

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-220 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/23/2023 |
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| NAME OF PROVIDER OR SUPPLIER HEALTHY CHOICES | STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVE STREET KINGS MOUNTAIN, NC 28086 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed January 23, 2023. The complaint was substantiated (Intake# NC00196434). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients and 1 former client.</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; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have</p> | V 109 | | |

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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>met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(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.</p> <p>(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 review and interview, 1 of 1 Qualified Professional (QP), failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interview, the facility staff failed to develop and implement goals and strategies to address the client needs for 1 of 4 current clients (Client #4).</p> <p>Cross Reference: 10A NCAC 27G.1704 Minimum Staffing Requirements (V296). Based on observation, interview and record review, the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents were present and awake affecting 4 of 4 current clients (Clients #1, #2, #3 and #4).</p> | V 109 | | |

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| V 109 | <p>Continued From page 2</p> <p>Cross Reference: 10A NCAC 27G.0603 Incident Response Requirements for Category A and B Providers (V366). Based on record review and interview, the facility failed to implement written policies governing their response to incidents.</p> <p>Cross Reference: 10A NCAC 27G.0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record review and interview, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident.</p> <p>Review on 1/10/23 of the QP's personnel record revealed: -Date of hire - 8/15/22.</p> <p>Interview on 1/11/23 with the QP revealed: -His duties included supervision of all paraprofessionals, scheduling, attending treatment team meetings, scheduling medical appointments, homeschooling, conducting staff meetings, medication reviews, and conducting incident reports.</p> <p>Review on 1/20/23 of the Plan of Protection dated 1/20/23 written by the facility President revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? -Two staff memebers will work at all times. -Two staff memebers will transport clients at all times. -All level two incidents will be reported to IRIS in 48 hrs (hours) -Add safety plan to [Client #'s] PCP (Person-Centered Profile) to address AWOL (Absent Without Official Leave)</p> | V 109 | | |

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| V 109 | <p>Continued From page 3</p> <p>-Describe your plans to make sure the above happens. -QP will make changes to work schedule by Feb 1 (February, 2023), to address staffing ratio and transportation concerns. -QP will personally enter all level two incidents into IRIS (Incident Response Improvement System) within 48 hours -QP will schedule CFT (Child and Family Team) and update PCP by Feb 10 2023."</p> <p>Review on 1/20/23 of an addendum to the Plan of Protection dated 1/20/23 written by the facility President revealed: -"[Facility President] will oversee changes to schedule and the incident reporting to IRIS."</p> <p>The clients at this facility were between the ages of 9 and 12 years old with diagnoses including Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, Borderline Intellectual and Developmental Disability, Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, Depression, Impulse Control Disorder, and Conduct Disorder. This is a staff secure facility and the minimum requirements of 2 staff for every one to four clients was not met. During transport with one staff member there were 2 incidents of fighting between clients and a third client was asked to physically intervene and held down another client. There was 1 incident of a client jumping out of the van. Client #4 had a history of running away behavior and there were at least 3 incidents of this since September 2022. His treatment plan did not include goals and strategies in an attempt to reduce or prevent him from running. Incident reports were not completed on all incidents which involved the</p> | V 109 | | |

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| V 109 | Continued From page 4 police as level II reports and not submitted to the Incident Response Improvement System. Incident reports that were completed did not have an analysis or corrective plan in attempt to prevent future occurrences. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 109 | | |
| V 110 | 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) 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 | V 110 | | |

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| V 110 | <p>Continued From page 5</p> <p>(7) clinical skills. (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: Based on record review and interview, 1 of 2 audited paraprofessionals, (Staff #1), failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 1/13/23 of Staff #1's personnel record revealed: -Date of hire - 9/19/22. -10/3/22 trainings- Special Population, Cultural Competency and Client Rights.</p> <p>Review on 1/12/23 of Client #1's record revealed: -Admission date of 10/18/22. -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Unspecified Disruptive Disorder, Impulse-Control, Conduct Disorder, and Other Specified Trauma-and Stressor-Related Disorder. -10 years old.</p> <p>Review on 1/12/23 of Client #2's record revealed: -Admission date of 5/5/22. -Diagnoses of PTSD, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Unspecified Depressive Disorder and Autism Spectrum Disorder.</p> | V 110 | | |

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| V 110 | <p>Continued From page 6</p> <p>-12 years old.</p> <p>Review on 1/12/23 of Client #3's record revealed: -Admission date of 3/15/21. -Diagnoses of PTSD, ADHD, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), and Nocturnal Enuresis. -11 years old.</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old.</p> <p>Interview on 1/10/23 with Client #2 revealed: -Was currently on restriction, starting today for being restrained at school, and he had to stay in his room. -Used to have to do sit-ups and push-ups; Staff #1 gave the Qualified Professional (QP) this idea and "he checked off on it."</p> <p>Interview on 1/10/23 with Client #3 revealed: -There were food restrictions; only get peanut butter sandwiches or Ramen noodles. -The staff "boast" and say, "oh this is so good" when eating prepared foods and staff "...encourage other kids to do it." -Staff #1 was the only staff who did this; He said "oh this stuff looks juicy." -Staff #1 "thinks he can put people on restriction for weeks ...the max is three days ..." -Staff #1 "makes up his own rules; He says "...You can't get good food if on restriction and he can take toys if want to...forever..." -His toys had been taken away due to restriction, but he got them back.</p> <p>Interview on 1/10/23 with Client #4 revealed: -Staff #1 called him "fat boy, slow ...says he'll lose</p> | V 110 | | |

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| V 110 | <p>Continued From page 7</p> <p>his job over me"</p> <p>-When on restriction the only food allowed was peanut butter and bread or plain noodles with no seasoning and a little cup of water.</p> <p>-During meals Staff #1 says, "Look what they got...you're missing out...."</p> <p>Interview on 1/17/23 with Staff #1 regarding client goals revealed:</p> <p>-Client #1 - had a "...smart mouth...Mr. after the fact."</p> <p>-Client #2 - "...Mr. I don't know." That was always his first answer to everything, "I don't know..."</p> <p>-Client #3 - "...lazy...Mr. in everybody's business..." He doesn't like to take showers. "He's my Mr. hygiene guy...he doesn't like to smell good..."</p> <p>-Client #4 - "...lies...my fat boy...Mr. talk back...he gets antsy for violence...."</p> <p>Interviews on 1/19/23 with the QP and the facility President revealed:</p> <p>-They felt like this was a "play on words" as well as a "culture thing."</p> <p>-It was a way to "build rapport...make heart of a light situation...fat boy was a bonding thing with [Staff #1]...to build a connection or bond...not used as derogatory as he's a little overweight himself..."</p> <p>Review on 1/20/23 of the Plan of Protection dated 1/20/23 written by the facility President revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>-QP will meet monthly with Paraprofessional to discuss issues that are important to the over all running of the facility.</p> <p>-QP will ensur that staff are familiar with all regulatory guildelines governing facility</p> | V 110 | | |

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| V 110 | <p>Continued From page 8</p> <p>-Describe your plans to make sure the above happens. -QP will meet face to face with all Paraprofessionals by March 1, 2023."</p> <p>Review on 1/20/23 of an addendum to the Plan of Protection dated 1/20/23 written by the facility President revealed: -"[Facility President] will oversee completion of face to face meetings with staff members."</p> <p>The clients at this facility were between the ages of 9 and 12 years old with diagnoses including Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, Borderline Intellectual and Developmental Disability, Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, Depression, Impulse Control Disorder, and Conduct Disorder.</p> <p>Staff #1 used derogatory nicknames for each of the clients which described their characteristics or behaviors. Client #4 expressed how Staff #1 called him "Fat Boy." Staff #1 teased clients who were on restriction and encouraged other clients to do the same. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p> | V 110 | | |
| V 112 | <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> | V 112 | | |

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| V 112 | <p>Continued From page 9</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to develop and implement treatment strategies to address the client needs for 1 of 4 clients (Client #4). The findings are:</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD (Oppositional Defiant Disorder).</p> | V 112 | | |

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| V 112 | <p>Continued From page 10</p> <p>-9 years old.</p> <p>Review on 1/12/23 of Client #4's Comprehensive Clinical Assessment Addendum dated 11/29/21 revealed: -"...exhibits angry/irritable mood; argumentative; vindictiveness; doesn't care about losing privileges; ignores directives; manipulates adults against each other; tests limits; and unwilling to compromise..."</p> <p>Review on 1/12/23 of Client #4's most recent Person-Centered Profile dated 12/10/22 revealed: -"Where am I now in the process of achieving this outcome?...[Client #4] continues to display inappropriate and negative behaviors. [Client #4] does not abide by or follow rules given to him by authority figures. [Client #4] struggles within his home setting as evidenced by him engaging in verbal and physical altercations with his parents, and leaving the home without permission..." -Goals were to work on behaviors so he didn't get into trouble, do what he was told and follow rules, receive at least 7-8 hours of sleep each night, and take his medications as prescribed. -There were no goals or strategies to address the client's running away behavior.</p> <p>Review on 1/12/23 of the "Communications Event Report" (911 calls) from 10/1/22 to 1/12/23 provided by local police department revealed: -10/6/22 at 9:49 a.m. - nature of call was missing person; Client #4 "went missing" per staff member at facility. -10/10/22 at 8:14 a.m. - nature of call was missing person; "[Client #4] is gone again...left 15-20 minutes ago..." -On 1/1/23 at 6:20 p.m. - nature of call was missing person from the facility's address; The caller and client was not identified in the report.</p> | V 112 | | |

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| V 112 | <p>Continued From page 11</p> <p>Interview on 1/17/23 with Staff #1 revealed: -Worked at the facility since the end of September 2022 (9/19/22). -Client #4 ran away since he started working at the facility. -Client #4 had goals to decrease anger and violence; the first thing he does when he gets into trouble was run away. -They try to show him he was punishing himself; Tell him he "doesn't really hurt anyone but you" due to him being put on punishment. -As far as strategies to prevent him from running, "really can't with him...he already has a plan so to say..."</p> <p>Interview on 1/17/23 with the Qualified Professional revealed: -The day program developed the treatment plans, they were the "clinical home." -Attended all the treatment team meetings. -Client #4's goals were to teach life skills and be respectful. -Client #4's goals were to be aware of his triggers and being attentive to him. -Knowing when he started pacing, getting frustrated, or talking back, "at the end of the day he's going to jump out of the window..." -Try to get him to think of the consequences of his actions, that he could get hurt and would get put on restriction. -Client #4 was the only client who had running behaviors; He did not start running until around September 2022. -Client #4 gets upset because he "can't really talk to family when he wants to - phone restrictions - until get acclimated to being here...."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0203 Competencies of Qualified</p> | V 112 | | |

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| NAME OF PROVIDER OR SUPPLIER HEALTHY CHOICES | STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVE STREET KINGS MOUNTAIN, NC 28086 |
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| V 112 | Continued From page 12 Professionals and Associate Professionals (V109) for a Type A2 rule violation and must be corrected within 23 days. | V 112 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are: Review on 1/11/23 of the facility's fire and disaster drill logs revealed no documentation of fire drills for: -January-March 2022 (First Quarter): 1st, 2nd and 3rd shifts. -April-June 2022 (Second Quarter): 1st, 2nd and 3rd shifts. -July-September 2022 (Third Quarter)- 1st, 2nd, and 3rd shifts. | V 114 | | |

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| V 114 | <p>Continued From page 13</p> <p>Disaster drills: -January-March 2022 (First Quarter): 1st, 2nd and 3rd shifts. -April-June 2022 (Second Quarter): 1st, 2nd and 3rd shifts. -July-September 2022 (Third Quarter) - 1st, 2nd, and 3rd shifts. -October-December 2022 (Fourth Quarter) - 1st, 2nd, and 3rd shifts.</p> <p>Interview on 1/11/23 the Qualified Professional revealed: -There were 3 shifts: -1st-7:00 a.m.-3:00 p.m. -2nd-3:00 p.m.-11:00 p.m. -3rd -11:00 p.m.-7:00 a.m. -They had recently returned to the facility as they had an emergency relocation due to the floors being repaired at the facility. -They did fire drills at their emergency location, but he did not have the documentation. -They returned to the facility in September 2022.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114 | | |
| V 116 | <p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a</p> | V 116 | | |

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| V 116 | <p>Continued From page 14</p> <p>permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 4 clients (Client #4). The findings are:</p> | V 116 | | |

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| V 116 | <p>Continued From page 15</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of Oppositional Defiant Disorder. -9 years old.</p> <p>Observation on 1/11/13 at 11:34 a.m. of Client #4's medications revealed: -Aripiprazole (antipsychotic) 5 mg (milligrams) - 1 tablet at HS (hour of sleep). -Guanfacine HCL (Attention-Deficit Hyperactivity Disorder (ADHD)) 3 mg - 1 tablet at HS. -Concerta (ADHD) 36 mg - 1 tablet at HS. -Fluoxetine HCL (antidepressant) 20 mg - 1 tablet at HS. -Melatonin (sleep) 3 mg - 1 tablet at HS.</p> <p>Observation and interview on 1/13/23 at approximately 11:30 a.m. with the Qualified Professional revealed: -When Client #4 went on home visits the staff put his medication in a "pill traveler." -Showed surveyor a plastic pill box with several individual slots to place pills in. -Put the a.m. pills in the top portion and the p.m. pills in the bottom half. -Client #4 just went on a home visit recently over the Thanksgiving and Christmas breaks. -Did not realize putting Client #4's pills in the plastic container was considered dispensing.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V116) for a Type B rule violation and must be corrected within 45 days.</p> | V 116 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> | V 118 | | |

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| V 118 | <p>Continued From page 16</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe</p> | V 118 | | |

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| V 118 | <p>Continued From page 17</p> <p>medications affecting 3 of 4 clients (Clients #1, #2 and #4) and failed to ensure unlicensed staff were trained by a legally qualified person to administer medications for 3 of 3 staff (Qualified Professional, Staff #1 and Staff #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V116). Based on record review, interview, and observation, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 4 clients (Client #4).</p> <p>Finding #1:</p> <p>Review on 1/12/23 of Client #1's record revealed: -Admission date of 10/18/22. -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Unspecified Disruptive Disorder, Impulse-Control, Conduct Disorder, and Other Specified Trauma-and Stressor-Related Disorder. -10 years old. -There were no physician orders for Melatonin 1 milligram (mg) - 1 tablet at HS (hour of sleep); Risperidone 0.25 mg - 1 tablet at HS and Clonidine HCL 0.1 mg - 1 tablet at HS.</p> <p>Observation on 1/11/23 at 10:42 a.m. of Client #1's medications revealed: -Desmopressin Acetate (hormone) 0.1 mg - 4 tablets at bedtime. -Melatonin (sleep) 1 mg - 1 tablet at HS. -Risperidone (antipsychotic) 0.25 mg - 1 tablet at HS. -Clonidine HCL (sedative) 0.1 mg - 1 tablet at HS.</p> | V 118 | | |

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| V 118 | <p>Continued From page 18</p> <p>Review on 1/11/23 of Client #1's MARs from October 2022 through present date revealed: -All medications were given as observed on the above medication bottles. -Initials of the Qualified Professional (QP), Staff #1 and Staff #2 were on all the MARs indicating they gave the medications during their assigned shift.</p> <p>Review on 1/13/23 of Client #1's newly obtained physician orders revealed: -11/1/22 - Melatonin 1 mg - 1 tablet at HS and Risperidone 0.25 mg - 1 tablet once a day. -12/19/22 - Clonidine HCL 0.1 mg - 1 tablet at HS.</p> <p>Review on 1/12/23 of Client #2's record revealed: -Admission date of 5/5/22. -Diagnoses of PTSD, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Unspecified Depressive Disorder and Autism Spectrum Disorder. -12 years old. -There were no orders for Latuda 20 mg - 1 tablet in the a.m.; Hydroxyzine HCL 10 mg - 1 tablet at HS and Melatonin 3 mg - 1 tablet at HS.</p> <p>Observation on 1/11/23 at 10:48 a.m. of Client #2's medications revealed: -Latuda (antipsychotic) 20 mg - 1 tablet in the a.m. -Hydroxyzine HCL (antihistamine) 10 mg - 1 tablet at HS. -Melatonin 3 mg - 1 tablet at HS. -Guanfacine HCL (ADHD) 2 mg - 1 tablet in the a.m.</p> <p>Review on 1/11/23 of Client #2's MARs from October 2022 through present date revealed: -All medications were given as observed on the</p> | V 118 | | |

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| V 118 | <p>Continued From page 19</p> <p>above medication bottles.</p> <p>-Initials of the QP, Staff #1 and Staff #2 were on all the MARs indicating they gave the medications during their assigned shift.</p> <p>Review on 1/13/23 of Client #2's newly obtained physician orders revealed:</p> <p>-9/30/22 - Latuda 40 mg 1 tablet daily.</p> <p>-1/10/23 - Latuda 20 mg - 1 tablet in the a.m.</p> <p>-10/18/22 - Hydroxyzine HCL 10 mg - 1 tablet at HS.</p> <p>-10/18/22 - Melatonin 3 mg - 1 tablet at HS.</p> <p>Review on 1/12/23 of Client #4's record revealed:</p> <p>-Admission date of 11/24/21.</p> <p>-Diagnosis of Oppositional Defiant Disorder.</p> <p>-9 years old.</p> <p>-There were no orders for Aripiprazole 5 mg - 1 tablet at HS and Melatonin 3 mg - 1 tablet at HS.</p> <p>Observation on 1/11/23 at 11:34 a.m. of Client #4's medications revealed:</p> <p>-Aripiprazole (antipsychotic) 5 mg - 1 tablet at HS.</p> <p>-Guanfacine HCL 3 mg - 1 tablet at HS.</p> <p>-Concerta (ADHD) 36 mg - 1 tablet at HS.</p> <p>-Fluoxetine HCL (antidepressant) 20 mg - 1 tablet at HS.</p> <p>-Melatonin 3 mg - 1 tablet at HS.</p> <p>Review on 1/11/23 of Client #4's MARs from October 2022 through present date revealed:</p> <p>-All medications were given as observed on the above medication bottles.</p> <p>-Initials of the QP, Staff #1 and Staff #2 were on all the MARs indicating they gave the medications during their assigned shift.</p> <p>Review on 1/13/23 of Client #4's newly obtained physician orders revealed:</p> <p>-12/12/22 - Aripiprazole 5 mg - 1 tablet daily.</p> | V 118 | | |

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| V 118 | <p>Continued From page 20</p> <p>-10/18/22 - Melatonin 3 mg - 1 tablet at HS.</p> <p>Interview on 1/11/23 with the QP revealed: -He was not aware he needed to have the physician orders on-site. -All the prescriptions were filed electronically and sent directly to the pharmacy. -He would go to the pharmacy and obtain all the physician orders.</p> <p>Finding #2:</p> <p>Review on 1/13/23 of the QP's personnel record revealed: -Date of hire - 8/15/22. -Date of medication administration training 8/8/22 - signed by a Licensed Practical Nurse (LPN).</p> <p>Review on 1/13/23 of Staff #1's personnel record revealed: -Date of hire - 9/19/22. -Date of medication administration training 10/6/22 - signed by a LPN.</p> <p>Review on 1/13/23 of Staff #2's personnel record revealed: -Date of hire - 7/8/22. -Date of medication administration training 6/24/22- signed by a LPN.</p> <p>Interview on 1/19/23 with the facility President revealed: -He was unaware the medication training could not be completed by a LPN. -He had a RN (Registered Nurse) he could contact to re-train his staff.</p> <p>Review on 1/20/23 of the Plan of Protection dated 1/20/23 written by the facility President revealed: -"What immediate action will the facility take to</p> | V 118 | | |

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| V 118 | <p>Continued From page 21</p> <p>ensure the safety of the consumers in your care? -Staff will get copies of E (Electronic)-Prescription when picking up medication -Staff will send all medication with client, when leaving facility overnight</p> <p>-Describe your plans to make sure the above happens. -QP will have meeting with Staff to rollout new medication policy by February 20, 2023."</p> <p>Review on 1/20/23 of an addendum to the Plan of Protection dated 1/20/23 written by the facility President revealed: -Staff will retake medication management training with RN. -[Facility President] will oversee completion of medication policy meeting. -RN will conduct med (medication) management training by February 20, 2023."</p> <p>The clients at this facility were between the ages of 9 and 12 years old with diagnoses including Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, Borderline Intellectual and Developmental Disability, Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, Depression, Impulse Control Disorder, and Conduct Disorder. The staff were not trained by a qualified person to administer medications and the facility did not have the clients' physician orders on site to ensure the medications were given as ordered. The facility was dispensing medications into plastic pill box reminders for home visits. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for</p> | V 118 | | |

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| V 118 | Continued From page 22 each day the facility is out of compliance beyond the 45th day. | V 118 | | |
| V 131 | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 3 staff (Staff #1, and #2). The findings are</p> <p>Review on 1/13/23 of Staff #1's personnel record revealed: -Date of hire - 9/19/22. -Date of HCPR accessed 10/17/22.</p> <p>Review on 1/13/23 of Staff #2's personnel record revealed: -Date of hire - 7/8/22. -Date of HCPR accessed 7/11/22.</p> <p>Interview on 1/17/23 with the facility President revealed: -He was responsible for accessing the HCPR</p> | V 131 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-220 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/23/2023 |
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| V 131 | Continued From page 23 checks. -He was not aware the HCPR needed to be accessed prior to the date of hire. -He would make sure the correct process was followed moving forward. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 131 | | |
| V 133 | G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this | V 133 | | |

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| V 133 | Continued From page 24 subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this | V 133 | | |

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| V 133 | <p>Continued From page 25</p> <p>subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in | V 133 | | |

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| V 133 | Continued From page 26 the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public | V 133 | | |

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| V 133 | <p>Continued From page 27</p> <p>Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a State Bureau of Investigation</p> | V 133 | | |

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| V 133 | <p>Continued From page 28</p> <p>(SBI) national criminal background check within 5 days of making the conditional offer of employment for 1 of 1 staff (Qualified Professional) (QP), who had been a resident of this State for less than five years. The findings are:</p> <p>Review on 1/13/23 of the QP's personnel record revealed: -Date of hire - 8/15/22. -Resided in a different state at date of hire. -Criminal Background check requested on 8/6/22 did not include fingerprints for SBI check.</p> <p>Interview on 1/17/23 with the facility President revealed: -He was responsible to access the background checks. -He was not aware their National background check was not sufficient for persons hired that had not lived in North Carolina for the past 5 years.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 133 | | |
| V 293 | <p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of</p> | V 293 | | |

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| V 293 | <p>Continued From page 29</p> <p>this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> | V 293 | | |

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| V 293 | <p>Continued From page 30</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide services designed to minimize the occurrence of behaviors related to functional deficits and support the client in gaining skills needed to step-down to a less intensive treatment setting affecting 4 of 4 clients (Clients #1, #2, #3 and #4). The findings are:</p> <p>Cross Reference: General Statute 122C-62 Additional Rights in 24-hour Facilities (V364). Based on interview and record review, the facility failed to ensure clients had the right to communicate and consult with parents or guardian affecting 4 of 4 clients (Clients #1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27E.0101 Least Restrictive Alternative (V513). Based on interview, and record review, the facility failed to ensure clients were able to keep and use personal clothing and possessions and food and nutrition was not restricted affecting 4 of 4 clients (Clients #1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27E.0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V517). Based on interview and record review, the facility failed to ensure restrictive interventions were not employed as a means of punishment or retaliation by staff affecting 4 of 4 clients (Clients #1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27F.0102 Living Environment (V539). Based on observation, interview and record review, the facility failed to</p> | V 293 | | |

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| V 293 | <p>Continued From page 31</p> <p>provide accessible areas for personal privacy, affecting 1 of 4 clients (Client #4).</p> <p>Cross Reference: 10A NCAC 27F.0103 Health, Hygiene and Grooming (V540). Based on record review and interview, the facility failed to ensure that clients have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming affecting 1 of 4 clients (Client #4).</p> <p>Review on 1/13/23 of the facility "House LEVELS & Behavior Outcomes" policy (undated) revealed: -"Freshman - 0 - 450 points ...Sophomore - 450-900 points ...Junior - 900 - 1250 points ...Senior - 1250 - 1750 points ...Teaching Assistant - 1750 - Graduation ..." -Advancement through the different levels occurred if the minimum points were met and a list of requirements for each level. -Advancement through the levels also allowed the clients more privileges the more they advanced.</p> <p>Interview on 1/17/23 with Staff #1 revealed: -They did not have a points system. -"I do my own thing with them as far as behavior goes..."</p> <p>Interview on 1/17/23 with the Qualified Professional revealed: -"There was a disconnect between staff...some not doing it (points system) and some are...not everyone was on the same page." -They had a points book to show what level each client was on currently. -He could not locate the points book, but "No one is on restriction right now...they are all at Freshman level."</p> <p>Review on 1/20/23 of the Plan of Protection dated</p> | V 293 | | |

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| V 293 | <p>Continued From page 32</p> <p>1/20/23 written by the facility President revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? -No in-room restriction and client can make calls to parents anytime -No changes to meal plan -No time limits on showers -Sand and paint walls and also replace door and blinds -Return shoes to client</p> <p>-Describe your plans to make sure the above happens. -QP (Qualified Professional) will have meeting with staff to address clients rights and restriction protocols by Feb 1 2023 -QP will contact handyman to address cosmetic concerns by Feb 1 2023"</p> <p>Review on 1/20/23 of an addendum to the Plan of Protection dated 1/20/23 written by the facility President revealed: -"[Facility President] will oversee completion of meeting with staff and completion of jobs by handyman."</p> <p>The clients at this facility were between the ages of 9 and 12 years old with diagnoses including Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, Borderline Intellectual and Developmental Disability, Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, Depression, Impulse Control Disorder, and Conduct Disorder. The facility had a level system where privileges were earned for good behavior, however they were not keeping track of the clients' advancement through the different levels. The restrictions in place violated the clients' rights by being isolated in their rooms for</p> | V 293 | | |

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| V 293 | Continued From page 33 a maximum of 3 days, having their food limited to sandwiches or noodles, being taunted during restricted meal time, not being allowed to make phone calls, and having their personal belongings taken out of their room, including their shoes. Client #4's personal privacy was violated as staff came into the shower and turned his water off while he was showering and by not having a door for his bedroom. This deficiency constitutes a Type A1 rule violation for serious abuse and neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 293 | | |
| 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 | V 296 | | |

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| V 296 | <p>Continued From page 34</p> <p>follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents were present and awake affecting 4 of 4 clients (Clients #1, #2, #3 and #4). The findings are:</p> <p>Review on 1/12/23 of Client #1's record revealed: -Admission date of 10/18/22. -Diagnoses of Post-Traumatic Stress Disorder</p> | V 296 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-220 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/23/2023 |
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| NAME OF PROVIDER OR SUPPLIER HEALTHY CHOICES | STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVE STREET KINGS MOUNTAIN, NC 28086 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| V 296 | <p>Continued From page 35</p> <p>(PTSD), Unspecified Disruptive Disorder, Impulse-Control, Conduct Disorder, and Other Specified Trauma-and Stressor-Related Disorder. -10 years old. -Treatment plan dated 12/13/22 did not indicate the client could be transported independently.</p> <p>Review on 1/12/23 of Client #2's record revealed: -Admission date of 5/5/22. -Diagnoses of PTSD, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Unspecified Depressive Disorder and Autism Spectrum Disorder. -12 years old. -Treatment plan dated 10/26/22 did not indicate the client could be transported independently.</p> <p>Review on 1/12/23 of Client #3's record revealed: -Admission date of 3/15/21. -Diagnoses of PTSD, ADHD, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), and Nocturnal Enuresis. -11 years old. -Treatment plan dated 12/20/22 did not indicate the client could be transported independently.</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old. -Treatment plan dated 9/23/22 did not indicate the client could be transported independently.</p> <p>Interview on 1/10/23 with Client #1 revealed: -He had been at the facility for about four months. -There were usually two staff on shift. -There was usually one staff when transporting 4 clients to and from school. -He had been involved in two fights while in the</p> | V 296 | | |

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| V 296 | <p>Continued From page 36</p> <p>facility van.</p> <ul style="list-style-type: none"> -Only one staff, the Qualified Professional (QP), was in the van when both of these fights happened. -One fight was just between him and Client #4. -The second fight was him and Client #4 again, but Client #2 jumped in to help fight. <p>Interview on 1/10/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -There were two staff each shift, but sometimes just one in the van. -There was a fight in the van and Client #4 broke Client #1's glasses, the QP was the only staff in the van. -He was the oldest, and was in the front seat so he went to the back seat of the van and held down Client #4. -They were almost to the facility and the QP told him "just hold him (Client #4) down ...make sure you don't get hit" <p>Interview on 1/10/23 with Client #3 revealed:</p> <ul style="list-style-type: none"> -He had been at the facility for a year and a half. -There were two staff on each shift. -The QP was usually the only staff that took the 4 of them to school and picked them up. <p>Observation and interview on 1/17/23 at approximately 11:00 a.m. revealed:</p> <ul style="list-style-type: none"> -The QP and Client #4 were present. -The QP stated Staff #1 just left for a doctor's appointment. -Approximately 5 minutes later the QP was overheard telling Client #4 that Staff #1 would be at the facility shortly. -Client #4 was overheard saying "Why is he (Staff #1) coming so early?" <p>Review on 1/11/23 of facility incident reports from 10/1/22 to 1/11/23 revealed:</p> | V 296 | | |

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| V 296 | <p>Continued From page 37</p> <p>-11/9/22 at 8:30 a.m. Client #4 jumped out of the facility van while at school and ran. -The QP was the only staff involved and followed Client #4 until he agreed to get back in the van and return to school. -There were no incident reports regarding any fights.</p> <p>Interviews on 1/11/23 and 1/17/23 with the QP revealed: -There were 2 staff members at all times for "2 or more kids." -His understanding was the ratio could be "1 to 1." -He was usually the staff who transported the clients to and from school. -There had been times when he was the only staff in the van, but usually there were 2 staff. -There had been times when a fight broke out during transport and he was the only staff member. -He pulled over during those times; he denied asking a client to hold another client down until he got to the facility.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A2 rule violation and must be corrected within 23 days.</p> | V 296 | | |
| V 364 | <p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a</p> | V 364 | | |

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| V 364 | <p>Continued From page 38</p> <p>24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or</p> | V 364 | | |

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| V 364 | <p>Continued From page 39</p> <p>committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part.</p> | V 364 | | |

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| V 364 | <p>Continued From page 40</p> <p>The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational</p> | V 364 | | |

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| V 364 | <p>Continued From page 41</p> <p>training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client,</p> | V 364 | | |

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| V 364 | <p>Continued From page 42</p> <p>be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients had the right to communicate and consult with parents or guardians affecting 4 of 4 clients (Clients #1, #2, #3 and #4). The findings are:</p> <p>Review on 1/12/23 of Client #1's record revealed: -Admission date of 10/18/22. -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Unspecified Disruptive Disorder, Impulse-Control, Conduct Disorder, and Other Specified Trauma-and Stressor-Related Disorder. -10 years old. -No documentation to support rights restriction.</p> <p>Review on 1/12/23 of Client #2's record revealed: -Admission date of 5/5/22. -Diagnoses of PTSD, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Unspecified Depressive Disorder and Autism Spectrum Disorder. -12 years old. -No documentation to support rights restriction.</p> | V 364 | | |

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| V 364 | <p>Continued From page 43</p> <p>Review on 1/12/23 of Client #3's record revealed: -Admission date of 3/15/21. -Diagnoses of PTSD, ADHD, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), and Nocturnal Enuresis. -11 years old. -No documentation to support rights restriction.</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old. -No documentation to support rights restriction.</p> <p>Review on 1/13/23 of the facility "House LEVELS & Behavior Outcomes" policy (undated) revealed: -"Freshman...Privileges: ...Phone calls only (outgoing and incoming) to caseworker or guardian, 5 minutes at designated phone time..." -"Sophomore...Privileges: ...Can use telephone to make 1 personal call per week, 10 minute limit..." -"Junior...Use of telephone outside of designated phone days to make 2 personal calls per week, 15 minute limit..." -"Senior...Use of telephone outside of designated phone days to make 4 personal calls per week, 20 minute limit..."</p> <p>Interviews on 1/17/23 and 1/19/23 with the Qualified Professional revealed: -Clients could use the phone Mondays and Fridays to call their parents or guardians. -There were no restrictions for incoming calls. -Client #4 gets upset because he "can't really talk to family when he wants to...phone restrictions...until get acclimated to being here..." -Client #1 was a little different, "How can you not let him call his DSS [Department of Social Services] worker? Everyone has different situations, so it varies between kids. Play it by ear</p> | V 364 | | |

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| V 364 | Continued From page 44 and make sure kid feels safe...." This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. | V 364 | | |
| 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 | V 366 | | |

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| V 366 | <p>Continued From page 45</p> <p>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 by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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</p> | V 366 | | |

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| V 366 | <p>Continued From page 46</p> <p>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 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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to incidents. The findings are:</p> <p>Review on 1/12/23 of the "Communications Event Report" (911 calls) from 10/1/22 to 1/12/23 provided by the local police department revealed: -10/6/22 at 9:49 a.m. - nature of call was missing person; Client #4 went missing per staff member</p> | V 366 | | |

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| V 366 | <p>Continued From page 47</p> <p>at facility. "He got upset because the worker told him he couldn't wear a dress...wearing a burgundy dress...left 30 mins (minutes) ago..." Police located at 9:59 a.m. and returned him to facility.</p> <p>-10/10/22 at 8:14 a.m. - nature of call was missing person. The facility President was the caller who stated "[Client #4] is gone again...left 15-20 minutes ago..." Client #4 was located at 9:25 a.m. and returned to the facility by police.</p> <p>-1/1/23 at 6:20 p.m. - nature of call was missing person from the facility's address. The caller and client was redacted. Client just took a shower and then ran away on foot. Unknown what he was wearing. At 6:57 p.m. - facility called back to notify the client had returned.</p> <p>Review on 1/11/23 of facility incident reports from 10/1/22 - 1/11/23 revealed:</p> <p>-10/6/22 - level I - Client #4 ran away, police were called. Client #4 was "...upset other peers didn't want to play with him...aggressive with EVERY peer in the house which progressed to punching windows out and grabbing glass...Staff restrained [Client #4] for safety...staff release [Client #4] from restraint as [Client #4] got up and grabbed glass and try to cut staff and threw glass at staff. As staff restrained him and attended to client's injury on hand from glass...staff transported to ER (Emergency Room) where he was later released..."</p> <p>-12/8/22 - level I - Client #1 was told to stop playing aggressively with peer in living room. Client #1 went to his room and kicked a hole in the wall, cursed at staff, and started flipping over his desk and bed. The Qualified Professional (QP) put Client #1 in a "therapeutic hold" until he calmed down. The duration of the incident was 45 minutes.</p> <p>-There were no incident reports on 10/10/22 and</p> | V 366 | | |

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| V 366 | <p>Continued From page 48</p> <p>1/1/23 when the police were called for a missing client.</p> <p>-No corrective measures were developed to potentially prevent similar occurrences in the future for any of the incidents.</p> <p>Interview on 1/10/23 with Client #1 revealed:</p> <p>-Had been at the facility for about four months.</p> <p>-Had been restrained once, "...around Thanksgiving or the day after..." by the QP.</p> <p>-Was mad, but forgot about what, and started cursing.</p> <p>-The QP got under his arms and the QP's legs were on his legs and crossed.</p> <p>-They were in his room and he was leaning against his bed when restrained.</p> <p>-It lasted 10-15 minutes.</p> <p>Interviews on 1/11/23 and 1/19/23 with the QP revealed:</p> <p>-Reviewed all the incident reports.</p> <p>-For Client #4 was the only client at the facility who had behavior of running away.</p> <p>-Discussed with staff what consequences would work as a result of his behavior of running away and "brain stormed" on different ideas.</p> <p>-Decided staff couldn't send Client #4 to his room because he would jump out the window.</p> <p>-For the incident with Client #1, he "sort of bear hugged" the client for "maybe a minute."</p> <p>-His action in response to this was reviewing policy on restraints with staff.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A2 rule violation and must be corrected within 23 days.</p> | V 366 | | |

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| V 367 | Continued From page 49 | V 367 | | |
| V 367 | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p> | V 367 | | |

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| V 367 | <p>Continued From page 50</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p> | V 367 | | |

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| V 367 | <p>Continued From page 51</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 1/10/23 and 1/13/23 of level II and level III incidents submitted in IRIS revealed: -No incident reports had been submitted by the facility in the last three months (October 2022 - present date).</p> <p>Review on 1/12/23 of the "Communications Event Report" (911 calls) from 10/1/22 to 1/12/23 provided by the local police department revealed: -10/6/22 at 9:49 a.m. - nature of call was missing person; Client #4 went missing per staff member at facility. "He got upset because the worker told him he couldn't wear a dress...wearing a burgundy dress...left 30 mins (minutes) ago..." Police located at 9:59 a.m. and returned him to facility. -10/10/22 at 8:14 a.m. - nature of call was missing person. The facility President was the caller who stated "[Client #4] is gone again...left 15-20 minutes ago..." Client #4 was located at</p> | V 367 | | |

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| V 367 | <p>Continued From page 52</p> <p>9:25 a.m. and returned by police to the facility. -1/1/23 at 6:20 p.m. - nature of call was missing person from the facility's address. The caller and client was de-identified. Client just took a shower and then ran away on foot - unknown what he was wearing. At 6:57 p.m. - facility called back to notify the client had returned.</p> <p>Refer to V366 for incidents on 10/6/22, 12/7/22 and 12/8/22 that were not submitted to IRIS and the LME was not notified.</p> <p>Interview on 1/11/23 with the Qualified Professional revealed: -He was responsible to ensure incident reports were submitted to IRIS. -IRIS reports were needed when "...police were called, if severe medical attention was necessary, or when an outside agency was involved."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A2 rule violation and must be corrected within 23 days.</p> | V 367 | | |
| V 513 | <p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> | V 513 | | |

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| V 513 | <p>Continued From page 53</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on interview, and record review, the facility failed to use the least restrictive and most appropriate settings and methods designed to reduce behaviors and ensure dignity and respect during and after the intervention affecting 4 of 4 clients (Clients #1, #2, #3 and #4). The findings are:</p> <p>Review on 1/13/23 of the facility "House LEVELS & Behavior Outcomes" policy (undated) revealed: -"Level Freeze ...Clients that exhibit seriously inappropriate or unsafe behavior (e.g. threats, aggression, needing physical staff intervention, etc.) are placed on level freeze/restriction for a MINIMUM of 48 hours ...The consumer can only interact with the staff and the staff makes all choices for the client (e.g. What materials to use, order of assignments, eating choices, etc.)"</p> <p>Review on 1/12/23 of Client #1's record revealed: -Admission date of 10/18/22. -Diagnoses of Post-Traumatic Stress Disorder</p> | V 513 | | |

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| V 513 | <p>Continued From page 54</p> <p>(PTSD), Unspecified Disruptive Disorder, Impulse-Control, Conduct Disorder, and Other Specified Trauma-and Stressor-Related Disorder. -10 years old.</p> <p>Review on 1/12/23 of Client #2's record revealed: -Admission date of 5/5/22. -Diagnoses of PTSD, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Unspecified Depressive Disorder and Autism Spectrum Disorder. -12 years old.</p> <p>Review on 1/12/23 of Client #3's record revealed: -Admission date of 3/15/21. -Diagnoses of PTSD, ADHD, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), and Nocturnal Enuresis. -11 years old.</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old. -His most recent treatment plan on 12/10/22 did not have goals or strategies regarding his running away behaviors and did not reflect his shoes or other personal items would be taken away as a consequence.</p> <p>Review on 1/12/23 of the "Communications Event Report" (911 calls) from 10/1/22 to 1/12/23 provided by the local police department revealed: -Client #4 ran away from the facility on 10/6/22, 10/10/22 and 1/1/23.</p> <p>Interview on 1/10/23 with Client #1 revealed: -He had been at the facility for about four months. -"If curse, there was a day of restriction...if run</p> | V 513 | | |

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| V 513 | <p>Continued From page 55</p> <p>away, three-day restriction...whenever on restriction it was not more than three days..."</p> <p>"We have to stay in our rooms the whole time we're on restriction."</p> <p>-For meals they could either have "...peanut butter sandwiches, no jelly...they (staff) said it was too sweet, or plain noodles without the seasoning..."</p> <p>-They used to do exercises as part of the restriction "...but that was stopped."</p> <p>-Staff #1 came up with the food restrictions and exercises.</p> <p>"I want you to talk to staff about the food restriction ...the weekend staff don't do that ...if we ask for more we can't get more ...so I want that to change."</p> <p>Interview on 1/10/23 with Client #2 revealed:</p> <p>-Was currently on restriction, starting today for being restrained at school, and he had to stay in his room.</p> <p>-Could have a peanut butter sandwich or Ramen noodles for meals and that was all.</p> <p>-The minimum amount of days on restriction was one, the maximum was three days.</p> <p>-Whoever was on shift decided how many days of restriction there would be.</p> <p>Interview on 1/10/23 with Client #3 revealed:</p> <p>-Had been at the facility for a year and a half.</p> <p>-Felt sometimes he was "...put on punishment for no reason...every once in a while I was disrespectful."</p> <p>-Reasons for being put on restriction were behaviors, running away, destruction of property, fighting, making threats, stealing, and lying.</p> <p>-When on restriction he had to stay in his room but could come out for meals.</p> <p>-There were food restrictions; only get peanut butter sandwiches or Ramen noodles.</p> | V 513 | | |

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| V 513 | <p>Continued From page 56</p> <p>-The staff "boast" and say, "oh this is so good" when eating prepared foods and staff "...encourage other kids to do it." -Staff #1 was the only staff who did this; He said "oh this stuff looks juicy." -Staff #1 "thinks he can put people on restriction for weeks ...the max is three days ..." -Staff #1 "makes up his own rules; He says "...You can't get good food if on restriction and he can take toys if want to...forever..." -His toys had been taken away due to restriction, but he got them back.</p> <p>Interview on 1/10/23 with Client #4 revealed: -After he runs away his shoes were taken. -When on restriction the only food allowed was peanut butter and bread or plain noodles with no seasoning and a little cup of water. -During meals Staff #1 says, "Look what they got...you're missing out..."</p> <p>Interview on 1/17/23 with Staff #1 revealed: -When client's were on restriction they got "peanut butter, bologna, oodles and noodles, fruit cup, and a side for dinner."</p> <p>Interview on 1/17/23 with Staff #2 revealed: -Never restricted a client with food. -"Did not agree with that...never been proponent of that..."</p> <p>Interviews on 1/11/23, 1/17/23 and 1/19/23 with the Qualified Professional revealed: -Restrictions were "fluent ...typical restrictions - can't go outside, stay in room, no electronics ..." -He talked with staff monthly and they go back and forth on different ideas. -Within the last 30-days they implemented an "alternative food menu" for restriction. -Instead of "primary food" those on restriction</p> | V 513 | | |

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| V 513 | <p>Continued From page 57</p> <p>would have a choice of ham sandwiches, oodles of noodles, or a peanut butter and jelly sandwich, with a fruit cup and the vegetable that was being served with the main meal.</p> <p>-Some of the staff didn't like it, but "it's been highly effective ...alternative menu has been super successful."</p> <p>-They go back and forth at first, they were doing a sandwich and drink, then he met with staff and now they added a fruit cup and a vegetable; They just wouldn't get the "primary meat."</p> <p>-The only meal that was restricted was dinner.</p> <p>-When a client ran away - one consequence was they would only get their shoes if they were going outside.</p> <p>-This was an attempt to deter them from running away.</p> <p>-Client #4 was on restriction for running away yesterday (1/10/23) and had not earned back his shoes.</p> <p>-One client was overweight, and another client wanted to join the military so they "implemented exercises as a form of punishment."</p> <p>"Get down and give me 10 ...they (clients) really enjoyed that ...try to be creative ..."</p> <p>-They tried it for a while, it didn't really work, the client's had fun with it so it wasn't effective.</p> <p>-He clarified under the "Level Freeze" policy staff making all choices, including "eating choices" referred to the "alternate food menu" discussed above.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 513 | | |
| V 517 | <p>27E .0104(c-d) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION,</p> | V 517 | | |

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| V 517 | <p>Continued From page 58</p> <p>PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse.</p> <p>(d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure restrictive interventions were not employed as a means of punishment or retaliation by staff affecting 4 of 4 clients (Clients #1, #2, #3 and #4). The findings are:</p> <p>Review on 1/12/23 of Client #1's record revealed: -Admission date of 10/18/22. -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Unspecified Disruptive Disorder, Impulse-Control, Conduct Disorder, and Other Specified Trauma-and Stressor-Related Disorder. -10 years old.</p> <p>Review on 1/12/23 of Client #2's record revealed: -Admission date of 5/5/22. -Diagnoses of PTSD, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Unspecified Depressive Disorder and Autism Spectrum Disorder. -12 years old.</p> | V 517 | | |

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| V 517 | <p>Continued From page 59</p> <p>Review on 1/12/23 of Client #3's record revealed: -Admission date of 3/15/21. -Diagnoses of PTSD, ADHD, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), and Nocturnal Enuresis. -11 years old.</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old.</p> <p>Review on 1/13/23 of the facility "House LEVELS & Behavior Outcomes" policy (undated) revealed: -"Level Freeze ...Clients that exhibit seriously inappropriate or unsafe behavior (e.g. threats, aggression, needing physical staff intervention, etc.) are placed on level freeze/restriction for a MINIMUM of 48 hours ...The consumer can only interact with the staff and the staff makes all choices for the client (e.g. What materials to use, order of assignments, eating choices, etc.)"</p> <p>-"ROOM RESTRICTION ...Must serve consequence in room until time has been completed entirely ...No talking any time to peers. Any questions or concerns need to be addressed with staff ...Eat meals alone at table or in room ...Incoming phone calls for 5 minutes from only guardian or case worker. Outgoing phone calls to guardian or caseworker only ...Can earn up to 1 hour out of room on Weekends shifts only if behavior is acceptable (at staff discretion)"</p> <p>-"We have levels of negative behavior outcomes to address inappropriate behaviors and activity. They are: ... Room Restriction: Remains in room for time assigned by staff for a period of assigned restriction starting at 2 hours, any negative behaviors can extend time or restriction with a</p> | V 517 | | |

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| V 517 | <p>Continued From page 60</p> <p>new start and end time ...</p> <p>Peer Isolation: Cannot engage or interact with peers at any time i.e. talking, playing etc. No interaction at any point. Must receive two signatures by residential staff from different shifts before release from isolation and reinstated into the milieu. Cannot make any phone calls other than to their advocate. No outing calls permitted."</p> <p>"Behavior/or Performance ...Minimum Room Restriction Hours ...AWOL/running away/leaving area without permission/plan or talk/walking off grounds ...LOCKDOWN 3 Days ...Please adhere and refer to restriction protocols. All restrictions or persons places in their rooms will be subjected to the following: NO EXCEPTIONS ...Remain in their room at all times for the entire duration of consequence. May come out of room ONLY to do hygiene. If there are any concerns about a client eating in their room then they may go to the table and eat separately from others. If more than one person on restriction then they must eat alone at table one at a time (each get 15 minutes to eat)No talking to peers (if talking then restriction time added at staff discretion). Anyone not on restriction talking to a client on restriction is to receive a punishment ...No outgoing phone calls, can receive incoming calls ONLY from guardian or caseworker up to 5 minutesEats meals separately at the table either before or after others have eaten ..."</p> <p>Interview on 1/10/23 with Client #1 revealed:</p> <p>-Had been at the facility for about four months.</p> <p>"If curse, there was a day of restriction, if run away, three-day restriction, whenever on restriction it was not more than three days...."</p> <p>"We have to stay in our rooms the whole time we're on restriction."</p> <p>-He and other clients used to do exercises as part of the restriction "...but that was stopped."</p> | V 517 | | |

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| V 517 | <p>Continued From page 61</p> <p>Interview on 1/10/23 with Client #2 revealed: -Was currently on restriction, starting today for being restrained at school, and he had to stay in his room. -The minimum amount of days on restriction was one, the maximum was three days. -Whoever was on shift decided how many days of restriction there would be. -Used to have to do sit-ups and push-ups; Staff #1 gave the Qualified Professional (QP) this idea and "he checked off on it."</p> <p>Interview on 1/10/23 with Client #3 revealed: -Had been at the facility for a year and a half. -Felt sometimes he was "...put on punishment for no reason; every once in a while I was disrespectful." -Reasons for being put on restriction were behaviors, running, destruction of property, fighting, making threats, stealing, and lying. -When on restriction he had to stay in his room but could come out for meals.</p> <p>Interview on 1/10/23 with Client #4 revealed: -Was on a "3-week track of being good" and was told he could play outside if he did this. -Never got to play outside; He loved to play outside and catch bugs.</p> <p>Interview on 1/17/23 with Staff #1 revealed: -Clients could be on restriction for 1-3 days; a lot of times he didn't put them on restriction. -Put Client #3 on restriction for not wanting to clean his room, saying vulgar things to staff and showing his buttocks. -Took all Client #3's toys out of his room. -Discussed with the QP about having the clients do sit-ups and push-ups as discipline. -This "back fired" on him as the clients looked</p> | V 517 | | |

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| V 517 | <p>Continued From page 62 forward to doing it.</p> <p>Interview on 1/17/23 with Staff #2 revealed: -When a client was on room restriction "...everything was taken out of their room for no more than two days, unless they ran, then they may get 3 days." -The clients could do sit-ups and push-ups as exercises, he never had them do it as a punishment.</p> <p>Interviews on 1/11/23 and 1/19/23 with the QP revealed: -Restrictions were "fluent ...typical restrictions - can't go outside, stay in room, no electronics ..." -If on room restriction will take all toys, "we take stuff they value as a consequence of behaviors." -On 12/8/22 Client #1 was placed on room restriction for 48 hours. -Client #1's arts and crafts activities were limited as well. -It was not an option to send Client #4 to his room because he would just jump out the window. -Getting a room restriction to Client #4 was nothing so he and staff had to "brainstorm."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 517 | | |
| V 539 | <p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and</p> | V 539 | | |

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| V 539 | <p>Continued From page 63</p> <p>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide accessible areas for personal privacy, affecting 1 of 4 clients (Client #4). The findings are:</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old. -His most recent treatment plan on 12/10/22 did not have goals or strategies regarding him running and did not reflect his shoes or other personal items would be taken away as a consequence.</p> <p>Interview on 1/10/23 with Client #4 revealed: -After he runs away his shoes were taken.</p> <p>Review on 1/12/23 of the "Communications Event Report" (911 calls) from 10/1/22 to 1/12/23 provided by the local police department revealed: -Client #4 ran away from the facility on 10/6/22, 10/10/22 and 1/1/23.</p> <p>Observation and interview with the Qualified</p> | V 539 | | |

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| V 539 | Continued From page 64 Professional (QP) on 1/11/23 at approximately 2:12 p.m. revealed: -Client #4's bedroom did not have a door. -At that time the QP said the client would slam and lock the door so they took it off. -The door had been off for "about 6 months." This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. | V 539 | | |
| V 540 | 27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. | V 540 | | |

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| V 540 | <p>Continued From page 65</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that clients have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming affecting 1 of 4 clients (Client #4). The findings are:</p> <p>Review on 1/12/23 of Client #4's record revealed: -Admission date of 11/24/21. -Diagnosis of ODD. -9 years old.</p> <p>Interview on 1/10/23 with Client #4 revealed: -Staff #2 "busted" in while he was taking a shower and turned his water off. -He had only been in there "...like five minutes."</p> <p>Interview on 1/17/23 with Staff #2 revealed: -One time he did come into the bathroom and turn Client #4's water off and then "came right back out." -"He was hoarding the shower hot water; I came up with 7-minutes shower time..."</p> <p>Interview on 1/19/23 with the Qualified Professional revealed: -There was "not really a limit" on shower time, "but there was only so much hot water....try to teach them to be cognizant of their peer and hot water..."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p> | V 540 | | |

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| V 736 V 736 | <p>Continued From page 66</p> <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> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, orderly and attractive manner. The findings are:</p> <p>Observation on 1/19/23 at approximately 1:00 p.m. revealed:</p> <ul style="list-style-type: none"> -Back door opened into kitchen/dining/office area. Slats in blinds over 3 windows were broken. -Backsplash behind stove as well as the bottom left side of the cabinet next to the stove was spotted with stains. -In the hallway toward the bedrooms, there was an approximate 24"x 24" roughly patched section of drywall on the right side of the hall not sanded or painted. -On the left side of the hall, was the 24"x 36" central air intake with a metal wall vent cover that was rusted. -Client #3's bedroom had broken blinds over the window (5-6 rows missing and many slats broken and missing the right side). In addition, there were 2 large drywall patches on 2 different walls not sanded or painted. -Client #4's bedroom had a small 12"x 12" drywall patch beside the client's bed and another larger | V 736 V 736 | | |

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| V 736 | <p>Continued From page 67</p> <p>18"x 18" drywall patch on another wall not sanded or painted. The light switch was missing the plate cover as well as an electrical outlet missing the plate cover. There was also no door on the bedroom.</p> <p>-Client #2's bedroom had 2 drywall patches approximately 18"x 24" each not sanded or painted.</p> <p>-The client bathroom between Client #1 and Client #2 bedrooms had a large gray stain above the shower. The paneling behind the toilet had blackish stains and was peeling.</p> <p>-Client #1's bedroom had 4 drywall patches on 2 different walls not sanded or painted. The ceiling light fixture had no shade cover.</p> <p>Review on 1/17/23 of Licensee submitted inspection report by the Department of Environmental and Natural Resources Division of Environmental Health dated 10/12/22 revealed:</p> <p>-"Observed mildew build up on the walls in the hall bath during the inspection. Bathing facilities shall be kept clean."</p> <p>-"Observed damaged blinds in the kitchen and several bedrooms in this facility. All furniture shall be kept in good repair."</p> <p>-"Observed wall damage that had been partially repaired but not painted throughout the facility. Walls and ceilings shall be kept in good repair. Repair and repaint as needed."</p> <p>Interview on 1/23/23 with the Qualified Professional revealed:</p> <p>-"What are we supposed to do? These kids tear up blinds and kick holes in the walls all the time."</p> <p>Interview on 1/19/23 and 1/23/23 with the facility President revealed:</p> <p>-The door was removed from Client #4's bedroom because he would go out his window to run away.</p> | V 736 | | |

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| V 736 | Continued From page 68 -He understood the issue and would repair the walls as soon as possible. | V 736 | | |