

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TGH RESIDENTIAL SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 OLD CONCORD ROAD</b> <b>SALISBURY, NC 28144</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 7/12/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients</p>	V 000		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present</p>	V 296		

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V 296	<p>Continued From page 1</p> <p>and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have two direct care staff present while the clients were awake or asleep affecting 3 of 3 clients (#1 - #3) The findings are:</p> <p>Review on 7/10/23 of client #1's record revealed: - Admission date: 4/4/23 - Age: 13 - Diagnoses: Post Traumatic Stress Disorder (PTSD) and Attention-Deficit Hyperactivity Disorder (ADHD) - Review of client #1's person-centered plan (PCP) dated 6/18/23 revealed: "TGH Behavioral</p>	V 296		

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V 296	<p>Continued From page 2</p> <p>Health Services Inc (Licensee) level three residential services staff will: Provide one on one supervisions while out in the community setting." Review of PCP goals revealed: "[Client #1] will work on following rules and directions that are given to him by staff or authority figures at the summer camp ..."</p> <p>Review on 7/10/23 of client #2's record revealed:                      - Admission date: 4/3/23                      - Age: 17                      - Diagnoses: Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; PTSD; Oppositional Defiant Disorder; and ADHD, Combined Presentation                      - Review of client #2's PCP goals dated 6/18/23 revealed: "[Client #2] will work on following rules and directions that are given to him by staff or authority figures at the summer camp ..."                      - Review of "Child and Family Treatment Team Meeting" dated 4/26/23 revealed: "History of Fecal Smearing, Grooming others, aggression, property destruction."                      - Review of "Psychosexual Risk Assessment" dated 8/11/22 revealed: "Specific mental health recommendations include the following: [Client #2] should be monitored with eyes-on supervision when he is around other children."</p> <p>Review on 7/10/23 of client #3's record revealed:                      - Admission date: 6/23/23                      - Age: 10                      - Diagnoses: Oppositional Defiant Disorder; ADHD, Combined Presentation; and PTSD                      - Review of client #3's PCP dated 7/1/23 revealed: "TGH Behavioral Health Services Inc level three residential services staff ...will: Provide</p>	V 296		

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V 296	<p>Continued From page 3</p> <p>one on one supervisions while out in the community setting."</p> <ul style="list-style-type: none"> <li>- Review of PCP goals revealed: "[Client #3] will work on following rules and directions that are given to him by staff or authority figures at the summer camp ..."</li> </ul> <p>Interview on 7/10/23 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He attended summer camp Monday-Thursday from 8 am- 4 pm.</li> <li>- He had no group home staff supervision while at the camp.</li> </ul> <p>Interview on 7/10/23 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- He and client #1 attended summer camp Monday-Thursday from 8 am - 3 pm.</li> <li>- He had no group home staff supervision while at the camp.</li> <li>- It was summer camp he attended not summer school.</li> <li>- The staff "were not there at all."</li> </ul> <p>Interview on 7/10/23 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- He went to a different camp than client #1 and client #2. He went to summer camp for approximately 2-4 weeks. He attended summer camp Monday-Friday from 8 am- 4 pm.</li> <li>- It was summer camp he attended not summer school.</li> <li>- He had no group home staff supervision while at the camp.</li> </ul> <p>Interview on 7/10/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 and client #2 attended summer camp together from 6/5/23-6/29/23. They went Monday-Thursday from 8 am- 2:30 pm.</li> <li>-Client #3 went to a different summer camp from 6/19/23-6/29/23. He went Monday-Thursday from 8 am - 2:30 pm.</li> </ul>	V 296		

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V 296	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- She had group home staff at the group home by 3 pm because that is when the clients got home from the camp. There was no group home staff supervision at the camps.</li> <li>- The summer camp goals for the 3 clients indicated the clients would follow the directions of "staff." The staff that the goals were referring to would have been the summer camp staff not the group home staff.</li> <li>- "It was through the school system, and it was basically like summer school. [The Licensee] and [the Consulting Director] handled it."</li> </ul> <p>Interview on 7/10/23 with the Consulting Director revealed:</p> <ul style="list-style-type: none"> <li>- The clients went to the summer camp without the group home staff because "it's (summer camp) through the school, it was equivalent to them going to school."</li> </ul>	V 296		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility was not maintained in a safe, clean, and orderly manner. The findings are:</p> <p>Observations from 2:34 pm - 3:55 pm on 7/10/23 of the group home revealed:</p> <ul style="list-style-type: none"> <li>- Client #2's bedroom window had screws on both sides of the window which prevented it from opening. Client #2's bedroom had only one</li> </ul>	V 736		

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V 736	<p>Continued From page 5</p> <p>window.</p> <ul style="list-style-type: none"> <li>- Client #2's bedroom door had been removed.</li> <li>- The first bedroom on the left side of the hallway was vacant. The windowpane in the vacant room was broken with jagged edges. A piece of glass fell and broke outside.</li> <li>- Client #3's bedroom was located at the end of the hall on the left side. Client #3's bedroom had a broken windowpane with jagged edges. There was broken glass in the window sill and broken glass outside on the grass.</li> <li>- Client #1's bedroom door had an 8 - 10 inch crack on the bottom right side of the door. He had two windows in his bedroom, and one could not be opened because it was painted shut.</li> <li>- The kitchen floor sagged and sloped down in an area that was approximately 4 feet by 4 feet in front of the sink and stove area. .</li> </ul> <p>Interview on 7/10/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- She did not know that client #2's bedroom window had screws on both sides of the window. The landlord had a maintenance person come by on 7/7/23 to fix the window because it would not shut. "He must have put the screws in the window."</li> <li>- Client #2's bedroom did not have a door because client #2 broke the door the "first two weeks he was here." Client #2's social worker recommended client #2's bedroom door be removed to prevent him from smearing feces. Client #2's Child and Family Team (CFT) met and decided to leave the door off. "They (CFT) felt it was good that the door stay removed to prevent him from smearing feces. It should be in his PCP (Person Centered Plan) I think."</li> <li>- The window pane in the vacant bedroom and in client #3's bedroom had been broken two weeks ago. Former Client #4 broke the window panes.</li> </ul>	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Client #1's bedroom door was cracked in multiple places at the bottom last week when client #1 and client #3 were playing in the hallway. One of the clients unintentionally kicked client #1's bedroom door.</li> <li>- She was unsure why the kitchen floor was sagging. The kitchen floor had been sagging for about two weeks. The landlord was supposed to fix the floor. She had called several people for quotes to repair the kitchen floor.</li> </ul> <p>Review on 7/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 4/3/23</li> <li>- Age: 17</li> <li>- Diagnoses: Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; and Attention-Deficit Hyperactivity Disorder, Combined Presentation</li> <li>- Review of client #2's person-centered plan (PCP) dated 6/18/23 revealed: There was no documentation that indicated his bedroom door should be removed.</li> </ul> <p>Interviews on 7/10/23 and 7/11/23 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- He did not know that his bedroom window had been screwed shut. "How in the heck did those (screws) get there?"</li> <li>- The first month he lived in the group home (April 2023) his bedroom door had come off the hinges and the staff totally removed the door. The door had not been replaced since that time.</li> </ul> <p>Interviews on 7/11/23 and 7/12/23 with client #2's Department of Social Services (DSS) Legal Guardian (LG) revealed:</p>	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- He did not know that client #2's window had been screwed shut.</li> <li>- He did not ask the group home staff to remove client #2's bedroom door.</li> <li>- Client #2 broke the door during an incident "some time ago." After the door was initially broken, DSS approved client #2's door be taken down for "a day or two."</li> <li>- On 7/10/23, he was asked by the Consulting Director to write a letter stating that DSS approved client #2 not having a bedroom door.</li> <li>- "There was a discussion (in treatment team) about removing [client #2's] bedroom door after the incident. We were ok at the time with the door being taken down because it was a safety issue. Then the door was never put back up."</li> </ul> <p>Interview on 7/11/23 with the Division of Health Service Regulation (DHSR) Construction Staff revealed:</p> <ul style="list-style-type: none"> <li>- If there was a fire and the door were closed, "it would buy some time for the client to get out the window. It would be a barrier to the smoke."</li> </ul> <p>Interview on 7/12/23 with the Consulting Director revealed:</p> <ul style="list-style-type: none"> <li>- She did not know why client #2's window was screwed shut.</li> <li>- The group home had repairs done and "I think it was an error on maintenance."</li> <li>- Client #2 broke his door off the hinges. She did not know how long it had been since client #2's door had been removed.</li> <li>- "I met with his treatment team, and we concluded in that meeting due to his fecal smearing, and his aggressive behavior the door remain down."</li> </ul> <p>Review on 7/10/23 of client #2's "Child and Family Treatment Team Meeting" notes revealed:</p>	V 736		



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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- Date of Meeting: 4/26/23</li> <li>- Report Completed By: Consulting Director</li> <li>- "Needs: Team agrees that [client #2] should not have a door right now in hopes to reduce further aggression and fecal smearing."</li> <li>- "Safety Concerns: Property Destruction: 4/16/23-broke his room door."</li> <li>- "History of Fecal Smearing, Grooming others, aggression, property destruction."</li> </ul> <p>Interview on 7/10/23 with the Landlord revealed:</p> <ul style="list-style-type: none"> <li>- He did not nail down client #2's bedroom window.</li> <li>- His maintenance staff had not been in the home about the windows.</li> <li>- "...I have not touched the windows."</li> </ul> <p>Review on 7/10/23 of the Plan of Protection dated 7/10/23 written by the QP revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? TGH Behavioral Health Services will maintain its grounds in a safe, clean, attractive and orderly manner and its facilities shall be kept free from offensive odor. The facility shall ensure that every sleeping room will have at least one operable window that is approved for emergency egress. While the DHSR Compliance Consultant was onsite, the facility [QP] removed a screw from a window which was preventing it from opening properly. Additionally, staff have been directed to rake and remove any glass shards that remain outside the perimeter of the facility to ensure the safety of all residents and staff. Describe your plans to make sure the above happens.</p> <p>The facility Director will inspect the outside of the facility to ensure glass shards have been properly removed from the perimeter of the facility under window that were damaged in the past."</p>	V 736		

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V 736	<p>Continued From page 9</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>The facility served clients from ages 10-17 who had diagnoses not limited to Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; and Attention-Deficit Hyperactivity Disorder, Combined Presentation. On 7/10/23 it was discovered that the only window in client #2's bedroom was screwed shut and could not be opened. Client #2 was unaware that his window was screwed shut. Two bedrooms had broken windowpanes with jagged edges. Broken glass was in the window sill and outside in the grass. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 736		
V 742	<p>27G .0304(a) Privacy</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.</p> <p>This Rule is not met as evidenced by:</p>	V 742		

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V 742	<p>Continued From page 10</p> <p>Based on interviews and observation, the facility was not designed in a manner that provided privacy for 1 of 3 clients (#2). The findings are:</p> <p>Observation at approximately 2:38 pm on 7/10/23 of the group home revealed:</p> <ul style="list-style-type: none"> <li>- Client #2's bedroom door had been removed.</li> </ul> <p>Interviews on 7/10/23 and 7/11/23 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- The first month he lived here (April 2023) the door had come off the hinges and the staff totally removed the door. The door had not been replaced since that time.</li> <li>- He changed his clothes in the bathroom.</li> <li>- "I always go to the bathroom because the younger clients come to my door and ask me questions and I don't want them to see me like that (without clothes on)."</li> <li>- "At first I was mad (about his door being removed) because I was thinking I can't change in my room, but it has been a while and now I am used to it and I learned to change my clothes in the bathroom."</li> </ul> <p>Interview on 7/11/23 with the Division of Health Service Regulation Construction Staff revealed:</p> <ul style="list-style-type: none"> <li>- Clients had two places of privacy in the group homes: bedroom and bathroom</li> </ul> <p>Interviews on 7/11/23 and 7/12/23 with client #2's Department of Social Services (DSS) Legal Guardian (LG) revealed:</p> <ul style="list-style-type: none"> <li>- He did not ask the group home staff to remove client #2's bedroom door.</li> <li>- Client #2 broke the door during an incident "sometime ago." He went to visit client #2 in the group home after the incident and there was a curtain up in his doorway. When he made another visit 1-2 weeks ago "there was no curtain</li> </ul>	V 742		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TGH RESIDENTIAL SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 OLD CONCORD ROAD</b> <b>SALISBURY, NC 28144</b>
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V 742	<p>Continued From page 11</p> <p>up." After the door was initially broken, DSS approved client #2's door be taken down for "a day or two."</p> <p>- On 7/10/23, he was asked by the Consulting Director to write a letter stating that DSS approved client #2 not having a bedroom door.</p> <p>- "There was a discussion (in treatment team) about removing [client #2's] bedroom door after the incident. We were ok at the time with the door being taken down because it was a safety issue. Then the door was never put back up."</p> <p>Interview on 7/10/23 with the Qualified Professional (QP) revealed:</p> <p>- Client #2's bedroom did not have a door because client #2 broke the door the "first two weeks he was here." Client #2's social worker recommended client #2's bedroom door be removed to prevent him from smearing feces. Client #2's CFT (child and family team) met and decided to leave the door off. "They (CFT) felt it was good that the door stay removed to prevent him smearing feces. It should be in his PCP (Person Centered Plan) I think."</p> <p>Review on 7/10/23 of client #2's record revealed:</p> <p>- Admission date: 4/3/23</p> <p>- Age: 17</p> <p>- Diagnoses: Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; and Attention-Deficit Hyperactivity Disorder, Combined Presentation</p> <p>- Review of client #2's person-centered plan (PCP) dated 6/18/23 revealed: There was no documentation that indicated his bedroom door should be removed.</p>	V 742		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TGH RESIDENTIAL SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 OLD CONCORD ROAD</b> <b>SALISBURY, NC 28144</b>
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V 742	<p>Continued From page 12</p> <p>Review on 7/10/23 of client #2's "Child and Family Treatment Team Meeting" revealed:</p> <ul style="list-style-type: none"> <li>- Date of Meeting: 4/26/23</li> <li>- Report Completed By: Consulting Director</li> <li>- "Needs: Team agrees that [client #2] should not have a door right now in hopes to reduce further aggression and fecal smearing."</li> <li>- "Safety Concerns: Property Destruction: 4/16/23-broke his room door."</li> <li>- "History of Fecal Smearing, Grooming others, aggression, property destruction."</li> </ul> <p>Interview on 7/12/23 with the Consulting Director revealed:</p> <ul style="list-style-type: none"> <li>- Client #2 broke his door off the hinges. She did not know how long it had been since client #2's door had been removed.</li> <li>- "I met with his treatment team, and we concluded in that meeting due to his fecal smearing and his aggressive behavior the door remain down."</li> </ul>	V 742		