strewn across both beds. Dirty clothing piled up on the bottom shelf and the floor around the shelf. There was a pair of dirty socks behind	V 736		

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V 736	Continued From page 74 bed #1. Empty bottles on the floor beside the bed and on the nightstand. Papers and trash strewn about the nightstand and floor beside the bed. -An empty potato chip bag between the bed and nightstand of bed #2. A soiled sock and sweatshirt lay on the floor beside the bed. A soiled sheet was balled up on the bed. -Missing screen on the window. -Bedroom #2- various personal items strewn about the room and in general disarray. Candy wrappers, empty Styrofoam cups strewn about the room. Unfolded clothing items on the bed, nightstand and shelf. -Dust and debris on the floor. Observation of the facility bus on 10/6/22 at 8:30am revealed: -Plastic fender liner on the back wheel on the passenger side of the bus cracked and a piece appeared to be missing. -Rear bumper on the passenger side was partially detached and hanging from the bus. -The tail pipe was rusted and bent. -The driver's side mirror was chipped and missing a piece from the bottom corner. -First step on the bus was cracked with a piece missing from the front of the step and several areas around the step showing visible cracks. -Rubber seal partially detached from the door and hanging loosely. -When stepping into the bus there was considerable give to the floor. -A vinyl covered flap which had been duct taped hung in front of the doors at the entrance. -Exposed wires above the entrance doors. -Step leading to the back of the bus was cracked, exposing wood. - 1st seat to the right of the bus was broken with the back of the seat lying forward on the bottom of the seat.	V 736		

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V 736	Continued From page 75 -There was a large hole in the back of the 2nd seat on the right of the bus that exposed the foam and the metal frame of the seat. -There was a large hole in the back of the 3rd seat exposing the foam and metal frame of the seat. Two Styrofoam cups were stuffed in the hole. -A large hole in the back of the 2nd seat on the left contained an empty candy bag. -Various graffiti was scribbled on the seats. -Empty Styrofoam cups, fast food cups, empty chip bags, candy wrappers, and juice bottles littered the floor of the bus. -A loose pair of jumper cables lay on the floor in the back of the bus. -A basket of laundry was sitting on the floor in front of the first seat to the left. - A soiled towel was in the first seat on the left. A soiled towel lying on the floor beside the 2nd seat on the left. -Exposed lights running along the roof of the bus. Light covers missing and sockets rusted. -A light unit taped with blue duct tape. -Torn vinyl exposing wood on the floor of the bus. -A hole, approximately 2 inches, in the floor between seat #2 and seat #3 exposing the ground underneath the bus. -Safety bar pulled from the roof of the bus. -Missing cover over the emergency hatch. -Trash and debris in the console and door of the driver's area. -Driver's door and arm rest covered in a thick black substance. -Several dashboard control knobs were broken.	V 736		