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V 000	INITIAL COMMENTS An annual and complaint survey was completed on May 17, 2023. The complaint (Intake #NC00201839) was substantiated. Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills;	V 109		

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V 109	Continued From page 1 (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, 1 of 2 Qualified Professionals (The Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L)) failed to demonstrate the knowledge skills and abilities required by the population served affecting 5 of 5 clients (#1, #2, #3, client A4 and client A5). The findings are: Review on 4/24/23 of the QP#2/DNP/L's personnel record revealed: -A hire date of 1/25/21 -A job description of Licensee -Met the qualifications for QP status. Review on 4/26/23 of client #1's record revealed: -An admission date of 12/12/22	V 109		

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V 109	Continued From page 2 -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD) -Age: 15 -An assessment dated 12/9/22 noted "has had numerous out of home placements and mental health services, his most recent placement was at [a Psychiatric Residential Treatment Facility (PRTF)] in [a neighboring state], needs step down placement to a level III, conflict at home with his grandmother and she could not handle his behaviors, difficulty falling asleep." -An updated treatment plan dated 1/9/23 noted "will participate in recreation therapy activities to improve cognitive, physical, social, emotional team building, hygiene, sportsmanship and independent living skills with same age peers, will get a healthy amount of sleep and rest each night by going to bed on time, being quiet after lights out, and going to sleep or resting quietly throughout the night, will not exhibit any incidents of inappropriate behaviors, will attend school on a daily basis, participate in transition skills, complete assigned class work, as for help as needed, and follow expectations and rules in the classroom by maintaining passing grades and daily attendance, will take medications as directed and appropriately seek medical care when necessary, will actively engage in individual therapy sessions, 90 minutes per week, while completing clinical assignments and activities which address healthy boundaries and socially appropriate behaviors though individual and group therapy activities, will demonstrate an increase by community rules and expectations and decrease defiant behaviors in 4 out of 7 days per week." Review on 4/26/23 of client #2's record revealed:	V 109		

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V 109	Continued From page 3 -An admission dated of 8/23/22 -Diagnoses of ADHD, ODD, Conduct Disorder and Unspecified Depressive Disorder -Age 16 -An assessment dated 8/20/22 noted "client has chronic history of defiance, anger issues and oppositional behavior across school and home, has disruptive behaviors (refusing to follow rules and respect authority figures), has a history of telling lies, making threats and disregards how others feel, has a history of not recognizing the severity of his behaviors and poor insight into why he needs to change behaviors, had left home unsupervised and went fishing, then caught a ride back home with a stranger, endorses a history of stealing, aggression toward adult other than family and a history of vandalism/property destruction, has a history of becoming aggressive toward school staff and was suspended multiple times due to making violent threats and engaged in physical altercations (bashed someone's head into a water fountain), was suspended for 30 days from school for vaping, reported inappropriate sexual behaviors toward his siblings three years ago when left unsupervised and has had the Department of Social Services' involvement, has issues of inattention, hyperactivity/impulsivity, learning problems and executive functioning tasks, has received EC (Exceptional Children) services and had an Individualized Education Plan and in the last 1.5 months of school, did not participate in school activities." -An updated treatment plan dated 11/15/22 noted "will increase coping skills when angry/irritated/overwhelmed with staff providing guidance, redirection, psycho-educational rewards and consequences for behaviors to facilitate socially appropriate behaviors, staff will provide supervision and structure using behavior management techniques in demonstrating	V 109		

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respect, anger management and effective coping skills, will receive an individualized education plan based on needs, instruction in core curriculum and independent living skills education and training 5 days per week, will receive opportunities to learn, restorative independent living skills, social skills, vocational skills 5 times a week, will provide crisis support by following his crisis/safety plan, will participate in family therapy at least once a month with outpatient therapy once a week, will attend school, participate in transitional skills, complete homework and ask for help as needed, will get a healthy amount of sleep each night by going to bed on time, being quite after lights out and no incidents of inappropriate behaviors."

Review on 4/26/23 of client #3's record revealed:
-An admission date of 12/14/21
-Diagnoses of Major Depressive Disorder, Single Episode with Anxious Distress, Disruptive Mood Disorder, ADHD, and Central Auditory Processing Disorder
-Age 17
-An updated admission assessment dated 9/30/22 noted "client will benefit from ongoing supportive psychotherapy and vocational counseling, denied appetite, sleep disturbance, as well as denied any substance abuse or depression, denied any suicidal or homicidal ideations, was compliant with his medication regimen, client's relation to his sexual orientation should be explored so he can come to terms with it and without prejudices, this should be examined and accepted so he may accept himself as a whole."
-A treatment plan dated 9/30/22 noted "needs to communicate effectively with peers by adopting with effective coping strategies, needs to process feelings with adults, reduce occurrence of

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V 109	Continued From page 5 displaying anger in various areas of his life, communicate openly without lying and being manipulative, use all coping skills to de-stress, refrain from reports of self-harm and/or homicidal threats toward others, will be provided in FCT (Functional Communication Training) strategies to manage symptoms/behaviors, will work with the treatment team (includes parents) to learn effective coping strategies to use with client, progress noted that client is more confident expressing and talking about his feelings with others and is communicating daily and effectively with his parents, will engage in health and wellness that included understanding his own meds and diagnoses, sleep hygiene, and health eating, will participate in shared-parenting and monitor and provide feedback on goal progress, is progressing doing regular workouts 2 to 3 times per week, communicates understanding of his diagnoses, medications and eating moderate amounts of food, will abide by bedtime routine by going to bed as scheduled, remaining in assigned area and awaken within 3 prompts by staff for school and appointments, client was provided with 'solution cards' to identify triggers and further develop coping skills." Review on 4/24/23 of client #A4's record revealed: -An admission date of 12/29/22 -Diagnoses of Unspecified Trauma and Stressor Related Disorder, ADHD, Unspecified, and Child or Adolescent Antisocial Behaviors -Age: 15 -An assessment dated 11/21/22 noted "needs individual counseling, placement at a residential level III, has to continue to learn new coping skills to prepare him for interactions with peers, has to be prepared to make positive decisions in daily interactions with peers and has to continue to	V 109		

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V 109	Continued From page 6	V 109		

learn peer mediation, has to avoid influences by family member and peers, has multiple legal charges pending and needed emergency placement to remove him for a juvenile detention center, previously resided at the detention center for approximately 3 months, has a history of going AWOL (Absent Without Leave) and of being hospitalized. Additionally, it has been reported that the client has a history of physical and verbal aggression, is currently in the custody of DSS (Department of Social Services) but his mother is involved in his treatment."
-A treatment plan dated 12/29/22 noted "will work on gaining independence by gaining employment, learning how to budget, opening up a bank account and other things to help him progress as a young adult, will attend school on a daily basis and participate in transition skills, complete assigned class work, ask for help as needed and follow the expectations and rules in the classroom by maintaining passing grades and daily attendance, will get a healthy amount of sleep and rest each night by going to bed on time, being quiet after lights out and going to sleep or resting quietly throughout the night, will not exhibit any incidents of inappropriate behaviors, will learn to communicate effectively with peers and adults by adopting effective coping strategies to asset him in managing behaviors, process feelings with adults, reduce the occurrences of displaying inappropriate anger, communicate effectively, be honest and open about his needs without lying and being manipulative and will utilize all coping skills, will working on building positive friendships with peers who can encourage and support him, will learn coping skills to process grief and support through the healing process."
-Treatment recommendations included "be placed in a level III group home to provide him with more stability and to ensure that he

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maintains the safety of himself and others. This placement will provide him with structure 24/7 with rules, routine, structure and will provide psycho-educational interventions based on group-based activities and additional therapy. He and his family need to take part in Family Centered Treatment to increase his ability to cope with environmental stressors, increase natural and community resources and improve functioning and communication with his family system, needs to continue to have his medications managed and monitored by his psychotropic medication management prescriber."

Review on 4/24/23 of client A5's record revealed:
-An admission date of 4/12/13
-Diagnoses of Disruptive Mood Dysregulation Disorder, ADHD, Conduct Disorder, Unspecified, Major Depressive Order with Psychotic Features, Generalized Anxiety Disorder and PTSD
-Age 17
-An assessment dated 3/30/23 noted "cannot have contact with biological parents, needs individual counseling, needs family counseling, has mental health issues, behavior issues and issues at school, has a history of explosive behaviors, getting into trouble at school, needs medication management, trauma focused therapy, had previously resided at [a psychiatric hospital] for two months due to homicidal ideation., Unspecified Trauma and Stressor Related Disorder."
-An assessment dated 3/30/23 with an addendum to a comprehensive clinical assessment noted "was placed in DSS custody by the age of 8 years old due to suspected sexual abuse and neglect. It was alleged he was physically abused by his uncle when he went to live with him by age of 12, nothing came of this, both of his biological

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parents are deceased, The biological mother had a history or drug abuse, at the age of 7 he sustained injuries in a motor vehicle accident, both knees were shattered, is currently enrolled in an alternative school, suspended multiple times, difficulty of sitting still for long periods of time, difficulty concentrating, difficulty completing assignments, choked a classmate, brought a knife to school, history of severe and chronic issues with defiance and oppositional behavior, history of issues with lying, stealing, aggression, defiance, property destruction and fire starting. History of animal cruelty, history of six prior psychiatric placements including group homes and hospitalizations, Overall IQ is 91, has demonstrated an escalating pattern of behavioral problems, poor performance at school and difficulty interacting with others in social situations, needs placement and treatment in a level III group home setting, should be monitored for mood symptoms, appropriate safety planning should be undertaken in order to aid him in controlling thoughts and behaviors, an individualized crisis safety plan be structured and implemented and all staff should be familiar with his crisis safety plan, is likely to be avoidant, withdrawn and suspicious in therapy and his therapist must take time to develop some level of rapport, he may view therapy as too dangerous and self-revealing, careful and well-reasoned therapeutic communication may foster his willingness to adopt more rational and realistic beliefs about himself and others, his defensiveness could be a serious barrier to engaging him in a therapeutic relationship, needs to develop healthy peer relationships, needs individual therapy with a focus on social skills and aiding in control of his acting out behaviors, healthy boundaries, emotional regulation skills, conflict resolution/problem solving and social

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V 109	Continued From page 9 skills development and identifying personal triggers, thinking errors and accountability, continue therapy to target cognitive distortions as well as skill building, such as grounding and coping strategies that facilitate greater reduction of mood symptoms and increase affective regulation, medication management, psychiatric oversight, and should his depressive symptoms worsen, acute hospitalization may be required to obtain crisis stabilization." -A treatment plan updated on 3/20/23 from his previous placement noted "client would enter and participate in stabilization and assessment services at [a PRTF] in [a city] in order to assess clinical needs/treatment to manage his behaviors, participate in recreation therapy activities to improve cognitive, physical, social, emotional, team building, hygiene, sportsmanship and independent living skills with same sex peers, will get a healthy amount of sleep and rest each night, going to bed on time, being quiet after lights out and going to sleep or resting quietly throughout the night, will actively participate in family and/or other natural support therapy at least once a month which will be ongoing throughout treatment to encourage an improved relationship, will attend school on a daily basis, participate in transition skills, complete assigned class work, ask for help as needed, follow the expectations and rules in the classroom, will actively engage in individual therapy sessions while completing clinical assignments and activities which address health boundaries and socially acceptable behaviors, will take medications as directed and appropriately seek medical care when necessary, will receive nutritional guidance based on initial assessment from dietician and will participate in monthly weight management meetings, will be allowed therapeutic leave under the discretion of PRTF	V 109		

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staff and team members up to 15 days a quarter, will learn and utilize processing with staff and coping skills when feeling frustrated at least 5 out of 7 days, will have a marked reduction in the intensity and frequency of hostile and defiant behaviors towards adults and peers."

Review on 4/26/23 of the sister facility A's internal investigation, dated 4/18/23 and completed by the QP #2/DNP/L, revealed:
-An investigation began on 4/18/23 and concluded on 4/20/23
-Description of the allegation: "On 4/12/23, staff (staff A8, the ATeam Lead (ATL) and the House Manager (HM)) and consumers (clients #1, #2, #3, clientA4 and client A5) went on a therapeutic trip to [a beach] to return on 4/15/23. On 4/13/23, staff (staff A8, the ATL and the HM) and consumers (clients #1, #2, #3, clientA4 and client A5) stated after they returned from the amusement park, at approximately 10pm, [client A4] was seen walking into [the HM]'s room and stayed in there for approximately 2 hours. One of the other consumers, [client #1], also went into the room where he stated he saw [client A4] and [the HM] laying in the bed. [Client #1] proceeds to tell [the HM] good night and walked out of the room and left [client A4] and [the HM] in the room. A few minutes later, [client A4] came out of the room and was seen walking around the house. Then he (client A4) later proceeded back into [the HM]'s room where he was in there for a few more hours. [Client A4] later left the room and proceeded to tell one of the staff (ATL) that he had just had an inappropriate sexual contact with [the HM]. He later went back to the room. The other consumers and staff report he was seen entering [the HM]'s room."
-An initial meeting was held on 4/18/23 which included the QP#2/DNP/L, the ATeam Lead

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(ATL), client A4 and staff A4
-A second was held on 4/19/23 with the HM and QP#2/DNP/L, the ATL and staff A4 and the following was concluded "all procedures were followed according to the policy written in the employment handbook."
-The HM was suspended (4/19/23) "pending the investigation, till further notice, leading up to termination (5/1/23."
-The investigation was concluded with the statement "inconclusive pending state investigation."

There were 2 vans taken to the beach on 4/13/23. In van #1 were client #3, staff A8, client #1, client #2 and the ATL. In van #2 were clients A4, A5 and the HM.

Interview on 4/24/23 with client #1 revealed:
-Told the QP #2/DNP/L about sexualized behaviors between him and client #A4 prior to the beach trip
-Went to the beach from 4/13/23 to 4/15/23 with client #2, client #3, client A4, client A5, staff A8, ATL and the HM
-He "understood" from staff that the QP#2/DNP/L approved and paid for the beach trip
-On the first night (4/13/23), he slept in the living room with Staff A8, the ATL, client #2 and client A4
-Was unable to recall if bed checks were conducted by the staff
-"[The HM] got suspended for having intercourse with a client. It was [client A4]. It is being investigated right now. I walked in and saw [the HM] and [client A4] in bed together."

Interview on 4/25/23 with client #2 revealed:
-Went to the beach from 4/13/23 to 4/15/23 with client #1, client #3, client A4, client A5, staff A8,

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V 109	Continued From page 12 ATL and the HM -On the first night of the beach trip, client #2 slept in the living room with 2 staff (staff A8 and ATL), client #1 and client A4 -"On the second night (4/14/23), [client A4] slept in the same bed as [the HM]. When [staff A8] went to do bedroom checks, [HM]'s bedroom door was closed. She (staff A8) opened the door and saw them (HM and client A4) in the same bed. Me and [client #1] followed her (staff A8). I was behind [client #1]. I saw them (the HM and client A4) laying on top of each other. [Client A4] was on top of [the HM]. I think [staff A8] was suspicious that something was going on because [client A4] was in the bedroom with [the HM]. I was awake around 4am. [Client A4] came back to the living room and got on the couch." Interview on 4/25/23 with client #3 revealed: -Confirmed the beach trip occurred 4/13/23 to 4/15/23 with client #1, client #2, client A4, client A5, staff A8, ATL and the HM -"On the way back from the beach, I was in the van with [staff A8], [client #1], [client #2] and [the ATL]. [Staff A8], stated she walked into the master bedroom and saw [client A4] and [the HM] in the same bed but with separate blankets. I think she was trying to make the assumption that something happened between them." Interview on 4/24/23 with client A4 revealed: -Was interviewed (date unknown) by the QP #2/DNP/L about sexualized behaviors between him and client #1 prior to the beach trip -Went to the beach from 4/13/23 to 4/15/23 with client #1, client #2, client #3, client A5, staff A8, ATL and the HM -On the second night of the beach trip, he (client A4) began watching tv in the living room with the other clients, staff A8 and the ATL	V 109		

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V 109	Continued From page 13 -"[The HM] asked why no one was watching tv in her bedroom. I went in there and we watched a movie. The door was closed. She asked me if I wanted to have sex with her. I am not going to lie. I said 'yes.' She asked if she could touch my d**k. She kept rubbing up against me. Her a** cheeks rubbed up on the side of my leg and halfway up to where my private part was. She took her clothes off. We had sex in the missionary position first and then we did doggystyle for a bit. I am 15 years old, and she is 48 years old. In that moment, I think she took advantage of me. I took advantage of it. She came onto me. [Client #1] walked into the bedroom and saw us. [Staff A8] and [the ATL] were watching the other kids ..." Interview on 4/25/23 with client A5 revealed: -"I am not involved in this, and I am not talking to you ma'am." Interview with 4/24/23 with the ATL revealed: -We went to a beach on Thursday, 4/13/23, and returned on 4/15/23 -The beach trip was planned prior to client #1's allegation (around 4/5/23) of being "raped" by client A4 -"[Client A4] came in and out of [the HM]'s bedroom and into the living room three or four times. I redirected to stay in the living room, but he went back to the bedroom. I told him several times to go lay down. He did not take my advice to go lay down. He went back in there (HM's bedroom). I am furious. Then I did not see him. [Client A4] disappeared. [Staff A8] went to track him down and the bedroom door was closed and locked. [Client A4] was in the room with [the HM]. Then [client #1] came to me and said, 'they are in there like mother and son.' It did not click with me. I wasn't thinking they were having sex. I said I would handle it. I did not go back there to check	V 109		

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V 109	Continued From page 14 on him. Then it started to sink in. I became concerned. I did not know if I should have kicked the door down. I did not know how to protect him ...around 1:30 to 2:00 in the morning, [client A4] came back into the living room, got on the sofa and went to sleep." -Believed something transpired between client A4 and the HM -"What I do know is that [client A4] was in the room; [the HM] was in the room and the door was closed. That is what I do know. It should have never gotten to this point. It may seem like we (the ATL and staff A8) weren't doing our jobs, but [the HM] did not do what she was supposed to do ..." Interview on 4/25/23 with the QP#2/DNP/Licensee revealed: -Client #1 made an allegation around the end of March (2023) or first week of April (2023) that he was "raped" by client A4 "several months ago." -Client #1 was separated (moved to this facility) from client A4 for safety concerns (on or about 4/5/23 or 4/6/23) -Approved the beach trip from 4/13/23 to 4/15/23 for the clients and staff. -Made the decision to have the staff (staff A8, ATL and the HM) and all the clients (#1, #2, #3, A4 and A5) stay in the 2 bedroom and 2-bathroom condominium (condo) -Sleeping arrangements were made ahead of time by the HM to keep client #1 and client A4 separated -"The preplanned sleeping arrangements were as followed: "[Client A5] and [client #3] were to share the bedroom with the two twin beds, [the ATL] was to sleep on the settee, [client #1] was to use the air mattress that staff bought, [client A4] was to sleep on one of the pullout sofas, [client #2] was to sleep on the other pullout sofa, and [staff	V 109		

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V 109	Continued From page 15 A8] and [the HM] were to share a queen-sized bed in the master bedroom." -The QP#2/DNP/L stated "I was not aware there needed to be 4 staff supervising the 5 clients while they were at the beach. I thought only three staff were needed." -Learned from the TL (on 4/16/23) that client A4 went into the master bedroom and watched TV with the HM -"[Client #1] went to the bedroom and said goodnight to [the HM] and observed [client A4] under the covers with [the HM]. [Client #1] relayed this information to [staff A8] and [the ATL]. [Staff A8] went to check on [client A4] and found the bedroom door closed and locked. Both [staff A8] and [the ATL] failed to take immediate action to removed [client A4] from the master bedroom. Around 2am, [client A4] returned to the living room and told [the ATL] he had just had sex with [the HM]." -The ATL completed an incident report on 4/16/23 Further interview on 5/12/23 with the QP #2/DNP/L revealed: -Had partially discussed sleeping arrangements for the beach trip with the HM -"[The HM] told me she would be in the living room with the other two staff (ATL and staff A8). They even took an air mattress down. She knew both of the bedrooms were to be occupied by the clients, except for [client #1]. He would be sleeping on the air mattress in the living room. [Client #2] and [client A4] were to sleep in the same room (master bedroom with a queen bed), [client #3] and [client A5] would be in the other bedroom (guest bedroom with 2 twin beds) ...Apparently, when they all got there, no one wanted to be anywhere near [HM] (due to her attitude). None of them ..." -"The staff were to alternate doing bed checks."	V 109		

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V 109	Continued From page 16 -She reviewed on 4/15/23 a video sent to her on 4/14/23 by the HM that showed the sleeping arrangements and showed [the ATL] and [staff A8] sleeping in the living room ..." -"[The HM] was ultimately responsible for ensuring the sleep arrangements were followed and bed checks were done."	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 (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.	V 110		

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This Rule is not met as evidenced by:
Based on record reviews and interviews, 1 of 8 paraprofessional staff (the House Manager (HM)) failed to demonstrate the knowledge, skills and abilities required for the population served for 3 of 3 clients (#1, #2, #3). The findings are:

Review on 4/26/23 of client #1's record revealed:
-An admission date of 12/29/22
-Diagnoses of Unspecified Trauma and Stressor Related Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Unspecified, and Child or Adolescent Antisocial Behaviors
-Age: 15

Review on 4/26/23 of client #2's record revealed:
-An admission date of 8/23/22
-Diagnoses of Oppositional Defiant Disorder, ADHD, Conduct Disorder, and Unspecified Depressive Disorder
-Age: 15

Review on 4/26/23 of client #3's record revealed:
-An admission date of 12/14/21
-Diagnoses of Major Depressive Disorder, Disruptive Mood Disorder, ADHD, and Central Auditory Processing Disorder
-Age: 17

Review on 4/24/23 of the HM's personnel record revealed:
-Hire date of 11/21/21
-A job description of HM

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-Training certificates dated 1/31/22 on Clinical Coverage and Staffing Requirements, Abuse and Neglect, Incident Reporting and Client Rights
-An employee disciplinary action form dated 4/3/23 with Violation Type: "Disobedience, Other: intimidating the consumers and staff, Employer Statement: Staff and consumer reported that [HM] belittles them, cusses at them and is very rude, unprofessional, and disrespectful. Employee statement: [HM] stated she is not disrespectful. She is direct and that she doesn't use profanity. She denied belittling staff and consumers and states she only wants to enforce structure and make sure the staff do what they are supposed to do, Warning decision: [The HM] was given a verbal warning on her displaying unprofessional behavior and was told she will be suspended if other reports were made."

Interview on 4/24/23 with client #1 revealed:
-"[The House Manager (HM) called me d*****s. She has called me stupid. She has called me retarded. She has called me the devil...I just never told anyone. She called the other clients that same names. She was not laughing and joking. She would cuss us out when we acted up. She used her power. She said these d*****s kids. Keep on bringing s**t into my house."
She hurts children. She needs to know how she f***s up kids ..."

Interview on 4/25/23 with client #2 revealed:
-Had been at the facility since 11/21/21
-Never heard any cuss words used by the HM
-"She was a no-nonsense person. She'd tell clients to get their acts together."

Interview on 4/27/23 with Former Staff #1 (FS #1) revealed:
-"I hated working under [HM]. [HM] yells and

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cusses the clients out. If they don't do what she says, the get treated like crap. I always felt bad for them."
-"She would brag about her being able to buy expensive shoes and the clients couldn't. She was always saying f**k this and f**k that. She was just always cussing them out. It happened more than it should have."

Interview on 4/24/23 with staff A8 revealed:
-Had worked shifts with the HM.
-"I didn't like the way she talked to them (the clients). She would call them d*****s and b*****s and they were afraid to say anything because of the authority she had. One time I heard her say 'we have some d*****s stupid b******s." It was while she was telling them to do something. I don't remember the month. I am not going to sit here and lie to you. I asked her why she talked to them that way. She did not say nothing. I did not tell because everyone was intimidated by her. No one would speak up as she would get them fired. To avoid all of it, no one spoke up ..."
-No other staff spoke inappropriately to the clients.

Interview on 4/28/23 with the HM revealed:
-"I have been doing this (working in group homes) 13 years. I do not have a history of calling consumers names, ever. I don't pick with them. No picking with them. I do not demean them. They are here for their mental health and that is concerning ...I do not allow them to pick on each other. That would be emotionally damaging to them ..."
-She was suspended from her job on 4/19/23 because of this allegation (calling consumers names).

Interview on 4/25/23 with QP #1 revealed:

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V 110	Continued From page 20 -"During some interviews with the clients (around 4/3/23), it has been brought to light that [HM] had not only intimidated the clients, but also the staff. She had made threats to get them fired and staff is just now disclosing all of this. When all of the staff around here start complaining about her, then you know there is some truth to something going on." -The HM was spoken to (4/3/23) about her behaviors by the QP #2/DNP/L, the LP, and the Chief Financial Officer. Interview on 4/25/23 with the QP #2/DNP/L revealed: -Had written up the HM on 4/3/23 due to the concerns brought up by the clients and the staff -"She was very defensive when I met with her. I told her if she felt overwhelmed, to let me know, if she needed to delegate things, she could. But she said she was okay. After this meeting, things seemed to calm down."	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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;	V 112		

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V 112	Continued From page 21 (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. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to implement strategies or goals in the treatment/habilitation plan to address the needs of the clients for 3 of 3 clients (#1, #2 and #3). The findings are: Observation on 5/1/23 of the facility between 1:16 pm-1:50 pm revealed: -The kitchen refrigerator/freezer had a lock on the refrigerator and a separate lock on the freezer -The Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L) used a key to unlock the refrigerator and freezer. Review on 4/26/23 of client #1's record revealed: -An admission date of 12/12/22 -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD)	V 112		

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V 112	Continued From page 22 -Age: 15 -A treatment plan dated 1/9/23 noted "will participate in recreation therapy activities to improve cognitive, physical, social, emotional team building, hygiene, sportsmanship and independent living skills with same age peers, will get a healthy amount of sleep and rest each night by going to bed on time, being quiet after lights out, and going to sleep or resting quietly throughout the night, will not exhibit any incidents of inappropriate behaviors, will attend school on a daily basis, participate in transition skills, complete assigned class work, as for help as needed, and follow expectations and rules in the classroom by maintaining passing grades and daily attendance, will take medications as directed and appropriately seek medical care when necessary, will actively engage in individual therapy sessions, 90 minutes per week, while completing clinical assignments and activities which address healthy boundaries and socially appropriate behaviors though individual and group therapy activities, will demonstrate an increase by community rules and expectations and decrease defiant behaviors in 4 out of 7 days per week." -There were no goals or strategies in his treatment plan that addressed his AWOL (Absent Without Leave), suicidal ideation (SI), substance abuse, or the need for locks on the kitchen refrigerator and freezer -Written progress notes on client's goals noted: -On 1/30/23, client was hospitalized after he was assessed for SI and acknowledged he felt suicidal -On 2/23/23, a Child and Family Team (CFT) was held to discuss client's behaviors that included skipping school to get "high" with his friends and returning to the group home with acknowledgement that he was high.	V 112		

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V 112	Continued From page 23 Review on 4/24/23 of a written facility report dated 2/2/23 for client #1 revealed: -Client #1 was residing at Sister Facility A on 1/30/23 when he made statements about wanting to leave the group home and killing himself. -Client was confronted by the Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L) (on 1/30/23) about his non-participation in therapy with client having responded by "threatening to pack his stuff and leave the group home," and he stated he wanted to "kill" himself -At or around 8:00 AM, client walked out the front door and ran from staff (the QP #2/DNP/L) -He was returned to the facility by local law enforcement within an hour (exact time unknown) after he went AWOL. Interview on 4/24/23 with client #1 revealed: -He had a recent history of going AWOL -He provided no information about his SI or substance use behaviors. Review on 4/26/23 of client #2's record revealed: -An admission dated of 8/23/22 -Diagnoses of ADHD, ODD, Conduct Disorder and Unspecified Depressive Disorder -Age 16 -A treatment plan dated 11/15/22 noted "will increase coping skills when he was angry/irritated/overwhelmed with staff providing guidance, redirection, psycho-educational rewards and consequences for behaviors to facilitate socially appropriate behaviors, staff will provide supervision and structure using behavior management techniques in demonstrating respect, anger management and effective coping skills, will receive an individualized education plan	V 112		

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based on needs, instruction in core curriculum and independent living skills education and training 5 days per week, will receive opportunities to learn, restorative independent living skills, social skills, vocational skills 5 times a week, will provide crisis support by following his crisis/safety plan, will participate in family therapy at least once a month with outpatient therapy once a week, will attend school, participate in transitional skills, complete homework and ask for help as needed, will get a healthy amount of sleep each night by going to bed on time, being quite after lights out and no incidents of inappropriate behaviors."
-There were no goals or strategies in his treatment plan that addressed the need for locks on the refrigerator and freezer at the facility.

Interview on 4/25/23 with client #2 revealed:
-His goals were to improve his grades, control his anger and to "get more settled."
-He did not know why the locks were on the refrigerator and freezer.

Review on 4/26/23 of client #3's record revealed:
-An admission date of 12/14/21
-Diagnoses of Major Depressive Disorder, Disruptive Mood Disorder, ADHD, and Central Auditory Processing Disorder
-Age: 17
-A treatment plan dated 9/30/22 noted "needs to communicate effectively with peers by adopting with effective coping strategies, needs to process feelings with adults, reduce occurrence of displaying anger in various areas of his life, communicate openly without lying and being manipulative, use all coping skills to de-stress, refrain from reports of self-harm and/or homicidal threats toward others, will be provided in FCT (Functional Communication Training) strategies

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V 112	Continued From page 25	V 112		

to manage symptoms/behaviors, will work with the treatment team (includes parents) to learn effective coping strategies to use with client, progress noted that client is more confident expressing and talking about his feelings with others and is communicating daily and effectively with his parents, will engage in health and wellness that included understanding his own meds and diagnoses, sleep hygiene, and health eating, will participate in shared-parenting and monitor and provide feedback on goal progress, is progressing doing regular workouts 2 to 3 times per week, communicates understanding of his diagnoses, medications and eating moderate amounts of food, will abide by bedtime routine by going to bed as scheduled, remaining in assigned area and awaken within 3 prompts by staff for school and appointments, client was provided with 'solution cards' to identify triggers and further develop coping skills."
-There were no goals or strategies in his treatment plan that addressed the locks on the refrigerator and freezer at the facility.

Interview on 4/26//23 with the QP #2/DNP/L revealed:
-There were 2 separate occasions where client #1 went AWOL and returned to the facility- once on 1/31/23 and once on 2/3/23
-The House Manager was to contact the Licensed Professional to complete the client treatment plans
"If its not in there (updated treatment plan), then it was not done."

Additional interview on 5/1/23 with the QP #2/DNP/L revealed:
-The refrigerator and freezer had been locked for about a year as client #3's had a history of stealing food from the refrigerator and freezer

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V 112	Continued From page 26 and taking the food back to his room -There was no information in client #3's treatment plan about the reason for the locks on the refrigerator and freezer -She would have the locks removed.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	Continued From page 27 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the MAR included the quantity of the drug prescribed for 1 of 3 clients (#1) and failed to keep current the MAR for 1 of 3 clients (#2). The findings are: Finding #1 Observation on 5/2/23 at 1:25pm of client #1's bubble pack for Hydroxyzine revealed: -Was filled on 4/12/23 by a local pharmacy -Had client #1's first and last name -Date Printed "4/12/23" -Date Range: 4/12/23 to 4/12/23 -The Pharmacy's name -The Pharmacy's telephone number and fax phone number -The prescriber's name and number -No quantity of medication was on the bubble packet Review on 4/27/23 of client #1's record revealed: -An admission date of 12/29/22 -Diagnoses of Unspecified Trauma, Stressor Related Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Unspecified and Child or Adolescent Antisocial Behaviors -Age 15 -A physician's order dated 4/12/23 for Hydroxyzine Pam 50 milligrams (mgs), take one capsule by mouth three times daily as needed for anxiety. Interview on 5/1/23 with the Qualified	V 118		

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V 118	Continued From page 28 Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L)) revealed: -She had written the physician's order for client #1's Hydroxyzine -Was not sure why the pharmacy did not but the quantity of the medication on the bubble packet -Would immediately call the pharmacy to discuss the issue Finding #2 Observation on 5/9/23 at approximately 4:30pm revealed: -A ream of unopened copy paper on top of the dining room table Review on 4/26/23 of client #2's record revealed: -Was diagnosed with Oppositional Defiant Disorder, ADHD, Conduct Disorder and Unspecified Depressive Disorder Review on 5/9/23 of client #2's written Physician-ordered medications revealed: -10/7/22, Sertraline (Zoloft) 50 mgs, one capsule daily and Melatonin 10mgs, one capsule at bedtime -5/8/23, Strattera 40 mgs, one capsule daily, Aripiprazole 5 mgs, one capsule daily, Nicotine Patch 7 mgs/24-hours, change every 24 hours with a start date of 5/8/23 and a stop date of 6/7/23. Review on 5/9/23 of client #2's May 2023 MARs revealed: -A handwritten note on a line for Atomoxetine HCL (Hydrochloric Acid Hydrogen Chloride) 25 mgs (Strattera), take one table daily at 7 am (morning) was "D/C (discontinued) 5/8/23. New orders on next page. -An additional MAR page titled May 2023, did not list Atomoxetine HCL 40 mgs	V 118		

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V 118	Continued From page 29 Interview on 5/9/23 with client #2 revealed: -Was taking all of his medications -Had not refused any of his medications Interview on 5/9/23 with the Qualified Professional #1 revealed: -Was responsible for keeping the MARs current with the clients' medications -Checked the MARs and clients' medications daily -Did not work on the previous day (5/8/23) -There were "other MARs" used that were not from the local pharmacy -Did not provide any "other MARs" for client #2's May 2023 MAR that was reviewed Further interview on 5/9/23 with QP #2/DNP/L revealed: -Staff #6 did not initial on the May 2023 MARs that client #2 received his Atomoxetine HCL 40mgs this morning (5/9/23) -The MAR did not print out correctly -Did not have any more copying paper to print another MAR copy.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.	V 119		

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V 119	Continued From page 30 Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to dispose of prescribed medication in a manner that guarded against diversion or accidental ingestion. The findings are: Review on 4/26/23 of client #2's record revealed: -An admission date of 8/23/22 -Diagnoses of Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder and Unspecified Depressive Disorder Review on 5/1/23 and 5/9/23 of client #2's written physician orders revealed: -On 2/9/23, there was an order for atomoxetine (Strattera) 25 milligrams (mg) one capsule by	V 119		

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mouth daily
-On 5/8/23, there was an order for atomoxetine 40 mg one capsule by mouth daily.

Observation on 5/9/23 between1:43 pm and 1:55 pm of client #2's medication storage bin revealed:
-The medication bin was a clear plastic bin with a lid
-One bubble pack of atomoxetine HCL (hydrochloric acid hydrogen chloride) 25 mg capsules had an attached label that the medicine was filled by a local pharmacy on 4/26/23 with instructions to take one capsule every morning
-One bubble pack of the atomoxetine HCL 40 mg had an attached label that had the medicine was filled by a local pharmacy on 5/8/23 with instructions to take one capsule every morning
-Both the 25 mg and 40 mg of the atomoxetine HCL was stored together in client #2's medication bin
-At 1:55 pm, the Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L) removed the bubble pack of the atomoxetine HCL 25 mg from Client #2's medication bin.

Interview on 5/9/23 with client #2 revealed:
-Was taking all of his medications
-"I just went to the doctor."
-Had not run out of any of his medications and had not refused any medications
-His learning lab teacher was wondering about whether his medication for ADHD was working
-"I get up sometimes and walk around. I got an increase in the dosage. [The QP#2/DNP/L] took me to the doctor."

Interview on 5/9/23 with the Qualified Professional #1 (QP#1) revealed:
-Did not work on the previous day of 5/8/23
-Client #2 had an increased medication dosage of

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V 119	Continued From page 32 the atomoxetine HCL that was ordered by the QP #2/DNP/L -The process of medication disposal was the local pharmacy sent a box and label for "old" (expired) medications to be returned to the pharmacy by mail -She did not realize both of client #2's 25 mg and 40 mg of the atomoxetine HCL were stored together -Would have client #2's atomoxetine HCL 25 mg mailed to the pharmacy. Interview on 5/9/23 with the QP #2/DNP/L revealed: -The QP usually took the medications no longer used by the residents out of their medication bin and placed the medications in an overflow bin -The QP did not work on the previous day, but she (the QP #2/DNP/L) worked the previous day -Client #2's new medications were in his medication bin.	V 119		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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.	V 131		

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V 131	Continued From page 33 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to the hire date for 1 of 2 Former Staff (FS #2) and 4 of 8 current staff (#3, #4, #7 and Qualified Professional #1 (QP #1)) The findings are: Review on 5/9/23 of FS #2's record revealed: -A hire date of 3/28/23 -HCPR was accessed on 3/28/23 -A separation date of 5/8/23 Review on 4/28/23 of staff #3's record revealed: -Hire date of 1/25/23 -HCPR was accessed on 1/25/23. Review on 4/28/23 of staff #4's record revealed: -Hire date of 2/9/23 -HCPR was accessed on 3/3/23. Review on 5/9/23 of staff #7's record revealed: -A hire date of 12/12/22 -HCPR was accessed on 1/25/23. Review on 4/28/23 of the QP #1's record revealed: -Hire date of 3/9/22 -HCPR was accessed on 10/2/22. Interview on 5/16/23 with the QP #2/DNP/L revealed: -Was responsible for HCPR checks -Indicated she understood this rule.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL	V 132		

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V 132	Continued From page 34 REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 35 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete an investigation within 5 working days of the initial notification to the Department, failed to put measures in place to protect the clients during the investigation, and failed to report to the Department within 5 working days. The findings are: Attempted review on 5/2/23 of the facility's initial notification to the Department revealed: -No documentation of a completion of an investigation (into the allegation of the House Manager (HM) having sex with client A4) within 5 working days -No documentation of any measures put in place to protect the clients during the investigation -No documentation of reporting the incident to the Department within 5 working days Interview on 5/3/23 with the Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L) revealed: -Had not completed the investigation into the House Manager (HM) having sex with client A4 on 4/14/23 -Suspended HM on 4/19/23 when she learned of the allegation -Had not reported the incident to the Department within 5 working days	V 132		
V 133	G.S. 122C-80 Criminal History Record Check	V 133		

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V 133	Continued From page 36 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 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	V 133		

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V 133	Continued From page 37 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 subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (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: (1) The level and seriousness of the crime. (2) The date of the crime.	V 133		

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V 133	Continued From page 38 (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. 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. (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: (1) The failure of the provider to employ an individual on the basis of information provided in 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	V 133		

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V 133	Continued From page 39 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 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. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes,	V 133		

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V 133	Continued From page 40 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. (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: (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. (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.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide documentation of all relevant factors of a staff's criminal record check in determining the hire of a staff for 1 of 7 staff (#3) and facility failed to request a criminal history background check within 5 days of making the conditional offer of employment for 1 of 2 Former Staff (FS #2) and 1 of 7 current staff (#7). The findings are: Review on 5/9/23 of FS #2's record revealed: -A hire date of 3/28/23 -Criminal background check was requested on	V 133		

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V 133	Continued From page 41 3/28/23 -A separation date of 5/8/23 Review on 4/28/23 of staff #3's record revealed: -A hire date of 1/25/23 -Criminal background check was requested on 12/6/22 -The criminal background check included an offense date of 5/6/09 and conviction on 6/7/10 for felony robbery with a dangerous weapon, an offense date of 10/13/13 and conviction on 3/29/17 of felony conspiracy to commit second degree murder and was sentenced to 77 months. -No documentation of the relevant factors were discussed Review on 5/9/23 of staff #7's record revealed -A hire date of 12/12/22 -Criminal background check was requested on 1/25/23 Interview on 5/1/23 with staff #3 revealed: -"I am currently on parole." -Was convicted of felony robbery and felony conspiracy to commit second degree murder -"I served 9 years in prison." -The victim was 15 years old -Had interviewed with the House Manager -"I made her aware I served time. She did not ask me any questions about it (the convictions) ..." -Had not had any conversation about his convictions with the Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L). Interview on 5/1/23 with the QP #2/DNP/L revealed: -Was aware of staff #3's criminal record -"He told me about his conviction before we ran his criminal record check. He has been doing so	V 133		

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V 133	Continued From page 42 well working at the facility." -Had not documented the required information for the relevant offense Further interview on 5/12/23 with the QP #2/DNP/L revealed: -"[Staff #7]'s hire date was 12/12/22, but that was not his start date. He began work sometime in January 2023 ..." -"I will get into the habit of doing the background check before their (staff) hire dates ...[House Manager] was responsible for doing them and apparently, she did them wrong ..."	V 133		
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 follows: (1) two direct care staff shall be present and one shall be awake for one through four	V 296		

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V 296	Continued From page 43 children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (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. (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. (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. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure at least two direct care staff were present when one, two, three or four adolescents were present and awake at the facility, failed to ensure three direct care staff were present for five, six, seven or eight children and failed to ensure supervision of children or adolescents for 5 of 5 clients (#1, #2, #3, client A4 and client A5). The findings are: Review on 4/26/23 of a written facility internal	V 296		

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V 296	Continued From page 44 investigation report dated 4/18/23 and completed by the QP #2/DNP/L revealed: -On 4/12/23, five clients (Clients #1, #2, #3, A4 and A5) 3 staff (Staff #A8, ATeam Lead (ATL) and the House Manager (HM)) went on a therapeutic trip to [a beach] and returned on 4/15/23. -During this beach trip, client A4 alleged inappropriate sexual contact with the HM. Review on 5/8/23 of a written facility incident report revealed: -On 5/6/23 at 8:35 am, clients #2 and #3 got into a verbal and physical altercation with one another at the facility after client #2 went into client #3's bedroom and accused client #3 of taking ice cream from the freezer without staff's permission -Client #2 threw client #3's belongings onto the floor, ran out of client #3's room with client #3 having followed client #2 into his room and client #2 having been hit five times in the back by client #3 -Both these clients called each other "vulgar names" -Client #2 then pulled a fire extinguisher off a wall hook and threw the fire extinguisher on the floor -Client #2 refused to follow staff #7's instructions to go to his room which led to a police call and an on-site response from the local police to calm both clients down -"[The Qualified Professional #1] came onto shift after a staff (Former Staff #2 (FS #2)) did not come in on shift." Observations on 5/9/23 at 1:12pm of the facility revealed: -The QP #2/DNP/L was present alone -Client #2 arrived at the facility at 1:44pm -Client #3 arrived at the facility at 2:07pm -There was no second staff present -The QP #1 arrived at the facility at 3:07pm	V 296		

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V 296	Continued From page 45 Interview on 4/24/23 with client #1 revealed: -A beach trip occurred from 4/13/23 to 4/15/23 with client #2, client #3, client A4, client A5, staff A8, ATL and the HM -On the beach trip were a total of 5 clients and 3 staff -Over the weekend of May 6 (2023), the police came to the facility for clients #2 and #3 who "got into it" (had an altercation). -"[Staff #7] told me to call the police. There was no other staff there." Interviews on 4/25/23 and 5/9/23 with client #2 revealed: -Confirmed he, client #1, client #3, client A4 and client #5 went on a beach trip from 4/13/23-4/15/23 with the staff A8, the ATL and the HM -On 5/9/23, he stated, "[Client #3] and I got mad at each other past weekend (5/6/23). He hit me. I picked up the fire extinguisher. [Staff #7] was working on shift. There was no other staff present." -He went into client #3's room and asked about the missing ice cream and client #3 "punched" him in the back 4 or 5 times -Client #1 was at the home and the staff (#7) told client #1 to call the police after he had a hold of the fire extinguisher -The police came out and talked to him and client #3. -Had another incident with client #3 earlier in the month -"I sprayed him with something and he put me in a choke hold." Interviews on 4/25/23 and 5/9/23 with client #3 revealed: -He went on the 4/13/23-4/15/23 beach trip with	V 296		

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client #1, client #2, client A4, client A5, staff A8, ATL and the HM
-He returned to the facility from the beach on 4/15/23 in a van with staff A8, client #1, client #2 and the ATL
-He and client #2 "got into it" on two separate occasions
-The first occasion happened the morning of May 6th (2023) around 6 am when they were getting ready for school and were in the kitchen.
-Client #2 sprayed him in the face with air-freshener or water and he put client #2 in a chokehold
-The second occasion happened on Saturday (5/6/23) when he woke up to client #2 in his room.
-"He was searching for something. He trashed my room. He accused me of taking something. I was pretty angry, and I told him to get out (of the room). After that, I ran up to him and hit him 5 times in the back. [Staff #7], separated us.[Client #1] got [client #2] and took him away. I went to my room. [Staff #7] told [client #1] to call the cops. There were no other staff there. [Staff #7] worked alone because another staff did not come in ...two cops came out (to the facility). They made sure we were okay. Then they left."
-On the second occasion when Former Staff #2 (FS #2) did not show up for work, QP #1 came into work.
-"[QP #1] was not scheduled to work. [Staff #7] called [the QP #2/DNP/L]. [The QP #1] then got [staff #6] to come in. [Staff #6] worked with [staff #7] the rest of the day and that night ..."

Interview on 5/10/23 with staff #7 revealed:
-He confirmed an altercation occurred between clients #2 and #3 on a Saturday (5/6/23) around 10 am when client #2 accused client #3 of having eaten the missing ice cream
-When client #2 got the fire extinguisher, he

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called the police because he did not know what client #2 would do with the fire extinguisher
-He denied he asked or instructed client #1 to call the police but had client #1 explain to the police what was happening because the police did not understand his accent
-The police came out and calmed clients #2 and # 3 down
-"[FS #2] was supposed to be working with me on the shift but she didn't show up. I called [the QP #2/DNP/L] and [the QP #1] when [FS #2] didn't show up."
-He came into work on the previous night (5/5/23) for his 11 pm to 8 am shift and he stayed upstairs with clients #1, #2 and #3
-When he came downstairs Saturday morning (5/6/23) before 10 am, he noticed FS #2 was not downstairs, he called the QP #2/DNP/L and the QP #1
-He left from the facility around 12:00 or 1 pm on Saturday and the QP #1 came into work around the time he was leaving (the facility).

Interview on 5/10/23 with staff #6 revealed:
-He was called to come into work by the QP #1 on a Saturday about a week ago (5/6/23)
-The QP #1 told him clients #2 and #3 had an incident where they were fighting but he did not know the details
-The QP #1 said a staff, whom she did not identify, did not show up for work and called him because she thought he was supposed to be working with staff #7
-He went into work at the facility on Sunday, 5/7/23.

Interview on 5/9/23 with the QP #1 revealed:
-Clients #2 and #3 "got into it over ice cream" at the facility on Saturday, 5/6/23
- FS #2 was scheduled to work 8 am to 8 pm on

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V 296	Continued From page 48 5/6/23 -" I think she just didn't come in. She never came in." -Staff #7 called her around 9 am and told her about FS #2 and she (the QP #1) came to the facility "a little bit after 10 am." -She stayed at the facility until about 1 pm and contacted staff #6 who was off work, but he came in at 1 pm and worked until 8 or 10 pm -She needed to look at the shift schedule to recall who worked third shift that night. Interviews on 4/25/23 and 5/9/23 with the QP #2/DNP/L revealed: -On 4/25/23, she stated she approved the beach trip from 4/13/23 to 4/15/23 for clients #1, #2, #3, A4, A5, staff A8, the ATL and the HM -Stated staff A8 was working at the facility today (5/9/23) -Client #3 had a dental appointment on 5/9/23 and staff A8 transported this client to the dentist -Was waiting for the QP #1 to arrive to be the second staff on shift.	V 296		
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;	V 366		

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V 366	Continued From page 49 (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal	V 366		

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V 366	Continued From page 50 review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as	V 366		

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	MHL0601492	A. BUILDING: _____ B. WING _____	05/17/2023

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V 366	Continued From page 51 applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are: Review on 4/26/23 of the facility's internal incident report, dated 4/16/23 and completed by the ATeam Lead (ATL), revealed: -An incident occurred at 1:00am between client #A4 and the House Manager (HM) -"One of the consumers made an allegation of a sexual encounter between him and staff." -There was no date as to when the incident occurred Interview on 4/24/23 with the ATL revealed: -Had completed an internal incident on 4/16/23 for the allegation of the HM having sex with client A4 -Did not have documentation regarding attending to the health and safety needs of client A4 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future. -Had not notified the Local Management	V 366		

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V 366	Continued From page 52 Entity/Managed Care Organization, Legal Guardians and other authorities required by law Interview on 5/3/23 with the Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L)) revealed: -The ATL had completed an internal incident on 4/16/23 for the allegation of the HM having sex with client A4 -Did not have documentation regarding attending to the health and safety needs of client A4 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future -Had not notified the Local Management Entity/Managed Care Organization, Legal Guardians and other authorities required by law.	V 366		
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	V 367		

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V 367	Continued From page 53 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 day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of	V 367		

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V 367	Continued From page 54 becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit incident reports within 72 hours of becoming aware of the incidents. The findings are:	V 367		

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V 367	Continued From page 55 Review on 4/26/23 of the North Carolina Incident Response Improvement System revealed: -No documentation a level III incident report for the allegation the House Manager (HM) had sex with client A4 on 4/14/23 Review on 4/26/23 of the facility's internal incident report, dated 4/16/23 and completed by the ATeam Lead (ATL), revealed: -An incident occurred at 1:00am between client #A4 and the HM -"One of the consumers made an allegation of a sexual encounter between him and staff." -There was no date as to when the incident occurred Interview on 4/24/23 with the ATL revealed: -Had completed an internal incident on 4/16/23 for the allegation of the HM having sex with client A4 -Had training on Incident Reporting -Had not submitted a level III incident report into IRIS Interview on 5/3/23 with the Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L)) revealed: -The ATL had completed an internal incident on 4/16/23 for the allegation of the HM having sex with client A4 -Had training on Incident Reporting -Had not submitted a level III incident report into IRIS	V 367		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE	V 513		

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V 513	Continued From page 56 (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; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to provide services using the least restrictive and most appropriate methods affecting 3 of 3 client (#1, #2 and #3). The findings are: Observation on 5/1/23 of the facility between 1:16 pm-1:50 pm revealed: -The kitchen refrigerator/freezer had a lock on the refrigerator and a separate lock on the freezer -The Qualified Professional #2/Doctor of Nursing Practice/Licensee (QP #2/DNP/L) used a key to unlock the refrigerator and freezer.	V 513		

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V 513	Continued From page 57 Review on 4/26/23 of client #1's record revealed: -An admission date of 12/12/22 -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD) -Age: 15 -No restrictions in his treatment plan that addressed the locks on the refrigerator and freezer -No consent was signed by his guardian that allowed for the locks on the refrigerator and freezer. Review on 4/26/23 of client #2's record revealed: -An admission date of 8/23/22 -Diagnoses of ODD, ADHD, Conduct Disorder, and Unspecified Depressive Disorder -Age: 15 -No restrictions in his treatment plan that addressed the locks on the refrigerator and freezer -No consent was signed by his guardian that allowed for the locks on the refrigerator and freezer. Review on 4/26/23 of client #3's record revealed: -An admission date of 12/14/21 -Diagnoses of Major Depressive Disorder, Disruptive Mood Disorder, ADHD, and Central Auditory Processing Disorder -Age: 17 -No restrictions in his treatment plan that addressed the locks on the refrigerator and freezer -No consent was signed by his guardian that allowed for the locks on the refrigerator and freezer.	V 513		

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V 513	Continued From page 58 Interviews with clients #1, #2 and #3 revealed: -No information about the need for locks on the refrigerator and freezer. Interview on 5/1/23 with the QP #2/DNP/L revealed: - The refrigerator and freezer had been locked for about one year due to client #3's history of having stolen food from the refrigerator and freezer and taking the food back to his room -There were not any consents in the clients' records regarding the refrigerator/freezer locks -There was no information in the clients' treatment plans about the reason for the refrigerator/freezer locks.	V 513		