

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/20/2023
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NAME OF PROVIDER OR SUPPLIER CHERRYWOOD COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 5321 LOGOS COURT RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 4/20/23. The complaint (Intake NC00199509) was unsubstantiated. 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 four clients and had a census of three. The survey sample consisted of one current client and one former client.</p>	V 000		
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 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>	V 293		

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

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V 293	<p>Continued From page 1</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> <p> </p> <p>This Rule is not met as evidenced by: Based on interviews the facility failed to ensure services were provided services in the residential facility for one of two audited clients (Former Client (FC) #1). The findings are:</p> <p> </p> <p>Review on 4/10/23 of FC #1's record revealed: -Admission date: 5/11/22 -Diagnoses: Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder (PTSD)</p>	V 293		

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V 293	<p>Continued From page 2</p> <p>-Treatment Plan dated: 4/13/22</p> <p>Interview on 4/11/23 the Home Manager stated: -FC #1 had lived in the facility initially, but was moved to a sister facility a month ago. -FC #1 started going back to school several days a week and the guardian requested a school in the town of the sister facility. -The majority of clients from both facilities went on home visits during the weekend. -They would combine houses on the weekends as there would only be four clients present. -FC #1 had a bedroom at both facilities. -All clients had beds to sleep in on the weekends. -Did not realize they could not combine homes even though they only had four clients.</p> <p>Interview on 4/17/23 FC #1 stated: -Was staying in the "Raleigh House (Cherrywood Court)," but moved to the "Fuquay House" (sister facility). -Had a room at both houses. -Mostly -On the weekend they all stay at the "Raleigh House." -"They don't have enough staff at the Fuquay House." -Sometimes had five clients at the facility and one would sleep on the couch. -"Mostly stayed at the Raleigh House." -Never knew which house he was going to stay at daily.</p> <p>Interview on 4/20/23 the Qualified Professional stated: -FC #1 was admitted to the facility about a year ago. -Two months ago the treatment team decided he could go back to school a few days a week.</p>	V 293		

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V 293	Continued From page 3 -FC #1's legal guardian wanted him to attend school in the town where they had a sister facility, so they moved him to that location. -He was currently at the sister facility full time. -FC#1 did stay at the facility one to two nights a week and on weekends. -FC #1 attends day treatment a few days a week in Raleigh, so he would stay at the facility due to staff transporting him. -Clients from both facilities went home on the weekend, so they did combine homes due to staffing. -Never had more than four clients in the facility and they all slept in beds. -Not aware of more than four clients or them sleeping on the couch. -There were always two staff present with the combined four clients.	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.	V 296		

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V 296	<p>Continued From page 4</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as 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 record review and interview, the facility failed to ensure the minimum staffing requirements were maintained for one of one current (#3) clients and 1 of 1 former client (FC) (FC#1). The findings are:</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>Review on 4/10/23 of client #3's record revealed: -Admission date: -Diagnoses: -Treatment plan dated: 2/2/23 -No goal regarding client's ability to be transported by 1 staff.</p> <p>Review on 4/10/23 of FC #1's record revealed: -Admission date: 5/11/22 -Diagnoses: Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder (PTSD) -Treatment Plan dated: 4/13/22</p> <p>Further review on 4/10/23 of FC #1's Person-Centered Profile (PCP) (treatment plan) revealed: -"Goal # 2 [FC #1] will learn and implement anger management skills that reduce irritability, anger, and aggressive behaviors...Targeted behaviors addressed with this goal: anger and frustration, verbal aggression, physical aggression." -"[FC #1] maybe transported by one staff to appointments and school (Single Occupancy in the community). Staff will assess if [FC #1] can be transported safely and if so, will return to the home immediately if consumer cannot control his oppositional impulses. If Staff is out in the community, staff should pull over in a safe environment and follow [FC #1's] crisis plan for de-escalation..." -PCP goal progress review on 2/27/23 indicated that "[FC #1] has had several incidents of verbal and physical aggression towards staff and his peers...physically attacked his teacher at Day Treatment...very impulsive and will often act without thinking about the consequences of his behaviors. [FC #1] does not always utilize his coping skills..."</p> <p>Interview on 4/3/23 Home Manager (HM) #1</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>stated:</p> <ul style="list-style-type: none"> -Had been doing transportation alone with up to 4 clients on occasions. -Transported clients alone to and/or from school and day treatment and on community outings. -Was alone with FC #1 when he had a behavior incident in the community a few months ago. -Was aware that FC #1 had behaviors which include verbal and physical aggression towards clients and staff. -FC #1 has tried to start fights with client #3. -Will transport FC #1 and client #3 in the vehicle with no other staff present. -Was aware of discussion regarding FC #1 possibly being referred to a higher level of care. <p>Interview on 4/4/23 the Day Treatment Lead Instructor stated:</p> <ul style="list-style-type: none"> -There was normally 1 staff transporting clients. -When [FC #1] has a behavior, he may need another staff. -FC #1's behaviors include verbal and physical aggression towards staff and peers. <p>Interview on 4/10/23 HM #2 stated:</p> <ul style="list-style-type: none"> -Staff had transported clients alone "a couple times" when their PCP says they can. -Staff should not ride alone if [FC #1] is having behavior issues. -[FC #1] has had behavior incidents in the vehicle "a couple of times." -Has had to go assist [HM #1] when she called to report that [FC #1] was "showing out" and refused to put on his seatbelt. -Did not always know when [FC #1] is going to have a behavior. <p>Interview on 4/4/23 Licensee stated:</p> <ul style="list-style-type: none"> -Staff had been transporting clients alone. -Was told that "a while ago" if it was in their 	V 296		

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V 296	Continued From page 7 treatment plan that it was okay to transport clients alone. - "I was told that as long as it (transporting clients with 1 staff) was in their PCP that we could do that."	V 296		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

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V 367	<p>Continued From page 8</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>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 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 ensure a level II incident report was completed for one of one Former Client (FC) (FC #1)'s restrictive intervention. The findings are:</p> <p>Review on 4/10/23 of Former Client (FC) #1's record revealed: -Admission date: 5/11/22 -Diagnoses: Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder (PTSD)</p> <p>Review on 4/8/23 of facility level I incident report dated 2/26/23 regarding FC #1 revealed: "Staff [] was called by Group Home staff [staff #2]. She explained that [FC #1] refused to do chores and cursing at staff and other clients. The other clients were upset with [FC #1] because the TV was being threaten to be turned off. I come over and attempted to talk with [FC #1]. I was standing in front of [FC #1] explaining the consequences to his actions. [FC #1] got upset and attempted to kick staff. [FC #1] got up</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>and came at staff. Staff placed client in a therapeutic hold (NCI Plus). [FC #1] attempted to drop to the floor staff releases [FC #1]. I then walked with [FC #1] to the bathroom to get him away from the other consumers...'</p> <p>Interview on 4/10/23 the Home Manager #2 stated: -On 2/26/23 FC #1 was having behaviors all day and staff called him over to help deescalate his behaviors. -Went to the facility on 2/26/23 to help with FC #1. -Arrived at the facility and FC #1 was sitting in the chair. -FC #1 "kicked at me" and then stood up. -Placed him in a therapeutic hold, he "flopped" to the floor and was not able to continue the hold. -Then just grabbed his wrist and FC #1 went to the floor, so he let him go. -"Felt" like he did not do a full therapeutic hold as FC #1 fell to the floor. -Did a level I incident report, not aware of needing to do a level II report.</p> <p>Interview on 4/4/23 the Licensee stated: -Was made aware of the situation on 2/26/23 regarding a restrictive intervention. -Staff did a standing therapeutic hold. -Had staff to complete a level I incident report regarding the restraint. -FC #1 had a goal in his treatment plan that restrictive interventions were to be used and assumed with that, no need for a level II incident report. -Will now complete a level II incident report regarding the restrictive intervention.</p>	V 367		

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V 736 V 736	Continued From page 11 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings are: Observation on 4/3/23 at 2:30 PM revealed: -Kitchen drawers had missing boards on front. -Kitchen screen door was pushed out and hanging. -Back yard had trash piled against the house outside of trash dispensers. -Trailer in back yard. -Carpet through out was stained and dirty. -Client master bathroom cabinet was hanging off the hinge -Baseboard in client bathroom was detached from the wall and appeared to be rotted wood throughout the room -A large hold in living room wall covered by poster. -Client bedroom closet door hanging from its hinge. -Client bedroom door knob hanging off. -Hallway bathroom had strong smell of urine.	V 736 V 736		

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V 736	<p>Continued From page 12</p> <p>Interview on 4/3/23 staff #1 stated: -They are constantly doing repairs to the home, but clients continue to break things. -Try to get the clients to help clean. -The cabinet drawers were fixed, but clients had recently broke them again.</p> <p>Interview on 4/10/23 the Home Manager #2 stated: -Had lots of repairs done to the home, had receipt to show. -Had the carpet cleaned since last survey. -Had issues with Former Client (FC) #1 wetting the bed and not telling anyone. -Clients destroy the mattresses, they will break them on purpose. -They do constantly have holes in the walls from clients getting upset. -The trailer in the back yard belongs to the landlord and they have asked him to move it several times. -Had not done a walk through of the home in about a month to check for repairs.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736		