

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/25/2022
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NAME OF PROVIDER OR SUPPLIER YOUTH UNLIMITED HAYWORTH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350
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V 000	INITIAL COMMENTS An annual survey was completed on 10/25/22. 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 4. The survey sample consisted of audits of 3 current clients.	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 referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	Youth Unlimited maintains that we meet this statute as it is written. All clients must have a comprehensive clinical assessment with all of the sections mentioned in 27G.0205(A-B) prior to being provided authorization to be placed in our Level III facility. This includes a treatment plan (PCP) and crisis plan (CCP). Youth Unlimited has utilized a screening and referral form (see attached) to review incoming clients which has been accepted in for years. We are happy to modify this form, but adding another assessment is redundant and not clinically necessary. Youth Unlimited will update CCAs when clinically appropriate. <div style="border: 2px solid red; padding: 5px; text-align: center; color: red; font-weight: bold;">RECEIVED by Mental Health Licensure & Certification 11/16/22</div>	Completed

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Frank Mullins, MA, LCMHC</i>	TITLE 11/16/22	(X6) DATE
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V 111	<p>Continued From page 1</p> <p>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 three of three current audited clients (#1, #2 and #3). The findings are:</p> <p>a. Review on 10/20/22 of client #1's record revealed: -Admission date of 8/21/21 -Diagnosis of Posttraumatic Stress Disorder. -She was 13 years old. -No evidence of an admission assessment completed for client #1 prior to the delivery of services.</p> <p>b. Review on 10/20/22 of client #2's record revealed: -Admission date of 8/8/22. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder and Oppositional Defiant Disorder. -She was 16 years old. -No evidence of an admission assessment completed for client #2 prior to the delivery of services.</p>	V 111	<p>Client #1 has the required assessment, treatment plan, and crisis plan laid out in 10A NCAC 27G .0205. She had this prior to service delivery as evidenced by her authorization for level III placement.</p> <p>Client #2 has the required assessment, treatment plan, and crisis plan laid out in 10A NCAC 27G .0205. She had this prior to service delivery as evidenced by her authorization for level III placement.</p>	<p>Completed</p> <p>Completed</p>

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V 111	Continued From page 2 c. Review on 10/20/22 of client #3's record revealed: -Admission date of 7/13/22. -Diagnoses of Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Oppositional Defiant Disorder and Delusional Disorder. -She was 14 years old. -No evidence of an admission assessment completed for client #3 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 #3 prior to delivery of services.	V 111	Client #3 has the required assessment, treatment plan, and crisis plan laid out in 10A NCAC 27G .0205. She had this prior to service delivery as evidenced by her authorization for level III placement. All clients have a comprehensive clinical assessment, PCP and Crisis Plan prior to the delivery of level III residential services. Without it they would not be authorized and admitted. Again, we are willing to revise our screening and referral form but do not see the appropriateness of completing another comprehensive clinical assessment until clinically appropriate.	Completed
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	V 296	Youth Unlimited always ensures that at least 2 people are scheduled to work for each shift. Occasionally, a staff member may call in sick or be delayed for other reasons. When this occurs the facility director works to get another staff in as soon as possible. The remoteness of our location does not always lend itself to the 30-minute time period. Moving forward, the clinical operations director will review the staffing schedule weekly with the facility director. Additionally, an on-call schedule will be developed for staff to cover when needed. Youth Unlimited will reimburse staff at a higher pay rate for on-call services as an incentive.	11/30/2022

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V 296	<p>Continued From page 3</p> <p>for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure minimum staffing requirements were met by direct care staff when</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>children or adolescents are present and awake affecting four of four current clients (#1, #2, #3 and #4). The findings are:</p> <p>a. Review on 10/20/22 of client #1's record revealed: -Admission date of 8/21/21 -Diagnosis of Posttraumatic Stress Disorder. -She was 13 years old.</p> <p>b. Review on 10/20/22 of client #2's record revealed: -Admission date of 8/8/22. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder and Oppositional Defiant Disorder. -She was 16 years old.</p> <p>c. Review on 10/20/22 of client #3's record revealed: -Admission date of 7/13/22. -Diagnoses of Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Oppositional Defiant Disorder and Delusional Disorder. -She was 14 years old.</p> <p>d. Review on 10/21/22 of client #4's record revealed: -Admission date of 2/15/22. -Diagnoses of Major Depressive Disorder and Oppositional Defiant Disorder. -She was 14 years old.</p> <p>Interview on 10/20/22 with client #1 revealed: -She was admitted to the facility over a year ago.</p>	V 296		

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V 296	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Sometimes there was only one staff working with them at the facility. Staff work alone quite often at the facility with them. -For a while there was only one staff working with them during third shift. -Sometimes the Qualified Professional worked second shift by himself with them. -She thought staff worked alone during a shift 1 to 3 days a week including weekends. -Normally when they go to school there was just one staff transporting them on the van to and from school. <p>Interview on 10/20/22 with client #2 revealed:</p> <ul style="list-style-type: none"> -She was admitted to the facility on 8/8/22. -There was always only one staff transporting them on the van to and from school. -Occasionally, there was one staff working at the facility with them. -She thought staff worked alone with them 3 or 4 times a month. -During the month of August there was only one staff working with them consistently. <p>Interview on 10/20/22 with client #3 revealed:</p> <ul style="list-style-type: none"> -She was admitted to the facility about 2 ½ months ago. -Sometimes there was only one staff working with them at the facility. She wasn't sure how often that was occurring. -Staff normally transported them to and from school on the van alone. <p>Interview on 10/21/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Staff worked alone with clients at the facility and during transport to school. -They don't schedule just one person to work that shift. There was a second person scheduled for that shift. 	V 296		

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V 296	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Staff sometimes had emergencies or didn't report to work and that was why staff worked a shift alone. -Sometimes there is only one staff to transport because a staff may be running late. -Staff didn't work at the facility alone often. -He confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake. <p>Interview on 10/21/22 with Clinical Operations Director revealed: He was not aware of staff for that facility working with or transporting clients alone during their shift.</p> <ul style="list-style-type: none"> -There were always two staff scheduled per shift 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	<p>The clinical operations director did not confirm that we had failed to meet this requirement (see highlighted section where he denied awareness of this issues). The clinical operations director asked for specific dates with which to follow up but none were provided.</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, and orderly manner.</p>	V 736	<p>All repairs listed have been scheduled for repair. Some repairs will take longer to repair due to availability of the repair workers/companies. Moving forward, weekly walk-throughs of all houses will be conducted by the facility directors to document all needed repairs. Repairs shall be scheduled accordingly.</p>	11/30/2022

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V 736	<p>Continued From page 7</p> <p>The findings are:</p> <p>Observation on 10/21/22 at approximately 9:10 am revealed:</p> <ul style="list-style-type: none"> -Client #4's bedroom-The walls were stained, had different colored patches of paint, and writing on them. Carpet was stained and had pieces of trash on it. The door was stained and had a crack about six inches long. -Bathroom #1-Walls were stained and had different colored patches of paint. Top of the sink was dirty. Mirror was dirty. Bottom of toilet was dirty. Paint was peeling from the ceiling. -Client #1's bedroom-Walls were stained and had different colored patches of paint. There were pieces of trash on the floor. A panel was missing from the chest of drawers. -Bathroom #2-Walls were stained and had a patch of white paint on it. Top of sink was dirty. -Client #3's bedroom-Walls were stained and had different colored patches of paint. There was a dime sized hole in the closet door. Chest of drawers had six knobs missing. -Client #2's bedroom- Walls were stained and had different colored patches of paint. Chest of drawers had four missing knobs. The door was stained and had residue from stickers on it. -Hallway-There was putty on the wall. -Walls throughout the facility were stained. -Front porch area-The door was stained. There was a box of cat toys, pillow, blanket, cardboard box, cardboard pieces, litter box, chair cushion, cat litter, cat food and water bowl. <p>Interview on 10/21/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -He was aware of most of the maintenance issues with the facility. -The clients had a cat at one time and that was why there was so many items on the front porch. 	V 736		

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V 736	Continued From page 8 -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility's water temperature was not maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>a. Review on 10/20/22 of client #1's record revealed: -Admission date of 8/21/21 -Diagnosis of Posttraumatic Stress Disorder. -She was 13 years old</p> <p>b. Review on 10/20/22 of client #2's record revealed: -Admission date of 8/8/22. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder and Oppositional Defiant Disorder.</p>	V 752	Youth Unlimited had already been tracking water temperature readings for the house. Moving forward staff will check the water temp for this bathroom daily. These will be added to the other temperature checks which are collected monthly by the clinical operations director.	Completed

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V 752	<p>Continued From page 9</p> <p>-She was 16 years old.</p> <p>c. Review on 10/20/22 of client #3's record revealed:</p> <p>-Admission date of 7/13/22.</p> <p>-Diagnoses of Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Oppositional Defiant Disorder and Delusional Disorder.</p> <p>-She was 14 years old.</p> <p>d. Review on 10/21/22 of client #4's record revealed:</p> <p>-Admission date of 2/15/22.</p> <p>-Diagnoses of Major Depressive Disorder and Oppositional Defiant Disorder.</p> <p>-She was 14 years old.</p> <p>Observation on 10/21/22 of the facility at approximately 9:10 am revealed:</p> <p>-Bathroom #2-The sink water temperature was 135 degrees Fahrenheit.</p> <p>Observation on 10/21/22 of the facility at approximately 11:30 am revealed:</p> <p>-Bathroom #2-The shower water temperature was 130 degrees Fahrenheit.</p> <p>Review on 10/21/22 of facility records revealed:</p> <p>-There was no documentation of staff checking the water temperature in bathroom #2.</p> <p>Interview on 10/21/22 with client #1 revealed:</p> <p>-She was admitted to the facility over a year ago.</p> <p>-When she was first admitted to the facility, she used bathroom #2 all the time.</p> <p>-The water was "too" hot in that bathroom last year.</p> <p>-It really didn't bother her because she liked the water being hot.</p> <p>-She can regulate the water temperature without staff assisting her.</p>	V 752		

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V 752	<p>Continued From page 10</p> <p>Interview on 10/21/22 with client #2 revealed: -She has been at the facility for about 2 months. -She used bathroom #2 daily to do her personal hygiene and take a shower. -The water in that bathroom was always "too hot." -The water was "too hot" in the sink and shower. -She can regulate the water temperature without staff assistance.</p> <p>Interview on 10/21/22 with client #3 revealed: -She was admitted to the facility about 2 ½ months ago. -She used bathroom #2 all the time to shower and do other personal hygiene. -The water was always "scalding hot" in that bathroom and she "loves it." -She can regulate the water temperature without staff assistance.</p> <p>Interview on 10/21/22 with client #4 revealed: -She lived at the facility for about eight months. -She occasionally used bathroom #2. -The water in bathroom #2 was hot, however she liked the hot water. -She can regulate the water temperature without assistance from staff.</p> <p>Interview on 10/21/22 with the Qualified Professional revealed: -He didn't know the water in bathroom #2 was "that hot." -The clients or staff never said anything to him about the water being that hot in bathroom #2. -Staff are required to check the water temperature. -Staff was checking the water temperature in the kitchen and bathroom #1, however staff wasn't checking the water temperature in bathroom #2. -The facility had a health inspection late</p>	V 752		

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V 752	<p>Continued From page 11</p> <p>September or early October 2022. The Health Inspector checked the water temperature in that bathroom and didn't bring it to their attention that the water was too hot. -He confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> <p>Interview on 10/2/122 with the Clinical Operations Director revealed: - He wasn't aware the water temperature in that bathroom was that hot prior to the survey. -Staff are required to check the water temperature in that facility daily. -They just recently had a Health Inspection, and it was not brought to their attention about the water being too hot during that inspection. -He confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> <p>Review on 10/21/22 of a Plan of Protection (POP) written by the Qualified Professional dated 10/21/22 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? [Qualified Professional] will turn down/adjust the water heater knob to lower temperature immediately. Describe your plans to make sure the above happens. [Qualified Professional] will check throughout the house each day to ensure the temperature is appropriate. [Qualified Professional] will assign Residential Counselors to check when [Qualified Professional] is not present on that day. [Qualified Professional] will adjust as needed to ensure the safety of the clients."</p> <p>The facility served clients whose diagnoses included: Major Depressive Disorder, Attention</p>	V 752		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/25/2022
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NAME OF PROVIDER OR SUPPLIER YOUTH UNLIMITED HAYWORTH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350
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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 752	Continued From page 12 Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, Disinhibited Social Engagement Disorder, Oppositional Defiant Disorder and Delusional Disorder. The water temperature in bathroom #2's sink was 135 degrees Fahrenheit and bathroom #2's shower was 130 degrees Fahrenheit. There was no documentation of staff checking the water temperature in bathroom #2, therefore it was difficult to determine how long the water temperature had been above 116 degrees. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 752		

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