TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL0411219	B. WING		06/27/2023	
		925 THI	DDRESS, CITY, STATE,	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	GREENS ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	BBORO, NC 27405	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa 2023. A deficiency wa	s completed on June 27, as cited.				
	category: 10A NCAC	d for the following service 27G .5000 Facility Based ividuals of all Disability				
	census of 9. The surv	d for 16 and currently has a /ey sample consisted of ents and 1 former client.				
V 539	27F .0102 Client Rig	nts - Living Environment	V 539			
	uninterrupted sleep d hours, consistent with provided and the type (2) accessible for at least limited per determined inapproph habilitation team. (b) Each client shall his room, or his portion with respect to choice and with respect for t	be provided: here conducive to furing scheduled sleeping in the types of services being e of clients being served; and areas for personal privacy, riods of time, unless riate by the treatment or be free to suitably decorate on of a multi-resident room, e, normalization principles, he physical structure. Any sedom shall be carried out in				
	interviews, the facility	as evidenced by: ns, record reviews and r failed to ensure there was or personal privacy affecting				

STATEMENT	of Health Service Regun TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			B. WING			
		MHL0411219		710 0005	06	6/27/2023
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, <b>RD STREET</b>	ZIP CODE		
CHILD/AD	OLESCENT FACILITY B	ASED CRISIS CNT-C	SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 539	Continued From pag	e 1	V 539			
	9 of 9 clients (#1 thro	ough #9). The findings are:				
	of client #1 - #9's bed	6/23 from 2:31pm to 3:02pm, drooms revealed: a camera in the ceiling				
	Review on 6/26/23 or -An admission date of -A diagnosis of Adjus Disturbance of Cond -Age:14	stment Disorder with				
	-An admission date of	stment Disorder with Mixed				
	-An admission date o	f client #3's record revealed: of 6/16/23 stment Disorder, Unspecified				
	-An admission date o	otive Mood Dysregulation				
	-An admission date of	n By History and Major				
	-An admission date of -Diagnoses of Disrup	f client #6's record revealed: of 6/21/23 otive Mood Dysregulation Depressive Disorder by				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0411219	B. WING		06/27/2023	
					06	/2//2023
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, 1 R <b>D STREET</b>	ZIP CODE		
HILD/AD	OLESCENT FACILITY B	ASED CRISIS CNT-C	SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 539	Continued From pag	e 2	V 539			
	-Age 16					
	-An admission date of	f client #7's record revealed: of 6/16/23 ositional Defiant Disorder				
	An admission date of	f client #8's record revealed: f 6/22/23 stment Disorder with Mixed				
	-An admission date of	f client #9's record revealed: of 6/23/23 eralized Anxiety Disorder				
	handbook titled Facil revealed: -Page 9 "Use of Audi certain instances, yo recorded through aud high level of acuity e required 24-hour vide safety and well-being in common areas an residential living. Clie	f the facility's program lity Based Crisis (FBC) io/Video Recording: In ur child or family may be dio and/or video tapethe xperienced by youth will eo monitoring to ensure g. Safety monitoring will occur d sleeping quarters of ents' privacy will be private bathroom facilities."				
	revealed: -The nurses' station v and there were three referred to as "housin -To the immediate rig	6/23 at 9:45am of the facility was in the middle of the unit color coded hallways ng pods" ght of the unit, was the green drooms for clients ages 12 to				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL0411219	B. WING		06/27/2023	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,		06	12112023
	CONDER OR SUFFLIER		RD STREET			
HILD/AD	OLESCENT FACILITY B	ASED CRISIS CNT-C	SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 539	Continued From page	e 3	V 539			
	11 years old -Directly in front of th blue pod, which had 12 to 17 years old Review on 6/27/23 at surveillance camera Executive Director (E -The view of the cameras each of the clients' but Interview on 6/27/23 -Had been at the faci -Had his own bedrood -"There are cameras need to change (clothered)	era captured 360 degrees of edrooms with client #1 revealed: ility for "1 week and 1 day"				
	-Had been at the fact -"I don't have privacy Interview on 6/27/23 -Had been at the fact -Had her own bedroo	y, but it's okay." with client #3 revealed: ility for 1 week and 4 days				
	Observation and inte approximately 2:30 p -Had no privacy in he cameras"	erview on 6/26/23 at om with client #4 revealed: er bedroom "because of the iling towards the camera				
	-Had seen the camer -"They (the cameras)	with client #5 revealed: ra in his bedroom ) keep me safe by watching dI go into the bathroom to				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
			B. WING			10710000
		MHL0411219		06	/27/2023	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE <b>RD STREET</b>	, ZIP CODE		
HILD/AD	OLESCENT FACILITY B	ASED CRISIS CNT-C	SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
V 539	Continued From pag	e 4	V 539			
	change clothes."					
		with client #6 revealed: hy he had a camera in his				
	-Had been at the fac last (6/16/23)" -Had seen the came	with client #7 revealed: ility since "the Friday before ra in his bedroom ceiling paranoid. It's creepy."				
	-Was not aware of a -"I must change cloth	with client #8 revealed: camera in his bedroom nes in the bathroom." e had to change clothes in				
	-Was not told at adm camera in her bedroo -"I would prefer no ca					
	and Training Team L Health Service Regu Licensure and Certifi revealed:	f an email from the Licensure eader for the Division of lation (DHSR), Mental Health cation Section (MHLC) h of the facility was done				
	due to a State of Em -"As we went through waivers this morning mentioned sightings bedrooms We have	ergency n the old application and				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
			A. BOILDING.			
		MHL0411219	B. WING		06	/27/2023
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HILD/AD	OLESCENT FACILITY B	ASED CRISIS CNT-C	RD STREET SBORO, NC 27405			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLE DATE
V 539	Continued From pag	e 5	V 539			
	Interview on 6/27/23	with staff #1 revealed:				
		ich bedroom ceiling on all				
	three pods	-				
	-"They are used to m	onitor the clients. Also, if				
	anyone makes an all	egation that a restraint was				
	not done properly, upper management has the ability to review the video footage."					
	Interview on 6/27/23	with the Qualified				
	Professional revealed:					
	-There were cameras in all of the clients'					
	bedrooms					
	-"The cameras are there so we can review					
	footage if there are incidents of inappropriate					
	-	b back and review the				
	footage."					
	-	as only accessible with the				
	ED's approval	ent with a former client				
	unknown) where he	ith a former client (date				
	· ·	e. He also had Autism. We				
		e audio and visual on the				
		ye on him and to make sure				
	he was not in harm's	5				
		also used to ensure the				
	client's safety.					
	Interviews on 6/26/23 revealed:	3 and 6/27/23 with the ED				
		for a total of 16 beds				
		y 9 clients at the facility's unit				
	•	ed 7 to 14 days of treatment.				
		oms in the unit had cameras				
	-The cameras record week."	led "24 hours a day, 7 days a				
		ding were a requirement				
	from our insurance c					
		camera footage was 180				
	days	ounicia ioolaye was 100				
	alth Service Regulation					

STATE FORM

TATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		06	6/27/2023
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
HILD/AD	OLESCENT FACILITY	BASED CRISIS CNT-(	RD STREET SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 539	Continued From page	je 6	V 539			
	the VPN (Virtual Prin -Those with access included the IT (Info Department, the Exe Manager, and the Vi -Instances when the accessed included " our attentionthe H (restrictive interventii facility), if there were would sit with me, and the restrictive intervention facility), if there were would sit with me, and the restrictive intervention -There were no infra surveillance camera monitor the clients a -The cameras were and were not to suppose staff (3:1)." -"Cameras were used clients that had psyce depression." -When the clients ne change clothing, "the -"In our setting, safe policy (on clients' rig -The cameras had b first admission on 10 -During both the initit throughs of the units approved the camerer issue now. Now, sin the client's bedroom clients) and we may (Involuntary Commit behaviors"	to the camera footage rmation Technology) ecutive Director, the Nursing ice President video footage was to be any incident that is brought to landle With Care instructor ion program used by the e an issue with restraints, he nd I would have IT pull clips of entions that were used." ared capabilities by the s "so the visibility is too low to t night." "not in lieu of bodies (staff) ersede the ratio of clients to ed in the bedrooms to monitor chotic episodes or those with eeded to have privacy to ey went into the bathroom." ty is more important than our ths to privacy)" eeen in operation since the D/20/21 al and follow up walk s, "you guys (DHSR) as. I don't know why it is an ce there are no cameras in s, my staff won't restrain (the have to possibly IVC ment) some clients for their				
		of the facility's Plan of 27/23 and written by the ED				

STATE FORM

STATEMENT OF DEFICIENCIES				(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0411219	B. WING		06/27/2023		
NAME OF P	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, STATE, ZIP CODE				
		925 THI	RD STREET				
HILD/AD	OLESCENT FACILITY B	GREEN	SBORO, NC 27405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 539	Continued From page	e 7	V 539				
	ensure the safety of a Alexander Youth Net access today (6/27/2 each client's next CF treatment team will d providing 24/7 camer with accessible areas limited time periods a bathrooms of the fac NCAC 27F .0102. -Describe your plans happens: IT will term cameras, today 6/27/ The facility served m not limited to: Adjustr Disturbance of Emoti Mood Dysregulation Defiant Disorder (OD Disorder (GAD) and The facility was a loc housing pods. The p each hallway. In the bedrooms were surve recorded 24/7. The c 360-degree view of the reported the cameras awkward and without described the cameras	inor children with diagnoses ment Disorder with Mixed ions and Conduct, Disruptive Disorder, Oppositional DD), Generalized Anxiety Major Depressive Disorder. ked unit with 3 color coded ods had 5 to 6 bedrooms on ceiling of each of the clients' eillance cameras that ameras showed a he entire bedroom. Clients s made them feel paranoid,					
	in the bathroom. This Type B rule violation health, safety, and w violation is not correct	clients had to change clothes s deficiency constitutes a which is detrimental to the elfare of the clients. If this cted within 45 days, an y of \$200 per day will be y the facility is out of					