		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL059-072		B. WING		R-C 03/15/2024	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	-	
LEAR S	KY GROUP HOME		ROAD STREE	г		
			, NC 28752		TION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE	
V 000	INITIAL COMMEN	TS	V 000			
	on 3/15/24. The co	llow up survey was completed omplaint was substantiated (# iciencies were cited.				
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children or				
	census of 4. The s	sed for 8 and currently has a survey sample consisted of clients and 1 former client				
V 116	27G .0209 (A) Med	lication Requirements	V 116			
	written order of a pl licensed to prescrib (2) Dispensing shal pharmacists, physic practitioners author with the North Carc permit to operate a nurse or other desi physician or other desi physician or other desi physician or other desi approved by the au dispensing. (3) Methadone For supplied to a client service in a proper registered nurse er pursuant to the req	ensing: all be dispensed only on the hysician or other practitioner be. Il be restricted to registered cians, or other health care rized by law and registered blina Board of Pharmacy. If a pharmacy is Not required, a gnated person may assist a health care practitioner with as the final label, Container, e physically checked and thorized person prior to take-home purposes may be of a methadone treatment y labeled container by a nployed by the service, uirements of 10 NCAC_26E				
		NOF METHADONE IN HOER/SUPPLIER REPRESENTATIVE'S S	GIGNATURE	TITLE Administrator	(X6) DATE 4/5/2024	
TATE FOF	RM	Coll A. Fran	6899	2LGN11	If continuation sheet 1	

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL059-072	B. WING			R-C 15/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
LEAR	SKY GROUP HOME		ROAD STREET , NC 28752	г		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
V 116	Continued From pa	ige 1	V 116			
	methadone is not of (4) Other than for end not possess a stock for the purpose of of pharmacist and obt Board of Pharmacy locked supply of pr Samples shall be d	GRAMS BY RN. Supplying of considered dispensing. emergency use, facilities shall k of prescription legend drugs dispensing without hiring a taining a permit from the NC v. Physicians may keep a smal escription drug samples. ispensed, packaged, and nce with state law and this				
	Based on observat interviews the facili of medications was physicians or other authorized by law a Carolina Board of F audited current clie	et as evidenced by: ions, record reviews and ty failed to ensure dispensing a restricted to pharmacists, health care practitioners and registered with the North Pharmacy affecting 2 of 4 nts (#1, #4). The findings are:				
	-Date of admission -Age: 11 years old -Diagnosis: modera disability (IDD), aut attention deficit hyp post traumatic stree -Physician's ordere included:	ate intellectual developmental ism spectrum disorder (ASD), peractivity disorder (ADHD),				
	-Documentation of	10 tablets of clonidine for to school signed by Staff #2 entative.				

STATE FORM

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AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVE COMPLETED R-C	
	MHL059-072				03/*	15/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CLEAR	SKY GROUP HOME		OAD STREE NC 28752	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
V 116	Continued From pa	ge 2	V 116			
	-Date of admission -Age: 13 years old -Diagnosis: Mild ID ASD, chromosoma -Physician's ordere included: -Chlorpromazine 2 times daily. -Documentation of for Client #4 deliver #2 and school repro Interview on 3/12/2 -She counted out a the noon dose of cl noon dose of chlor school nurse every had a labeled medi -"Had the school sig short pills. The pha (medication) until it -Delivered 2 weeks medications for Clie Interview on 3/15/2 revealed: -"We fill prescription clients. We don't u the schools." -"As far as I'm awa medications for Clie -They had given the with a label.	D, fetal alcohol syndrome, I abnormality. d medications dated 1/24/24 25mg (mood)- 1 tablet three 10 tablets of chlorpromazine red to school signed by Staff esentative. 4 with Staff #2 revealed: nd delivered medication for onidine for Client #1 and the promazine for Client #4 to the couple weeks. The school cation bottle. gn the document so we're not armacy won't give us more 's time." or 10 doses worth of ent #1 and Client #4 4 with the local pharmacist ns for the Clear Sky (licensee) sually pack medications for re, we have not repacked ear Sky to give to the schools." e group home an extra bottle 4 with the school nurse e for Client #1 from		Clear Sky Behavioral, with discussions with the prescribing physician, made changes to the of administration from the previous order stating "NOON" to the re- order stating "Afternoon". This revision allows for the medicati be administered upon return ho from school. This will alleviate concern of medications being administered by school person	e hours ious vised simple ons to ome any	

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If continuation sheet 3 of 10

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL059-072		B. WING			-C 15/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CLEAR	SKY GROUP HOME		ROAD STREET			
			, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 116	Continued From pa	ge 3	V 116			
	12/4/23-3/15/24 from	0 days worth of each				
	Specialist (Staff #3) -She was the medic	cal liaison for the facility. e medications.  The pharmacy	,			
V 298	<sup>3</sup> 27G .1706 Residen Operations	tial Tx. Child/Adol -	V 298			
	<ul> <li>(a) Each facility shares of 12 children and a (b) Family member persons shall be invited in order to assure a restrictive setting.</li> <li>(c) The residential shall coordinate with to ensure that the c met as identified in the treatment plan. able to attend school coordinate services alternative learning job placement.</li> <li>(d) Psychiatric commected for each ch (e) If an adolescen receiving treatment for six months or un year, whichever is low.</li> </ul>	rs or other legally responsible volved in development of plans smooth transition to a less treatment staff secure facility h the local education agency hild's educational needs are the child's education plan and Most of the children will be ol; for others, the facility will across settings such as programs, day treatment, or a sultation shall be available as ild or adolescent. t has his 18th birthday while in the facility, he may remain ntil the end of the state fiscal onger.				
	<ul> <li>(e) If an adolescen receiving treatment for six months or ur year, whichever is lei (f) Each child or ad age-appropriate per</li> </ul>	t has his 18th birthday while in the facility, he may remain htil the end of the state fiscal				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY
	MHL059-072		B. WING			-C I <b>5/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE. ZIP CODE		
	SKY GROUP HOME		ROAD STREE			
		MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
V 298	plan. (g) Each facility sh	ige 4 all operate 24 hours per day, ek, and each day of the year.	V 298			
	interviews the facili local school to ensu- needs were met aff clients (#1, #2, #4) client (FC #5). The Record review on 3 -Date of admission -Age: 11 years old -Diagnosis: modera disability (IDD), aut	eviews, observations and ty failed to coordinate with the ure the clients' educational fecting 3 of 4 audited current and 1 of 1 audited former e findings are: 6/11/24 for Client #1 revealed: : 1/12/24 ate intellectual developmental ism spectrum disorder (ASD), peractivity disorder (ADHD),		Clear Sky Behavioral has challenges with the McDo School System with gettin educationally served in a is most beneficial to them. challenges are with the sc following the approved IEF Plan. These concerns has presented themselves unt year when a new administ over that middle school. C guardians have also show with the schools inability to IEPs and filed a multitude	well County g our clients setting that . These hool P and 504 ve never il this school tration took Our n concern o follow the of OCR	
	-Date of admission -Age: 14 years old -Diagnosis: Modera defiant disorder.	3/14/24 for Client #2 revealed: : 7/31/23 ate IDD, ADHD, oppositional 3/14/24 for Client #4 revealed:		complaints with the federa government. With this pro systemic for much of the s it places CSB as a likley ta retaliation from the school since filed a complaint with McDowell County Schools	bbelm being school year , arget for . CSB has h the	
	-Date of admission -Age: 13 years old -Diagnosis: Mild ID ASD, chromosoma -Medical follow-up of diagnosis of diabete 174 and A1C of 7.9	: 9/21/23 D, fetal alcohol syndrome,		Superintendent, Departme Instruction, and the Office Rights. This information w previously shared with DH	of Civil as also	

If continuation sheet 5 of 10

## PRINTED: 04/01/2024 FORM APPROVED

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MHI 059-072		B. WING		R-C	
		MHL059-072	B. WING		03/1	5/2024
IAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
	SKY GROUP HOME		NC 28752	:1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLE DATE
V 298	Continued From pa	age 5	V 298			
V 296	ordered on 2/27/24 Record review on 3 -Date of admission -Date of discharge: facility) -Age: 11 years old -Diagnosis: ADHD, Record review on 3 school report revea -Client #4 had 25 a	(milligram) twice daily was A B/14/24 for FC #5 revealed: A/11/23 ASD. ASD. B/11/24 of dates of attendance aled: bsences from 10/24/23-3/6/24.		Letter requested by primary care for form guidance on diet of this particular consumer. We make efforts to limit suga intake in the facility as a natural diet for everyone. Upon admission to school, th medical and necessary clinical documer are shared with the school. This has ne been an issue in 8 years of doing busine with this school. Clear Sky Behavioral w take a closer look at documents to be shared with the school during routine medical evaluations.		
	Observation in the approximately 1pm clothes which the O clothes. The QP fu kept in the office du them. The clothes items together. Ins revealed 3 pair wer 7-8. Pajama shirt/g 10-12. Observation on 3/1 extra clothes sent to two t-shirts, 1 size pair of underwear s pants size 12-14. O a size large t-shirt a which appeared to Interview on 3/11/2 revealed:			Client has a very low IQ and I clothing is layed out for him e Many times he will not like wh out and it will turn into an earl morning crisis situation to ren desire to wear something else go into other residents rooms acquire clothing that doesn't k him. These are challenges w population in general and all guardians are made aware of concerns. When we have chi that have grown out of their c we request funds for them to clothing. This situation is not those cases. He would many urinate on himself multiple tim during the school day. Clear Behavioral staff 100% believe complaint to be a retaliation to OCR complaints filed by guar	each day. hat is laid y hedy his e. He will and belong to ith this these ldren lothing buy new one of times hes Sky es this o the	

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## PRINTED: 04/01/2024 FORM APPROVED

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY
	MHL059-072		B. WING		R-C 03/15/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		55 RAILR	OAD STREE	T		
JLEAR S	SKY GROUP HOME	MARION,	NC 28752			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLET DATE
V 298	Continued From pa	ge 6	V 298			
V 298	home regarding app -There was no com home regarding bel especially behaviors school that could aff -All the Clear Sky k railroad address. S multiple group hom -"We had no idea [Ff different group hom was allowed to pick came to get him on called to pick up FC were responsible for -"[The Qualified Pro- emergency contact respond. -"I mostly talk to [the homeShe is rude wants all the kids in Had difficulty getting kid." Interview on 3/11/24 revealed: -Had requested a m (medication adminis student but had new need to know what' responsible for ther -She administered n and client #4 that st brought in. -Felt Client #2 may "sleeping hard" (not	bointments. munication from the group haviors in the group home, is in the mornings before fect behaviors at school. ids were registered under the he was not aware they had es. FC #5] had moved to a the or that his biological mom him up from school when she 1/25/24." Facility staff were #5 from school and they or releasing him to his mom. ofessional] (QP) is listed as for the school but he doesn't the therapist] from the group the and disrespectfulShe a self contained classroom. g information for each new 4 with the school nurse hedication list or a MAR stration record) for each ver received anything. "We s going on with the kids. We're in while they are here." noon medications to client #1 caff from the facility had be overmedicated due to him t just dosing off) many veek.		The school will utilize the entire of Clear Sky Behavioral to con- staff members each day, differ different methods and this cau- confusion within the ability to n- requests in a spur of the mome school has stated many times should remain on campus duri manage behaviors. We will no we have attempted this practic success in the past. We are co- the least incident at the school pick the child up. This accoun- number of absences. We will p by teacher request for behavio and teachers later in the day we them absent. The absences being reported if problem with the school. This is part of the OCR compla IEPs will limit the number of da be suspended or sent home from The school will send them hom behaviors that should be mana- classroom. We have asked for absences for each child to com daily shift notes. They have no with this request as it will subst OCR complaint. Clear Sky Behavioral document being absent from school in the notes. This practice will becom- detailed based upon DHSR co- future review practices.	tact different ent times, ses mass nanage their ent. The that we ng the day to ot do this as e with little ontacted for and asked to ts for the pick them up ral concerns <i>i</i> ll report and asked to ts an internal aint as well. ays they can om school. he for minimal aged in the r a list of npare with ot complied tantiate the hts children e daily shift ne more	
	overnight for behav	i given a PRN (as needed) iors, no one from the group Communication with the group I."				

If continuation sheet 7 of 10

ATEMENT OF D		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			OATE SURVEY OMPLETED
MHL059-072		B. WING		R-C 03/15/2024	
ME OF PROVID	ER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
LEAR SKY G	ROUP HOME		OAD STREE <sup>-</sup> NC 28752	т	
X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLE DATE
Inter class revea -Had Clier -Staf office repo have neve -"Wh [Clie 14-1 -Clie as a some #1] h any t -Clie scho do ne Clier the g -Clie chec watc woul turn -[The just o -Ask the g -The kid n -"[Th	sroom teacher requested a c trequested a c t #1 but nothin f reported kee e because he w rted he was on him on a bath r shared that." en they send on the they send on the they send of the they bround the they send of the they bround the they bround the they bround of the they bround the they bround of the they bround the they bround of the they bround the they bro	4 with self-contained for Client #1 and Client #2 copy of treatment plan for ng was received. ping Client #1's clothes in the would urinate on themAlso a toileting schedule. "If they room schedule they have extra clothes to school for hes are too small. He's a size ught size 8 clothes." icated with his stuffed animals nism and she had requested up home. "They said he [Client em but they still haven't sent f 5 mornings when he got to uested sleep information but hingOur principal offered for chool later in the morning but fused" to his teacher, 'staff don't said he would either be ying on his tablet which staff ect. 'The internet was easy to nt #2's sleeping in class was	V 298	Communication with the school will be limited to the QP of the facility only. The school will be notified that only the QP will respond to requests made during th day. Contacting other parties, therapist Behavioral Health Director, Facility Compliance personnel will not be responded to. This has caused more confusion with who is responding, who has handled the concern, etc. The QP will log any contacts made with the school and provide a narrative of the discussion. E-Mail will be the preferred method of contact due to the auditable trail it creates. These measures will be implemented immediately. Clear Sky Behavioral utilizes a corporate level router that turns off a devices in the home at bedtime. It is impossible that this statement has an truth or merit. The childs guardian came to the home to try to access external internet connections and wa unsuccessful. This child has a sub 5 IQ and a practice of lying to manipulate others. We use a number of practices in the home to deescalate behaviors. We use NCI, Love and Logic, and other practices. We have emails from all levels of Clear Sky staff responding to the schools daily requests. They do not have a properly trained teacher in the contained classroom.	e , 4/5/20 e II s ny

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:	·	R-C
	MHL059-072		B. WING		03/15/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	
	SKY GROUP HOME		OAD STREE NC 28752	T	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPL
V 298	Continued From pa	ge 8	V 298		
	-FC #5 had a family Thursday which beg was the plan so ste logical step. -"We've gone throug times. He just accu and her assistant, g sure they (clients) h take them shopping -"[Client #4]'s docto down on the carbs( more water. He (cli to do that. -"The teacher for [C 3000 emails a day. that Client #1 neede this happens and is rather than email. If voice mail." -He was taking on r issues while the the from the schools. -He was responsible school. "[The thera plans." -"We have tried to a school has asked. The school doesn't Interview on 3/15/24 therapist revealed: -Was currently the I the schools for the I educational plans). -"[The teacher for C texts every morning on behaviors. Ther reach out, calls, tex	r told him he needed to cut carbohydrates) and drink ient #4) was consciously trying Client #1 and Client #2] sends She sent an email last week ed clothes. If something like time sensitive, please call she calls, she doesn't leave a nore of the school liaison erapist was trying to step back e for registering the clients for pist] sends the treatment accommodate everything the I send whatever they ask for.		We have complained of the teacher "Mommy Book" to share their feeling about parents. This has resulted in inflicted crisis in the classroom. We that many of our children have no pa- in the picture or their parents are a c situation for them to cope with. This guidance is relayed to our guardians press the school to conform to the c recommendation of Clear Sky Behar The Clear Sky behavioral therapist involved in the lives of our residents so than any other we have had in th She knows their schedules, the trigg the family situation, etc. She is in w discussions with guardians. The sc accounts for 4-6 hours of their day w we account for 18-20. We feel as th many of the crisis that occur at scho the teacher not understanding the d and the challenges that a Level III c presents. She is also unwilling to p the clinical guidance being provided We will continue to work with the sc and see where the OCR investigatio leads. An investigator in Washingto has been assigned to review these allegations made.	gs self stated arents difficult s to also linical vioral. s truly s. More he past. gers, reekly hool while hool while hool synamic hild ractice l. hool on 4/5/2

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
					R-C 03/15/2024
	R STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
LEAR SKY GROUP HOME	MARION	NC 28752			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETI DATE
was not in the offic yet; I did not respon- "There was no set contact." -"Communication Inconsistency fro Worked well with -"Our Behavior Her registers the kids psychologicals and school starts." -"[Client #4] has h Metformin but doe We're trying to h	the car rider line by mistake. I ce yet; I don't have information		Clear Sky Behavioral will single point of contact for to utilize. He arrives to w and works Monday throug Should be no time where is not made to their reque will be maintained of corr with the school.	the school ork at 8am gh Friday. a response est. A log	4/5/20