

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2023
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NAME OF PROVIDER OR SUPPLIER PINNACLE THERAPEUTIC SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2329 SPRINGS ROAD, NORTH EAST HICKORY, NC 28601
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on August 25, 2023. The complaints were substantiated (Intake #'s NC00202538, NC00205891, NC00202538). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey consisted of audits of 5 current clients and 1 former client.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other 	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain a personnel record with required documentation affecting 11 of 13 audited current staff (the Licensee and Staff #'s 2-11), 1 of 5 audited former staff (FS #16) and 1 of 2 Qualified Professionals (QP #2). The findings are:</p> <p>Review on 8-10-23 of Staff #2's personnel record revealed: -Date of hire was 6-28-23.</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>Review on 8-10-23 of Staff #3's personnel record revealed: -Date of hire was 6-9-23.</p> <p>Review on 8-10-23 of Staff #4's personnel record revealed: -Date of hire was 6-30-23.</p> <p>Review on 8-10-23 of Staff #6's personnel record revealed: -Date of hire was 7-26-23.</p> <p>Review of information provided by the Licensee via email dated 8-17-23 revealed: -Date of hire for Staff #2, #3, and #4 was 7-10-23. -Date of hire for Staff #6 was 7-24-23.</p> <p>Review on 8-10-23 of Staff # 5's personnel record revealed: -No evidence of date of hire. -No evidence of a signed job description.</p> <p>Review on 8-10-23 of Staff # 7's personnel record revealed: -No evidence of date of hire.</p> <p>Record review on 8-18-23 of Staff #8-11's personnel record revealed: -No evidence of date of hire. -No evidence of a signed job description.</p> <p>Record review on 8-25-23 of FS #16's personnel record revealed: -No evidence of date of hire.</p> <p>Interviews on 8-18-23 and 8-25-23 with the Licensee on 8-25-23 revealed: -The Licensee never provided a date of hire for Staff #11.</p>	V 107		

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V 107	<p>Continued From page 3</p> <p>-The Licensee never provided a date of hire for FS #16.</p> <p>Review on 8-11-23 and 8-18-23 of QP #2's personnel record revealed:</p> <ul style="list-style-type: none"> -No evidence of date of hire. -No evidence of job title. -An unsigned job description for direct care staff. -No evidence of a signed job description for QP. <p>Observation and interview on 8-10-23 at 12:00 pm with the Licensee revealed:</p> <ul style="list-style-type: none"> -The Licensee walked into the room with a locked box containing staff records. -Stated that these records were for his current staff. -Stated that he would be returning to the facility withing 1-1.5 hours because he had to take Client #4 to an appointment and stated he could be reached by telephone if needed. <p>Attempted review on 8-12-23 and 8-17-23 of the Licensee's record was unsuccessful as it was never produced after several requests</p> <p>Record reviews and interviews with the Licensee on 8-10-23, 8-11-23, 8-15-23, 8-18-23, and 8-25-23 regarding requests for personnel records revealed:</p> <ul style="list-style-type: none"> -Prior to a staff list being completed on 8-10-23 by the Licensee, he provided his current personnel records. -Dates of hire were requested from the Licensee on 8-10-23 at 4:42 pm for Staff #4, #5, and #6. -Requested staff list from the Licensee on 8-11-23 to include all current staff and staff who had left the facility since 4-19-23. -The staff list completed by the Licensee on 8-11-23 did not match the personnel records provided on 8-10-23. 	V 107		

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V 107	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Names of staff were mentioned during interview with client #2 on 8-15-23 that had not been provided on the staff list or presentation of personnel records. -Request was made of the Licensee on 8-11-23, 8-15-23, and 8-17-23 for a job description for QP #2 and was never received. -On 8-17-23 a request was made to the Licensee for a comprehensive list of all current and all former employees of the facility since opening in February 2023. -The comprehensive list of all current and former employees received on 8-17-23 did not match the previous staff list from the Division of Health Service Regulation survey dated 4-19-23 as several current and former employees were left off the list, including but not limited to the former house manager and the current QP #2. <p>Interview on 8-17-23 with QP #1 revealed:</p> <ul style="list-style-type: none"> -Current job responsibilities included ensuring employee and client records were complete with all information. <p>Interviews on 8-15-23, 8-18-23 and 8-25-23 with the Licensee revealed:</p> <ul style="list-style-type: none"> -He did not include former staff on the staff list when asked to because the record had been presented during the previous Division of Health Service Regulation survey dated 4-19-23 and reviewed. -He did not include Staff #8-11 on the initial list or present personnel records because their personnel records were still being compiled and they were "shadowing" (working with other staff before being officially hired). -The QP #1 was responsible for staff records and worked with the House Manager and QP #2. -He did not provide direct care and did not have a personnel record. 	V 107		

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V 107	<p>Continued From page 5</p> <p>-Job responsibilities were " ...strictly administrative but I will fill in gaps if when needed."</p> <p>-"I'm not letting you (potential new staff) come on until you follow and shadow us (current staff) a couple of days ...they've (potential new staff) gone through all the training, but I still want to see how they do. [FS #16] didn't pan out but had done all background and training. I did all that."</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide training to meet the mh/dd/sa needs of the clients affecting 13 of 13 audited current staff (the Licensee, the House Manager and Staff #'s 2-11) and 1 of 5 audited former paraprofessional staff (FS #16). The findings are:</p> <p>Review on 8-10-23 of Client #2's record revealed: -Admit date: 7-14-23. -Age: 12 years old. -Diagnoses: Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Type 1 Diabetes. -Per Pinnacle Therapeutic Face Sheet dated 7-13-23: Client #2 "...is a diabetic and has an insulin pump."</p> <p>Review on 8-10-23 of the House Manager and Staff #2-7's personnel record revealed: -No evidence of training to meet the needs of the clients as specified in the clients' records.</p>	V 108		

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V 108	<p>Continued From page 7</p> <p>Review on 8-18-23 of Staff #8-11's personnel record revealed: -No evidence of date of hire. -No evidence of training to meet the needs of the clients as specified in the clients' records.</p> <p>Review on 8-25-23 of FS #16's personnel record revealed: -No evidence of date of hire. -No evidence of training to meet the needs of the clients as specified in the clients' records.</p> <p>Observation and interview on 8-10-23 at 12:00 pm with the Licensee revealed: -Stated that he would be returning to the facility withing 1-1.5 hours because he had to take Client #4 to an appointment and stated he could be reached by telephone if needed.</p> <p>Attempted review on 8-12-23 and 8-17-23 of the Licensee's record was unsuccessful as it was never produced after several requests.</p> <p>Interviews on 8-15-23 with the House Manager, Staff #1, #2 and #4 revealed: -Client #2's legal guardian/mother trained the staff on Client #2's Diabetes and insulin pump.</p> <p>Interview on 8-17-23 with Qualified Professional (QP) #1 revealed: -Current job responsibilities included ensuring employee and client records were complete with all information. -Had a plan to implement staff meetings every Saturday starting 8-19-23 to discuss "weekly issues or concerns."</p> <p>Interviews on 8-10-23, 8-18-23, and 8-25-23 with the Licensee revealed: -The facility did not complete client specific</p>	V 108		

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V 108	<p>Continued From page 8</p> <p>trainings.</p> <p>-QP #1 was responsible for maintaining client records and making sure "...that we have everything."</p> <p>-He did not provide direct care and did not have a personnel record.</p> <p>-Job responsibilities were "...strictly administrative but I will fill in gaps if/when needed."</p> <p>-"I'm not letting you (potential new staff) come on until you follow and shadow us (current staff) a couple of days ...they've (potential new staff) gone through all the training, but I still want to see how they do. [FS #16] didn't pan out but had done all background and training. I did all that."</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>(3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Associate Professionals (the Licensee) and 1 of 2 Qualified Professionals (QP #1) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to V107 and V108 for evidence the Licensee and the QP #1 failed to maintain personnel records and ensure required training was completed.</p> <p>Refer to V111 for evidence the Licensee and the QP #1 failed to ensure client assessments were</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>completed prior to the delivery of services and that strategies to address clients' presenting problems were documented.</p> <p>Refer to V112 for evidence the Licensee and the QP #1 failed to develop and implement treatment strategies to address clients' needs.</p> <p>Refer to V113 for evidence the Licensee and the QP #1 failed to maintain clients' records.</p> <p>Refer to V131 for evidence the Licensee failed to access the Health Care Personnel Registry (HCPR) before hiring health care personnel into the facility.</p> <p>Refer to V133 for evidence the Licensee failed to request a criminal history record check within 5 days of an offer of employment.</p> <p>Refer to V366 for evidence the QP #1 failed to implement written policies governing the response to level I, II or III incidents.</p> <p>Refer to V367 for evidence the QP #1 failed to report level II and level III incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours of becoming aware of the incidents.</p> <p>Review on 8-10-23 and 8-21-23 of the QP #1's personnel record revealed: -Date of Hire: not identified in the record. -Electronic training record dated: 5-26-23 to 5-30-23 included the following; Incident Reporting in Behavioral Health, HIPAA (Health Insurance Portability and Accountability Act): Do's and Dont's of Social Media and Electronic Communication, HIPAA: Basics, Handling Aggressive Behaviors, Food Safety</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>Fundamentals, Building a Healthy Therapeutic Relationship, An Introduction to Writing Progress Notes, and About Privacy and Confidentiality for Non-HIPAA Covered Entities.</p> <p>Interview on 8-15-23 with Staff #2 revealed: -The QP #1 "...was doing the books (clients), meds (medications) and notes, to make sure they were in order...He taught us a lot..."</p> <p>Interview on 8-17-23 with QP #1 revealed: -Current job responsibilities included ensuring employee and client records were complete with all information. -Did not provide any services on site at the facility and only worked remotely. -Assisted and reviewed notes and would review incident reports after the House Manager completed them. -Had a plan to implement staff meetings every Saturday starting 8-19-23 to discuss "weekly issues or concerns." -The Licensee was responsible for background checks and trainings.</p> <p>Interviews on 8-15-23, 8-17-23, 8-18-23, and 8-25-23 with the Licensee revealed: -Since last Division of Health Service Regulation (DHSR) survey "I thought we were doing an excellent job..." -Job responsibilities were "I am here to help [House Manager] and the QP...strictly administrative but I will fill in gaps if and when needed." -"I think we took all the information (from the previous DHSR survey) as constructive criticism..." -"I said a couple of times, we know how to do all the stuff, we just failed to do it." -"I was trying to address what the issue was (with</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>the QP#1). He is not on site..."</p> <p>-The QP #1 was responsible for treatment plans and oversight of client and staff records.</p> <p>-The QP #1 would work alongside Staff #5 to track client progress, outcomes, and services provided.</p> <p>-"I have [the QP #1] working in tandem with [the House Manager]. He (the QP #1) tells her (the House Manager) what to do with them (client and staff files)..."</p> <p>-The QP #1 "...does all work off campus...only works with kids via [video conference] or telephone."</p> <p>-"He [the QP #1] went back through all his trainings."</p> <p>-Had to "...look through notes (communication log notes) to see who was working. Don't have a schedule...."</p> <p>-"We are going to get an excel spreadsheet...we will assign people to specific shifts...we are working on that (tracking who works)...we (the House Manager, Staff #3, and the Licensee) are addressing it now..."</p> <p>-Staff records were not presented "...because we have them shadowing...files (records) are 80-90% complete..."</p> <p>-"I will let [the House Manager] know that we have one to put on shift (new staff once their personnel record is complete). Our communication would let staff know who is fully trained."</p> <p>-The House Manager was responsible for responding and reporting incidents to Incident Response Improvement System, HCPR, and DSS.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 109		

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V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 12</p>	V 110		

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V 110	<p>Continued From page 14</p> <p>audited current paraprofessional staff (the House Manager) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to V113 for evidence the House Manager failed to maintain clients' records.</p> <p>Refer to V132 for evidence the House Manager failed to ensure all allegations of abuse made against health care personnel were reported to Health Care Personnel Registry (HCPR).</p> <p>Refer to V366 for evidence the House Manager failed to implement written policies governing the response to level I, II or III incidents.</p> <p>Refer to V367 for evidence the House Manager failed to report level II and level III incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours of becoming aware of the incidents.</p> <p>Refer to V500 for evidence the House Manager failed to ensure all instances of alleged abuse were reported to the local Department of Social Services (DSS).</p> <p>Review on 8-10-23 of the House Manager's personnel record revealed: -Date of Hire: 3-24-23 -Job title: House Manager. -Degree: Associate Degree in Criminal Justice.</p> <p>Interviews on 8-11-23 and 8-15-23 with the House Manager revealed: -As House Manager, "...basically make sure house is correct and safe and staff is doing their job...notes are wrote ..."</p>	V 110		

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V 110	<p>Continued From page 15</p> <ul style="list-style-type: none"> -The Qualified Professional's (QP) role is to make sure client charts are up to date. -Was unsure when the last time she had seen the QP #2 "...within the last 2 weeks." -"I have a reputation around here and I helped her (Client #4) get a job...Her social worker was here yesterday and had the conversation...there is no staff with her at work." -New staff "...are gonna know (what is going on with the clients) by communication book, notes..." -"...I have each staff read them as well (Comprehensive Clinical Assessments (CCA) and Person Centered Plans (PCP))...It's not documented (staff having read the CCAs and PCPs). It is just a procedure that we do (client specifics)." -Responsible for incident reports, "I do those...Everything goes through me..." -Was responsible for submitting Incident Response Improvement System (IRIS) reports and Child Protective Services (CPS) reports. -"[FC #6] ran away 23 times." -Did not have a list of the current staff. -When staff were shadowing, they "...apply but have not been hired yet..." -Did not know the last name of Staff #8. -Staff #9 was shadowing. "...hasn't started or anything...only been here twice. I did a walk through with her...might have come in with 2nd shift supervisor (Staff #3) this weekend..." -FS #16 "...not here anymore. Was an observer (shadowed staff) a couple months ago...only came through about 2 days. Worked with me in the morning..." <p>Interview on 8-17-23 with the QP #1 revealed:</p> <ul style="list-style-type: none"> -The House Manager was responsible for reviewing incident reports. -Tracking the submission of incident reports "...should be with the incident book. When she 	V 110		

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V 110	<p>Continued From page 16</p> <p>(the House Manager) sends it in, there should be a confirmation. They are faxed in."</p> <p>Interviews on 8-15-23, 8-17-23, 8-18-23, and 8-25-23 with the Licensee revealed:</p> <p>-Job responsibilities were "I am here to help [the House Manger] and the QP...strictly administrative but I will fill in gaps if and when needed."</p> <p>"-I think we took all the information (from the previous Division of Health Service Regulation survey) as constructive criticism..."</p> <p>"-I said a couple of times, we know how to do all the stuff, we just failed to do it."</p> <p>"-I was trying to address what the issue was (with the QP#1). He is not on site..."</p> <p>"-I have [the QP #1] working in tandem with [the House Manager]. He (the QP #1) tells her (the House Manager) what to do with them (client and staff files)..."</p> <p>"-I will let [the House Manager] know that we have one to put on shift (new staff once their personnel record is complete). Our communication would let staff know who is fully trained."</p> <p>"-We are going to get an excel spreadsheet...we will assign people to specific shifts...we are working on that (tracking who works)...we (the House Manager, Staff #3, and the Licensee) are addressing it now..."</p> <p>-The House Manager was responsible for responding and reporting incidents to Incident Response Improvement System (IRIS), HCPR, and DSS.</p> <p>This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 110		

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V 111	Continued From page 17	V 111		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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V 111	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to address the client's presenting needs during the first 30 days of treatment affecting 5 of 5 Clients (#1, #2, #3, #4, and #5). The findings are:</p> <p>Review on 8-10-23 of Client #1's record revealed: -Admit date: 7-13-23. -Age: 5 years old. -Diagnoses: Intellectual Development Disability (IDD) - unspecified, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD) - impulsive type and Reactive Attachment Disorder, Exotropia of left eye, Chronic Idiopathic constipation, and combined urinary and fecal incontinence. -"Pinnacle Therapeutic Services Enrollment Application/Needs Assessment" signed and dated 7-12-23: marked physical, medical, developmental and psychological problems..."which require special attention in care for this child...not potty trained...extremely active and also impulsive so he needs constant supervision. He is oppositional...need help with hygiene..." Client #1 "...was dropped off at the hospital on 6-9-23...was being physically aggressive..." -No strategies documented to address presenting needs.</p> <p>Review on 8-10-23 of Client #2's record revealed: -Admit date: 7-14-23. -Age: 12 years old. -Diagnoses: Major Depressive Disorder, ADHD, ODD, and Type 1 Diabetes. -Clinical Evaluation dated 5-30-23: "IVC (involuntarily commitment) due to mental health</p>	V 111		

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V 111	<p>Continued From page 19</p> <p>and behaviors..." Current behavior: "...problems getting along with peers...secretive, lying; sneaking, frequent arguing, oppositional/defiant, temper tantrums, explosive episodes, acting violently, rule breaking, stealing, risk taking behavior...suicidal behaviors...depression/depressed mood/sadness...hallucinations...has trauma history...impulsiveness..."</p> <p>-Per Pinnacle Therapeutic Face Sheet dated 7-13-23: Client #2 "...is a diabetic and has an insulin pump."</p> <p>-No strategies documented to address presenting needs.</p> <p>Review on 8-10-23 of Client #3's record revealed: -Admit date: 7-24-23. -Age: 14 years old. -Diagnoses: Generalized Anxiety Disorder, Post Traumatic Stress Disorder (PTSD), and ADHD. -Comprehensive Clinical Assessment Addendum dated 7-17-23: "Recommendations:...[Client #3] has exhibited severe difficulty maintaining safety in the community and home environment, resulting in frequent conflicts and need for current crisis stabilization admission due to lack of behavioral limits/structure...has poor boundaries...tends to develop fixations on certain staff/peers. She does report a history of sexual abuse and neglect...noted to have mood swings, poor self-esteem, anxiety, impulsivity and trauma-related symptoms..."</p> <p>-No strategies documented to address presenting needs.</p> <p>Review on 8-11-23 of Client #4's record revealed: -Admit date: 7-14-23. -Age: 16 years old. -Diagnoses: Myotonic Dystrophy recurrent - mild, Unspecified Trauma and Stressor related</p>	V 111		

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V 111	<p>Continued From page 20</p> <p>Disorder, and Unspecified Anxiety Disorder. -"Pinnacle Therapeutic Services Enrollment Application/Needs Assessment" signed and dated 7-13-23: "Child recently was a runaway and was found at her father's home. Child went to hospital for mental health concerns..." -Comprehensive Clinical Assessment Addendum dated 7-13-23: "History of Present Illness...currently hospitalized for being AWOL (Absent Without Official Leave) for 11 days. She presented very emotional...returned to DSS (Department of Social Services) custody prior to current hospitalization...[Client #4] demonstrated severely disruptive verbal aggression...engaged in self-harming behaviors and demonstrated moderate aggression towards herself..." -No strategies documented to address presenting needs.</p> <p>Review on 8-18-23 of Client #5's record revealed: -Admit date: 8-4-23. -Age: 16 years old. -Diagnoses: Adjustment Disorder with Depressed Mood. -CCA Addendum dated: "Presenting Problem:...was placed in a trial home placement with her sister, before running away...Recommendations:...reduce symptoms of F43.21 Adjustment disorder, with depressed mood..." -No strategies documented to address presenting needs.</p> <p>Interviews on 8-11-23 and 8-15-23 with the House Manager revealed: -The Qualified Professional's (QP) role is to make sure client records are up to date. -New staff "...are gonna know (what is going on with the clients) by communication book, notes..."</p>	V 111		

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V 111	<p>Continued From page 21</p> <p>Interview on 8-17-23 with the QP #1 revealed: - "I just do paperwork. Ensure...client files have all the information and documentation." - "I just assist and review notes, planning care...things of that nature." - Did not provide any services on site at the facility and only worked remotely. - The QP #2 "...has been doing primary (paperwork) and I have been assisting." - The QP #2 was responsible for completing intakes and "...then I reviewed documentation."</p> <p>Interview on 8-16-23 with the QP #2 revealed: - At the start of employment, the facility did not have clients. - Was employed part time. - The facility "...was a start-up company trying to get systems in place...little too chaotic for me..." - Only completed the intake for Client #1. - Her last day of employment was 7-28-23.</p> <p>Interview on 8-18-23 with the Licensee revealed: - QP #1 was responsible for maintaining client records and making sure "...that we have everything." - The QP #2 was responsible for admissions and completing the intake. - "She (QP #2) hasn't told me that (that she no longer worked for the company)...I thought it was just her being on vacation."</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	V 112		

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V 112	<p>Continued From page 22</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop a treatment plan signed by the legal guardian to address the needs of the clients affecting 1 of 1 audited Former Clients (FC #6). The findings are:</p>	V 112		

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V 112	<p>Continued From page 23</p> <p>Review on 8-15-23 of FC #6's record revealed: -Admit date: 2-21-23. -Discharge Date: 6-6-23. -Age: 16 years old. -Diagnoses per discharge summary: Aggression, Delinquent, undisciplined behavior, Cultural/religious concerns, Physical Abuse, Sexual Abuse, Sexual Acting Out, Bipolar, and Attention Deficit Hyperactivity Disorder. -Treatment plan signed by FC #6 and the House Manager (paraprofessional) dated 5-19-23. -No evidence of a treatment plan signed by the Legal Guardian.</p> <p>Interviews on 8-11-23 and 8-15-23 with the House Manager Revealed: -The Qualified Professional's (QP) role is to make sure client charts are up to date.</p> <p>Interview on 8-17-23 with the QP #1 revealed: -"I was on suspension, I can't exaggerate on that (the unsigned treatment plan)."</p> <p>Interview on 8-16-23 with the QP #2 revealed: -Her last day of employment was 7-28-23.</p> <p>Interview on 8-18-23 with the Licensee revealed: -"[The House Manager] shouldn't be signing treatment plans...I think she just did it. [Legal Guardian] signed everything else." -QP #1 was responsible for maintaining client records and making sure "...that we have everything." -The QP #2 was responsible for treatment plans and oversight. -"She (QP #2) hasn't told me that (that she no longer worked for the company)..."</p> <p>This deficiency constitutes a re-cited deficiency.</p>	V 112		

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V 112	Continued From page 24 This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);	V 113		

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V 113	<p>Continued From page 25</p> <p>(B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain client records affecting 5 of 5 clients (#1, #2, #3, #4, and #5) and 1 of 1 audited Former Client (FC) #6. The findings are:</p> <p>Review on 8-10-23 of Client #1's record revealed: -Admit date: 7-13-23. -Age: 5 years old. -Diagnoses: Intellectual Development Disability (IDD)- unspecified, Borderline Intellectual Functioning, Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD) - impulsive type and Reactive Attachment Disorder, Exotropia of left eye, Chronic Idiopathic constipation, and combined urinary and fecal incontinence. -No documentation of an identification face sheet. -No documentation of services provided. -No documentation of progress towards outcomes.</p> <p>Review on 8-10-23 of Client #2's record revealed: -Admit date: 7-14-23. -Age: 12 years old.</p>	V 113		

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V 113	<p>Continued From page 26</p> <p>-Diagnoses: Major Depressive Disorder, ADHD, ODD, and Type 1 Diabetes. -No documentation of services provided. -No documentation of progress towards outcomes.</p> <p>Review on 8-10-23 of Client #3's record revealed: -Admit date: 7-24-23. -Age: 14 years old. -Diagnoses: Generalized Anxiety Disorder, Post Traumatic Stress Disorder (PTSD), and ADHD. -No documentation of an identification face sheet. -No documentation of services provided. -No documentation of progress towards outcomes.</p> <p>Review on 8-11-23 of Client #4's record revealed: -Admit date: 7-14-23. -Age: 16 years old. -Diagnoses: Myotonic Dystrophy recurrent - mild, Unspecified Trauma and Stressor related Disorder, and Unspecified Anxiety Disorder. -No documentation of an identification face sheet. -No documentation of services provided. -No documentation of progress towards outcomes.</p> <p>Review on 8-18-23 of Client #5's record revealed: -Admit date: 8-4-23. -Age: 16 years old. -Diagnosis: Adjustment Disorder with Depressed Mood. -No documentation of an identification face sheet. -No documentation of services provided. -No documentation of progress towards outcomes.</p> <p>Review on 8-15-23 of FC #6's record revealed: -Admit date: 2-21-23. -Discharge Date: 6-6-23.</p>	V 113		

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V 113	<p>Continued From page 27</p> <p>-Age: 16 years old.</p> <p>-Diagnoses per discharge summary: Aggression, Delinquent, undisciplined behavior, Cultural/religious concerns, Physical Abuse, Sexual Abuse, Sexual Acting Out, Bipolar, and Attention Deficit Hyperactivity Disorder.</p> <p>-No documentation of an identification face sheet.</p> <p>-No documentation of services provided.</p> <p>-No documentation of progress towards outcomes.</p> <p>Interview on 8-17-23 with the Qualified Professional (QP) #1 revealed:</p> <p>-Current job responsibilities included ensuring client records were complete with all information.</p> <p>-Did not provide any services on site at the facility and only worked remotely.</p> <p>Interview on 8-18-23 with the Licensee revealed:</p> <p>-QP #1 was responsible for maintaining client records and making sure "...that we have everything."</p> <p>-"[Staff #5] was going to start doing that (document client progress/outcomes/services provided) on a weekly basis and where you are and what you need to fix (client progress/outcomes/services provided)..."</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 113		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that:</p>	V 115		

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V 115	<p>Continued From page 28</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare of the clients affecting 1 of 5 clients (Client #4) and 1 of 1 audited Former Clients (FC#6). The findings are:</p> <p>Finding #1: Review on 8-15-23 of FC #6's record revealed: -Admit date: 2-21-23. -Discharge Date: 6-6-23.</p>	V 115		

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V 115	<p>Continued From page 29</p> <p>-Age: 16 years old.</p> <p>-Diagnoses per discharge summary: Aggression, Delinquent, undisciplined behavior, Cultural/religious concerns, Physical Abuse, Sexual Abuse, Sexual Acting Out, Bipolar, and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 8-15-23 and 8-17-23 of the facility's internal incident reports for FC #6 revealed:</p> <p>-5-16-23 at 6:57 pm "Client [FC #6] left at 5:30 am to report to work. Client did not come home as scheduled time @ 3:00pm. Staff called [local fast food restaurant] they advice he did not come in. At that time staff called (HM)(House Manager) [House Manager], the (HM) [HM] called Administrator he called Non Emergency an his Social Worker. [House Manager] HM called CPS (Child Protective Services)."</p> <p>-5-17-23 at 6:57 pm "AWOL (Absent Without Official Leave)."</p> <p>-5-18-23 at 6:57 pm "AWOL."</p> <p>-6-3-23 at 9:00 pm "Client was AWOL; therefore missed a dose of medication."</p> <p>-6-3-23 at 10:07 pm "Upon arrival of the facility, the client was not at the facility. The home manger instructed staff [Former staff (FS) #15] to contact the non emergency number as search efforts were exhausted because the client could not be located. [FS #15] called [local city police department] non-emergency number to report the client AWOL. The [local city police department] returned client back to the residence at 10:07 pm the same evening."</p> <p>-6-4-23 at 3:00 am "Client was upset because he was returned from being AWOL accompanied by police."</p> <p>-6-5-23 at 4:50 pm "Client went AWOL at 4:50 pm."</p> <p>Review on 8-10-23 of the facility internal</p>	V 115		

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V 115	<p>Continued From page 30</p> <p>communication log notebook for FC #6 revealed: -5-16-23 - "Client is @ (at) work...Staff call client is not there. AWOL." -5-17-23 - "Client called the next day to tell staff he went to his Uncle house in [a city out of state over 250 miles away from the facility]." -5-18-23 - "Client has talked to Staff...he will be back Friday...Client is still AWOL."</p> <p>Review on 8-10-23 and 8-15-23 of the Local Police Department Incident and Event Reports for FC #6 revealed: -5-16-23 at 6:23 pm "Miscellaneous Runaway." -5-30-23 at 12:40 pm "Caller cannot get male client to leave. Is refusing. Throwing papers and waters." -6-2-23 at 11:07 pm "Runaway...juvenile was returned home..." -6-3-23 at 9:20 pm "Runaway...[FC #6] returned with officers without incident..." -6-4-23 at 5:48 am "Civil Disturbance...Caller (FC #6) advising that staff assaulted him and pushed him to the ground." -6-5-23 at 4:49 pm " Miscellaneous Runaway." -6-6-23 at 2:32 am " 911 Hang up...[Staff #7] didn't want to pursue charges. [Staff #7] wanted to scare [FC #6]. I advised I would talk with [FC #6] but in the future we don't scare people we enforce crime. [FC #6] went into the office in attempt to get game console which was not in the office. [FC #6] took keys to the medical cabinet and opened it but did not take anything...Caller states one of the juvenile ransacked the office looking for his phone. He is now back in his room and caller states everything is 10-4."</p> <p>Interview on 8-17-23 with FC #6 revealed: -"I just walked (to work) unless one of the staff took me..."</p>	V 115		

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V 115	<p>Continued From page 31</p> <p>Finding #2: Review on 8-11-23 of Client #4's record revealed: -Admit date: 7-14-23. -Age: 16 years old. -Diagnoses: Myotonic Dystrophy recurrent - mild, Unspecified Trauma and Stressor related Disorder, and Unspecified Anxiety Disorder.</p> <p>Review on 8-18-23 of Client #4's Comprehensive Clinical Assessment (CCA) dated 7-13-23 revealed: -"Current behavior...lying, sneaking...oppositional/defiant, rule breaking, running away, substance use (other than alcohol), angry, aggressive...suicidal behaviors...is an abuse victim; has trauma history...impulsiveness, and poor judgement..." -"History of Present Illness...update in [Client #4]'s progress in treatment/behaviors in the last 30 days: ...currently hospitalized after being AWOL for 11 days..."[Client #4] was discovered staying with her biological father and returned to DSS (Department of Social Services) custody prior to current hospitalization..." -"Service Entrance Criteria...[Client #4] demonstrates limited ability to consider the effect of her inappropriate personal conduct on others by demonstrating AWOL, substance use while AWOL and refusing to alter behaviors previously...Deficits in ability to manage personal health, welfare, and safety without intense support and supervision..."</p> <p>Interview on 8-10-23 with Client #4 revealed: -The facility helped get her a job in the community. -Acknowledged having had a history of AWOL.</p> <p>Interview on 8-15-23 with Staff #1 revealed: -Client #4 was allowed to have a job in the</p>	V 115		

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V 115	<p>Continued From page 32</p> <p>community without staff presence.</p> <p>-Client #4 preferred to be dropped off and picked up by staff for work.</p> <p>-FC #6 "...Being he could be unsupervised, they allowed him to go to work."</p> <p>Interview on 8-15-23 with Staff #4 revealed:</p> <p>-Client #4 was picked up from work by second shift staff.</p> <p>Interview on 8-11-23 and 8-15-23 with the House Manager revealed:</p> <p>-"He (FC #6) could walk to work and come back...he didn't have to be supervised..."</p> <p>-"I called his worker (social worker/legal guardian) to come get him (when he was discharged from the facility)."</p> <p>-"[FC #6] ran away often."</p> <p>-Client #4 "...runner just by reading their profile."</p> <p>-Client #4 did not need to be supervised while she was at work.</p> <p>-Facility staff would drop her (Client #4) off and pick her up from work. She would not be supervised by staff while at work.</p> <p>-Client #4's legal guardian "...said that's ok...might be in her treatment plan (to be unsupervised at work)."</p> <p>Interview on 8-17-23 with Qualified Professional (QP) #1 revealed:</p> <p>-"I am off site (referencing he does not provide services onsite at the facility)."</p> <p>-Was planning to start having staff meetings on Saturdays, starting 8-19-23.</p> <p>-Would clarify with the clients' guardians who could be away from the facility without staff supervision.</p> <p>-"Right now we don't have anybody (that can be away from the facility without staff)..."</p> <p>-It would be documented in her (Client #4) chart</p>	V 115		

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V 115	<p>Continued From page 33</p> <p>that she is dropped off and picked up.</p> <p>Interviews on 8-18-23 and 8-21-23 with the Licensee revealed: -Client #4 started her job "...the week of July 24th." -Client #4 works about 3 days a week and her hours vary from 9am to 2pm. -Had spoken with Client #4's guardian about her being unsupervised at work. "I am sure it is not (documented in her chart)." -"...[FC #6] went AWOL and he said he is leaving. I came here one Saturday and he said he was leaving. He wasn't taking his medication...All we can do is follow protocols. We called his Social Worker (SW). He (SW) said I appreciate all you do. He (FC #6) had a Pinnacle phone when he left. When he came back that behavior continued..."</p> <p>Review on 8-23-23 of a Plan of Protection (POP) requested on 8-21-23 and received on 8-23-23 signed and dated 8-22-23 by QP #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -PM (Program Manager) will ensure that all consumers visitation and supervised/unsupervised from is completed upon intake. PM will review each current consumer folder to ensure that their visitation and supervised/unsupervised forms are completed by 8/23/23. All forms must be completed by 8/30/23. Describe your plans to make sure the above happens. -8/23/23 Program Manager will review all consumer hard charts for their visitation and supervised/unsupervised forms. The Program Manager will request that all forms be completed by individuals' guardians or DSS (Department of Social Services) Social Worker before 8/30/23.</p>	V 115		

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V 115	<p>Continued From page 34</p> <p>-Once completed PM will place documentation in each consumer hard chart. -8/30/23 QP will follow up to ensure that task is completed."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients served by the facility ranged in age from 5 to 16 years old. They had diagnoses including, but not limited to, Aggression, Delinquent, undisciplined behavior, Cultural/religious concerns, Physical Abuse, Sexual Abuse, Sexual Acting Out, Bipolar, Attention Deficit Hyperactivity Disorder, Myotonic Dystrophy recurrent - mild, Unspecified Trauma and Stressor related Disorder, and Unspecified Anxiety Disorder. Client #4 and FC #6 had a history of running away. Local law enforcement was called seven times between 5-16-23 and 6-6-23 related to FC #6 when he was the only client in the facility. These calls were regarding situations to runaway behaviors and disorderly conduct. Between 5-16-23 to 6-5-23, FC #6 had at least 4 incidents of being AWOL from the facility. During one of these incidents (5-16-23), FC #6 left the facility reporting he was on his way to work but traveled to a city out of state over 250 miles away from the facility and did not return until 5-19-23. During an incident on 6-6-23, FC#6 was able to gain access to the medication cabinet keys and open the medication cabinet. Client #4 had a history of AWOL behaviors and substance use while being AWOL. She was admitted to the facility from a hospital after having been AWOL for 11 days. Within 10 days of admittance to the facility, facility staff assisted Client #4 in getting a job in the community. While working, Client #4 was not provided with supervision from facility staff. Client #4 worked as much as 6 hours per day for up to 3 days per week. FC #6 and Client #4 did</p>	V 115		

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V 115	Continued From page 35 not receive the supervision required to reduce or eliminate their behaviors. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 115		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	<p>Continued From page 36</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for 1 of 4 clients (#2). The findings are:</p> <p>Review on 8-10-23 of Client #2's record revealed: -Admit date: 7-14-23. -Age: 12 years old. -Diagnoses: Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Type 1 Diabetes. -No evidence of physician's orders for any medications.</p> <p>Observation on 8-10-23 at 12:04 p.m. of Client #2's medications revealed: -2 boxes of Novolog (insulin) 100 units/ml (milliliter) secured together with a rubber band. -1 box had a label "Use up to 70 units every day in insulin pump - dispensed 11-3-22." -The 2nd box was the pharmacy packaging - "Novolog...100 unit/ml...For intravenous or subcutaneous use. Rx only ...10 ml multiple-dose vial." -The 2nd box of insulin had no label with client information, prescriber name, clear directions of when to use and no name, address, or phone number for the pharmacy. -2 insulin injection pens; -"suln (entire word cut off) (Lantus SoloStar (long-acting insulin) Injection 25 units...Route: Subcutaneous Frequency: Once...Start 7/21/23..." -"suln (entire word cut off) lispro (HUMALOG JUNIOR KWIKPEN) [rapid acting insulin] half-unit</p>	V 117		

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V 117	<p>Continued From page 37</p> <p>pen injection...(number illegible) Units Route: Subcutaneous Frequency: 4x Daily W [second letter illegible] and...(label ended)...Start: 7/21/23..."</p> <p>-The 2 injection pens had no label to include prescriber name, clear directions of when to use and no name, address, or phone number for the pharmacy.</p> <p>Interview on 8-10-23 with Staff #2 revealed: -That was how Client #2's legal guardian/mother brought in her insulin, wrapped with a rubber band.</p> <p>Interview on 8-11-23 with the House Manager revealed: -Client #2's legal guardian/mother brought in the client's insulin.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected in 23 days.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,</p>	V 118		

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V 118	<p>Continued From page 38</p> <p>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:</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were administered to clients only on the written order of a physician and failed to keep MARs current affecting 4 of 4 clients (#1, #2, #3 and #5) and failed to ensure medications were administered only by persons trained by a registered nurse, pharmacist or other legally qualified person for 1 of 12 current staff (#8). The findings are:</p> <p>Cross-Reference 10A NCAC 27G.0209 Medication Requirements (V117). Based on observation, record review, and interview, the facility failed to maintain pharmacy packaging</p>	V 118		

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V 118	<p>Continued From page 39</p> <p>labels as required for each prescription drug dispensed for 1 of 4 clients (#2).</p> <p>Cross-Reference 10A NCAC 27G .0209 Medication Requirements (V123). Based on record reviews and interviews, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 4 clients (#2) and 1 of 1 Former Client (FC #6).</p> <p>Review on 8-10-23 of Client #1's record revealed: -Admit date: 7-13-23. -Age: 5 years old. -Diagnoses: Intellectual Development Disability - unspecified, Borderline Intellectual Functioning, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder - impulsive type and Reactive Attachment Disorder, Exotropia of left eye, Chronic Idiopathic constipation, and combined urinary and fecal incontinence. -No evidence of physician's orders for any medications.</p> <p>Observation on 8-10-23 at 11:23 a.m. of Client #1's medications revealed: -Methylphenida (central nervous system stimulant-controlled substance)-TE (therapeutic equivalence) 10 milligrams (mg) 1 tablet every day - dispensed 7-13-23. -Olanzapine (antipsychotic) 5 mg 1 tablet inside cheek daily as needed (PRN) for anxiety - dispensed 8-2-23.</p> <p>Review on 8-11-23 of Client #1's MARs for 7-13-23 through 8-10-23 revealed: -Methylphenida-TE 10 mg was first initialed as administered 7-21-23 (8 days after admission and dispense date). -Olanzapine 5 mg 1 tablet inside cheek daily PRN</p>	V 118		

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V 118	<p>Continued From page 40</p> <ul style="list-style-type: none"> - administered daily starting 8-2-23 - no justification of why the PRN was needed for any of the days; initialed as administered 2 times on 8-2-23, 8-3-23, 8-4-23 and 8-8-23; and 3 times on 8-9-23. -Amoxicillin (antibiotic) 12 milliliter (ml) - 2 times daily for 3 days - first initialed as administered 7-17-23 at 7:21 p.m.; 3 entries on 7-18-23 at 8:23 - no a.m. or p.m. - 3:00 p.m. and 7:30 p.m.; 2 entries on 7-19-23 8:30 a.m. and 7:21 a.m. -A second MAR for Amoxicillin with time typed in for 7-17-23 through 7-19-23 at 8:00 a.m. and 8:00 p.m. - 7-17-23, 7-18-23, 7-19-23 8:00 p.m. - was not signed as administered. <p>Review on 8-18-23 of Staff #8's personnel record revealed:</p> <ul style="list-style-type: none"> -No evidence of date of hire. -Medication administration training 7-27-23. <p>Review of information provided the Licensee via email dated 8-17-23:</p> <ul style="list-style-type: none"> -Staff #8's hire date was 8-17-23. <p>Review on 8-11-23 of Client #1's MARs revealed:</p> <ul style="list-style-type: none"> -Staff #8 signed the client's MAR on 7-23-23 at 8:00 a.m. as administering Methylphenida-TE - 10 mg - prior to medication training (7-27-23). <p>Review on 8-10-23 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admit date: 7-14-23. -Age: 12 years old. -Diagnoses: Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Type 1 Diabetes. -No evidence of physician's orders for any medications. <p>Observation on 8-10-23 at 12:04 p.m. of Client #2's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 41</p> <ul style="list-style-type: none"> -Novolog (insulin) 100 units/ml - Use up to 70 units every day in insulin pump - dispensed 11-3-22. -Lantus (long-acting insulin) SoloStar 100 units/ml - 3 ml prefilled pen - Injection 25 units - Start: 7-21-23. -Humalog (rapid acting insulin) 100 units per ml - "For single patient use only - 1/2 unit pen - 7 units - injector Frequency: 4 x daily W (second letter illegible) and...(label ended)" - Start: 7-21-23. -Escitalopram Oxalate (antidepressant) 10 mg - 1 tablet every day - dispensed 7-6-23. -Lurasidone (antipsychotic) HCL (hydrochloride) 40 mg - 1 tablet every day with lunch. -Trazodone (antidepressant) 50 mg - 1 tablet at bedtime (HS) PRN for sleep. -Hydroxyzine hcl (antihistamine) 25 mg - 1 every 6 hours PRN for anxiety. <p>Review on 8-11-23 of Client #2's MARs for 7-14-23 through 8-10-23 revealed:</p> <ul style="list-style-type: none"> -Insulins - Novolog 100 units/ml; Lantus SoloStar 100 units/ml and Humalog 100 units per ml were not listed. -Escitalopram Oxalate 10 mg - 1 tablet every day - blank on 8-8-23; no time when it was administered on 8-9-23. -Lurasidone HCL 40 mg - 1 tablet every day with lunch - no time on 7-25-23; blank on 8-8-23 and 8-9-23. -Trazodone 50 mg - 1 tablet at HS PRN for sleep - 7-14-23 through 7-25-23 no times. <p>Interview on 8-10-23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -She has had diabetes since she was 6 years old. -She had an insulin pump where a passcode was needed before she could input information into the pump. -The House Manager and her parents had the passcode which was needed because "Two years 	V 118		

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V 118	<p>Continued From page 42</p> <p>ago I tried to OD (overdose)."</p> <p>-She believed the staff learned how to administer insulin because of a previous client that was at the facility.</p> <p>-There had been a "time or 2" when staff "forgot" to administer her medications, "but they usually make up for it...take it with my sleeping meds (medications)."</p> <p>Observation and interview on 8-15-23 at 11:04 a.m. with Client #2 revealed:</p> <p>-The House Manager knocked and stated to the client her "numbers (blood sugar) were up..." and said it was "300...did you (Client #2) eat extra carbs (carbohydrates)?"</p> <p>-The House Manager walked into the room and put in the code to unlock the client's insulin pump.</p> <p>-Client #2 was observed to administer herself a "correction dose."</p> <p>-Asked how she knew what amount to administer, she said, "with what I ate, it (insulin pump) gave me 6.18."</p> <p>-Client #2 said her blood sugar was 288 when the House Manager walked into the room.</p> <p>Interviews on 8-16-23 and 8-22-23 with Client #2's legal guardian/mother revealed:</p> <p>-Client #2's insulin pump had a "Dexcom...continuous glucose monitor...it checked blood sugar every 10 minutes."</p> <p>-The insulin pump and the application on the mobile phone would alarm when her blood sugar was too high or too low.</p> <p>-The amount of insulin the pump administered was based on what Client #2 enters for the amount of carbohydrates she had eaten.</p> <p>-Client #2 "knows how to do it (operate her insulin pump)...(staff) unlock and monitor how much (carbohydrate count) she puts in..."</p> <p>-There was a code to unlock the pump due to</p>	V 118		

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V 118	<p>Continued From page 43</p> <p>incidents in the past where the client had put in too much insulin (amount of carbohydrates she had eaten), she "does it out of anger." -She trained most of the staff on the insulin pump as they were there when Client #2 was admitted. -The staff that weren't there she has "conversed over the phone...if they (staff) ever have a concern they call." -The 2 insulin pens were "considered durable medical. There is two different cartridges. One time use. The other box includes syringe to draw out of the vial to put in the cartridge. The pink thing is the one-time use. That hooks to the cartridge that hooks into the pump. The needle shoots in and out..." -There was "not a set doctor's order for specific reasons...we put in 300 millimeters (in the pump)...the normal lasts an average of 3 days...depending on the amount of carbs...she goes through it quicker...there is really not a medical standard where it (the pump) gets put on this day and take off this day...each box has a pamphlet"</p> <p>Review on 8-10-23 of Client #3's record revealed: -Admit date: 7-24-23. -Age: 14 years old. -Diagnoses: Generalized Anxiety Disorder, Post Traumatic Stress Disorder, and Attention Deficit Hyperactivity Disorder. -No evidence of physician's orders for any medications.</p> <p>Observation on 8-10-23 at 12:17 p.m. of Client #3's medications revealed: -Fluvoxamine Maleate (antidepressant) 50 mg - 1 tablet every HS.</p> <p>Review on 8-11-23 of Client #3's MARs for 7-24-23 through 8-10-23 revealed:</p>	V 118		

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V 118	<p>Continued From page 44</p> <p>-Fluvoxamine Maleate 50 mg - 1 tablet every HS - was started 7-24-23 and administered through 7-26-23 (3 days); blanks 7-27-23 through 7-30-23 (4 days); restarted 7-31-23; 8-2-23 administered 2 times - 8:10 - no a.m. or p.m. - second entry has no time.</p> <p>-Fluvoxamine Maleate 25 mg - 1 tablet every HS - "July/Aug" no entries - hand-written "Discontinue."</p> <p>-Aripiprazole (antipsychotic) 5 mg - 1 tablet at HS - administered 7-25-23 only - hand-written "Discontinue."</p> <p>-Amoxicillin (antibiotic) 50 mg - 1 tablet 2 times a day for 7 days - initialed as starting 7-24-23 and ended 8-1-23.</p> <p>Review on 8-18-23 of Client #5's record revealed: -Admit date: 8-4-23. -Age: 16 years old. -Diagnoses: Adjustment Disorder with Depressed Mood. -No evidence of physician's orders for any medications.</p> <p>Observation on 8-18-23 at 10:53 a.m. of Client #5's medications revealed: -Quetiapine Fumarate (antipsychotic) 100 mg - 1 tablet every day at HS for sleep. -Doxepin (antidepressant) 50 mg - 1 capsule at HS PRN for sleep - dispensed 8-4-23.</p> <p>Review on 8-18-23 of Client #5's MAR for 8-4-23 through 8-18-23 revealed: -Escitalopram (antidepressant) 10 mg - 1 tablet everyday - started 8-5-23 - no time documented as to when administered - last administered 8-18-23 - handwritten - "NO REFILLS." -Neomycin-Polymyxin-HC Ear Solution (ear pain) - instill 2 drops in both ears 4 times a day - started 8-4-23 at 8:45 p.m.; 8-5-23 administered</p>	V 118		

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V 118	<p>Continued From page 45</p> <p>3 times; 8-6-23 administered 2 times with one entry no time listed; 8-7-23 administered 1 time; 8-8-23, 8-9-23 administered 2 times; 8-10-23 administered 3 times; 8-11-23 administered 2 times - last administered 8-11-23; handwritten "Discontinued" - handwritten at top of page 2 "PRN."</p> <p>Interview on 8-15-23 with Staff #1 revealed: -The first staff to arrive on shift was the one who administered the clients their medications. -There was an "Issue with getting medications...it takes a few days for the pharmacy to get here...or the doctor doesn't sign off...communicate with the pharmacy and they'll let us know if not signed off...assuming signed (by the doctor) when get the meds (medications)." -Client #2's guardian taught her how to use the client's insulin pump and she watched a video on the pump. -She was familiar with diabetes and helped the client out as much as she could.</p> <p>Interview on 8-15-23 with Staff #2 revealed: -Medications were administered at 8:00 a.m. - "...they (client) sign the book and then I sign...checking the books ...right medicine when supposed to administer to them...look at the bottle and MAR to make sure match..." -Client #2's guardian taught her how to use the insulin pump. -When it was time for Client #2 to dose, she put in a code to unlock the pump, and the client did the rest. -The guardian said the client knew how to administer her own insulin. -The staff had the application in the facility mobile phone which alerted them if the client's blood sugar was too high or too low. -She usually called the client's guardian if the</p>	V 118		

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V 118	<p>Continued From page 46</p> <p>alert went off.</p> <p>Interview on 8-15-23 with Staff #4 revealed: -She did not administer medications, she could administer them, she had been trained but "...prefers to service (the clients)." -Her shift partner administered the clients medications. -She could not remember if the medication training included diabetic training, but she had experience and learned from several different jobs she had in the past. -Client #2's guardian taught her about the insulin pump the first day the client came to the facility. -She had typed in the code on Client #2's insulin pump as the client was not allowed to have the code since she was found overdosing. -"I unlock it (insulin pump) and she give (administer) it...ask her (Client #2) for her count...make sure hasn't gone up or hasn't dropped...randomly ask (the client)...if goes in the kitchen and gets something to eat ask her what her number is..."</p> <p>Interview on 8-11-23 with the House Manager revealed: -The Qualified Professional (QP) was responsible for medications, "but I do the books." -She received medication training from a Registered Nurse (RN) with an outside agency. -It was classroom training which included a written test; there was no onsite observation skills test. -"I really can't say if I had diabetic training with [RN] or not, not going to say yes or no, as far as separate training (for diabetes), no we didn't have that." -Client #2's guardian "took us through the steps (on operating the insulin pump)." -The client's guardian brought in her insulin and</p>	V 118		

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V 118	<p>Continued From page 47</p> <p>other prescriptions when re-fills were needed.</p> <p>-Client #2 "knows when she needs a dose of insulin, the insulin pump would beep if her blood sugar goes up or down."</p> <p>-Client #2 will "acknowledge the (blood sugar) number to us (staff)...she'll know if she needs to eat or too high needs to dose..."</p> <p>-For example, "[Client #2] what's your number, 190, ok, that's a little high you need to bring it down...or she (Client #2) might need a dose... (guardian) has access (on her phone) and can see her (Client #2's) number ..."</p> <p>"We (staff) don't have it (blood sugar readings) as a MAR, keep own sheet through the day, I don't have it for you all, just have it for us. I don't know if we're supposed to have a MAR on it (blood sugars), I just keep for myself, just so I know."</p> <p>-Client #2's guardian called (date unknown) and said the client's blood sugar was 300 after the client had just told her it was 150; Her guardian said, "No, she's (Client #2) lying."</p> <p>-When asked about the start date of the medication being a week after the dispense date she stated they go "by the date of the medication on the bottle, 1st in 1st out, last one issued was the one to be continued."</p> <p>-For example, "(Client #3) came in with...Fluvoxamine 25 mg and Fluvoxamine 50 mg...last one issued was the one to be continued."</p> <p>-She completed the MARs and the "RX sheet (package insert/information sheet)."</p> <p>-She completed the MARs for each medication for each client based on the "RX sheet...for a.m. and p.m. to guide staff on time to give (administer)..."</p> <p>-That was why there were 2 MARs for some of the medications, staff didn't see she already created one.</p>	V 118		

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V 118	<p>Continued From page 48</p> <p>- "This is what you are talking about, right? The RX sheet? It's (physician orders) in their blue books (client records), in their intake sheets. I know what you're talking about, let me see, let me look, but I'm not the QP."</p> <p>Interview and observation on 8-11-23 at approximately 10:30 a.m. with the House Manager revealed: -She brought in Client #1's medication book and said "I noticed it (physician's order) slid down yesterday." -She pulled out the package insert/information sheet of the medication and provided this as a physician's order.</p> <p>Review on 8-11-25 of the "sheet" the House Manager provided after her interview of Client #2's blood sugars revealed: -The client's blood sugar readings started 7-24-23 (10 days after admission) and were taken a minimum of 1 time a day and a maximum of 12 times a day; no reading was taken 8-8-23. -8-4-23 was the lowest reading of 71 and 7-27-23 was the highest reading of 550.</p> <p>Interview and observation on 8-15-23 at 3:10 p.m. with the Licensee and House Manager revealed: -Concerning medications and MARs "think we did a good job on that...making sure getting things verified ...things I want to add, going to have a pharmacist in 1 time a month...know it's not necessary...have QI/QA (Quality Improvement/ Quality Assurance) monthly audit...." -"We have books for everyone (clients), signed sheets from doctor, ones we don't have we are working on getting the rest, assigned one person to this, [House Manager]." -"For old prescriptions (medications clients have when admitted) we don't need that (physician</p>	V 118		

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V 118	<p>Continued From page 49</p> <p>orders)..."</p> <p>-Notified no physician orders were found for any of the clients, "I'm going to say let me bring [House Manager] in and ask her, is that ok?"</p> <p>-Licensee stated to House Manager, "They are saying there are no signed doctor orders in this house right now for any of the medications."</p> <p>-The House Manager, "You mean OTC (over the counter)? You talking about RX sheet?...When they (clients) came here the prescription already done...[Client #3's] Fluvoxamine changed, so when time to get that I'll get that prescription then...is that what you mean?"</p> <p>Interview on 8-17-23 with QP #1 revealed:</p> <p>-His job was to "Just do paperwork...client files...documentation...checking making sure all information there."</p> <p>-He reviewed "MAR sheets...make sure documentation is correct...passing the meds (medications)...making sure doctor orders are there...correlating with regulations and state."</p> <p>Interview on 8-17-23 with Staff #5 revealed:</p> <p>-Her job title was "QI/QA."</p> <p>-She "just started doing their (facility) books not long ago, about 2-3 months."</p> <p>-She checked client charts and medication books.</p> <p>-In the medication books she was looking for "physician orders, MAR, each kid is individualized, make sure administer meds, supply of meds and meds on hand."</p> <p>Interview on 8-16-23 with the facility contracted RN revealed:</p> <p>-She provided medication administration training for the facility.</p> <p>-The training had always been done "virtually" since they were a "smaller group."</p> <p>-Skills were checked by having a test at the end</p>	V 118		

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V 118	<p>Continued From page 50</p> <p>of the training.</p> <p>-Managing diabetes or administering insulin was "not a normal part of the training."</p> <p>-The licensee has not asked for a separate training on diabetes.</p> <p>-They "do discuss shots...most common one...insulin or Invega (antipsychotic)...tells agencies this is not specific ...not covered thoroughly..."</p> <p>-She "will come out and do hands on training if have a client specific need...no problem to come on site if they ask."</p> <p>Interview on 8-18-23 with the Licensee revealed:</p> <p>-QP #1 was "working in tandem to get things right...in order and then tell [House Manager] what to do with it."</p> <p>-Staff #5 was "responsible to make sure everything is right in the file."</p> <p>-"We send everything to the QP to look at and sign off on it...that we have everything..."</p> <p>-For physician orders he expected the "QP to reach out to the provider if anything is missing..."</p> <p>Due to the failure to obtain physician orders and accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 8-23-23 of a Plan of Protection (POP) signed and dated 8-22-23 by QP #1 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>-QP will complete an internal audit on all consumers medication that is present at Pinnacle Therapeutic Services within the 24 hrs. (hours). In this audit the QP will ensure that all items are present in the Medication Administration Record such as doctor order/ services order,</p>	V 118		

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V 118	<p>Continued From page 51</p> <p>an information leaflet, a current MAR sheet each medication, OTC sheets are signed by physicians and legal guardian.</p> <p>QP will identify all items that are not present, then make a request to the (doctor or legal guardian) to obtain a copy of missing items. All parties (Pinnacle CEO (Chief Executive Officer), DSS (Department of Social Services) or Legal guardian) will be informed if Pinnacle Therapeutic Services does not obtain the missing items with the next 48hrs and all administrative of medications will be cease until documentation is submitted. Staff will have to complete an incident report daily until the situation is addressed.</p> <p>QI/QA will follow up within the next 7 days to ensure that medications requirements are meeting state requirements.</p> <p>Describe your plans to make sure the above happens.</p> <p>8/23/23: QP mandatory to report at Pinnacle Therapeutic Services at 10:00 am to start audit.</p> <p>8/23/23: QP review all Medication Administration Record to ensure all medication has a doctor order/ services order/ information leaflet, Update MAR Sheet and signed OTC sheet signed by physician a legal guardian.</p> <p>8/23/23: QP will inform all parties via email on items that are missing after making the request from doctors a legal guardian.</p> <p>8/23/23: PM (Program Manager) will follow up behind QP to ensure all steps are completed by signing off on the check list off verifying task were completed.</p> <p>8/30/23: QI/QA will follow up behind QP and PM to ensure all steps are completed by reviewing and signing off on the check list for each individual consumer."</p>	V 118		

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V 118	<p>Continued From page 52</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients served by the facility ranged in age from 5 to 16 years old. They had diagnoses including, but not limited to, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Borderline Intellectual Functioning, Bipolar Disorder, Oppositional Defiant Disorder, Type 1 Diabetes, Reactive Attachment Disorder, Major Depressive Disorder, Adjustment Disorder with Depressed Mood, Aggression, Delinquent Undisciplined Behavior, Physical and Sexual Abuse, and Generalized Anxiety Disorder. The facility did not accurately document medication administration and maintain records or physician orders. There were no physician orders for Clients #1, #2, #3 and #5. These medications included antipsychotics, antidepressants, stimulants, and insulin. Staff #8 administered a medication to a client prior to being trained. The facility did not provide training by a medical professional on Client #2's insulin pump. Client #2's legal guardian/mother trained staff on how to access the insulin pump. The staff depended on the client to tell them her blood sugar reading though she had a history of not telling the truth and overdosing herself on insulin. Staff were not sure if it was necessary to keep a record of Client #2's blood sugar readings. There were no physician orders for the clients' medications. The Licensee and House Manager were unaware that physician orders were needed for medications the clients had upon admission. There were no notifications to a pharmacist or physician for missed medications and refusals. One insulin remained in the manufacturer's box with no pharmacy label for identification. Two insulin pens had no instructions for use and no pharmacy information. This deficiency constitutes a Type A1</p>	V 118		

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V 118	Continued From page 53 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 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.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 4 clients (#2) and 1 of 1 Former Client (FC #6). The findings are: Review on 8-15-23 of FC #6's record revealed: -Admit date: 2-21-23. -Discharge Date: 6-6-23. -Age: 16 years old. -Diagnoses per discharge summary: Aggression, Delinquent, undisciplined behavior,	V 123		

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V 123	<p>Continued From page 54</p> <p>Cultural/religious concerns, Physical Abuse, Sexual Abuse, Sexual Acting Out, Bipolar, and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 8-15-23 and 8-18-23 of facility's internal incident reports revealed:</p> <ul style="list-style-type: none"> -16 incidents dated between 5-16-23 and 8-11-23 involving missed or refused medications. -The section of notifications was blank for all the incidents. -There was no documentation of notification to a pharmacist or physician. -5-16-23 at 6:57 p.m. - FC #6 "Missed dose...Client not here for meds (medications). AWOL (absent without official leave)." -5-17-23 at 6:57 p.m. - FC #6 "Missed dose...AWOL." -5-18-23 at 6:57 p.m. - FC #6 "Missed dose...AWOL." -5-19-23 at 8:00 a.m. - FC #6 "Client refused meds." -5-19-23 at 8:00 p.m. - FC #6 "Refused meds." -5-20-23 at 8:15 a.m. - FC #6 "Refused meds." -5-21-23 at 9:00 a.m. - FC #6 "refused meds." -6-3-23 at 7:08 a.m. - FC #6 "Client refused to take meds." -6-3-23 at 9:00 p.m. - FC #6 "Client was AWOL; therefore missed a dose of medication." -6-4-23 at 8:00 a.m. - FC #6 "Client refused morning medication." -6-4-23 at 9:00 p.m. - FC #6 "refused meds" -6-5-23 at 8:00 a.m. - FC #6 "refused meds" -6-5-23 at 9:00 p.m. - FC #6 "refused meds" -6-6-23 at 8:40 a.m. - FC #6 "staff ask client to take meds please. Client Refused." -7-20-23 at 8:00 a.m. - Client #2 "missed med." -8-1-23 at 2:00 p.m. - Client #2 "Missed dose" box was checked. -8-8-23 at 12:00 p.m. - Client #2 "out on appointment missed med." 	V 123		

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V 123	<p>Continued From page 55</p> <p>-There was no indication on the incident reports what medication was missed/refused.</p> <p>Review on 8-11-23 of Client #2's MARs for 7-14-23 through 8-10-23 revealed: -2 medications that were refused which may or may not coordinate with the incident report above for 7-20-23; there was no incident report for 8-20-23 missed dose. -Lurasidone HCL 40 milligrams (mg) - 7-20-23 - "Refused;" -Hydroxyzine HCL 25 mg - 7-20-23 - "Refused" -Lurasidone HCL 40 mg - 8-20-23 - "Missed dose...Client was out on visit with family."</p> <p>Interview on 8-15-23 with the House Manager revealed: -"I am not documenting (that the doctor is being contacted). When I get the paperwork, I am doing the procedure (of contacting the legal guardian/mother)..."</p> <p>Interview on 8-18-23 with the Licensee revealed: -The House Manager was responsible for incident response and reporting. -Protocol for missed medications was to document and write an incident report.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected in 23 days.</p>	V 123		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	V 131		

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V 131	<p>Continued From page 56</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring health care personnel affecting 4 of 13 audited current staff (the Licensee and Staff #2, #3, and #9), and 1 of 5 audited former staff (FS #16). The findings are:</p> <p>Review on 8-10-23 of Staff #2's personnel record revealed: -Date of hire: 6-28-23. -Date of HCPR check: 7-3-23.</p> <p>Review on 8-10-23 of Staff #3's personnel record revealed: -Date of hire: 6-9-23. -Date of HCPR check: 6-13-23.</p> <p>Review on 8-18-23 of Staff #9's personnel record revealed: -Date of hire: blank. -Date of HCPR check: 8-7-23.</p> <p>Review on 8-25-23 of FS #16's personnel record revealed: -Date of hire: blank.</p>	V 131		

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V 131	<p>Continued From page 57</p> <p>-Date of HCPR check: 5-29-23.</p> <p>Review of information provided by the Licensee via email dated 8-17-23 revealed:</p> <p>-Date of hire for Staff #2 and #3 was 7-10-23. -Date of hire for Staff #9 was 8-14-23. -Date of hire for Staff #16 was not provided.</p> <p>Attempted review on 8-12-23 and 8-17-23 of the Licensee's record was unsuccessful as it was never produced after several requests requests for the record.</p> <p>Observation and interview on 8-10-23 at 12:00 pm with the Licensee revealed:</p> <p>-Stated that he would be returning to the facility withing 1-1.5 hours because he had to take Client #4 to an appointment and stated he could be reached by telephone if needed.</p> <p>Interview on 8-15-23 with the House Manager revealed:</p> <p>-Did not have a list of the current staff. -Staff #9 "...is observing (shadowing). She hasn't started (working)." -"[Staff #3] may have brought her (Staff #9) up on the weekend." -"[FS #16] is not here anymore. She was an observer (shadowed) about a month ago...applied but have not been hired yet...only came through about 2 days..."</p> <p>Interview on 8-18-23 and 8-25-23 with the Licensee revealed:</p> <p>-He was responsible for HCPR checks. -He did not provide direct care and did not have a personnel record. -Thought he had 30 days to complete the record for each new employee. -New staff will shadow in the facility. Background</p>	V 131		

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V 131	<p>Continued From page 58</p> <p>checks are completed before they shadow, and they do not provide any service. -FS #16 shadowed "maybe 3-4 times". -"I'm not letting you (potential new staff) come on until you follow and shadow us (current staff) a couple of days...they've (potential new staff) gone through all the training, but I still want to see how they do. [FS #16] didn't pan out but had done all background and training. I did all that."</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 131		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL 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:</p> <p>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.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p>	V 132		

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V 132	<p>Continued From page 59</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify, report and investigate all allegations of neglect against health care personnel affecting 2 of 5 audited Former Staff (FS #13 and #14) and 1 of 2 Qualified Professionals (QP #1). The findings are:</p> <p>Review on 8-11-23 of the Division of Health Services Regulation (DHSR) Statement of Deficiencies dated 4-19-23 and Plan of Correction dated 5-18-23 submitted to DHSR by the Licensee revealed: -No evidence that the allegations of neglect made</p>	V 132		

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V 132	<p>Continued From page 60</p> <p>against FS #13, FS #14, and the QP #1 were reported to the Health Care Personnel Registry (HCPR).</p> <p>Review of information provided by the Licensee via emails dated 8-15-23 and 8-17-23 revealed: -FS #13's last day of employment was 4-28-23. -FS #14's last day of employment was 5-5-23. -The QP #1 was suspended from 5-5-23 to 6-30-23 and then reinstated.</p> <p>Interview on 8-22-23 with support staff from the HCPR revealed: -The names of FS #13 and #14 and the QP #1 had not been reported by the facility to the HCPR for allegations of neglect.</p> <p>Interview on 8-15-23 and 8-18-23 with the Licensee revealed: -The report had been submitted to HCPR. -"...(the facility) should have the confirmation." -The House Manager was responsible for responding and reporting incidents to HCPR.</p> <p>Requests were made on 8-15-23 and 8-17-23 for any additional information/documentation regarding the confirmation of submission to HCPR. -No additional documentation was provided.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 132		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD</p>	V 133		

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V 133	<p>Continued From page 61</p> <p>CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(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 covered by Public Law 105-277 to the</p>	V 133		
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V 133	<p>Continued From page 62</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the 	V 133		

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V 133	<p>Continued From page 63</p> <p>conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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 persons needing mental health, developmental</p>	V 133		

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V 133	<p>Continued From page 64</p> <p>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.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on</p>	V 133		

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V 133	<p>Continued From page 65</p> <p>an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(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:</p> <p>(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.</p> <p>(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.)</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to request a criminal history record check within 5 days of an offer of employment affecting 4 of 13 audited current staff (the Licensee and Staff #'s 9-11) and 1 of 5 audited former staff (FS #16). The findings are:</p> <p>Review on 8-10-23 of Staff #3's personnel record revealed: -Date of hire was 6-9-23.</p> <p>Review on 8-18-23 of Staff #9's personnel record revealed: -Date of hire: blank.</p>	V 133		

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V 133	<p>Continued From page 66</p> <p>-No evidence of a criminal history record check.</p> <p>Review on 8-18-23 of Staff #10's personnel record revealed: -Date of hire: blank. -Date of criminal history record check requested: 8-15-23.</p> <p>Review on 8-18-23 of Staff #11's personnel record revealed: -Date of hire: blank. -Date of criminal history record check requested: 8-15-23.</p> <p>Review on 8-25-23 of FS #16 revealed: -Date of hire: blank. -Date of criminal history record check requested: 5-29-23.</p> <p>Review of information provided by the Licensee via email dated 8-17-23 revealed: -Date of hire for Staff #9 and #10 was 8-14-23. -Date of hire for Staff #11 and FS #16 was not provided.</p> <p>Attempted review on 8-12-23 and 8-17-23 of the Licensee's record was unsuccessful as it was never produced despite requests for the record.</p> <p>Observation and interview on 8-10-23 at 12:00 pm with the Licensee revealed: -Stated that he would be returning to the facility withing 1-1.5 hours because he had to take Client #4 to an appointment and stated he could be reached by telephone if needed.</p> <p>Interview on 8-15-23 with the Licensee revealed: -"[FS #16] didn't pan out."</p> <p>Observations and reviews on 8-10-23 and</p>	V 133		

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V 133	<p>Continued From page 67</p> <p>8-25-23 of medical records and communication/progress note logs revealed: -Staff #10 worked in the facility as early as 8-2-23. -Staff #11 worked in the facility as early as 7-29-23.</p> <p>Interview on 8-15-23 with the House Manager revealed: -Did not have a list of the current staff. -Staff #9 "...is observing (shadowing). She hasn't started (working)." -"[Staff #3] may have brought her (Staff #9) up on the weekend." -"[FS #16] is not here anymore. She was an observer (shadowed) about a month ago...applied but have not been hired yet...only came through about 2 days..."</p> <p>Interview on 8-17-23 with QP #1 revealed: -The Licensee was responsible for background checks and trainings.</p> <p>Interviews on 8-18-23 and 8-25-23 with the Licensee revealed: -He was responsible for background checks. -He did not provide direct care and did not have a personnel record. -Thought he had 30 days to complete the record for each new employee. -New staff will shadow in the facility. Background checks are completed before they shadow, and they do not provide any service. -Could not provide dates that Staff #8, #10, and #11 started shadowing in the facility. -FS #16 shadowed "maybe 3-4 times". -"I'm not letting you (potential new staff) come on until you follow and shadow us (current staff) a couple of days...they've (potential new staff) gone through all the training, but I still want to see how</p>	V 133		

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V 133	Continued From page 68 they do. [FS #16] didn't pan out but had done all background and training. I did all that." This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.	V 133		
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; (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	V 366		

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V 366	<p>Continued From page 69</p> <p>regulations in 42 CFR Part 483 Subpart I.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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 review team shall complete all of the activities as follows:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The</p>	V 366		

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V 366	<p>Continued From page 70</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>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 level I or II incidents. The findings are:</p> <p>Review on 8-15-23 and 8-18-23 of facility's</p>	V 366		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	<p>Continued From page 71</p> <p>internal incident reports for date range of 5-13-23 to 8-18-23 revealed:</p> <ul style="list-style-type: none"> -7 incident reports dated between 5-16-23 and 6-5-23 involving Former Client (FC) #6 having been Absent Without Official Leave (AWOL) from the facility. -Range of time FC #6 was AWOL from the facility could not be determined from the incident reports as there was not clear documentation stating when FC #6 left and/or returned to the facility. -2 incidents dated between 6-4-23 and 8-13-23 of aggressive behaviors, with one resulting in the local police department being called. -All incidents were documented on the paper "DHHS (Department of Health and Human Services) Incident and Death Report" form. -No documentation of a response attending to the health and safety needs of the clients, determining the cause of the incidents, developing, and implementing corrective measures to prevent similar incidents, assigning personnel to be responsible for implementation of the corrections for preventative measures, and maintain the necessary documentation of these items. <p>Review on 8-10-23 of the facility internal communication log notebook for FC #6 revealed:</p> <ul style="list-style-type: none"> -5-16-23 - "Client is @ (at) work...Staff call client is not there. AWOL." -5-17-23 - "Client called the next day to tell staff he went to his Uncle house in [a city out of state over 250 miles away from the facility]." -5-18-23 - "Client has talked to Staff...he will be back Friday...Client is still AWOL." <p>Review on 8-11-23 and 8-15-23 of the Incident Response Improvement System (IRIS) for a date range of 5-13-23 to 8-15-23 revealed:</p> <ul style="list-style-type: none"> -No reports for the facility. 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2023
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V 366	<p>Continued From page 72</p> <p>Interview on 8-17-23 with the Team Leader for the North Carolina DHHS IRIS Division revealed: -If incidents were sent in via fax, the facility was still required to enter incidents in the IRIS system. -No incident reports from the facility.</p> <p>Interview on 8-11-23 and 8-15-23 with the House Manager revealed: -Would complete incident reports and send them off to the IRIS. "I do those...Everything goes through me..." -Was responsible for submitting IRIS reports. -"[FC #6] ran away 23 times." -Would send an email to the Division of Mental Health to submit IRIS reports. "That is how they (the Division) asked it to be done."</p> <p>Interview on 8-17-23 with the Qualified Professional (QP) #1 revealed: -The House Manager was responsible for reviewing incident reports. -Tracking the submission of incident reports "...should be with the incident book. When she (the House Manager) sends it in, there should be a confirmation. They are faxed in." -"Everything has been faxed...We should print that out to come back to show where it had been sent."</p> <p>Interview on 8-18-23 with the Licensee revealed: -The House Manager was responsible for incident response and reporting.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 366		

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V 367	Continued From page 73	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 74</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		

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V 367	<p>Continued From page 75</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) as required within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8-11-23 and 8-15-23 of facility incident reports between 5-13-23 to 8-15-23 completed on the "DHHS (Division of Health and Human Services) Incident and Death Report" form revealed:</p> <ul style="list-style-type: none"> -Seven incident reports dated 5-16-23 and 6-5-23 involving Former Client (FC) #6 having been Absent Without Approved Leave (AWOL) from the facility. -Incident dated 8-13-23 marked as aggressive behavior. Client #3 "...went around the room with a plastic knife stabbing the couches and stab the one that [Client #2] was laying on...did a little nip to her finger..." -All incidents were documented on the paper "DHHS (Department of Health and Human Services) Incident and Death Report" form. -No incidents were identified as Level II or Level III. -Section of the form titled "Reporting Information" was blank indicating no documentation of having 	V 367		

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V 367	<p>Continued From page 76</p> <p>been reported to the LME/MCO as required.</p> <p>Review on 8-10-23 of the facility internal communication log notebook for FC #6 revealed: -5-16-23 - "Client is @ (at) work...Staff call client is not there. AWOL." -5-17-23 - "Client called the next day to tell staff he went to his Uncle house in [a city out of state over 250 miles away from the facility]." -5-18-23 - "Client has talked to Staff ...he will be back Friday...Client is still AWOL."</p> <p>Review on 8-15-23 of the Local Police Department Computer-Aided Dispatch (CAD) reported from 5-13-23 to 8-15-23 revealed: -Seven telephone calls for service to Pinnacle Therapeutic Services from 5-16-23 to 6-6-23. -5-16-23, 6-2-23, 6-3-23, 6-5-23 - nature of call: runaway (FC #6). -5-30-23 - nature of call: "remove subject." "Notes: Caller (FC #6) cannot get male client (FC #6) to leave. Is refusing. Throwing papers and waters." -6-4-23 - nature of call: "civil disturbance." "Notes: Caller advising that staff assaulted him and pushed him to the ground." -6-5-23 - nature of call: "911 hang up." "Notes:...[Staff #7] wanted to scare [FC #6]..."</p> <p>Review on 8-11-23 and 8-15-23 of the Incident Response Improvement System (IRIS) for a date range of 5-13-23 to 8-15-23 revealed: -No reports for the facility.</p> <p>Interview on 8-11-23 and 8-15-23 with the House Manager revealed: -Would complete incident reports and send them off to the IRIS. "I do those...Everything goes through me..." -Was responsible for submitting IRIS reports.</p>	V 367		

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V 367	<p>Continued From page 77</p> <p>-"[FC #6] ran away 23 times." -Would send an email to the Division of Mental Health to submit IRIS reports. "That is how they (the Division) asked it to be done."</p> <p>Interview on 8-17-23 with the Team Leader for the North Carolina DHHS IRIS Division revealed: -If incidents were sent in via fax, the facility was still required to enter incidents in the IRIS system. -No incident reports from the facility.</p> <p>Interview on 8-18-23 with the Licensee revealed: -The House Manager was responsible for incident response and reporting. -The facility was not using the electronic system to report to IRIS.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical</p>	V 500		

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V 500	<p>Continued From page 78</p> <p>practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be</p>	V 500		

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V 500	<p>Continued From page 79</p> <p>responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged neglect were reported to the local Department of Social Services (DSS) affecting 1 of 1 audited Former Clients (FC #6). The findings are:</p> <p>Review on 8-11-23 of the Division of Health Services Regulation (DHSR) Statement of Deficiencies dated 4-19-23 and Plan of Correction dated 5-18-23 submitted to DHSR by the Licensee revealed: -No evidence that the allegations of neglect made against Former Staff (FS) #13, FS #14, and the Qualified Professional (QP) #1 were reported to DSS.</p> <p>Review of information provided by the Licensee via emails dated 8-15-23 and 8-17-23 revealed: -FS #13's last day of employment was 4-28-23. -FS #14's last day of employment was 5-5-23. -The QP #1 was suspended from 5-5-23 to 6-30-23 and then reinstated.</p> <p>Requests were made on 8-15-23 and 8-17-23 for any additional information/documentation regarding reporting of allegations of neglect. -No additional documentation was provided.</p> <p>Interviews on 8-11-23 and 8-15-23 with the House Manager revealed:</p>	V 500		

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V 500	<p>Continued From page 80</p> <p>-Responsible for incident reports, "I do those...Everything goes through me ..."</p> <p>-Was responsible for submitting Incident Response Improvement System (IRIS) reports and Child Protective Services (CPS) reports.</p> <p>Interview on 8-18-23 and 8-21-23 with the Licensee revealed:</p> <p>-Was not aware that he had to report to local DSS.</p> <p>-The House Manager was responsible for responding and reporting incidents to IRIS, Health Care Personnel Registry, and DSS.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Failure to Correct Type A1 rule violation.</p>	V 500		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall</p>	V 513		

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V 513	<p>Continued From page 81</p> <p>always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide services and supports that promote a safe and respectful environment using the least restrictive and most appropriate settings and methods and failed to promote coping and engagement skills that are alternatives to injurious behaviors to self and others affecting 5 of 5 clients (#1, #2, #3, #4, and 5) and 1 of 1 Former Clients (FC #6). The findings are:</p> <p>Cross-Reference 10A NCAC 27G .0202 Personnel Requirements (V107). Based on record reviews, observation and interviews, the facility failed to maintain a personnel record with required documentation affecting 11 of 13 audited current staff (the Licensee and Staff #'s 2-11), 1 of 5 audited former staff (FS #16) and 1 of 2 Qualified Professionals (QP #2).</p> <p>Cross-Reference 10A NCAC 27G .0202 Personnel Requirements (V108). Based on observations, record reviews and interviews, the facility failed to provide training to meet the mh/dd/sa needs of the clients affecting 13 of 13 audited current staff (the Licensee, the House Manager and Staff #'s 2-11) and 1 of 5 audited</p>	V 513		

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V 513	<p>Continued From page 82</p> <p>former paraprofessional staff (FS #16).</p> <p>Cross-Reference 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews, 1 of 1 Associate Professionals (the Licensee) and 1 of 2 Qualified Professionals (QP #1) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross-Reference 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on record reviews and interviews, 1 of 12 audited current paraprofessional staff (the House Manager) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross-Reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111). Based on record reviews and interviews, the facility failed to develop and implement strategies to address the client's presenting needs during the first 30 days of treatment affecting 5 of 5 Clients (#1, #2, #3, #4, and #5).</p> <p>Cross-Reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop a treatment plan signed by the legal guardian to address the needs of the clients affecting 1 of 1 audited Former Clients (FC #6).</p> <p>Cross-Reference 10A NCAC 27G .0206 Client Records (V113). Based on record reviews and interviews, the facility failed to maintain client records affecting 5 of 5 clients (#1, #2, #3, #4,</p>	V 513		

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V 513	<p>Continued From page 83 and #5) and 1 of 1 audited Former Client (FC) #6.</p> <p>Cross-Reference G.S. 131E-256 (d2) Health Care Personnel Registry (V131). Based on record reviews, observation and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring health care personnel affecting 4 of 13 audited current staff (the Licensee and Staff #2, #3, and #9), and 1 of 5 audited former staff (FS #16).</p> <p>Cross-Reference G.S. 131E-256 (g) Health Care Personnel Registry (V132). Based on record reviews and interviews, the facility failed to notify, report and investigate all allegations of neglect against health care personnel affecting 2 of 5 audited Former Staff (FS #13 and #14) and 1 of 2 Qualified Professionals (QP #1).</p> <p>Cross-Reference G.S. 122C-80 Criminal History record check required for certain applicants for employment (V133). Based on observations, record reviews and interviews, the facility failed to request a criminal history record check within 5 days of an offer of employment affecting 4 of 13 audited current staff (the Licensee and Staff #'s 9-11) and 1 of 5 audited former staff (FS #16).</p> <p>Cross-Reference 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to implement written policies governing their response to level I or II incidents.</p> <p>Cross-Reference 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to report all level II incidents to the Local Management Entity</p>	V 513		

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V 513	<p>Continued From page 84</p> <p>(LME)/Managed Care Organization (MCO) as required within 72 hours of becoming aware of the incident.</p> <p>Cross-Reference 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions (V500). Based on record reviews and interviews, the facility failed to ensure all instances of alleged neglect were reported to the local Department of Social Services (DSS) affecting 1 of 1 audited Former Clients (FC #6).</p> <p>Review on 8-23-23 of a Plan of Protection (POP) signed and dated 8-22-23 by QP #1 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NACA 27E .0101 -QP/PM (Qualified Professional/Program Manager) will ensure that all consumer visitation and supervised/unsupervised form is completed upon intake. QP/PM will review each current consumer folder to ensure that their visitation and supervised/unsupervised forms are completed by 8/23/23. If forms not completed have forms completed by 8/30/23. 10A NCAC 27G. 202/ 107 -8/23/23 QP needs to ensure that Pinnacle Therapeutic Services is following its protocol with hiring new employees. 8/23/23 QP will review All employees' files checking for hire dates and job description to be signed and dated. QI/QA (Quality Improvement/Quality Assurance) will verify the task is completed by 8/30/23. 10A NCAC 27G. 202/ 108 -CEO (Chief Executive Officer)(Licensee) in the process of scheduling/arranging a mandatory training to address providing education training to care for diabetic individuals. 10A NCAC 27G. .0203/ 109 -QP will check every employee's file to ensure all</p>	V 513		

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V 513	<p>Continued From page 85</p> <p>documentation and training are completed to an active employee on the work. IF documentation or training is not completed staff will be removed from the work until tasks are completed starting 8/23/23.</p> <p>10 A NCAC 27G. .0203/ 110</p> <p>10A NCAC 27G. .0205/ 111 -PM will request current CCA assessment from individual current therapist by 8/24/23. If Program Manager does not receive a current CCA (Comprehensive Clinical Assessment) Assessment by 8/25/23 a request must be made for Pinnacle Therapeutic Services by Pinnacle Therapeutic Services.</p> <p>10A NCAC 27G. .0205/ 112 -8/23/23 QP will start reviewing all Plan of Cares to ensure that goals are matching individual's needs.</p> <p>10A NCAC 27.G .0206/ 113 -QP will update all Plan of Care to show individuals needs, outcomes and progress.</p> <p>GS. 131E-256/ 131/132 -CEO must run all Health Care Personnel Registry within 5 days after accepting employee application for employment.</p> <p>GS. 122C-80/ 133 -CEO must run all background checks within 5 days after accepting employee application for employment.</p> <p>10A NCAC 27.G .0603/ 366 --Program Manager will re-educate House Parents the protocol for completing an incident report while at work or Pinnacle Therapeutic Services.</p> <p>10A NCAC 27G. .0604/ 367 -Program Manager will re-educate House Parents the protocol for completing an incident report while at work or Pinnacle Therapeutic Services.</p> <p>10A NCAC27D .0101/ 500</p>	V 513		

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V 513	<p>Continued From page 86</p> <p>-QP and PM will re-educate House Parents on how to implement Pinnacle Therapeutic Services on rights restrictions and interventions and reporting incidents to the local county DSS. Describe your plans to make sure the above happens.</p> <p>10A NCAC 27E .0101</p> <p>1st step: QP will lead a group discussion during the staff meeting about policy on Least Restrictive Alternative and check for understanding.</p> <p>2nd step: QP will assign all employees for a training on Relias addressing Least Restrictive Alternative within the next two weeks.</p> <p>3rd step: all staff must complete the identified training by QP within the next 2 weeks to stay active working on the floor.</p> <p>4th step: PM will follow up by 9/6/23 to ensure training is completed and staff are eligible to work.</p> <p>5th step: QI/QA will follow up by 9/13/23 to ensure training is completed for all staff.</p> <p>10A NCAC 27G. 202/ 107</p> <p>1st step: 8/23/23 QP completes and internal audit for each employee file by completing employee checklist.</p> <p>2nd step: 8/23/23 QP to report to Pinnacle Therapeutic Services CEO, and Program Manager incomplete files for each employee.</p> <p>3rd step: 8/23/23 QP will request any staff to be pulled off the floor if the file is not completed with Application, PTS (Pinnacle Therapeutic Services) Orientation, PTS Relias, and PTS Mandatory training.</p> <p>4th step: 8/23/23 QP will inform PTS CEO and Program Manager via email when staff are eligible to start working in the home.</p> <p>5th step: 8/24/23 PM will follow QP to ensure that employees files are completed before reporting to work.</p> <p>6th step: QI/QA will complete and audit the</p>	V 513		

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V 513	<p>Continued From page 87</p> <p>employee chart within 7 days to ensure task are completed. 10A NCAC 27G .0202/ 108 1st step: CEO contacted the Registered Nurse that provided Pinnacle Therapeutic Staff Medication Administration training and requested education training for providing care for individuals with diabetes. 2nd step: CEO and Nurse provided some dates to schedule the education training. 3rd step: CEO and PM need to collate the time with Nurse and House Parents to schedule the training. 4th step: CEO and PM needs to ensure that this training is held before 8/30/23. 10A NCAC 27G. .0203/ 110</p> <p>10A NCAC 27G. .0205/ 111 1st step: Program Manager will request for a current CCA Assessment for consumer prior therapist on 8/23/23. 2nd step: If Program Manager does not receive a current CCA Assessment from consumer prior therapist by 8/25/23 a request must be made for Pinnacle Therapeutic Services to have one completed from within. 10A NCAC 27G. .0205/ 112 1st step: 8/23/23 QP will sched a date with Legal Guardians, House Parents, DSS, and Therapist to review consumer Plan of Care. 10A NCAC 27.G .0206/ 113 1st step: 8/23/23 QP to complete an internal audit for each current consumer file by completing consumer checklist and Face Sheet. 2nd step: QP to report to Pinnacle Therapeutic Services CEO, and Program Manager incomplete files for each employee. 3rd step: QP will request via email for staff to be pull off the floor if the file is not completed with Application, PTS Orientation, PTS Relias, and</p>	V 513		

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V 513	<p>Continued From page 88</p> <p>PTS Mandatory training.</p> <p>4th step: QP will inform PTS CEO and Program Manager via email when staff are eligible to start working in the home once training is completed.</p> <p>5th step: PM will follow QP to ensure that employees files are completed before reporting to work.</p> <p>6th step: QA/QI will complete and audit the employee chart within 30 days of hirer.</p> <p>GS. 131E-256/ 131/132</p> <p>1st step: Once criminal background check has been completed and approved by the CEO, then.</p> <p>2nd step: CEO will complete a Health Care Personnel Registry on the individual. If individual passed health care registry, then CEO will pass information to QP to create an employee file for the individual.</p> <p>3rd step: QP will create an employee file to complete PTS orientation, Relias training, and Mandatory training before reporting to work.</p> <p>4th step: PM will follow up to ensure all paperwork is completed and in file before employee report to work.</p> <p>5th step: QI/QA will complete an internal audit by following up after PM to ensure that employee file is completed within 7 days of hirer.</p> <p>GS. 122C-80/ 133</p> <p>1st step: Once an application is submitted to Pinnacle Therapeutic Services.</p> <p>2nd step: CEO will complete and complete a criminal background check on the individual (once passed)</p> <p>3rd step: CEO will submit information to QP to start an employee file for the individual.</p> <p>4th step: PM will follow up to ensure all paperwork is completed an in file before employee report to work.</p> <p>5th step: QI/QA will complete internal audit by following up after PM to ensure that employee file is completed within 7 days of hirer.</p>	V 513		

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V 513	<p>Continued From page 89</p> <p>10A NCAC 27.G. 0603/ 366 1st step: QP will lead a group on how to implement PTS incident reporting in the next four schedule house meetings to ensure staff understand the protocol with completing and incident report. 2nd step: QP will inform all employees during staff meeting the appropriate steps and individual to contact when an incident report at Pinnacle Therapeutic Services. 3rd step: QP will review the incident report, submitting it to local county DSS, consumer home county DSS, to IRIS, and Health Care Register. 4th step: PM will follow each employee checking for understanding on reporting an Incident Report at Pinnacle Therapeutic Services by 10/31/23.</p> <p>10A NCAC 27G .0604/ 367 1st step: QP will lead a group on how to implement PTS incident reporting in the next four schedule house meetings to ensure staff understand the protocol with completing and incident report. 2nd step: QP will inform all employees during staff meetings of the appropriate steps and individuals to contact when completing an incident report at Pinnacle Therapeutic Services. 3rd step: QP will review the incident report, submitting it to local county DSS, consumer home DSS, to IRIS, and Health Care Register. 4th step: PM will follow each employee checking for understanding on reporting an Incident Report at Pinnacle Therapeutic Services by 10/31/23.</p> <p>10A NCAC27D .0101/ 500 1st step: QP will lead a group discussion during the staff meeting about policy on rights restrictions and interventions and check for understanding. 2nd step: QP will assign all employees for a training on Relias addressing Rights restrictions and interventions by 9/6/23.</p>	V 513		

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V 513	<p>Continued From page 90</p> <p>3rd step: all staff must complete the identified training by 9/6/23 to stay active working. 4th step: PM will follow up by 9/9/23 to ensure training is completed and staff are eligible for work. 5th step: QI/QA will follow up by 9/11/23 to ensure training is completed by all staff."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients served by the facility ranged in age from 5 to 16 years old. They had diagnoses including, but not limited to, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Borderline Intellectual Functioning, Bipolar Disorder, Oppositional Defiant Disorder, Type 1 Diabetes, Reactive Attachment Disorder, Major Depressive Disorder, Adjustment Disorder with Depressed Mood, Aggression, Delinquent Undisciplined Behavior, Physical and Sexual Abuse, and Generalized Anxiety Disorder. Clients had histories of behaviors including, but not limited to, self-harm, physical aggression, verbal aggression, elopement, physical abuse, and sexual abuse.</p> <p>The facility did not maintain client records to include client identification sheets, treatment plans, documentation of services provided and progress toward outcomes. Staff were not trained on the specific needs of the clients and treatment strategies had not been developed and implemented to address the clients' presenting needs. Staff records did not include dates of hire and job descriptions, making it difficult to determine roles and responsibilities within the facility. Staff records were missing HCPR and criminal background checks making it impossible to determine if required vetting occurred prior to offers of employment as well as staff working</p>	V 513		

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V 513	Continued From page 91 prior to dates of hire that were provided. Staff were allowed to work prior to the required training being completed. Clients with histories of elopements did not have appropriate levels of supervision put in place to prevent such behavior. Lack of such supervision led to law enforcement being called to the facility at least 7 times between 5-16-23 and 6-5-23 for incidents of elopements and aggressive behaviors. These behaviors were not mitigated as there was a lack of responding to these incidents in order to identify the cause and develop and implement corrective measures. Incidents were not reported through the North Carolina Incident Response Improvement System. Required notifications of allegations of neglect were not reported to the Department of Social Services and Health Care Personnel Registry (HCPR). The QP #1 was never referred to HCPR despite being identified during the previous DHSR survey dated 4-19-23 as having neglected a client in the facility and was still employed by the facility. The Licensee was unaware that the QP #2 was no longer working for facility and that the QP #1 was the only QP for the facility and was not providing any services on site. The Qualified Professional and Licensee were responsible for the oversight of the facility but did not identify and rectify the deficient practices within the facility to improve client services and safety. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 513		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	<p>Continued From page 92</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and</p>	V 536		

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V 536	<p>Continued From page 93</p> <p>external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be</p>	V 536		

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V 536	<p>Continued From page 94</p> <p>competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p>	V 536		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 95</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 5 of 13 audited current (The Licensee and Staff #'s 8-11) and 1 of 5 audited former staff (FS #16) had training in alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>Review on 8-10-23 of Staff #3's personnel record revealed: -Date of hire was 6-9-23.</p> <p>Review on 8-18-23 of Staff #8's personnel record revealed: -Date of hire: blank. -Date of training on alternatives to restrictive interventions: 8-8-23.</p> <p>Review on 8-18-23 of Staff #9's personnel record revealed: -Date of training on alternatives to restrictive interventions: 8-8-23.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2023
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V 536	<p>Continued From page 96</p> <p>Review on 8-18-23 of Staff #10's personnel record revealed: -Date of hire: blank. -Date of training on alternatives to restrictive interventions: 8-8-23.</p> <p>Review on 8-18-23 of Staff #11's personnel record revealed: -Date of hire: blank. -Date of training on alternatives to restrictive interventions: 8-8-23.</p> <p>Review on 8-25-23 of FS #16's personnel record revealed: -Date of hire: blank. -Date of training on alternatives to restrictive interventions: not in record.</p> <p>Review of information provided by the Licensee via email dated 8-17-23 revealed: -Date of hire for Staff #8, #9, and #10 was 8-14-23. -Date of hire for Staff #16 was not provided.</p> <p>Attempted review on 8-12-23 and 8-17-23 of the Licensee's record was unsuccessful as it was never produced despite requests for the record.</p> <p>Observations and reviews on 8-10-23 and 8-25-23 of medical records and communication/progress note logs revealed: -Staff #8 worked in the facility as early as 7-23-23. -Staff #10 worked in the facility as early as 8-2-23. -Staff #11 worked in the facility as early as 7-29-23.</p> <p>Observation and interview on 8-10-23 at 12:00</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2023
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V 536	<p>Continued From page 97</p> <p>pm with the Licensee revealed: -Stated that he would be returning to the facility withing 1-1.5 hours because he had to take Client #4 to an appointment and stated he could be reached by telephone if needed.</p> <p>Interview on 8-15-23 with the House Manager revealed: -Staff #9 "...is observing (shadowing). She hasn't started (working)." -"[Staff #3] may have brought her (Staff #9) up on the weekend." -"[FS #16] is not here anymore. She was an observer (shadowed) about a month ago...applied but have not been hired yet...only came through about 2 days..." -"They (shadowing staff) watch what we are doing...We (staff) let them know what we do and see if they are built for this. "</p> <p>Interviews on 8-15-23, 8-18-23 and 8-25-23 with the Licensee revealed: -He did not provide direct care and did not have a personnel record. -Job responsibilities were "...strictly administrative but I will fill in gaps if when needed." -Could not provide dates that Staff #8, #10, and #11 started shadowing in the facility. -FS #16 shadowed "maybe 3-4 times". -"[FS #16] didn't pan out." -"I'm not letting you (potential new staff) come on until you follow and shadow us (current staff) a couple of days...they've (potential new staff) gone through all the training, but I still want to see how they do. [FS #16] didn't pan out but had done all background and training. I did all that."</p>	V 536		