

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2022
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NAME OF PROVIDER OR SUPPLIER OLD GREENLEE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1934 OLD GREENLEE ROAD MARION, NC 28752
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V 000	<p>INITIAL COMMENTS</p> <p>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 # 193699). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 8 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.</p> <p>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.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; 	V 109	<div style="border: 2px solid red; padding: 5px; text-align: center; color: red; font-weight: bold;"> <p>RECEIVED by Mental Health Licensure & Certification 11/20/22</p> </div>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 109	<p>Continued From page 1</p> <p>(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.</p> <p>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) (Behavioral Health Director/QP, Behavioral Health Administrator, and Clinician) demonstrated the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to V111, V112, V180 regarding assessment, treatment plans, and staffing ratios.</p> <p>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</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>Review on 9-30-22 of the Behavioral Health Director/QP's job description dated 1-24-20 revealed:</p> <ul style="list-style-type: none"> - "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 ... <ul style="list-style-type: none"> - 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: ... <ul style="list-style-type: none"> - Verify and maintain timesheets for all direct care employees." - "Performance Measurements: ... <ul style="list-style-type: none"> - ...Demonstrate the ability to problem solve independently ..." <p>The Behavioral Health Director/QP failed to demonstrate competency by the following:</p> <ul style="list-style-type: none"> - 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 the clients' needs. - He was responsible 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	<p>Continued From page 3</p> <p>Interview 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 client 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."</p> <p>Review on 9-30-22 of the Behavioral Health Administrator's record revealed: -Date of Hire: 9-25-17 -Job Title: Behavioral Health Administrator</p> <p>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 ..."</p> <p>The Behavioral Health Administrator failed to demonstrate competency by the following:</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>-He did not ensure the company met legal and moral obligations within the services being provided.</p> <p>-He did not have a thorough knowledge of rules and regulations.</p> <p>Interview on 9-30-22 and 10-3-22 with the Behavioral Health Administrator revealed:</p> <p>-"When [Local Management Entity] calls and we say Level 2 available then the addendum gets tweaked to what you have available."</p> <p>-"[Client #A1] is sitting on a level 3 addendum and [Client #6] is not salvageable and a PRTF (Psychiatric Residential Treatment Facility) is recommended."</p> <p>-"There's no true fix to any of this."</p> <p>-"[Clinician] wanted [Client #A3] in a Level 3 for eyes on. We know it was a violation of rule."</p> <p>-"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 from 7pm until ...and Then 2am-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."</p> <p>-" You (DHSR) showed up when [unaudited staff] was not at work."</p> <p>-"We don't use the PCP (Person Center Plans) because we got dinged on this before if it's erroneous."</p> <p>-"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."</p> <p>Review on 10-5-22 of the Clinician's record revealed:</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>-Date of Hire: 8-1-22 -Job Title: Clinician</p> <p>Review on 10-5-22 of the Clinician 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) ..."</p> <p>The Clinician failed to demonstrate competency by the following: -She did follow rule and regulation requirements when she moved a client from a level II facility to a level III facility.</p> <p>Interview on 10-3-22 with the Clinician revealed: -She believed DHSR 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."</p> <p>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.</p>	V 109		

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V 110	Continued From page 6	V 110		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by:</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>Based on record reviews and interviews, the facility failed to ensure that 1 of 4 audited Paraprofessional (Behavioral Health Facilitator) demonstrated the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 9-30-22 of the Behavioral Health Facilitator's record revealed: -Date of Hire: 5-22-19 -Job Title: Behavioral Health Facilitator</p> <p>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 to 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 ..."</p> <p>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.</p> <p>Refer to V180 for failure to ensure that resident to staff ratios were maintained: -There were numerous dates on which one staff</p>	V 110		

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V 110	<p>Continued From page 8</p> <p>was responsible for 5 more clients.</p> <p>Interview 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. -Stated 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 (Qualified Professional) 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."</p> <p>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.</p>	V 110		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 111		

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V 111	<p>Continued From page 9</p> <p>shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(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.</p> <p>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 4 of 4 audited clients (Clients #1, 2, 5, 6). The findings are:</p> <p>Review on 9-29-22 of Client #1's record revealed: Admit date: 6-29-22 Age: 16 years old Diagnoses: Conduct Disorder, Attention Deficit Hyperactivity Disorder</p> <p>Review on 9-29-22 of Comprehensive Clinical Assessment (CCA) for Client #1 dated 5-23-22 revealed:</p>	V 111		

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V 111	<p>Continued From page 10</p> <p>-"Client admits to history of suicidal ideation and plans in the past."</p> <p>"...[Client #1] has engaged in sexually harmful behaviors and would benefit from appropriate education in terms of what constitutes sexual harm, developing and maintaining healthy sexual boundaries ..."</p> <p>-Recommended a level III Group Home.</p> <p>Review on 9-29-22 of Intake Assessment Screening tool for Client #1 dated 5-24-22 revealed:</p> <p>-"Does the candidate have any cognitive disabilities - no"</p> <p>-"Does the candidate have a history of suicidal threats or gestures? - no"</p> <p>Review on 9-29-22 of the Person-Centered Plan (PCP) for Client #1 dated 9-8-22 revealed:</p> <p>-Update on 9-22-22 from Clear Sky Behavioral (Licensee) " ...clinician shares that he meets criteria for Level 3."</p> <p>Review on 9-29-22 of Client #2's record revealed:</p> <p>Admit date: 6-29-22</p> <p>Age: 17 years old</p> <p>Diagnoses: Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder</p> <p>Review on 9-29-22 of CCA for Client #2 dated 9-9-22 revealed:</p> <p>-" ...He also has a history of defiant behaviors ...He entered [Licensee] in January 2022 at Level II. He was subsequently leveled back up to Level III due to ongoing behavior issues, and has since moved back to Level II in July 2022."</p> <p>-" ...should continue in a Level II residential care facility at this time. He should also continue to get services through OPT (Outpatient Therapy) Plus</p>	V 111		

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V 111	<p>Continued From page 11</p> <p>so his therapeutic needs are met." -History of 4 hospitalizations for Suicidal Ideation. -Not allowed contact with parents. -Recommendation to continue at level II</p> <p>Review on 9-29-22 of Intake Assessment Screening tool for Client #2 dated 1-13-22 revealed: -"Does the candidate have any cognitive disabilities - no" -"Does the candidate have a history of suicidal threats or gestures - no"</p> <p>Review on 9-29-22 of the PCP for Client #2 dated 2-14-22 revealed: -Updates on 3-16-2022, 4-11-2022, 4-25-2022, 5-11-2022, 6-13-2022, 6-28-2022, 7-20-2022, 8-19-2022, 9-22-2022 -Review and recommendations from Clear Sky Behavioral on 5-11-22 recommended for level III, 6-13-22 returned to level III, 6-28-22 returned to level II, 9-22-22 meets criteria for level III. -Update on 9-22-22 from Clear Sky Behavioral " ...clinician shares that he meets criteria for Level 3."</p> <p>Review on 9-29-22 of Client #5's record revealed: Admit date: 6-22-22 Age: 18 years old Diagnoses: Autism, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Anxiety</p> <p>Review on 9-29-22 of CCA for Client #5 dated 11-6-21 revealed: -" ...currently participating in level III residential services ...has a history of behavioral challenges to include verbal aggression, property destruction, anger, agitation, defiance, and challenging authority ..." -" ...continues to have difficulty initiating activities</p>	V 111		

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V 111	<p>Continued From page 12</p> <p>with peers, gets into frequent conflicts/fights with peers, has difficulty making friends, has difficulty keeping friends, and has difficulty getting along with adults ..."</p> <p>-Treatment recommendations - "...recommend that [client #5] continue to participate in level III residential placement ..."</p> <p>Review on 9-29-22 of Intake Assessment Screening tool for Client #5 dated 4-7-22 revealed:</p> <p>- "Does the candidate have a history of physical aggression towards staff - no"</p> <p>- "Does the candidate have any history of "bullying" others? - no"</p> <p>- There was no question related to physical aggression towards peers.</p> <p>Review on 9-29-22 of the Clear Sky PCP for Client #5 dated 6-8-22 revealed:</p> <p>- Updates on 6-15-2022, 7-14-2022, 8-18-2022, 9-16-2022.</p> <p>- Reviews and recommendations from Clear Sky Behavioral on 6-8-22 transitioned well into level III, 6-15-22 will transition to level II at earliest convenience, 7-14-22 will transition to independent within 90 days.</p> <p>Review on 9-29-22 of Client #6's record revealed: Admit date: 8-25-22 Age: 17 years old Diagnoses: Disruptive Mood Dysregulation Disorder, Conduct Disorder, Mild Intellectual Disabilities, Cannabis dependence, Tobacco use</p> <p>Review on 9-29-22 of CCA for Client #6 dated 6-6-22 revealed: - Psychological: "...having increased oppositional and defiant behaviors since last CCA completion ...the client currently presents behaviors in which</p>	V 111		

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V 111	<p>Continued From page 13</p> <p>the client places himself and others in harmful situations i.e going AWOL (Absent Without Leave) from the residential facility as well as engaging in verbal and physical altercations with peers."</p> <p>-Developmental: "Due to the client's presenting symptoms as well as the diagnosis of Intellectual Disability, the client continues to struggle with managing impulses. The client's developmental status is below average due to the client's lack of cognitive abilities."</p> <p>-Social: "The client often has become verbally combative towards authority figures in the various settings in which the client has left the premises without permission as well as receiving negative consequences in the school setting for his behaviors. The client has been involved in multiple verbal and physical altercations with peers in the group as well as community settings."</p> <p>-Recommendations: "it is recommended that the client transition to participate in Level IV or PRTF (Psychiatric Residential Treatment Facility) (residential treatment in order to continue to manage his emotions/mood."</p> <p>Review on 9-29-22 of Intake Assessment Screening tool for Client #6 dated 6-27-22 revealed:</p> <p>- "Does the candidate have any cognitive disabilities - no"</p> <p>- "Does the candidate have a history of physical aggression towards staff - no"</p> <p>- There was no question related to physical aggression towards peers.</p> <p>- "Does the candidate have any history of elopement or being 'where they are supposed to be?' - no"</p> <p>- "Does candidate have any pending charges and/or DJJ (Department of Juvenile Justice)</p>	V 111		

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V 111	<p>Continued From page 14</p> <p>involvement? - no"</p> <p>Review on 9-29-22 of the PCP for Client #6 dated 7-5-22 revealed: -Updates on 7-28-2022, 8-19-2022, 8-24-2022, 9-07-2022 -Review and recommendation from Clear Sky Behavioral on 8-24-22 recommended transition from level III to Level II at earliest convenience.</p> <p>Interview on 9-26-22 and 9-27-22 with Behavioral Health Director/QP (Qualified Professional) revealed: -"Sometimes it (CCA) isn't available and a lot of time 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 #6] 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."</p>	V 111		

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V 111	<p>Continued From page 15</p> <p>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?" -"It's going to go on and on until DJJ will lock them 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." -"You're going down an un-needed path and there's going to be no outcome." -"[Client #6] had a PRTF recommendation from before he showed up." -Client #A1 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/Qualified Professional (QP)] looks at level of behaviors ...eliminate gang and sexually active." -"Addendums aren't worth the paper they are written on." -"[Counselor] made the call for him [Client #A3] 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."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1300 SCOPE (V179) for a Type A1</p>	V 111	<p>This concern is relative to the initial assessment plan that Clear Sky Behavioral, LLC has been using following a survey in 2018. This form and process was approved during this audit but has been modified to meet concerns of this survey team. The question was posed that, "why does our staff clinician not participate in the intake process." The Clear Sky Behavioral response to this question is that Level 2 facilities typically doesn't have a staff clinician to utilize. It is relied upon for the QP to make these decisions. The clinical documents many times are tailored to fit the vacant bed from the guardian or previous residential provider. We are getting documentation that reflects the appropriate level of care. Sometimes these children are recently taken into custody and MCOs suggest least restrictive option as the starting point for services. We also have children stepping down after stays in PRTF settings and the MCOs are reducing funding for a trial period. Many times, we get these cases and turn around a level them right back up. These are genuine concerns in this industry. We utilize an "Immediate Liability Form" in an attempt to create automatic declines for Gang activity, Sexualized behaviors, and assaultive behaviors. The initial assessment screening tool form is used to discuss the case with the guardian as an initial step prior to receiving the clinical documents that are shared. This form will sometimes differ from the clinical documents because it is based upon the details provided by the child family team. This process has been revised with slight changes to the form as suggested by the DHSR survey team and also to incorporate a clinical review of documents that utilize a minimum of 6 months lookback. We have also reluctantly added a review by our staff clinician for another layer of approval. This has been discussed during the informal appeal process and awaiting the results of this area of concern</p>	11/18/2022

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V 111	Continued From page 16 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 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.	V 112		

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V 112	<p>Continued From page 17</p> <p>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 4 of 4 audited clients (Clients #1, 2, 5, 6). The findings are:</p> <p>Review on 9-29-22 of facility support/intervention strategies that were part of all client Person Centered Plans (PCP) revealed:</p> <p>-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</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>management of anger control by addressing negative affect incidents in all settings-visits, community outings</p> <p>" Support the treatment program and avoid negative discussion with the client regarding hurdles that may have presented themselves</p> <p>" Provide for the needs of the client (clothing, hygiene products, special snacks, and funding for activities while in treatment)</p> <p>Provider:</p> <p>" Provide safe treatment environment that includes- shelter, nutrition, hygiene, education, and physical activity</p> <p>" Utilize Love and Logic principles across program settings to reinforce skill development for success and managing anger and dysregulation</p> <p>" Maintain a structured program that encourages effort and pride in completion of successful benchmarks</p> <p>" When necessary, utilize the NCI (National Crisis Interventions)+ Interventions to assist de-escalation and debrief after episodes of dysregulations</p> <p>" Case Manager/QP (Qualified Professional) will assist in providing updates to guardians or MCOs (Managed Care Organization) in monthly CFTs (Child and Family Team)</p> <p>" AP (Associate Professional) will provide day to day guidance within the facility to direct care staff within policy of provider</p> <p>Therapist:</p> <p>" Support client, family, and staff by providing- individual sessions, weekly group skill building sessions, weekly staff trainings</p> <p>Medication Management Provider:</p> <p>" Provide medication management as needed to assist with regulation of negative affect</p> <p>Therapeutic Leave:</p> <p>Therapeutic Leave is implemented as part of the</p>	V 112		

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V 112	<p>Continued From page 19</p> <p>Discharge/Transition Plan. The client and guardian will adhere to the following guidelines:</p> <ul style="list-style-type: none"> " 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 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." <p>Review on 9-29-22 of Client #1's record revealed: Admit date: 6-29-22 Age: 16 years old Diagnoses: Conduct Disorder, Attention Deficit Hyperactivity Disorder</p> <p>Review on 9-29-22 of Comprehensive Clinical Assessment (CCA) for Client #1 dated 5-23-22 revealed: -"Client admits to history of suicidal ideation and plans in the past." -"...[Client #1] has engaged in sexually harmful behaviors and would benefit from appropriate education in terms of what constitutes sexual harm, developing and maintaining healthy sexual boundaries ..." -Recommended a level III Group Home.</p> <p>Review on 9-29-22 of the Person-Centered Plan (PCP) for Client #1 dated 9-8-22 revealed: -Supports/Interventions on the PCP were the same for every goal. -Goals about boundaries and life skills were not specific to sexual education or boundaries.</p>	V 112		

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V 112	<p>Continued From page 20</p> <p>-Update on 9-22-22 from Clear Sky Behavioral "...clinician shares that he meets criteria for Level 3."</p> <p>Review on 9-29-22 of Client #2's record revealed: Admit date: 6-29-22 Age: 17 years old Diagnoses: Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder.</p> <p>Review on 9-29-22 of CCA for Client #2 dated 9-9-22 revealed: -" ...He also has a history of defiant behaviors ...He entered [Licensee] in January 2022 at Level II. He was subsequently leveled back up to Level III due to ongoing behavior issues, and has since moved back to Level II in July 2022." -History of 4 hospitalizations for Suicidal Ideation. -Not allowed contact with parents.</p> <p>Review on 9-29-22 of the PCP for Client #2 dated 2-14-22 revealed: -Updates on 3-16-2022, 4-11-2022, 4-25-2022, 5-11-2022, 6-13-2022, 6-28-2022, 7-20-2022, 8-19-2022, 9-22-2022 -Supports/Interventions on the PCP were the same for every goal. -Goal #3 was left blank, however it was identified "Who is responsible", "service & Frequency" as well as "How (Support and Intervention)." Evaluation and progress for this goal were documented even though no goal was listed. -No goals on the PCP to address Suicidal behaviors or contact with parents. -Update on 9-22-22 from Clear Sky Behavioral "...clinician shares that he meets criteria for Level 3 ...due to recent behaviors." No details of specific behaviors.</p>	V 112		

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V 112	<p>Continued From page 21</p> <p>Review on 9-29-22 of Client #5's record revealed: Admit date: 6-22-22 Age: 18 years old Diagnoses: Autism, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Anxiety</p> <p>Review on 9-29-22 of CCA for Client #5 dated 11-6-21 revealed: -" ...currently participating in level III residential services ...has a history of behavioral challenges to include verbal aggression, property destruction, anger, agitation, defiance, and challenging authority ..." -" ...continues to have difficulty initiating activities with peers, gets into frequent conflicts/fights with peers, has difficulty making friends, has difficulty keeping friends, and has difficulty getting along with adults ..."</p> <p>Review on 9-29-22 of the PCP for Client #5 dated 6-8-22 revealed: -Updates on 6-15-2022, 7-14-2022, 8-18-2022, 9-16-2022. - Supports/Interventions on the PCP were the same for every goal. -There were no goals specifically addressing aggression, property destruction, anger, or contraband.</p> <p>Observation of Client #5's bedroom on 9-28-22 at 10:46 am revealed: -Contraband was found including: two metal bike chains, 61-piece craftsman tool set, copper wiring (2 sets), serrated blades, knives, scissors, multitools.</p> <p>Review on 9-29-22 of Client #6's record revealed: Admit date: 8-25-22 Age: 17 years old Diagnoses: Disruptive Mood Dysregulation</p>	V 112		

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V 112	<p>Continued From page 22</p> <p>Disorder, Conduct Disorder, Mild Intellectual Disabilities, Cannabis dependence, Tobacco use</p> <p>Review on 9-29-22 of CCA for Client #6 dated 6-6-22 revealed:</p> <p>-Psychological: " ...having increased oppositional and defiant behaviors since last CCA completion ...the client currently presents behaviors in which the client places himself and others in harmful situations i.e going AWOL (Absence Without Leave) from the residential facility as well as engaging in verbal and physical altercations with peers."</p> <p>-Developmental: "Due to the client's presenting symptoms as well as the diagnosis of Intellectual Disability, the client continues to struggle with managing impulses. The client's developmental status is below average due to the client's lack of cognitive abilities."</p> <p>-Social: "The client often has become verbally combative towards authority figures in the various settings in which the client has left the premises without permission as well as receiving negative consequences in the school setting for his behaviors. The client has been involved in multiple verbal and physical altercations with peers in the group as well as community settings."</p> <p>-Recommendations: "it is recommended that the client transition to participate in Level IV or PRTF residential treatment in order to continue to manage his emotions/mood."</p> <p>Review on 9-29-22 of the PCP for Client #6 dated 7-5-22 revealed:</p> <p>-Updates on 7-28-2022, 8-19-2022, 8-24-2022, 9-07-2022.</p> <p>-There were no goals addressing elopements.</p> <p>-Goals were listed to address " ...reduce anger and mood ..." and " ...accept and follow guidance</p>	V 112		

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V 112	<p>Continued From page 23</p> <p>of staff members ..." without strategies. -Supports/Interventions on the PCP were the same for every goal.</p> <p>Interview on 9-26-22 and 9-28-22 with Behavioral Health Facilitator revealed: -Client #5 eloped from facility " ...pretty much snuck out the window. That's their getaway plan. They (clients) always hop out the windows ..." -Client #5, Client #A1 and Client #A3 eloped from the facility at 9:35 pm on 9-22-22. -All 3 clients were found the next day at a Recreational Vehicle (RV) dealership. Police were dispatched due to damage done to an RV. -Charges were pressed against all 3 of the clients. -Client #5 eloped again from the facility on 9-24-22 and went to a "swimming hole/tubing place and got onto another man's property ...he was defiant. He was swimming and he kept going to the other people's property and the police were called. He was informed if he did it again there would be trespassing charges. -The facility has a search wand that picks up metal. -Was on the phone allegedly with Client #5 and stated "you are coming back to clean this up ...you know you aren't supposed to have this stuff."</p> <p>Interview on 10-6-22 with the Local County Department of Juvenile Justice Supervisor revealed: -Felony charges are pending for Client #5, Client #A1 and Client #A3.</p> <p>Interview on 9-26-22, 9-29-22, 10-3-22, and 10-6-22 with the Behavioral Health Administrator revealed: -"It's becoming frustrating. We are doing more</p>	V 112		

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V 112	Continued From page 24 than required. They (clients) eloped yesterday. The same two trespassed onto property." (One client from Old Greenlee Group Home and one client from sister facility A) -"We are doing all we can at a Level 2 facility." -Was told in the past they couldn't wand 100% of the time. -"We are not going to be digging in a kid's nightstand (looking for contraband)." -"The boys are going to elope." -"Everyone is going to be complaining to DHSR (Division of Health Service Regulation) and nothing is going to be changed." -"You're going down an un-needed path and there's going to be no outcome." -"We are getting kids out of locked facilities. Can you manage? Nope you can't manage." -"Addendums aren't worth the paper they are written on." -"[Counselor] made the call for him [Client #A3] 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 (Qualified Professional)." 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	This concern was relative to the goals of the PCP not matching the recent incidents or emergency CFT concerns. We were writing longer narratives at the conclusion of the CFT but leaving relative goals in place. Clear Sky Behavioral understands the immediate concern of revising the goals and has amended policy to reflect any trending type incidents and emergency CFT concerns. This process has been put in place company wide. All case management and QPs have been trained of this requirement to change goals and highlight any client specific interventions relative to the client being served. This concern was discussed during the informal appeal process and currently awaiting the findings of this.	11/18/22
V 179	27G .1301 Residential Tx - Scope 10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a	V 179		

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V 179	<p>Continued From page 25</p> <p>residential treatment facility that provides residential treatment, level II, program type service.</p> <p>(b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700.</p> <p>(c) A residential treatment facility for children and 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.</p> <p>(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.</p> <p>(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.</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p> <p>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</p>	V 179		

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V 179	<p>Continued From page 26</p> <p>children or adolescents. The findings are:</p> <p>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 (QP) (Behavioral Health Director/QP, Behavioral Health Administrator, and Clinician) demonstrated the knowledge, skills, and abilities required by the population served.</p> <p>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 Paraprofessional (Behavioral Health Facilitator) demonstrated the knowledge, skills, and abilities required by the population served.</p> <p>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 client affecting 4 of 4 audited clients (Clients #1, 2, 5, 6).</p> <p>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 4 of 4 audited clients (Clients #1, 2, 5, 6).</p> <p>Cross-Reference 10A NCAC 27G.1302 Staff (V180). Based on observations, record reviews and interviews, the facility failed to maintain at</p>	V 179	<p>This concern was initially established due to management electing to implement awake staff at night. We reviewed the model of a 12 bed Level III and chose to follow this template for added security. With this design it left us with a reduced number of TOTAL staff but implemented 2 awake staff to cover both facilities. This was an attempt at staying within budget but keeping "Eyes on" and bed checks throughout the night. The standard rule of 2 "sleeping staff" wanted to be exceeded. This was understood as not acceptable during the survey and we immediately shifted to 2 sleeping staff for the nights. We had several cases where employees failed to show up for assignments or showed up late. This is also a statewide issue with staffing concerns and it has been noted through MCOs as being a trend across the catchment area. Vaya has worked with us to enhance our rates and allow for more employee compensation to make for a more competitive workspace for our staff. Our current strategy is to reduce our census to 4 beds in this facility and 1 staff during the day and 1 staff at night. We are working to establish this facility as a true model for independent living. Clients to have their own bedroom and a college dormitory feel to the program. This will allow us to hand pick our best remaining staff members to rotate and serve a population that has put in the necessary time and worked hard to reap the rewards of this independence. The process of upfitting the building to meet this strategic goal has already begun. The documentation used during this audit was sign in sheets used for payroll purposes. I explained that staff will sometimes sign in at that facility or the sister facility or sometimes even be covered by staff from other facilities if we are in a crunch and need staff on hand. This was not for utilization of ratio concerns. I was given 40 minutes to produce these documents and it was the best thing I had on hand to satisfy the request.</p>	

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V 179	<p>Continued From page 27</p> <p>least one direct care staff for every four children or adolescents for each building.</p> <p>Review on 9-30-22 of a NC Incident Response Improvement System (IRIS) report dated 8-1-22 revealed: -Old Greenlee Group Home clients Client #2, Former Client (FC) #10, FC #7, FC #11, and 3 other clients from Sister Facility A tested positive for THC.</p> <p>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 ..."</p> <p>Review on 9-30-22 of a CSB Incident Reporting Form dated 9-10-22 revealed: - " ... [Client #A1] became frustrated with CSB (Clear Sky Behavioral) on the evening of September 10th, and thus decided to elope from the facility. He eloped with two peers of his (Client #A2 and Former Client (FC) #A15) from the [sister facility A] and one (Client #6) from Greenlee. 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 #A1] 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 ..."</p>	V 179	<p>. I completely explained that this would not paint an accurate picture of staffing in one particular facility. We have began utilizing the shift notes each day as documentation of staff to client ratio. The concern was also discussed during the informal appeal and awaiting a final determination.</p> <p>This concern has developed on several occasions regarding reporting incidents to the IRIS system. It has been noted that the IRIS system is very cumbersome to navigate and very little training opportunities exist to ensure proper utilization of this platform. We have reached out to Vaya and they are working with us to ensure our QPs responsible for submission to IRIS are properly trained in utilization. I have also began requiring screen shots of the "THUMBS UP" icon to ensure that the submission was successfully transmitted in the first place. The IRIS system provides a confirmation number at some point but this still doesn't constitute that the submission went through completely. This was an issue that was overlooked by administration because of reviewing the case file revealed a screenshot of the confirmation but not the "thumbs up" icon. This expectation and submission of the IRIS within 72 hours of the incident is currently in place.</p>	<p>11/18/2022</p> <p>11/18/22</p>

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V 179	<p>Continued From page 28</p> <p>Review on 9-30-22 of NC IRIS reports dated 9-22-22 revealed: - "...Three ...clients (Client #6, Client #A1, and Client #A3) eloped from the Greenlee/[Sister Facility A] 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 ..."</p> <p>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] ..."</p> <p>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 #6, Client #A1, Client #A3) 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 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:</p>	V 179		

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V 179	<p>Continued From page 29</p> <ul style="list-style-type: none"> -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. <p>Interview on 10-6-22 with the local county Department of Juvenile Justice (DJJ) revealed:</p> <ul style="list-style-type: none"> -Felony charges were filed against and Client #6, Client #A1, and Client #A3 related to the incident at the RV dealership. <p>Interview on 9-30-22 and 10-3-22 with a Lieutenant at the local County Sheriff's Department revealed:</p> <ul style="list-style-type: none"> -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 #A1) returned and then ran again. 	V 179		

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V 179	<p>Continued From page 30</p> <p>-FC #A7 and FC #A8 eloped on 8-30-22 and had not been located.</p> <p>-"We (sheriff's department) are spending a lot of manpower and a lot of hours trying to find these kids."</p> <p>Interview on 9-26-22 with the Behavioral Health Facilitator revealed:</p> <p>- "...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 #5] called me. She saw [Client #6] 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 #6] 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 #6] 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</p>	V 179		

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V 179	<p>Continued From page 31</p> <p>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 ..."</p> <p>Interview on 9-26-22 with the Behavioral Health Director/QP revealed: -On 9-22-22 Client #6, Client #A1, Client #A3 eloped. -The Clinician had a session with Client #A1 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 #A1 and he said he got upset over the DHSR (Division of Health Service Regulation) interview and that is one of the reasons why he eloped. -Client #A3 "is a follower and didn't have a reason why he eloped." -Client #6 did not give a reason for eloping but "he has current pending charges ...had charges prior to admission."</p> <p>Review on 9-30-22 of the Plan of Protection (POP) completed by the Behavioral Health Administrator on 9-29-22 revealed:</p> <p>"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</p>	V 179		

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V 179	<p>Continued From page 32</p> <p>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 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.</p> <p>Describe your plans to make sure the above happens.</p> <p>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</p>	V 179		

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V 179	<p>Continued From page 33</p> <p>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]."</p> <p>Review on 9-30-22 of an Addendum to the POP completed by the Behavioral Health Administrator on 9-30-22 revealed:</p> <p>" ...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 resident. This process has been practiced for years but has not been a required facet on the screening tool until this revision"</p> <p>Review of 10-11-22 of a second Addendum to the POP completed by the unaudited QP on 10-11-22 revealed:</p> <p>"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</p>	V 179		

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V 179	<p>Continued From page 34</p> <p>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 or 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 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."</p> <p>Clients served by the facility have a range of mental health diagnoses including but not limited to: Disruptive Mood Dysregulation Disorder, Conduct Disorder, Mild Intellectual Disabilities,</p>	V 179		

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V 179	<p>Continued From page 35</p> <p>Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Major Depressive Disorder, Autism Spectrum Disorder, Oppositional Defiance Disorder, Anxiety, and Cannabis dependence. The clients have histories including but not limited to suicidal ideation, elopement, emotional/behavior problems, severe functional problems in school and other community settings, inappropriate sexualized behaviors, substantiated reports of abuse and neglect by parents, multiple hospitalizations, verbal and physical aggression, property destruction, and challenging authority. CCA's and admission assessments identified numerous clients as needing a higher level of care than what the facility was licensed for. The admission screenings performed by the Behavioral Health Director/QP did not correspond with client histories. The Person-Centered Plans (PCPs) did not have goals to address the specific behaviors of the clients. Furthermore, the strategies and interventions for all goals on all PCPs were identical. An unstructured living environment and lack of supervision directly resulted in clients' elopements, one of which led to pending felony criminal charges related to the break-in and damage at the Recreational Vehicle (RV) park. Additionally, numerous weapons and contraband were found in a clients' possession inside the facility. The facility failed to maintain minimum staffing ratios which require at least one direct care staff member be present with every four clients. There were multiple dates on which no staff were identified as working. There were staff covering both facilities at the same time. Some staff were documented as having worked multiple 24 hours shifts in a row for clients identified as either Level III or higher level of care. The Behavioral Health Director/QP, Behavioral Health Administrator, Behavioral Health Facilitator, and</p>	V 179	<p>Clear Sky Behavioral utilizes a search and seizure policy that was approved in 2018 during a survey that cited this as being an overused process. Prior to the 2018 audit, Clear Sky behavioral was utilizing a metal detecting wand 100% of the time prior to residents entering the facility. This was cited as being excessive use and violated client rights for search and seizure. Clear Sky Behavioral strenuously looked at compromises that could be met to ensure safety with dangerous contraband in the facilities. The compromise resulted in an amendment to company policy for search and seizure. It detailed that door searches could be conducted if the resident was out of the direct supervision of the employees of Clear Sky Behavioral at any point (ie, off campus visitation, attendance of public school, etc). With our residents attending the adult high school, our staff is on campus with them throughout the day.</p> <p>This prevents us from utilizing "being at school" as a reason to conduct a door search. This would violate company policy as written. After the current survey team reviewed the facility incident reports that noted here an array of contraband findings. This, in my opinion, shows that we are finding the contraband and filing the necessary incident reports as we should. Vape Pens and Dab Pens are trending concern in any high school in this country. Our residents are gaining access to these at the school from community students and bringing them to the facility. This is an ongoing struggle to stay ahead of this process. Most VAPE products are plastic thus preventing any metal detecting device from capturing them during a search.</p>	
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V 179	Continued From page 36 Clinician failed to fulfill the responsibilities listed in their job descriptions which led to systemic deficient practices 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 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	Another challenge is they will leave them outside of the facility on their window sill, then enter the facility. They can then go to their bedroom open the window and the contraband enters post search. When the survey team found the broken jigsaw blade in the residents room it was likely found in the lawn somewhere and brought inside. The survey team went into the resident's nightstand and found this without provocation or the client being present. If our staff conducted this type of search it would have been a violation of company policy and also a violation of the clients right to privacy. This particular client was autism spectrum and picked up things to "collect". This included shiny rocks and the most random of items.	
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.	V 180	He had recently turned 18 and had no where to go. We had to be somewhat tolerant of his hoarding behavior or leave him homeless. When the facility license was suspended, he was placed in a hotel and brought back to our independent living program 2 days later from Cherokee county DSS. Our search and seizure policy were again discussed at this informal appeal and currently await the results. Clear Sky Behavioral will comply with any findings relative to this concern but certainly believe we do the best we can to stay ahead of contraband in the facility. We are working with sometimes a criminal minded population and they will attempt to bring things into the facility. In comparison, the Department of Correction has issues with this and they are extremely more secure than a level 2 group home.	11/18/2022

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V 180	<p>Continued From page 37</p> <p>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:</p> <p>Review on 10-5-22 of timecards and client census revealed: -Between 6-29-22 to 9-28-22 revealed census to be 6 or more clients. -Review of admission/discharge log on 10-5-22 submitted by the licensee revealed census did not drop below 6 clients from 6-29-22 to present. -Between 6-29-22 and 8-24-22 staffing ratio was not met on 24 daytime shifts. Two of those shifts had no staff listed. -Between 6-29-22 and 8-23-22 staffing ratio was not met on 23 nighttime shifts. Two of those shifts had no staff listed. -It could not be determined the staff ratio nor what staff worked for the dated of 8-25-22 to 8-29-22. No staffing log supplied for those dates. -The facility started using a combined time sheet on 8-29-22 for Old Greenlee 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 worked and covered 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 worked. The total census ranged between 12-15 clients for both facilities during this time frame. -Unaudited staff #7 was documented as having worked 24-hour consecutive shifts on the following dates: -6-30-22 to 7-2-22. -7-8-22 to 7-9-22. -7-29-22 to 7-30-22 and 12 hours on 7-31-22. -8-4-22 to 8-6-22.</p>	V 180	<p>This concern was initially established due to management electing to implement awake staff at night. We reviewed the model of a 12 bed Level III and chose to follow this template for added security. With this design it left us with a reduced number of TOTAL staff but implemented 2 awake staff to cover both facilities. This was an attempt at staying within budget but keeping "Eyes on" and bed checks throughout the night. The standard rule of 2 "sleeping staff" wanted to be exceeded. This was understood as not acceptable during the survey and we immediately shifted to 2 sleeping staff for the nights. We had several cases where employees failed to show up for assignments or showed up late. This is also a statewide issue with staffing concerns and it has been noted through MCOs as being a trend across the catchment area. Vaya has worked with us to enhance our rates and allow for more employee compensation to make for a more competitive workspace for our staff. Our current strategy is to reduce our census to 4 beds in this facility and 1 staff during the day and 1 staff at night. We are working to establish this facility as a true model for independent living. Clients to have their own bedroom and a college dormitory feel to the program. This will allow us to hand pick our best remaining staff members to rotate and serve a population that has put in the necessary time and worked hard to reap the rewards of this independence. The process of upfitting the building to meet this strategic goal has already begun. The documentation used during this audit was sign in sheets used for payroll purposes. I explained that staff will sometimes sign in at that facility or the sister facility or sometimes even be covered by staff from other facilities if we are in a crunch and need staff on hand. This was not for utilization of ratio concerns. I was given 40 minutes to produce these documents and it was the best thing I had on hand to satisfy the request.</p>	

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V 180	<p>Continued From page 38</p> <ul style="list-style-type: none"> -8-11-22 to 8-13-22 and 12 hours on 8-14--22. -8-18-22 to 8-20-22 and 5 hours on 8-21-22. -Staff #1 was documented as having worked 24-hour consecutive shifts on the following dates: <ul style="list-style-type: none"> -7-3 to 7-7-22. -7-10 to 7-17. <p>Interview with Staff #5 and Observation of the facility on 9-29-22 at 9:13 am revealed:</p> <ul style="list-style-type: none"> -Staff #5 was the only staff member present and responsible for the clients at both facilities. -There were a total of 4 clients at Old Greenlee Group Home and 5 clients at sister facility A. -When asked to identify all clients present between the two facilities, Staff #5 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 #5 was unsure if client had a medical appointment as she thought he had to work. <p>Observation of the facility on 10-3-22 at 9:17 am revealed:</p> <ul style="list-style-type: none"> -2 Old Greenlee Group Home clients present inside sister facility A along with 2 sister facility A clients. -Old Greenlee Group Home was locked. -Staff #5 was the only -staff member present for both facilities. <p>Review of shift logs on 10-3-22 at 9:17 am revealed:</p> <ul style="list-style-type: none"> -A 3-ring binder book titled "Old Greenlee Complex". -Time sheets identified "Daily Shift Long, Level II - Facility, Old Greenlee Complex" -Spaces for Employee name, time in, time out, and total hours worked. 	V 180	<p>I completely explained that this would not paint an accurate picture of staffing in one particular facility. We have began utilizing the shift notes each day as documentation of staff to client ratio. The concern was also discussed during the informal appeal and awaiting a final determination.</p>	11/18/22

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V 180	<p>Continued From page 39</p> <p>Interview on 9-29-22 and 10-3-22 with Staff #5 revealed: -"We used to have separate books for each , but it's easier for management to keep up having it combined." -Staff sign in for their shift in the office on the form titled "Old Greenlee Complex" regardless of which facility they were assigned. -The complex is both houses 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, Old Greenlee Group Home was locked during the day and the clients are combined.</p> <p>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..."</p> <p>Interview on 10-3-22 with the Behavioral Health Director/Qualified Professional (QP) revealed: -It was not realistic for providers to follow the staffing requirements.</p> <p>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 Old Greenlee Group Home and one</p>	V 180		

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V 180	<p>Continued From page 40</p> <p>client from sister facility A).</p> <p>- "We are in compliance with state law."</p> <p>- "Staff is following state law."</p> <p>- "We are doing all we can at a Level 2 facility."</p> <p>- "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"</p> <p>- "Have we not done everything? The boys are never alone."</p> <p>- "You're going down an un-needed path and there's going to be no outcome."</p> <p>- Staffing ratios were his decision.</p> <p>- "I don't have to be there. That's not my job. That's [Behavioral Health QP's] job. He can sit there ..."</p> <p>- He changed night shift staff "from two asleep to one awake to increase security."</p> <p>- "Using the budget I have; I am trying to mimic therapeutic foster care."</p> <p>- "We have to work with what we have. We are at their (staff) mercy. We can't fire anybody. We would do it ourselves."</p> <p>- in reference to being out of ratio on 10-3-22, "the staff there wanted to transport the kids to school ...Night shift could have stayed."</p> <p>- "One weekend I can recall seems out of ratio."</p> <p>- "Venture to argue 2 awake staff are better than 4 asleep staff."</p> <p>- "I told you the shift logs are a mess ...The reports are incorrect."</p> <p>- "I am one man down at night."</p> <p>- "When staff call in it's problematic. There are statewide staffing issues."</p> <p>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.</p>	V 180		

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V 512	Continued From page 41	V 512		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(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.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the Behavioral Health Director/QP (Qualified Professional) and the Behavioral Health Administrator neglected 6 of 6 current clients. The findings are:</p> <p>Review on 9-30-22 of the Behavioral Health Director/QP's record revealed: -Date of Hire: 9-25-17</p>	V 512	<p>The first part of October 2022, the Clear Sky Management team discussed ways to get our staff members more engaged in spending time with the residents and add to oversight. One part of the discussion was to centralize meal preparation to maintain consistency with the food across all facilities, allow facility staff to have more direct contact in the facility with the residents. We have also for over 4 years been giving the residents allowance money on "family type" debit cards so that they could purchase their own snacks. This for years was funded at the beginning of each month and they would shop for what they wanted to put in their snack bins. The DHSR survey team arrived at the end of October and showed concern for the meal preparation being conducted in a staff members home vice a licensed facility with a sanitation inspection on file. This was understood and immediately corrected by Clear Sky Behavioral staff the same night the concern was voiced. All food and freezers were moved to our railroad street facility for meal preparation company-wide. We felt as though the concern had been met and we continued to conduct business.</p> <p>. It was around a week later, just prior to a holiday weekend, that it was noted that we remained out of compliance with food preparation and that preparing meals in our railroad street facility was not be good enough. This came without any notice at all that the facilities license would be suspended for unsafe practices (mostly relative to food).</p>	

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V 512	<p>Continued From page 42</p> <p>-Job Title: Behavioral Health Director/QP</p> <p>Review on 9-30-22 of the Behavioral Health Director/QP's job description dated 1-24-20 revealed:</p> <p>-"Description ...coordinate and monitor all aspects of the consumer case ..."</p> <p>-"Skills, Knowledge and Abilities:</p> <p>-Have a thorough knowledge of rules, regulations, policies and procedures ..."</p> <p>Review on 9-30-22 of the Behavioral Health Administrator's record revealed:</p> <p>-Date of Hire: 9-25-17</p> <p>-Job Title: Behavioral Health Administrator</p> <p>Review on 9-30-22 of the Behavioral Health Administrator job description revealed:</p> <p>-"Description ...</p> <p>-Ensure that company meets its legal, fiscal, and moral obligations within the services being provided ..."</p> <p>-"Duties and Responsibilities ...</p> <p>-Understand protocol of working with individuals with disabilities</p> <p>-Have a thorough knowledge of rules, regulations, policies, and procedures ...</p> <p>-Be available outside of normal office hours for necessary and urgent company matters ..."</p> <p>Observation of the facility on 9-28-22 at 10:15 am revealed:</p> <p>-The kitchen door was locked.</p> <p>-A 9 drawer tower of plastic bins identified as the snack tower showed 5 empty drawers with no names and 4 drawers with names of clients. Of the 4 named drawers the following contents were noted. 1 drawer was empty, 1 drawer had 1 snack, 1 drawer had 5 snacks, and 1 drawer had 9 snacks.</p>	V 512	<p>). If Clear Sky Behavioral would have been given any advance notice that moving the meal preparation to Railroad street would not be in compliance and it jeopardized our ability to provide services, we would have moved this process without delay. This was felt by all involved as the "GOTCHA" moment. We have since did a complete revision of our nutrition policy to include a 31 day repeating menu. This menu was developed by residents and QPs during a human rights meeting. All facilities are doing their own meal preparation and also have a mandated inventory for all kitchens that is replenished every Friday. This concern has been discussed in detail during the informal appeal hearing and await the final results</p>	11/18/22

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V 512	<p>Continued From page 43</p> <ul style="list-style-type: none"> -The freezer contained 7 boxes of frozen breakfast biscuits and 5 loose individually wrapped frozen breakfast biscuits. -The refrigerator contained 9 bagged lunches and the following condiments: mayonnaise, mustard, 2 spreadable butter containers, salsa, spaghetti sauce, and 2 bottles of barbeque sauce. -There were no other food items in the refrigerator. -The bagged lunches contained: 2 peanut butter and jelly sandwiches with a 1-ounce bag of chips and a cookie. -On the counter next to the stove were 2 jars labeled "kraut" dated 8-23 and "tom juice (tomato juice)" dated 8-23. -On a shelf in the kitchen were 4 bags of Spanish rice, and 2 full packets (6 each) ramen instant noodles and 2 partial packets of ramen instant noodles. -No drinks, milk, cereal, dairy products, vegetables, or canned goods were present in the facility. -There were no utensils or dishes other than black plastic divided disposable container trays. <p>Observation of the facility on 10-3-22 at 9:17 am revealed:</p> <ul style="list-style-type: none"> -Two bagged lunches in the refrigerator which were dated 9-30-22. -The bagged lunches contained: 2 lunch meat sandwiches with a 1-ounce bag of chips and a cookie. -Nutritious food was limited to milk, eggs, and fruit. -Snack items and frozen biscuits were the only available options present for meals. <p>Interview on 9-28-22 with Client #1 revealed:</p> <ul style="list-style-type: none"> -"Staff are supposed to bring us in sausage biscuits or something, but they haven't been 	V 512		

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V 512	<p>Continued From page 44</p> <p>doing that. Nobody has had breakfast for a couple of weeks."</p> <p>-Clients were provided with \$20 "every week or two" to use to order snacks which were placed in a snack drawer in the kitchen. "When those snacks run out, you have to wait."</p> <p>-"Everyone was hungry and complaining about there being no food."</p> <p>-Lunches are "awful. They make peanut butter and jelly sandwiches the night before. It has a little bit of peanut butter and a glob of jelly in the middle and it's soggy brown like mashed potatoes consistency and a small bag of chips and an apple. I don't even eat the sandwiches. Pretty much nobody eats the sandwiches unless they have a strong gag reflex."</p> <p>-He remembered one time about a month ago a trash bag full of sandwiches were brought in and clients pulled out their sandwiches from the trash bag.</p> <p>-Evening meal was "edible but it's really not that great either. Everything is from [discount grocery store] where nothing is name brand and it is very cheap. The mashed potatoes are like water and we can't have any seasoning unless a staff member brings it in. We don't get any flavoring on our food. I know I should be grateful and I don't want to complain about seasoning but I want to like my food."</p> <p>-If clients didn't like the food, they just did not eat.</p> <p>-The privilege of not being able to cook anymore is ridiculous.</p> <p>-Clients were not washing dishes, so they (staff) "unplugged the oven and turned the breaker off in the kitchen."</p> <p>-"Staff complained clients went through groceries too fast but there are 8 boys in the house. We went through 2 gallons of milk too soon."</p> <p>-"There's no milk, no cereal, not even a loaf of bread ... We can't buy bread."</p>	V 512		

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V 512	<p>Continued From page 45</p> <p>"I want someone to know what is happening with the food. It's not right. They took all the plates and all the silverware so we can't eat. Either they have plastic forks or they don't ...we eat with our hands ...we reuse the black plastic containers and we only get what fits in those. If we want extra, it has to be that someone else gives theirs away ...food is never hot it is a little below room temperature."</p> <p>Interview on 9-28-22 with Non-Audited Client (NAC) #4 revealed:</p> <ul style="list-style-type: none"> -No meals were cooked at the facility. -Breakfast was "microwaved stuff" such as frozen sandwiches. -Lunch was "a bagged lunch which includes peanut butter and jelly sandwiches, a bag of chips, and some type of sweet snack. Peanut butter and jelly every day." -Clients use to be able to make meals "but rules were broken so we can't make them anymore." -There are not many things to choose from other than the preselected list of snacks each month. -Evening meals were prepared at someone's house, not in the facility. -If clients do not like the evening meal, they do not eat. "We don't get anything else." -"Nothing in the kitchen except for snacks. If there are no snacks, then I don't eat anything." -"They don't give us drinks. We have to drink water unless it is the snacks we get. There's no milk and no juice unless it is on the list of snacks and when we run out of that we don't get anything except water." -Evening meals are not hot but "medium temperature." -Clients eat out of a "plastic little bowl with sections and we put it in the sink and we wash them and then give them back." <p>Interview on 9-28-22 with Staff #6 revealed:</p>	V 512		

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V 512	<p>Continued From page 46</p> <p>-When I first started, we were cooking the 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."</p> <p>-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."</p> <p>-Breakfast is typically whatever frozen food is there.</p> <p>-The system of bagged lunch and outsourced dinners have been in place for a month and a half to two months.</p> <p>-"Lunch is bagged peanut butter and jelly sandwiches, chips, and a cookie or something."</p> <p>-She is unaware of where lunches and dinner are prepared.</p> <p>-Evening meals are prepared and packaged in Tupperware containers and placed in an insulated bag and taken to the Clear Sky Behavioral (Licensee) 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."</p> <p>-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."</p> <p>-Clients drink water unless they use their snack money to buy drinks.</p> <p>-If the clients go through their snacks quickly, then they do without. "A bunch of them (clients) were complaining about it."</p> <p>Interview on 9-28-22 with Staff #4 revealed: -She did not agree with the food situation.</p>	V 512		

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V 512	<p>Continued From page 47</p> <ul style="list-style-type: none"> -There were days when clients did not get breakfast. -"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." <p>Interview on 9-29-22 with Staff #5 revealed:</p> <ul style="list-style-type: none"> -"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." 	V 512		

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V 512	<p>Continued From page 48</p> <p>-If food is not liked the client uses what's in his snack bin, or an extra brown bagged lunch sandwich."</p> <p>-Sometimes clients ran out of snacks.</p> <p>-All clients had access to water, but milk, juice or Gatorade had to be ordered a as snack option.</p> <p>-2 meals and 2 snacks are provided by the facility each day.</p> <p>-"Each lunch bag has 2 sandwiches, some type of chips and then some sort of Oreo or sugar cookies."</p> <p>Interview on 9-27-22 and 9-28-22 with the Behavioral Health Facilitator revealed:</p> <p>-She had to leave work early because her wife was ill, had a feeding tube and was hospitalized.</p> <p>-The clients were not allowed in the kitchen at all.</p> <p>Interview on 9-29-22, 9-30-22 and 10-3-22 with the Behavioral Health Administrator revealed:</p> <p>-"These insufficient food findings I don't gather. I have a box full of receipts to show"</p> <p>-Consulted with construction and they reported to him that the rules of the kitchen only require a sink.</p> <p>-"Frozen food can be made during inclement weather."</p> <p>-"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."</p> <p>-"The neglect portion is a big beating for us and a lot hinging on the food scenario."</p> <p>-"If they don't like a meal, they can eat a peanut butter and jelly ...It is beneficial the way we do it."</p> <p>-The meals are cooked by the wife of the Behavioral Health Facilitator in her home.</p> <p>-"When I buy silverware and plates and pots and pans and nobody has done anything with it and</p>	V 512		

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V 512	<p>Continued From page 49</p> <p>the kids would throw the plates and silverware in 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."</p> <p>Interview on 9-29-22 with the Behavioral Health Director/QP revealed: -In regards 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.</p> <p>Review on 10-11-22 of the POP completed by unaudited Qualified Professional (QP) on 10-11-22 revealed:</p> <p>"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</p>	V 512		

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V 512	<p>Continued From page 50</p> <p>replenished every Friday to the stock levels. The stock list is shown below:</p> <p>8 Bed Home</p> <p>(6) Gallons of Milk (review expiration date) (4) Gallons of Apple Juice</p> <p>(4) Gallons of Orange Juice (3) Dozen Eggs</p> <p>(1) Salt and Pepper</p> <p>(1) Bottle of Ketchup (32oz)</p> <p>(1) Bottle of Mustard (32oz)</p> <p>(2) Bags of Fresh Apples (5lbs)</p> <p>(2) Bags of Fresh Oranges (5lbs)</p> <p>(4) Pancake and Sausage of a Stick (40 Count)</p> <p>(2) Box Jimmy Dean Breakfast Biscuits (Various) (16 Count)</p> <p>(48) Jimmy Dean Breakfast Bowls (Various)</p> <p>(2) Bags of Shredded Cheddar Cheese (32oz)</p> <p>(3) Loaves of Sliced Sandwich Bread</p> <p>(2) Large Jars of Peanut Butter (40oz)</p> <p>(2) Large Jars of Strawberry Preserves (32oz)</p> <p>(2) Large Jars of Grape Jelly (32oz)</p> <p>(2) Boxes of Pancake Mix</p> <p>(2) Package of Sausage Patties (18 Count)</p> <p>(2) Large Bottles of Maple Pancake Syrup (24oz)</p> <p>(2) Nesquik Chocolate Powder (38oz)</p> <p>(2) Nesquik Strawberry Powder (35.5oz)</p> <p>(21) Various Little Debbie Snack Cakes (168 count) (12) *Dinty Moore Beef Stew (20oz)</p> <p>(12) *Campbell Chicken Noodle Soup (10.75oz)</p> <p>(12) *Campbell Vegetable Soup (10.75oz)</p> <p>(3) Stouffers Frozen Family Meals (Inclement Weather Plan)</p> <p>*Items are considered to be alternative meals to the one provided</p> <p>Weekday / School Day</p> <p>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.</p>	V 512		

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V 512	<p>Continued From page 51</p> <p>*Items are considered to be alternative meals to the one provided</p> <p>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. 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]. The menu for these evening meals will rotate based on 22 meals and are shown below:</p> <ol style="list-style-type: none"> 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 	V 512		

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V 512	<p>Continued From page 52</p> <p>Beans</p> <p>16. Corn Dogs, French Fries and Mixed Vegetables</p> <p>17. Italian Grilled Chicken, Carrots, and Creamy Rice</p> <p>18. Grilled Cheese Sandwiches, Baked Beans, Cole Slaw</p> <p>19. Sweet and Sour Chicken, Wonton Noodles, White Rice, Sweet Carrots</p> <p>20. Chicken Wings with Mozzarella Sticks with Marinara</p> <p>21. Chicken Tenders with Curly Fries and Kernel Corn</p> <p>22. Philly Cheesesteak Subs with Potato Chips and a Pickle</p> <p>Weekend Meals</p> <p>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.</p> <p>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.</p> <p>Funds will be provided for grocery shopping and planned weekend choices.</p> <p>Describe your plans to make sure the above happens.</p> <p>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 Old Greenlee Group</p>	V 512		

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V 512	<p>Continued From page 53</p> <p>Home"</p> <p>Review on 10-11-22 of an Addendum to the POP completed by unaudited QP on 10-11-22 revealed:</p> <p>"Preparation of the evening meal will follow the menu shown below for the weekdays. The meals will be prepared in the facility ...</p> <p>Weekend Meals</p> <p>Breakfast will be provided in the facility and rotate with one weekend day being "Pancake Style" and the other being "County Breakfast Style".</p> <p>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."</p> <p>The clients have a range of mental health diagnoses including but not limited to: Disruptive Mood Dysregulation Disorder, Conduct Disorder, Mild Intellectual Disabilities, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Major Depressive Disorder, Autism Spectrum Disorder, Oppositional Defiance Disorder, Anxiety, and Cannabis dependence. 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 was limited to condiments and unlabeled brown bags containing 2 peanut butter and jelly sandwiches, a 1 oz bag of chips and 2 cookies. There were no eating utensils or plates. Clients received a frozen breakfast sandwich daily along with the unlabeled brown bag for lunch described above. The evening meal was prepared by the spouse of a staff member in an unlicensed, unregulated private home. The evening meal was prepared and placed in a</p>	V 512		

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V 512	<p>Continued From page 54</p> <p>plastic disposable container and transported to the office to be picked up at a later time by facility staff. By the time the clients received the meal, it was lukewarm or cold. If a client did not like the meal their only option was a leftover bag lunch or a snack item if it was available. Snack items were limited to the following: fruit loops cereal cups, pop tarts, frozen breakfast bowls (single serve), potato chips, crackers, cookies, individual snack cakes, cup of noodles and single chef Boyardee (ravioli, spaghetti or mac and cheese). The only food items found during the course of the survey were a few bags of individual chips, apples, and ramen noodles. There were no other food items in the facility during two separate walk throughs on different dates. Other than water from the bathroom sink, drinks choices were limited to client purchase of items from the snack list which consisted of: Gatorade, fruit punch, apple juice, and individual milk cartons.</p> <p>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.</p>	V 512		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 55</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation outside of the facility on 9-28-22 at 10:30 am revealed: -Bent/broken window screen off to the side of the facility. -An empty soda bottle, water bottle, plastic lid about 12"x12", one end of a kayak paddle, and a plastic cup were on the ground. -A blue and white nylon rope approximately 12' in length was on the ground. -On the backside of the facility a cable cover was loose and not secure. -Two out of four screens were missing on the back side of the building and one out of four screens were missing on the front side of the facility. -One window casing was coming loose on the back side of the facility.</p> <p>Observation inside the facility on 9-28-22 at 10:46 am revealed: -Room 2 was cluttered. A towel was behind the blinds covering the window. -Room 3 had a towel over the blinds. Clothes were scattered about the room and piled in the floor. Contraband was found in the room including a metal file with a sharp pointed end. -Room 4 had clothes scattered about the room that not were not folded. -Bathroom 1 had no paper towels in the holder outside of bathroom. There was not a toilet paper holder nor towel hooks. There were no towel</p>	V 736	<p>The concern comes from property being out of repair for the facility and damages. These facilities were new construction and were lived in for the first time in June 2022. This should reflect the level of damage that this population can do to a home in a short period of time. The screens were pushed out because they use that as a path to elope or to get contraband into the home. This concern also out from the DHSR survey team that we needed a towel bar in the bathroom and random other thoughts that were verbally answered by Clear Sky behavioral. McDowell county building inspector conducted a walk through, McDowell county health department, DHSR construction section, DHSR Licensure section all conducted walk throughs of the facility. Are you going to cite us for these things with all of these previous entities walking through less than a few months ago? We have added the items requested by the survey team but it seemed some things were reaching to gain more citations. We have since installed new flooring in the common areas of the home and converted each bedroom to single occupancy. This will allow for more room to house the residents belongings and potentially not seem so cluttered in their bedrooms.</p> <p>The shuttle bus has been sold and will no longer be utilized. The facility will have their own 7 passenger minivan for transportation purposes. With a reduced census of 4 residents and 1 staff member this will provide ample space for routine outings and transportation needs.</p>	11/18/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2022
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NAME OF PROVIDER OR SUPPLIER OLD GREENLEE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1934 OLD GREENLEE ROAD MARION, NC 28752
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V 736	<p>Continued From page 56</p> <p>hooks located in the bedrooms either. The shower did not have shelves. There were 8 bottles of miscellaneous body wash/shampoo on the floor of shower.</p> <p>-Bathroom 2 had no paper towels in the holder outside of bathroom. There was not a toilet paper holder nor towel hooks. There were no towel hooks located in the bedrooms either. The shower did not have shelves. There was 1 bottle inside and 2 bottles outside of the shower of body wash/shampoo. The toilet seat was duct taped in one spot due to a crack.</p> <p>Interview on 9-29-22 with Client #5 revealed: -There are no laundry facilities on site. -Staff are responsible for doing laundry and it is not getting washed. -"My clothes have been dirty for a month."</p> <p>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,</p>	V 736		

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V 736	<p>Continued From page 57</p> <p>exposing wood.</p> <ul style="list-style-type: none"> - 1st seat to the right of the bus was broken with the back of the seat lying forward on the bottom of the seat. -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		