STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601461	A. BUILDING: _____ B. WING _____	12/14/2022

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SOLOMON PALACE	913 INTERURBAN AVENUE CHARLOTTE, NC 28208

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 12/14/2022. The complaint (intake #NC00193710) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		01/1/23
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (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	V 109		

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V 109	Continued From page 1 employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 2 Staff (Qualified Professional (QP) and Residential Director) demonstrated competency in knowledge, skills, and abilities required by the population served. The findings are: Review on 11/17/2022 of Client #1's record revealed: -Admitted 04/04/2022. -Diagnosed with Mild Intellectual Development Disability (IDD), Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD) and Oppositional Defiant Disorder (ODD). -Age 15. -Neuropsychological Evaluation dated 01/30/2019 revealed: " ...He (Client #1) has a history of aggressive behaviors toward others. He has reports of self-injurious behaviors including head banging when angry. He has no reported history	V 109	Royal Child Academy will show evidence that Qualified professionals who are providing professional supervision will receive specific professional supervision skills training approved by DMH/DD/SAS within six months of employment when such training becomes available. professionals who are providing supervision will receive specific professional supervision skills training approved by DMH/DD/SAS within six months of employment when such training becomes available. All supervisory personnel must complete a supervisory training program approved by DMH/DD/SAS. Paraprofessionals will demonstrate knowledge, skills and abilities required to serve the client based on the client's individualized treatment or habilitation plan. Before any paraprofessional staff could work with a consumer, it is the Agency policy that the prospective candidate to receive orientation training and demonstrate competency on Abuse, Neglect, Mistreatment and Exploitation of consumers. Other relevant training will focus in detail on prevention, detection and other reporting requirements and procedures. Royal Child Academy highly values the health and safety of people receiving services. Agency will provide additional competency-based training as needed for underreporting and screening of allegation of abuse, Neglect, exploitation etc after evaluation of any incident in question.	1/1/23

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V 109	Continued From page 2 of psychosis or suicidal history ..." Interview on 12/08/2022 with the QP revealed: -Job Title QP. -Hired October 2018. -Ran the day-to-day operations of the facility to include clinical oversight of the program and staff supervision. -Did not complete duties related to the self-harm and allegation of abuse incidents dated 09/26/2022 for Client #1 to include but not limited to; internal investigation, incident report, HCPR (Health Care Personnel Registry) notification, DSS (Department of Social Services) notification, and/or LME/MCO (Local Management Entity/Managed Care Organization) notification. Interview on 12/08/2022 with the Residential Director revealed: -Job Title Residential Director. -QP Credentialed. -Hired November 2018. -"I monitor the day-the-day operations of the group home, review medications, complete staff trainings with [QP], and conduct Management Meetings." -"I supervise [QP] and direct care staff report to [QP] and [QP] report me. I report to [Chief Executive Officer (CEO)/Owner/Licensee]. -Did not complete or ensure the completion of duties related to the self-harm and allegation of abuse incidents dated 09/26/2022 for Client #1 to include but not limited to; internal investigation, incident report, HCPR notification, DSS notification, and/or LME/MCO notification. Interview on 12/06/2022 with the CEO/Owner/Licensee revealed: -QP and Residential Director were responsible for the completion of duties related to the self-harm	V 109	The organization is committed to supporting any professional training necessary to maintain quality of services. The organization recognizes the need and is committed to providing staff with opportunities for growth and training. Professional and non-professional staff will be required to participate in continuing education in order to continue to provide high quality services. It is the policy and obligation of management to ensure that employees are knowledgeable about their job requirements. In service training will be provided on appropriate topics once a month. Agency will provide staff the opportunity for advancement by supporting, encouraging and motivating them to pursue both continue education within and outside the organization. Royal Child Academy implement ongoing In-service training program in order to maintain update and improve staff competency within different areas of service delivery to consumers.	1/1/23

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V 109	Continued From page 3 and allegation of abuse incident dated 09/26/2022 for Client #1 to include but not limited to; internal investigation, incident report, HCPR notification, DSS notification, and/or LME/MCO notification.	V 109	Royal Child Academy will show evidence that all staff are trained upon hire in NCI/EBPI, and they will apply this knowledge by intervening quickly during self-harming, destructive behavior and during all target related behavior that can cause a potential threat to a residents' health and safety. QP will conduct ongoing trainings monthly, clinical supervision (quarterly or bi-yearly), and in-service during monthly staff meetings to ensure all staff understands the importance of ensuring the health and safety of all residents. Staff will also be trained on documentation and reporting policies and procedures when abuse, neglect, exploitation, and self-harming behaviors occurs. with the NCI/EBPI technique learned during the training, the staff will be able to immediately intervene when a resident is engaged in a life-threatening crisis. Staff will apply NCI/EBPI technique to remove any object that may cause physical harm to a residents' health and safety. QP will also ensure the staff is utilizing the 7 core competencies to include Technical Knowledge, Cultural Awareness, Analytical Skills, Decision Making, Interpersonal Skills, Communication Skills, and Clinical Skills on a daily basis when providing supports to the residents served. Person Responsible: CEO	1/1/23
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial	V 132		

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V 132	Continued From page 4 notification to the Department. This Rule is not met as evidenced by: Based on records reviews and interviews, the Qualified Professional (QP) and Residential Director failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel and protect clients during an internal investigation. The findings are: Review on 11/17/2022 of the facility records revealed: -No documentation of an internal investigation or notification to the HCPR for the alleged abuse incident dated 09/26/2022 for Client #1 being hit in the head by Staff #3. -No documentation to support that systems were put in place to protect clients after the allegation of abuse incident dated 09/26/2022 was made against Staff #3. Review on 11/21/2022 of Staff #3's personnel record revealed: -No documentation to support that systems were put in place to protect clients as Staff #3 continued to work after an allegation of abuse	V 132	Royal Child Academy will show evidence that any substantiated and unsubstantiated allegations of abuse, neglect or exploitation is reported to HCPR with-in 24 hrs to 2 business days and during this period, RCA will ensure that allege staff has no access to the resident and any of RCA facilities until a full investigation has been conducted and finalized. The staff will be allowed back to work only after all allegations have been found unsubstantiated. QP will update the HCPR within 5 working days with the result of internal investigation and whether or not the abuse, neglect or exploitation was substantiated or unsubstantiated. Person Responsible: Qualified Professional	1/1/23

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V 132	Continued From page 5	V 132		1/1/23

was made against her on 09/26/2022.

Interview on 11/21/2022 with the local police officer revealed:
-Arrived at the facility on 09/26/2022 due to a 911 distress call.
-"Yes, he (Client #1) said [Staff #3] "bopped" him on the head. I took "bop" to mean hit."
-" ...they (Staff #2, Staff #3, and the Residential Director) were all there and overheard (Client #1 make an allegation of abuse report against Staff #3)."

Interview on 12/05/2022 with Staff #3 revealed:
-Learned of the allegation of abuse against her on 09/26/2022 from local police officers.
-Continued to work with clients without systems in place to protect clients after the allegation of abuse was made against her on 09/26/2022.

Interview on 12/08/2022 with the QP revealed:
-Staff #3 continued to work with clients after the allegation of abuse dated 09/26/2022 was made against Staff #3
-"[Staff #3] was off for 3 days (after the incident), but I don't know if she was placed on leave (administrative)."
-Did not complete an investigation for alleged of abuse incident dated 09/26/2022 for Client #1 being hit in the head by Staff #3.
-Did not put systems put in place to protect clients after the allegation of abuse dated 09/26/2022 was made against Staff #3.
-Did not notify HCPR of the allegation of abuse incident dated 09/26/2022 for Staff #3.

Interview on 12/08/2022 with the Residential Director revealed:
-Learned of the alleged abuse incident against Staff #3 on 09/26/2022 from local police officer.

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V 132	Continued From page 6 -"Yes, I don't remember the name but one of the officers asked me to do an investigation in front of him. I asked them (Staff #2, Staff #3, Client #1, and Client #3) what happened..." -"[QP] collected the statements from [Staff #2 and Staff #3] and I did my own statement." -"I kept it (written statement) because I did not want to lose facts. [Staff #3] was given a suspension pending the investigation and I was told that she (Staff #3) thought she was just off." -"One thing about [Client #1] is that he lies a lot." -Did not complete or provide documentation of an internal investigation for the alleged abuse dated 09/26/2022 for Client #1 being hit in the head by Staff #3. -Did not put systems put in place to protect clients after the allegation of abuse dated 09/26/2022 was made against Staff #3. -Did not notify HCPR of the alleged abuse incident dated 09/26/2022 for Staff #3. Interview on 12/06/2022 with the Chief Executive Officer/Owner/Licensee revealed: -Learned of the alleged abuse incident against Staff #3 on 09/26/2022. -"It (allegation of abuse incident dated 09/26/2022) happened when it was time for her (Staff #3) time to leave anyway, but I don't remember if she (Staff #3) left." -Did not ensure measures were put in place to protect clients after the allegation of abuse dated 09/26/2022 was made against Staff #3. -QP and Residential Director were responsible for the duties related to the allegation of abuse dated 09/26/2022 for Client #1 being hit in the head by Staff #3 to include but not limited too; completing an internal investigation, putting systems in place to protect clients, and notifying HCPR.	V 132		1/1/23

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V 366	Continued From page 7	V 366		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond	V 366		1/1/23

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V 366	Continued From page 8 by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not	V 366		1/1/23

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V 366	Continued From page 9 available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents affecting 1 of 3 audited Clients (#1). The findings are: Review on 11/17/2022 of the facility records revealed: -No incident report for the self-harm incident dated 09/26/2022 for Client #1 cutting his arm multiple times with a broken glass. -No incident report for the alleged abuse incident dated 09/26/2022 for Client #1 being hit in the head by Staff #3. -No Risk/Cause/Analysis for the self-harm	V 366	RCA will implement written policies governing response to level I, II, and III incidents. Royal Child Academy will show evidence that all incidents involving abuse, neglect, and exploitation are reported to IRIS within 72 hours. An internal incident report will be completed within 24hrs and QP will start an internal investigation immediately and gather written statements from all witnesses, staff, and clients. QP will notify the guardian immediately and a phone call followed by a written notice will be sent to the LME/MCO within 24 to 72hrs. QP will also send a written follow-up after all investigation has been completed stating the corrective actions RCA will implement to ensure such incidents don't occur.	1/1/23

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V 366	Continued From page 10 incident dated 09/26/2022 and the alleged abuse incident dated 09/26/2022 for Client #1 to support the incidents had been evaluated to; 1) attend to the health and safety needs of individuals involved in the incident; (2) determine the cause of the incident; (3) develop/implement measures to correct and/or prevent similar incidents; or (4) assign person(s) to be responsible for implementation of the corrective and/or preventive measures. -No documentation to support completion or submission of the written preliminary findings of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the two incidents dated 09/26/2022 for Client #1. Interview on 12/08/2022 with the Qualified Professional (QP) revealed: -"No, I did not (complete incident reports for the self-harm and alleged abuse incidents dated 09/26/2022 for Client #1) ..." -Did not complete Risk/Cause/Analysis for the self-harm incident dated 09/26/2022 and the alleged abuse incident dated 09/26/2022 for Client #1. -Did not complete or submit the written preliminary findings of fact to the LME/MCO within five working days of the two incidents dated 09/26/2022 for Client #1. -Would be hiring someone to ensure completion of incident reporting as required. Interview on 12/08/2022 with the Residential Director revealed: -Did not complete incident reports for the self-harm incident dated 09/26/2022 and the alleged abuse incident dated 09/26/2022 for Client #1. -Did not complete Risk/Cause/Analysis the	V 366	The accused staff will be placed on administration suspension immediately after an allegation of abuse, neglect or exploitation has been made against a staff member. During this period, investigation will be conducted to include interviews with witnesses, staff members, and clients. All internal investigations will take 3-5 business days and the staff will be allowed back to work only after all allegations have been found unsubstantiated. A Client Care Coordinator has been hired and official start date was Jan 1st. The Client Care Coordinator will oversee all investigation involving clients' rights and any cases of abuse, neglect, or exploitation and complete IRIS reports. The Client Care Coordinator will follow reporting policies and procedures according to DHSR and conduct all internal investigation with support and assistance from the QP. During internal investigation, the Client Care Coordinator will gather an independent team that is not directly connected to or overseeing the client to assist with the investigation within 24 hours of incident occurring. The Client Care Coordinator will also utilize camera footages to assist in the investigation process. RCA residential facilities will have cameras installed to protect residents from abuse, neglect, or exploitation.	1/1/23

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V 366	Continued From page 11 self-harm incident dated 09/26/2022 and the alleged abuse incident dated 09/26/2022 for Client #1. -Did not complete or submit the written preliminary findings of fact to the LME/MCO within five working days of the two incidents dated 09/26/2022 for Client #1. Interview on 12/06/2022 with the Chief Executive Officer/Owner/Licensee revealed: -QP and Residential Director were responsible for completing incident reports, Risk/Cause/Analysis, and written preliminary findings of fact submissions to the LME/MCO.	V 366	The Client Care Coordinator will also provide in-service training and consultation to staff regarding human rights and confidentiality of all RCA residents and will assess whether the rights of each resident is being protected. Person Responsible: Residential Director and Client Care Coordinator	1/1/23
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 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;	V 367		

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V 367	Continued From page 12 (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 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.	V 367		1/1/23

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V 367	Continued From page 13 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 report all level III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 audited Clients (#1). The findings are: Review on 11/17/2022 of the facility records revealed: -No IRIS report for the self-harm incident dated	V 367	Royal Child Academy will show evidence that all incidents involving abuse, neglect and exploitation is reported to IRIS with-in 72 hours. An internal incident report will be completed within 24hrs and QP will start internal investigation immediately and gather written statements from all witnesses, staff, and clients. QP will notified the guardian immediately and a phone call followed by a written notice will be sent to the LME/MCO within 24hrs. QP will also send a written follow-up after all investigation has been completed stating the correction actions RCA will implement to ensure such incidents doesn't occur. Person Responsible: Qualified Professional	1/1/23

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09/26/2022 for Client #1 cutting his arm multiple times with a broken glass.
-No IRIS report for the alleged abuse incident dated 09/26/2022 for Client #1 being hit in the head by Staff #3.
-No documentation of LME/MCO notification.

Review on 11/17/2022 of the IRIS from 05/01/2022-11/16/2022 revealed:
-No level III IRIS report submitted for the self-harm incident dated 09/26/2022 for Client #1 cutting his arm multiple times with a broken glass.
-No level III IRIS report submitted for the alleged abuse incident dated 09/26/2022 for Client #1 being hit in the head by Staff #3.

Interview on 12/08/2022 with the Qualified Professional (QP) revealed:
-Became aware of the self-harm incident dated 09/26/2022 and the alleged abuse incident dated 09/26/2022 for Client #1 on 09/26/2022.
-Did not complete IRIS reports for the self-harm incident or the alleged abuse incident dated 09/26/2022 for Client #1.
-Did not report the self-harm incident dated 09/26/2022 or the alleged abuse incident dated 09/26/2022 for Client #1 to the LME/MCO within 72 hours of becoming aware of the incident.

Interview on 12/08/2022 with the Residential Director revealed:
-Became aware of the self-harm incident dated 09/26/2022 and the alleged abuse incident dated 09/26/2022 for Client #1 on 09/26/2022.
-Did not complete IRIS reports for the self-harm incident or the alleged abuse incident dated 09/26/2022 for Client #1.
-Did not report the self-harm incident dated 09/26/2022 or the alleged abuse incident dated 09/26/2022 for Client #1 to the LME/MCO within

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V 367	Continued From page 15 72 hours of becoming aware of the incident.	V 367		1/1/23
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing	V 500		

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V 500	Continued From page 16 the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse are reported to the County Department of Social Services (DSS). The findings are: Review on 11/17/2022 of the facility records revealed: -No notification to the County DSS for the alleged abuse incident dated 09/26/2022 for Client #1 being hit in the head by Staff #3. Interview on 12/08/2022 with the Qualified	V 500	Royal Child Academy will show evidence that any substantiated and unsubstantiated allegations of abuse, neglect or exploitation is reported to DSS with-in 2 business days and during this period, RCA will ensure that allege staff has no access to resident and any of RCA facilities until a full investigation has been conducted and finalized. The staff will be allowed back to work only after all allegations have been found unsubstantiated.	1/1/23

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V 500	Continued From page 17 Professional (QP) revealed: -"No, we did not (report alleged abuse incident dated 09/26/2022 to DSS)." -"As an agency, we did not contact CPS (Child Protective Services)." Interview on 12/08/2022 with the Residential Director revealed: -"No, I did not do it (report alleged abuse incident dated 09/26/2022 to DSS) myself. I believe [QP] did it." Interview on 12/06/2022 with the Chief Executive Officer/Owner/Licensee revealed: -QP and Residential Director were responsible for notifying DSS of the allegation of abuse incident dated 09/26/2022 for Client #1. -Did not ensure that the County DSS was notified of Client #1's allegation of abuse incident dated 09/26/2022.	V 500	The Client Care Coordinator will oversee all investigation involving clients' rights and any cases of abuse, neglect, or exploitation and complete IRIS reports. The Client Care Coordinator will follow reporting policies and procedures according to DHSR and conduct all internal investigation with support and assistance from the QP. During internal investigation, the Client Care Coordinator will gather an independent team that is not directly connected to or overseeing the client to assist with the investigation within 24 hours of incident occurring. The Client Care Coordinator will also utilize camera footages to assist in the investigation process. All RCA residential facilities have cameras installed to protect residents from abuse, neglect, or exploitation. The Client Care Coordinator will also provide in-service training and consultation to staff regarding human rights and confidentiality of all RCA residents and will assess whether the rights of each resident are being protected. Person Responsible: Qualified Professional and Client Care Coordinator	1/1/23
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual	V 512		

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V 512	Continued From page 18 characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on records review and interviews, 4 of 6 audited Staff (#1, #2, #3, and Chief Executive Officer (CEO)/Owner (O)/Licensee (L)) neglected 1 of 3 Clients (#1). The findings are: Reviews on 11/17/2022 of Client #1's record revealed: -Admitted 04/04/2022. -Diagnosed with Mild Intellectual Developmental Disability (IDD), Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD) and Oppositional Defiant Disorder (ODD). -Age 15. -Neuropsychological Evaluation dated 01/30/2019 revealed: " ...He has a history of aggressive behaviors toward others. He has no reported history of psychosis or suicidal history ..." -Behavior Support Plan dated 04/22/2022 revealed: " ...Behavior concerns; emotional outbursts, yelling, cursing, making threats, may or may not include property destruction, aggression, and/or elopement..." Review on 11/21/2022 of Staff #1's personnel record revealed: -Hire date 05/11/2022.	V 512	Royal Child Academy will show evidence that with the NCI/EBPI techniques learned during the training, the staff will be able to immediately intervene when a resident is engaged in a life-threatening crisis. Staff will apply NCI/EBPI technique to remove any object that may cause physical harm to a residents' health and safety. Royal Child Academy recommends the support from two staff during physical intervention. A therapeutic hold maybe used and authorized by RD and QP only if the residents' behavior poses a threat to their health and safety and that of other residents. Staff will be required to always put the needs of the resident first during all interventions relating to crisis de-escalation. The staff is also encouraged to contact law enforcement to assist with crisis de-escalation but should utilize every measure to ensure the resident's health and safety until law enforcement arrives. The staff will ensure a safe home environment by following all safety requirements to prevent harm to the residents we support.	1/1/23

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V 512	Continued From page 19 -Job title Direct Support Professional (DSP). -Evidenced Based Protective Interventions (EBPI) Training 07/03/2022. -Advanced Intervention Measures (AIM) Training dated 08/18/2022 revealed: "Advanced Intervention Measures Training(s): Modules Completed: Level 1: Preventative Strategies, Level 2: Least Intensive Physical Support Strategies and Level 3: Most Intensive Physical Support Strategies." Review on 11/21/2022 of Staff #2's personnel record revealed: -Hire date 07/13/2022. -Job title DSP. -EBPI Training. -AIM Training dated 04/26/2022 revealed: "Advanced Intervention Measures Training(s): Modules Completed: Level 1: Preventative Strategies, Level 2: Least Intensive Physical Support Strategies and Level 3: Most Intensive Physical Support Strategies." Review on 11/21/2022 of Staff #3's personnel record revealed: -Hire date 04/28/2022. -Job title DSP. -EBPI Training 03/21/2022. -AIM Training dated 03/21/2022 revealed: "Advanced Intervention Measures Training(s): Modules Completed: Level 1: Preventative Strategies, Level 2: Least Intensive Physical Support Strategies and Level 3: Most Intensive Physical Support Strategies." Review on 12/09/2022 of the CEO/O/L personnel record revealed: -Hire date 11/01/2018. -No documentation of EBPI or AIM Trainings.	V 512	RCA will involve the entire team consisting of the MCO, Behavior Support Specialist, Psychiatrist, Therapist to work on a resolution for behavior reduction to include medication changes, monthly staff trainings from the Behavior Specialist on new strategies and coping skills to apply during crisis, a possible form of therapy to include ABA therapy/outpatient or intensive in home therapy and changes in staffing by RCA at the group home. Person Responsible: Qualified Professional	1/1/23

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V 512	Continued From page 20 Review on 11/22/2022 of a document titled Local Hospital After Visit Summary for Client #1 dated 09/28/2022 revealed: -Inpatient from 09/28/2022-10/10/2022. -"Reason for admission: Pt (patient) is a 15 yo (year old) male with a hx (history) of DMDD and ADHD, brought into the ED (emergency department) by Medic after self-injurious behavior (superficial cuts on right forearm with glass) ..." Interview on 11/22/2022 with a local Police Officer revealed: -Arrived at the facility on 09/26/2022 due to a 911 distress call. -"[Client #1] was sitting in a chair on the porch with a piece of broken glass in his hand. He had 10-15 small cuts on his arm. I took the glass out of his hand and threw it. He was not combative or resistant." -" ... there were 3 adults and another child there." -Staff #2, Staff #3, and the Residential Director were standing next to Client #1. -" ... It was pretty common sense to remove it (broken glass) from him, so that is what I did." -Called medics to assess Client #1. -"So, I told them (Staff #2, Staff #3, and the Residential Director) that someone needed to go with him (Client #1) to the hospital, otherwise, he would be a minor at the hospital alone. So, after that a staff got in the car and followed the ambulance." Interview on 11/22/2022 with Client #1's Department of Social Services (DSS) Guardian revealed: -Informed on 09/26/2022 by local police officers that Client #1 had cut himself with a broken piece of glass. -" ... [Client #1] will hurt you, but he has never tried to hurt himself, which is what I told the	V 512		1/1/23

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officers (local police). I have never heard [Client #1] say that he would hurt himself and I have never seen [Client #1] self-harm. If he is mad, he will try to hurt you but never himself."

Attempted interviews on 11/17/2022, 11/21/2022, and 12/06/2022 were unsuccessful due to Client #1's refusal to speak with Division of Health Service Regulation surveyor.

Interview on 11/17/2022 with Staff #1 revealed:
-Received a call from Staff #2 and Staff #3 on 09/26/2022 informing him that Client #1 was exhibiting property destruction and self-harm behaviors.
-"He (Client #1) was trying fight to another client and staff tried to stop him and he got mad. He started hitting the wall and hitting the staff. He broke the window, put a hole in the wall, he ran behind the house and started to cut himself."
-Arrived at the facility before the local police officers and witnessed Client #1 cutting himself.
-"They (Staff #2 and Staff #3) took the piece of glass from him and then he got another piece and started to cut himself again."
-"Initially, we called (911) and asked for just police."
-Watched Client #1 cut himself until local police arrived and confiscated the broken glass.
-Medics came to assess Client #1 and Staff #3 followed the ambulance to the hospital.

Interview on 11/17/2022 with Staff #2 revealed:
-"That day he (Client #1) was hitting the other clients, went into the staff office, so we took him from the office. He went in his room and burst the window and took glass and he started to cut himself. I started to yell, telling him to stop and he said I should not go near him, or he would cut himself deeper and cut me too. We called

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[CEO/O/L] and she said call 911. In the process of calling 911, we tried to redirect him. I told him to give me the glass that he was cutting himself with and he did not do it until the police came."
-Did not request medics during the 911 call.
-Watched Client #1 cut himself until local police arrived and confiscated the broken glass.

Interview on 12/05/2022 with Staff #3 revealed:
-"He (Client #1) hit the wall, broke his window, and started fighting with the other clients. He went outside to get a broken bottle out the neighborhood. We tried to get it (piece of glass) from him, and he started to stab himself."
-Did not request medics during the 911 call.
-Watched Client #1 cut himself for approximately 10-15 minutes from the time 911 was called and local police arrived.
-Did not go to the hospital with Client #1.

Interview on 12/08/2022 with the Qualified Professional (QP) revealed:
-Was not present when during the 9/26/22 incident involving Client #1 but was notified by the Residential Director.
-Residential Director arrived after local police.
-" ...We told them (staff) that they need to intervene. The NCI (Nonviolent Crisis Intervention) trainer will be coming back out to train staff, so they are able to intervene and support him (Client #1) better in a crisis. We will make sure everyone intervenes quickly."

Interview on 12/08/2022 with the Residential Director revealed:
-Arrived at the facility after the local police on 09/26/2022.
-Did not witness Client #1 cutting himself.

Interview on 12/06/2022 with the CEO/O/L

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	MHL0601461	A. BUILDING: _____ B. WING _____	12/14/2022

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revealed:
-Was on Video Chat with Staff #2 and Staff #3 on 09/26/2022 when Client #1 was cutting himself.
-"We (Staff #2, Staff #3, and CEO/O/L) were around watching him."
-"I told them (Staff #2 and Staff #3) to call the police. At that time, it was not a big cut. In the beginning, he had the glass, and he was just threatening to cut staff if they got close."
-"I did not want them to place him in a therapeutic hold, because sometimes with him if you add force, it gets worse with him. So, that's why I did not want them to restrain him and sometimes he just wants to prove a point."
-" ...it was not a real cut, and he (Client #1) was playing with the thing (piece of glass). We were not trying to apply force with him, because it gets worse. With him once you go high, he goes higher, and he is fearless. If you are able to compose yourself and not get to his level, he will calm down unless there are guys (male staff). He did not cut himself deep and there was just marks there. He is the last person to hurt himself. He will hurt others, but not himself."

Review on 12/09/2022 of the Plan of Protection (POP) dated 12/09/2022 and signed by the QP revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will be retrained on NCI (Nonviolent Crisis Intervention) on Monday, 12/12/22. RCA (Royal Child Academy/Licensee) will report to all parties including completing IRIS (Incident Response Improvement System) report within 72 hours of incident occurring. Ongoing Staff training on intervention will be conducted weekly to ensure incident doesn't reoccur. Staff meeting dates 12/8/22, 12/15/22, 12/22/222, and 12/29/22. Describe your plans to make sure the above

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happens.
Staff will immediately intervene and remove any sharp object that can cause physical harm to his health and safety. QP discussed using therapeutic hold if the crisis poses potential threat to his safety. RCA is in the process of hiring a Client Care Coordinator to oversee investigation and also ensure client rights. He start Jan (January) 1, 2023."

Client #1 was a 15-year-old male diagnosed with Mild IDD, PTSD, ADHD, DMDD, and ODD. His risk histories included aggression toward others, yelling, cursing, making threats, property destruction, and elopement. Staff #1, Staff #2, and Staff #3 were trained in the following Advance Intervention Measures Modules; Level 1- Preventative Strategies, Level 2- Least Intensive Physical Support Strategies and Level 3- Most Intensive Physical Support Strategies. Client #1 broke his bedroom window, picked up a piece of the broken glass, and proceeded to cut himself on 09/26/2022. Staff #2 and Staff #3 confiscated the broken glass from him, after which, he ran outside, found another piece of broken glass, and started to cut himself again. Staff #1, Staff #2, and Staff #3 watched as Client #1 repeatedly cut himself for approximately 15 minutes until local police officers arrived at the facility. Staff #1, Staff #2, and Staff #3 failed to prevent Client #1 from cutting himself, assess his injuries, and/or request medical assistance. The CEO/O/L was on Video Chat with Staff #2 and Staff #3 during the incident and watched Client #1 cut himself repeatedly with a piece of glass. The CEO/Owner/Licensee failed to ensure that Staff #1, Staff #2 and Staff #3 prevented Client #1 from cutting himself or that medical assistance was requested to assess Client #1. Although, facility staff had received evidenced based and

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V 512	Continued From page 25 advanced interventions trainings, they did not use strategies to prevent or reduce Client #1's self-injurious behaviors. Local police officers intervened due facility's staff failures and confiscated the broken glass from Client #1, requested medical transport, and prompted the facility's staff to follow the ambulance to the local hospital. As a result, Client #1 was admitted and treated at a local hospital for superficial arm wounds and psychiatric stabilization. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512	Royal Child Academy will show evidence that all damages caused to the property by a resident during a destruction behavior will be documented as an incident and repairs will be completed within 24hrs-48 hrs. All residential facilities will be kept clean indoor and outdoor, and in a sanitary condition and in good repair. The staff will support and assist the residents with cleaning their common area of their home and bedrooms/bathroom and will utilized their personal ADLs goals for cleaning their personal space to accomplish this task. RCA will ensure that the outside structure and landscape of the home is presentable to community members and the home blends in with other homes in the neighborhood. RCA will ensure windows in all residents' bedroom and common areas are covered with blinds to protect their privacy in the home setting. All RCA staff will ensure cleanliness of the home to include mopping of the floors, vacuum, dusting, cleaning the bathroom and kitchen and the home will have a welcoming smell and free from odor.	1/1/23
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, attractive, and orderly manner. The findings are: Observation on 11/17/2022 at approximately 10:45 am of Client #1's bedroom revealed: -No blinds.	V 736		

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V 736	Continued From page 26 -Cardboard box covering window. -Clothes, food remnants, empty food and drink containers under the bed and covering the entire floor surface. Attempted interviews on 11/17/2022, 11/21/2022, and 12/06/2022 were unsuccessful due to Client #1's refusal to speak with Division of Health Service Regulation (DHSR) surveyor. Interview on 11/17/2022 with Staff #1 revealed: -"We provide direction for clients to clean their room but we will not do it (clean) for them." Interview on 11/17/2022 with Staff #2 revealed: -"[Client #1] will not keep his room clean." Interview on 12/06/2022 with the Chief Executive Officer/Owner /Licensee revealed: -"He (Client #1) will not clean his room. He will clean outside the home but not here (the facility), because he will just be defiant."	V 736	All residents furnishing will be replaced /repaired within 24 to 48 hours when they have caused destruction and damages to their property. Person Responsible: Residential Director	1/1/23
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.	V 774		

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V 774	Continued From page 27 This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to ensure minimum furnishings for client's bedrooms affecting 2 of 3 Clients (#1 and #3). The findings are: Observation on 11/17/2022 at approximately 10:45 am of Client #1's bedroom revealed: -No nightstand present. -Clothes hanging out of an open suitcase on the floor. Observation on 11/17/2022 at approximately 10:33 am of Client #3's bedroom revealed: -No nightstand present. Attempted interview on 11/17/2022, 11/21/2022, and 12/06/2022 were unsuccessful due to Client #1's refusal to speak with Division of Health Service Regulation (DHSR) surveyor. Interview on 12/06/2022 with Client #3 revealed: -Client #3 was not sure how long he had been without a nightstand. Interview on 11/17/2022 and 12/05/2022 with Staff #1 revealed: -Client #1 broke his nightstand approximately five days prior to DHSR surveyor arrival. -Client #3 broke his nightstand maybe a week or two ago. Interview on 11/17/2022 and 12/05/2022 with Staff #2 revealed: -"They (Clients #1 and #3) both broke them (nightstands)."	V 774	Royal Child Academy will show evidence that the residents' bedroom has furniture to include a bed and beddings/pillows, a storage drawer for storing clothes and personal items, a nightstand, and a table lamp. RCA staff will support and assist residents with organizations of their rooms, hanging of clothes in their closet, washing and folding clothes and beddings/linens and overall ensuring a cleaned, organized, and sanitary environment. Staff will assist all residents in following their structured schedule as it relates to breakfast, snack, lunch, and dinner and will monitor to ensure all eating of food is done in the dinning area and not in their bedrooms. The QP will conduct weekly monitoring of residents' bedroom to ensure their personal space is in a clean and sanitary condition. All the residents have an ADL goal to clean their bedrooms and staff is reminded to first encourage the residents to complete task of cleaning their bedroom independently and will offer to assistance and praises with this process as needed. However, when a resident refuses to accomplish this task of cleaning their room, staff is encouraged to complete this cleaning task and document on the goal documentation sheet (goal not met). The staff is reminded to always avoid over prompting the resident to achieve a positive outcome.	1/1/23

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V 774	Continued From page 28 -"I think one client for one week and the other for a few days (nightstands had been broken)." -"He (Client #1) can keep his clothes in the suitcase." Interview on 12/05/2022 with Staff #3 revealed: -Clients #1 and #3's nightstands had been broken for one day. Interview on 12/08/2022 with the Qualified Professional revealed: -Replaced Clients #1 and #3's broken nightstands. Interview on 12/06/2022 with the Chief Executive Officer/Owner/Licensee revealed: -"We replaced them (broken nightstands)."	V 774	Person Responsible: Residential Director	1/1/23