STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on November 22, 2022. The complaint was unsubstantiated (intake #NC00195055). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 2 former clients.	V 000		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four	V 296		

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

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure the minimum number of direct care staff required and to ensure supervision of children or adolescents when they are away from the facility in accordance with individual strengths and needs as specified in the treatment plan. The findings are:

Review on 11/21/22 and 11/22/22 of former client (FC) #3's record revealed:
-16 year old male.
-Admitted on 8/12/22.
-Diagnoses of Unspecified Depressive Disorder,

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V 296	Continued From page 2 Conduct Disorder childhood onset and Cannabis Use Disorder. -Treatment plan dated 8/8/22 revealed "Where am I now in the process of achieving this outcome?....a 16 year old male who reported experiencing issues with difficulty learning/needs IEP (Individualized Education Plan), complaints from school, problem enjoying other children ' s company, repetitive movements, difficulty with bladder control, difficulty focusing and listening, difficulty with sleep, running away, problems with the law, fighting, threatening, angry, and stealing. [FC #3] also has substance abuse issues and had attempted suicide 1x." Interview on 11/22/22 FC #3 stated: -There were 2 staff working with the clients. -Sometimes there would only be 1 staff with the clients. -The Assistant Associate Professional stopped at a local restaurant to get herself some food. -The Assistant Associate Professional went into the restaurant to get food and left the clients in the van. -He and another client left the van when the Assistance Associate Professional went in the restaurant. Review on 11/21/22 and 11/22/22 of FC #4's record revealed: -14 year old male. -Admitted on 7/30/21. -Diagnoses of Attention Deficit Hyperactivity Disorder Combined, Disruptive Mood Dysregulation Disorder and Intellectual developmental Disorder. -Treatment plan dated 6/13/22 revealed...Long Range Outcome:...Patient also endorse a history of eloping from care, and making threats to self harm..."	V 296		

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V 296	Continued From page 3 An attempted interview on 11/22/22 with FC #4 was unsuccessful as guardian could not be reached by phone. Interview on 11/21/22 client #1 stated: -There were 1 staff for every 2 clients. -There was 1 staff present when FC #4 and FC #4 eloped from the van when the Assistant Associate Professional went into a restaurant to get food. -The staff went inside the restaurant to get her food while they (clients) remained in the van. Interview on 11/21/22 client #2 stated: -There was 1 - 2 staff present since there were only 2 clients. -The Assistant Associate Professional was the only staff present when FC #3 and FC #4 eloped in the community. -The Assistant Associate Professional left them in the van while she went to get her food. Interview on 11/22/22 the Assistant Associate Professional stated: -There were always 2 staff present "for the most part." -She was transporting all 4 clients when FC #3 and FC #4 eloped from the van when she stopped at a local restaurant to get food. -The clients remained in the facility van while she went to the door to get her food. -When she returned to the van FC #3 and FC #4 was gone. -FC #3 and FC #4 had eloped from the facility a few times earlier in the month. -FC #3 was expelled from school and was at the facility with her on a Tuesday earlier in the month (November). -She was the only staff present with FC #3.	V 296		

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V 296	Continued From page 4 -FC #3 left the facility. -She attempted to locate FC #3 but was unable to locate him. -She contacted the Licensee/Qualified Professional to inform him that FC #3 eloped. Interview on 11/22/22 the Licensee/Qualified Professional stated: -There were 2 staff for each shift but he could have one according to policy. -FC #3 and FC #4 left out the van when the Assistant Associate Professional went to a local restaurant. -The Assistant Associate Professional was transporting 4 clients alone when FC #3 and FC #4 eloped. -He knew FC #3 and FC #4 was "up to something" so he followed the van to see what they were going to do. -Each client treatment plan allowed 1 staff to transport the clients. -FC #3 and FC #4 had a history of elopements however the elopement behavior just began in November at the facility.	V 296		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

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becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III

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V 367	Continued From page 6 incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity	V 367		

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V 367	Continued From page 7 (LME) within 72 hours as required. The findings are: Review on 11/21/22 and 11/22/22 of Former Client (FC) #4's record revealed: -14 year old male. -Admitted on 7/30/21. -Diagnoses of Attention Deficit Hyperactivity Disorder Combined, Disruptive Mood Dysregulation Disorder and Intellectual developmental Disorder. Review on 11/22/22 of a facility incident report for FC #4 dated 11/2/22 revealed: -"Consumer became engaged in a verabal confrontation with consumer #1...Staff prompted consumer several more times to refrain from speaking and eventually directed consumer to his room. Consumer walked to his room, changed his shoes, and within 3 seconds waked out the front door of the facility and walked to the right as he left off of the grounds...The police arrived and filed a runaway report..." Review on 11/22/22 of an North Carolina Incident Response Improvement System (NC IRIS) report for FC #4 dated 11/7/22 revealed: -Date of Incident 11/4/22. -Submitted on 11/7/22. -Incident details were the same as the facility incident report dated 11/2/22. Interview on 11/22/22 the Licensee/Qualified Professional stated: -He was responsible for submitting all NC IRIS reports. -FC #4 had not eloped on 11/4/22. -The incident report dated 11/4/22 on the NC IRIS report was a typo. -The date of the incident was 11/2/22 when FC #4	V 367		

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V 367	Continued From page 8 eloped from the facility. -He was unable to submit the NC IRIS report timely because the NC IRIS system was down.	V 367		