

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>S &amp; S RESIDENTIAL SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1325 WEST RIDGE ROAD SALISBURY, NC 28147</b>		
(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 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 5/9/23. One complaint was unsubstantiated (intake #NC201302) and the other complaint was substantiated (intake #NC201384). 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>A sister facility is identified in this report. The sister facility will be identified as sister facility A.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey consisted of audits of 3 current clients, 3 former clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 105	Continued From page 1  (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interviews, and record review, the facility failed to implement their policy of record accessibility to authorized users at all times. The findings are:</p> <p>Review on 5/2/23 of the group home's "consumer record system" policy revealed:</p> <ul style="list-style-type: none"> <li>- "Consumer records are available for inspection and/or copying by 'Authorized Persons' [Executive Director; Compliance Officer; Program Directors; Supervisors; Contract Providers; Direct Service Staff; persons' served; Licensing Agents, Auditing Agents and consumers' parent or legal guardian, if applicable] ..."</li> </ul> <p>Interview on 4/28/23 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- She was unable to provide any client records on 4/26/23.</li> <li>- The client records were stored electronically, and she did not have access to the records.</li> <li>- Her QA/QI (Quality Assurance/Quality Improvement) staff person had access to the records and would normally send the records to her. However, the QA/QI staff person had been out of town.</li> <li>- "From now on I am going to be a part of the process (having access to records) so if you guys come in the door, I will have it. I never want to be in this predicament again."</li> </ul>	V 105		

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V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 3 of 3 clients (#1- #3). The findings are:</p> <p>Review on 5/2/23 of client #1's record revealed: - Admission date: 12/23/2022 - Age: 14 - Diagnoses: Major Depressive Disorder; Attention-Deficit Hyperactivity Disorder (ADHD); and Post Traumatic Stress Disorder (PTSD) - No admission assessment</p> <p>Review on 5/2/23 of client #2's record revealed: - Admission date: 4/26/22 - Age: 13 - Diagnoses: Disruptive Mood Dysregulation Disorder; ADHD; and PTSD - No admission assessment</p> <p>Review on 5/2/23 of client #3's record revealed: - Admission date: 3/17/2023 - Age: 16 - Diagnoses: Major Depressive Disorder, recurrent without psychotic features; Oppositional Defiant Disorder; ADHD; and PTSD - No admission assessment</p> <p>Interviews on 5/3/23 and 5/9/23 with the Licensee revealed: - She used previous psychological evaluations as the admission assessment. - She was working on a new admission assessment form that would be completed by the Licensed Professional prior to clients being admitted.</p>	V 111		

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V 296	Continued From page 5	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</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>	V 296		

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V 296	<p>Continued From page 6</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 reviews and interviews the facility failed to have two direct care staff present while the clients were awake or asleep affecting 2 of 2 former clients (FC #4 and #6). The findings are:</p> <p>Review on 4/27/23 of the Incident Response Improvement System (IRIS) revealed: - Date of incident: 11/23/22 - Date submitted: 11/24/22 - Physical address (where incident occurred): The sister facility A address was on the IRIS report. - FC #6 had become upset due to staff asking her to wait about 15 minutes for her bedtime snack. FC #6 indicated she wanted to harm herself. FC #6 ran out into the road and was hit by a car. FC #6 was hospitalized and sustained a "broken jaw a deep gash over her eye as well as an injury to the back of her head."</p> <p>Review on 5/2/23 of police report revealed: - Date/Time of report: 11/23/22 20:53 (8:53 pm) - Location: The sister facility A address was on the police report.</p>	V 296		

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V 296	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- "CLR (caller) ADVS (advises) one of the girls picked up a fire extinguisher threatening to hurt everyone and is threatening to hurt herself. She threw the fire extinguisher out the window."</li> <li>- "Name: [FC #6]"</li> <li>- "CLR (caller) is on her way to the mags (magistrate's) office to IVC (Involuntary Commitment)"</li> <li>- "[Local hospital] advised medcenter air for this flight"</li> <li>- "Change of plans launch aircare to [another local hospital]"</li> <li>- "[Sheriff Deputy] was never dispatched to disturbance here. However, after the traffic crash, I was informed by Comm Center (communications center) that they had just gotten a call about a disturbance. This notification was after I got out of my vehicle to check on the pedestrian that was struck."</li> </ul> <p>Attempted interview on 5/2/23 with FC #6:</p> <ul style="list-style-type: none"> <li>- She did not like questions and did not want to respond to questions.</li> </ul> <p>Attempted interview on 5/8/23 with FC #4:</p> <ul style="list-style-type: none"> <li>- Client was placed in a behavioral health hospital and was unable to be interviewed.</li> </ul> <p>Interview on 5/3/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- She worked on 11/23/22 when FC #6 was struck by a car in front of the sister facility A.</li> <li>- On 11/23/22 prior to the accident, FC #6 and FC #4 were moved to the sister facility A because "it was a holiday, and they (the clients) were doing an activity (together)."</li> <li>- In addition to FC #6 and FC #4 staying in facility A on 11/23/22 there were sister facility A clients staying there as well. She could not recall the sister facility A clients' names.</li> <li>- Three staff (she, staff #3 and FS #8) were</li> </ul>	V 296		



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V 296	Continued From page 8  working at the sister facility A when FC #6 was hit by the car.  Interview on 5/2/23 with staff #3 revealed: - She worked on 11/23/22 when FC #6 was struck by a car in front of the sister facility A. - The other staff who worked with her at the sister facility A on 11/23/22: staff #1 and FS #8. - FC #6, FC #4 along with 2 clients from the sister facility A were staying together at sister facility A when FC #6 was struck by a car in front of the sister facility A. - The fourth staff member who should have been working was at the store when FC #6 was hit by a car.  Interview on 5/2/23 with the former Qualified Professional revealed: - She was supposed to be working at the sister facility A on 11/23/22 but was at the local store when she received the telephone call from staff #1 who told her that FC #6 had been hit by a car. - FC #6, FC #4 along with 2 clients from the sister facility A were staying together at sister facility A on 11/23/22 - There were 3 staff (staff #1, staff #3 and FS #8) working at the sister facility A on 11/23/22.	V 296		
V 298	27G .1706 Residential Tx. Child/Adol - Operations  10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility	V 298		

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V 298	<p>Continued From page 9</p> <p>shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to operate 24 hours per day, seven days per week, and each day of the year affecting 2 of 2 former clients (FC) (#4 and #6). The findings are:</p> <p>Review on 4/27/23 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 11/23/22</li> <li>- Date submitted: 11/24/22</li> <li>- Physical address (where incident occurred): The sister facility A address was on the IRIS report.</li> </ul>	V 298		

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V 298	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- FC #6 had become upset due to staff asking her to wait about 15 minutes for her bedtime snack. FC #6 indicated she wanted to harm herself. FC #6 ran out into the road and was hit by a car. FC #6 was hospitalized and sustained a "broken jaw a deep gash over her eye as well as an injury to the back of her head."</li> </ul> <p>Review on 5/2/23 of police report revealed:</p> <ul style="list-style-type: none"> <li>- Date/Time of report: 11/23/22 20:53 (8:53 pm)</li> <li>- Location: The sister facility A address was on the police report.</li> <li>- "CLR (caller) ADVS (advises) one of the girls picked up a fire extinguisher threatening to hurt everyone and is threatening to hurt herself. She threw the fire extinguisher out the window."</li> <li>- "Name: [FC #6]"</li> <li>- "CLR (caller) is on her way to the mags (magistrate's) office to IVC (Involuntary Commitment)"</li> <li>- "[Local hospital] advised medcenter air for this flight"</li> <li>- "Change of plans launch aircare to [another local hospital]"</li> <li>- "[Sheriff Deputy] was never dispatched to disturbance here. However, after the traffic crash, I was informed by Comm Center (communications center) that they had just gotten a call about a disturbance. This notification was after I got out of my vehicle to check on the pedestrian that was struck."</li> </ul> <p>Attempted interview on 5/2/23 with FC #6:</p> <ul style="list-style-type: none"> <li>- She did not like questions and did not want to respond to questions.</li> </ul> <p>Attempted interview on 5/8/23 with FC #4:</p> <ul style="list-style-type: none"> <li>- Client was placed in a behavioral health hospital and was unable to be interviewed.</li> </ul>	V 298		

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V 298	Continued From page 11  Interview on 5/3/23 with staff #1 revealed: - She worked on 11/23/22 when FC #6 was struck by a car in front of the sister facility A. - On 11/23/22 prior to the accident, FC #6 and FC #4 were moved to the sister facility A because "it was a holiday, and they (the clients) were doing an activity (together)." - FC #6 and FC #4 were supposed to sleep at sister facility A on 11/23/22.  Interview on 5/2/23 with staff #3 revealed: - She worked on 11/23/22 when FC #6 was struck by a car in front of the sister facility A. - FC #6 and FC #4 were staying at the sister facility A on 11/23/22.  Interview on 5/2/23 with the former Qualified Professional revealed: - She worked on 11/23/22 when FC #6 was struck by a car in front of the sister facility A. - FC #6 and FC #4 had been brought over to the sister facility A earlier in the day on 11/23/22 and were supposed to spend the night there with the sister facility A clients. - "We did a lot of switching houses when we were short staff."  Interview on 5/3/23 with the Licensee revealed: - On 11/23/22, she was in a city about 45 minutes from the group home when she received a telephone call that FC #6 had been hit by a car. - She did not know why the clients from S & S Residential Services were over at the sister facility A on 11/23/22.	V 298		
V 503	27D .0103 Client Rights - Search And Seizure Policy  10A NCAC 27D .0103 SEARCH AND	V 503		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>S &amp; S RESIDENTIAL SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1325 WEST RIDGE ROAD SALISBURY, NC 28147</b>		
(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 503	<p>Continued From page 12</p> <p><b>SEIZURE POLICY</b></p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <p>(1) scope of search;</p> <p>(2) reason for search;</p> <p>(3) procedures followed in the search;</p> <p>(4) a description of any property seized;</p> <p>and</p> <p>(5) an account of the disposition of seized property.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility staff failed to implement the facility's policy on searches and seizure of belongings, or property in the possession of 3 of 3 clients (#1- #3.) The facility staff also failed to maintain documentation of all searches or seizures. The findings are:</p> <p>Observation at approximately 2:46 pm on 4/27/23 revealed:</p> <p>- Observed client #2 returning to the group home after school. Client #2 handed her book bag over to staff #4 who searched client #2's book bag. Staff #4 did not do any documentation.</p> <p>Review on 5/2/23 of the group home's "search and seizure policy" revealed:</p> <p>- "Searches will be conducted on an individual basis ...Each search or seizure shall be documented."</p>	V 503		

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V 503	<p>Continued From page 13</p> <p>- "Search Justification: A reasonable belief is more than a hunch; it is based on specific and articulated facts together with rational inferences from those facts. The facts leading to the decision to search must be current. A reasonable person should conclude from the justification that evidence of the violation will be found in the place or on the person to be searched."</p> <p>Interview on 5/3/23 with staff #1 revealed:</p> <p>- She looked through the clients' bookbags when they had come home from school.</p> <p>Interview on 5/2/23 with staff #3 revealed:</p> <p>- When the clients would come home from school the staff would have clients "empty their book bags and pockets."</p> <p>- She was unsure if staff documented the searches.</p> <p>Interview on 5/3/23 with the Licensee revealed:</p> <p>- When the clients come home from school the staff had the clients "empty their book bags out, empty pockets and shake their own bras."</p> <p>- The staff did not document the searches when the clients would come home from school because "we are not actually searching the clients because they (the clients) shake out their bra and empty their book bag."</p> <p>Interview on 4/27/23 with client #3 revealed:</p> <p>- Each day when she and the other clients would come home from school staff "checks my stuff."</p> <p>- The staff would have the clients "shake our bra" and do a "pat down and book bag check every day."</p> <p>Interview on 4/27/23 with client #1 revealed:</p> <p>- Each day when the clients would come home from school the staff "search everyone."</p>	V 503		

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V 503	Continued From page 14  - "They pat us down."  Interview on 4/27/23 with client #2 revealed: - Every day when she would come home front school the staff searched her backpack.	V 503		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:  Observations from approximately 2:43 pm-3:06 pm on 4/27/23 revealed: -There were sections of the linoleum flooring that had pulled away from the subfloor in the hallway, kitchen, and den.  Interview on 5/3/23 with the Licensee revealed: - She had planned to have the flooring repaired in the group home, but the floor installer had been "sick." - "The last person who did the flooring did not do a good job and the flooring started coming up".	V 736		