

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2023
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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on February 22, 2023. The complaint was unsubstantiated (intake #NC00198718). 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>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and 	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</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 reviews and interviews one of six audited staff (#5) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 02/22/23 of staff #5's record revealed: - Date of hire: 09/15/22. - Non-violent Crisis Intervention (NCI) 09/15/22 - 09/14/22 Special Population training.</p> <p>Review on 02/22/23 of client #2's record revealed: - 12 year old male. - Admission date of 11/10/21. - Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Attention Deficit Hyperactivity Disorder-Combined Type, Conduct Disorder-Childhood Onset and Post Traumatic Stress Disorder (PTSD).</p> <p>Review on 02/22/23 of client #1's record revealed: - 13 year old male. - Admission date of 03/18/22. - Diagnoses of Persistent Depressive Disorder, PTSD and DMDD.</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>Review on 02/22/23 of client #2's Person-Centered Profile dated 10/19/22 revealed:</p> <ul style="list-style-type: none"> - Goal #1: "Client cannot regulate his emotions. Client is impulsive." - Goal #2: "Client is verbally and physically aggressive towards authority and his peers." - Goal #3: "Client is defiant." - Goal #4: "Client is not able to self regulate." - Goal #5: "Building positive relationships and social Skills." <p>Review on 02/22/23 of a "Staff Incident Report" signed by staff #5 revealed:</p> <ul style="list-style-type: none"> - Date: 02/17/23. - Time and shift: 7:30 (pm) / 2nd shift. - "Team members on Duty: [Staff #5 (and) Staff #4]." - "...[Client #2's initials] went outside through the office door and went down the road he never made it to the stop sign then came back running with a stick and said he was going to hit me and he had a piece of brick threatening to throw it at me. [Staff #4] called his [Grandmother] and he came in and was on the phone lying to her looking at me smiling and licking out his tongue. He also threatened to break my headlight out of my truck and I told him (client #2) to go...I would be glad to call the police on him." <p>Interview on 02/22/23 client #2 stated:</p> <ul style="list-style-type: none"> - He was 12 years old. - He had lived at the facility for 2 years. - There were always 2 staff at the facility. - He recalled a recent incident with staff #5 (02/17/23). - He was on the phone talking to his grandmother and staff #5 said "she (staff #5) was going to beat my 'a'." - His grandmother heard staff #5 on the phone. 	V 110		

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V 110	<p>Continued From page 3</p> <p>Interview on 02/22/23 client #1 stated:</p> <ul style="list-style-type: none"> - He was 13 years old. - There were always 2 staff at the facility. - He had resided at the facility for approximately 1 year. - He had not heard any staff curse at clients. - He did recall an incident approximately 1 week ago when staff #5 told client #2 to "shut up." He did not recall any specifics about who else was at the facility. <p>Interview on 02/22/23 staff #5 stated:</p> <ul style="list-style-type: none"> - She was a Habilitation Staff. - She worked at the facility since September 2022. - There were 2 staff per shift. - She had training in NCI, abuse and client rights. - She had never seen any staff curse, abuse or mistreat any of the clients at the facility. - Clients do receive phone calls at the facility. - She was not sure why someone would say she cursed at a client. - She had never hit, punched or cursed at clients <p>Interview on 02/22/23 staff #4 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility since May 2022. - She had training in NCI, abuse and client rights. - She had not seen any staff curse at or mistreat any of the clients. <p>Interview on 02/22/23 client #2's grandmother stated:</p> <ul style="list-style-type: none"> - She had been called on 02/16/23 (02/17/23) due to client #2's behavior. - Staff would often contact her to speak with client #2. - She was able to speak with client #2 over the phone and de-escalate him. - She was called by staff #4 because client #2 was agitated. 	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> - She had spoken with client #2 and calmed him down. - She could hear staff #5 telling client #2 she was going to beat his "a*s." - She had calmed down client #2 and staff #5 was continuing to yell. - She contacted the Director and also spoke with the Qualified Professional (QP) about her concerns. <p>Interview on 02/22/23 the QP stated:</p> <ul style="list-style-type: none"> - He had worked at the facility for approximately 1 year. - He had been notified on 02/19/23 of several concerns from client #2's grandmother. - He was in the process of investigating the concerns. - Staff #5 had completed a written statement about the 02/17/23 incident. - Staff #5's written statement indicated she failed to de-escalate client #2's behavior. - He was told by client #2's grandmother she heard staff #5 state she was going to beat client #2's "butt." - He would provide training for facility staff. <p>Review on 02/22/23 of a "Plan of Protection" signed by the QP and dated 02/22/23 revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Better training with communication skills, decision making and interpersonal skills and keep using verbal de escalating intervention. - Describe your plans to make sure the above happens. Staff will be trained weekly by the House Manager and QP on how to communicate better with consumers in a non violent but verbal way to de escalate the problem. Staff will learn and develop decision making techniques to ensure proper protocol is being follow and no 	V 110		

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V 110	Continued From page 5 intent of a physical interaction." Client ages were 12 and 13 years old. Their diagnoses included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder-Combined Type, Conduct Disorder-Childhood Onset, Persistent Depressive Disorder and Post Traumatic Stress Disorder. On 02/17/23 client #2 had engaged in a behavior of walking away from the facility and returning with a stick and a piece of brick. Client #2 was agitated and staff #4 reached out to his grandmother to assist and decrease his behavior. Client #2's grandmother had assisted with de-escalating client #2, however staff #5 remained upset and threatened client #2. Client #1 had heard staff #5 tell client #2 to "shut up" the previous week. Additionally the statement staff #5 had completed regarding the 02/17/23 incident indicated the language she used to address client #2's behavior was not therapeutic in nature and staff failed to demonstrate knowledge of the population served. 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.	V 110		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to	V 132		

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V 132	<p>Continued From page 6</p> <p>any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to make efforts to protect residents from harm while the investigations were in process affecting one of two clients (#2). The findings are:</p> <p>Review on 02/22/23 of the facility schedule for February 2023 revealed: - Staff #5 worked second shift on 02/19/23. - Staff #3 worked second shift on 02/20/23 and 02/21/23.</p> <p>Review on 02/22/23 of client #2's record revealed: - 12 year old male. - Admission date of 11/10/21. - Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder-Combined Type, Conduct Disorder-Childhood Onset and Post Traumatic Stress Disorder.</p> <p>Interview on 02/22/23 client #2's grandmother stated: - She had been called on 02/16/23 (02/17/23) due to client #2's behavior. - Staff would often contact her to speak with client #2. - She was able to speak with client #2 over the phone and de-escalate. - She was called by staff #4 because client #2 was agitated. - She had spoken with client #2 and calmed him down. - She could hear staff #5 telling client #2 she was going to beat his "a*s." - She had calmed down client #2 and staff #5 was continuing to yell.</p>	V 132		

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V 132	Continued From page 8 - She contacted the Director and also spoken with the Qualified Professional (QP) about her concerns. Interview on 02/22/23 the QP stated: - He had spoken with client #2's grandmother on 02/19/23 regarding three concerns. - Client #2 had told his grandmother staff #3 had grabbed him and twisted his shirt collar on 02/18/23. - Client #2 had told his grandmother staff #5 had pushed him on his bed and told him she was going to beat his "butt." - He had requested staff to write statements. - He was coming today to obtain staff statements and complete the investigations. - No changes or protective measures were made or were put in place related to staff #5 working with clients during the investigation.	V 132		
V 318	130 .0102 HCPR - 24 Hour Reporting 10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).	V 318		

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V 318	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify Health Care Personnel Registry (HCPR) within 24 hours of learning about all allegations of abuse affecting 2 of 6 audited staff (#3 and #6). The findings are:</p> <p>Review on 02/22/23 of the North Carolina Incident Response Improvement System (IRIS) from 02/01/23 thru 02/21/23 revealed no notifications of the HCPR of allegations of abuse against staff #3 and staff #5.</p> <p>Review on 02/22/23 of staff #3's record revealed: - Date of hire: 02/23/22. - Non-violent Crisis Intervention (NCI) 12/08/22. - 02/23/22 Special Populations training.</p> <p>Review on 02/22/23 of staff #5's record revealed: - Date of hire: 09/15/22. - NCI 09/15/22. - 09/14/22 Special Population training.</p> <p>Interview on 02/22/23 client #2's grandmother stated: - She had been called on 02/16/23 (02/17/23) due to client #2's behavior. - Staff would often contact her to speak with client #2. - She was able to speak with client #2 over the phone and de-escalate. - She was called by staff #4 because client #2 was agitated. - She had spoken with client #2 and calmed him down. - She could hear staff #5 telling client #2 she was going to beat his "a*s."</p>	V 318		

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V 318	<p>Continued From page 10</p> <ul style="list-style-type: none"> - She had calmed down client #2 and staff #5 was continuing to yell. - She contacted the Director and also spoken with the Qualified Professional (QP) about her concerns. <p>Interview on 02/22/23 the QP stated:</p> <ul style="list-style-type: none"> - He had spoken with client #2's grandmother on 02/19/23 regarding three concerns. - Client #2 had told his grandmother staff #3 had grabbed him and twisted his shirt collar (02/18/23). - Client #2 had told his grandmother staff #5 had pushed him on his bed (02/19/23) and told him she was going to beat his "butt." - He had staff to write statements. - He was meeting with clients today to discuss the issues. - He was coming today to obtain staff statements and complete the investigations. - The staff had not been suspended or kept from the client during - He thought he had 72 hours to complete the IRIS reports. 	V 318		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 366		

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V 366	<p>Continued From page 11</p> <p>timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond 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</p>	V 366		

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V 366	<p>Continued From page 12</p> <p>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 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>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2023
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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	<p>Continued From page 13</p> <p>(E) the client's legal guardian, as applicable; and (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 level I, II or III incidents as required. The findings are:</p> <p>Review on 02/22/23 of facility records from 02/01/23 thru 02/22/23 revealed no incident reports completed for the allegations of abuse against staff #</p> <p>Review on 02/22/23 of client #2's record revealed: - 12 year old male. - Admission date of 11/10/21. - Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder-Combined Type, Conduct Disorder-Childhood Onset and Post Traumatic Stress Disorder.</p> <p>Review on 02/22/23 of staff #3's record revealed: - Date of hire: 02/23/22. - Non-violent Crisis Intervention (NCI) 12/08/22. - 02/23/22 Special Populations training.</p> <p>Review on 02/22/23 of staff #5's record revealed: - Date of hire: 09/15/22. - NCI 09/15/22. - 09/14/22 Special Population training.</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2023
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V 366	<p>Continued From page 14</p> <p>Interview on 02/22/23 client #2's grandmother stated:</p> <ul style="list-style-type: none"> - She had been called on 02/16/23 (02/17/23) due to client #2's behavior. - Staff would often contact her to speak with client #2. - She was able to speak with client #2 over the phone and de-escalate. - She was called by staff #4 because client #2 was agitated. - She had spoken with client #2 and calmed him down. - She could hear staff #5 telling client #2 she was going to beat his "a*s." - She had calmed down client #2 and staff #5 was continuing to yell. - She contacted the Director and also spoken with the Qualified Professional (QP) about her concerns. <p>Interview on 02/22/23 the QP stated:</p> <ul style="list-style-type: none"> - He had spoken with client #2's grandmother on 02/19/23 regarding three concerns. - Client #2 had told his grandmother staff #3 had grabbed him and twisted his shirt collar on 02/18/23. - Client #2 had told his grandmother staff #5 had pushed him on his bed (02/19/23) and told him she was going to beat his "butt." - He was coming today to obtain staff statements and complete the investigations. - The staff had not been suspended or kept from the client during - He thought he had 72 hours to complete the IRIS reports. 	V 366		