Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-063	A. BUILDING: ______ B. WING ______	R 10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH UNLIMITED-SLANE HOME	2872 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 10/25/22. The complaint was substantiated (intake #NC00193809). Deficiencies were cited. This facility is licensed for the following service: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and one former client.	V 000		
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; 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	V 111		

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V 111	Continued From page 1 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 interview, the facility failed to ensure an assessment was completed prior to delivery of services affecting two of two current audited clients (#1 and #2) and one of one former client (FC #4). The findings are: a. Review on 10/20/22 of client #1's record revealed: -Admission date of 2/28/22. -Diagnoses of Oppositional Defiant Disorder; Adjustment Disorder with Anxiety, Cannabis Use Disorder and Tobacco Use Disorder. -He was 16 years old. -No evidence of an admission assessment completed for client #1 prior to the delivery of services. b. Review on 10/20/22 of client #2's record revealed: -Admission date of 3/21/22. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder.	V 111		

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V 111	Continued From page 2 -He was 14 years old. -No evidence of an admission assessment completed for client #2 prior to the delivery of services. c. Review on 10/20/22 of FC #4's record revealed: -Admission date of 7/5/22. -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Posttraumatic Stress Disorder. -He was 15 years old. -He was discharged on 10/14/22. -No evidence of an admission assessment completed for FC #4 prior to the delivery of services. Interview on 10/20/22 with the Clinical Operations Director revealed: -They never did an admission assessment for clients at that facility. -They did a Comprehensive Clinical Assessment for clients once that individual had been at the facility for 180 days. -He confirmed the facility failed to provide documentation of an admission assessment for clients #1, #2 and FC #4 prior to delivery of services.	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be	V 114		

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V 114	Continued From page 3 posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 10/25/22 of the facility's fire and disaster drill log revealed: - There were no 3rd shift fire or disaster drills for the 2nd or 3rd quarter of 2022. -There was no 1st, 2nd or 3rd shift fire or disaster drills conducted during the 4th quarter of 2021. Interview on 10/21/22 with client #2 revealed: -They were told to what to do for fire drills, however they never did a fire drill at the facility. -He thought they did a disaster drill once at the facility. Interview on 10/25/22 with the Clinical Operations Director revealed: -The facility had three separate staff shifts. -He was not sure why the fire and disaster drills were not done during 3rd shift and/or for the 4th quarter of 2021. -He confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift.	V 114		

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V 132	Continued From page 4	V 132		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 5	V 132		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:

Review on 10/20/22 of Former Client #4's record revealed:
-Admission date of 7/5/22.
-Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Posttraumatic Stress Disorder.
-He was 15 years old.
-He was discharged on 10/14/22.

Review of the Incident Response Improvement System (IRIS) on 10/20/22 revealed:
-Incident report dated 9/23/22- "[FC #4] was picked up early from because of a headache. Staff offered to take [FC #4] to urgent care, [FC #4] stated he did not want to go. Later, staff went in [FC #4's] room to check on [FC #4] and noticed [FC #4] was upset and throwing stuff in his room. Staff tried to regulate [FC #4] using coping skills, [FC #4] became even more upset and being cussing at staff and inflicting self-harm by biting himself and banging his head against the wall. [Staff #1] was then attacked by [FC #4] which resulted in staff administering a restraint. The

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V 132	Continued From page 6 other staff that was present called law enforcement in attempt to have then come out and deescalate the situation. [FC #4] then alleged that [staff #1] put bruises on him and that [staff #1] set on him ..." -The above incident was not reported to HCPR through the IRIS system. Interview on 10/20/22 with the Clinical Operations Director revealed: -He was aware of the incident with FC #4 and staff #1 on 9/23/22. -He did an investigation once that incident was brought to his attention because FC #4 alleged staff #1 abused him. The agency unsubstantiated the allegation of abuse. -He was not aware he had to report that allegation of abuse to HCPR. -He confirmed the facility failed to report the allegation of abuse to HCPR within five working days.	V 132		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and	V 296		

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(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.
(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:
(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;
(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and
(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.
(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.
(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake affecting three of three current clients (#1, #2 and

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V 296	Continued From page 8 #3) and one of one former client (FC #4). The findings are: a. Review on 10/20/22 of client #1's record revealed: -Admission date of 2/28/22. -Diagnoses of Oppositional Defiant Disorder; Adjustment Disorder with Anxiety, Cannabis Use Disorder and Tobacco Use Disorder. -He was 16 years old. -There was no documentation that client #1 could be supervised by one staff. b. Review on 10/20/22 of client #2's record revealed: -Admission date of 3/21/22. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder. -He was 14 years old. -There was no documentation that client #2 could be supervised by one staff. c. Review on 10/20/22 of FC #4's record revealed: -Admission date of 7/5/22. -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Posttraumatic Stress Disorder. -He was 15 years old. -He was discharged on 10/14/22. -There was no documentation that FC #4 could be supervised by one staff. Interview on 10/20/22 with client #2 revealed: -Sometimes only one staff transported them on the van to and from school. -He wasn't sure how often that occurred.	V 296		

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V 296	Continued From page 9 Interview on 10/21/22 with staff #1 revealed: -On 9/23/22 he did transport clients #1, #2 and #3 on the van from school alone. -Staff #2 stayed at the facility alone with FC #4 because he had a behavior earlier that day. -He confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake. Interview on 10/21/22 with staff #2 revealed: -On 9/23/22 she was alone at the facility with FC #4 for less than an hour. -Staff #1 left the facility and picked up clients' #1, #2 and #3 from school. -Staff #1 did transport clients #1, #2 and #3 from school alone on the van. -She stayed back at the facility with FC #4 because he had a behavior earlier at the start of their shift. -She confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake. Interview on 10/25/22 with Clinical Operations Director revealed: -He was aware that staff #1 transported the clients from school alone during the incident with FC #4 on 9/23/22. -He was also aware that staff #2 stayed at the facility alone with FC #4 while staff #1 picked up the clients from school. -The day of that incident they did not have time to get additional staff to work at that facility. -He confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake.	V 296		

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V 736	Continued From page 10	V 736		
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 observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 10/21/22 at approximately 11:47 am revealed: -Den area-2 sets of broken blinds. -Dining room area-A set of broken blinds. -Empty bedroom-The walls were stained. Vinyl window shade was torn. There was a small hole in the wall near the closet. Desk had writing and drawings on it. -Bathroom #1-Top of the sink was dirty. The rim of the tub was dirty. Inside of toilet bowl was stained. There were pieces of trash was on the floor. -Client #2's bedroom-Walls had peeling paint. There was a small crack in the wall. The door had peeling paint. The wall outlet cover was missing. -Client #1's bedroom-There was a musty body odor smell. There was peeling paint and a small hole in the wall. -Client #3's bedroom-Dresser had writing on top of it. The door had a crack approximately eight	V 736		

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V 736	Continued From page 11 inches long. -Bathroom #2-Top of sink was dirty and stained with toothpaste. Paint was peeling on the walls. The toilet seat was dirty. Inside of the toilet bowl had yellowish stains. Shower had a buildup of soap scum. Interview on 10/21/22 with the Qualified Professional revealed: -He was aware of most of the maintenance issues with the facility. -He thought someone was supposed to paint the walls throughout the facility and failed to do so. -Some of the property damage with the facility was caused by the clients. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. Interview on 10/21/22 with the Clinical Operations Director confirmed: -The facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		