STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl078-197	A. BUILDING: _____ B. WING _____	C 04/04/2024

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on April 4, 2024. The complaint was unsubstantiated (intake #NC00215197). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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 to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid	V 108		

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V 108	Continued From page 1	V 108		

techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.
(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.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid for 2 of 6 audited staff. The findings are:

Finding #1
Review on 4/4/24 of staff #2's personnel record revealed:
-Hire date: 1/9/17.
-No evidence of a current certification in CPR/First Aid.

Interview on 4/4/24 staff #2 stated:
-She worked at the facility for a couple of years.
-She was full time and worked 11:30pm -7:30pm.
-She had been trained in CPR/First Aid.

Finding #2
Review on 4/4/24 of the Qualified Professional (QP)"s personnel record revealed:
-Hire date: 9/30/06
-No evidence of a current certification in CPR/First Aid.

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V 108	Continued From page 2 Interview on 4/4/24 Licensee/Owner stated: -Both staff #2 and the QP had trained in CPR/First Aid. -She thought the CPR/First Aid certifications were filed. -She would ensure staff were certified and understood staff was required to be have current training in CPR/First Aid.	V 108		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection 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: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort	V 132		

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V 132	Continued From page 3 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel including injuries of unknown source and failed to ensure all alleged allegations were investigated. The findings are: Review on 4/4/24 of client #1's record revealed: -14 year old male. -Admitted on 8/11/23. -Diagnoses of Conduct Disorder, Cannabis Disorder, Attention Deficit Hyperactivity Disorder. Review on 4/4/24 of North Carolina Incident Response Improvement System (IRIS)revealed: -No level III IRIS report for client #1's allegations. Review on 4/4/24 of a facility investigation report dated 3/25/24 revealed: -An allegation of abuse reported by client #1	V 132		

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V 132	Continued From page 4 against staff #1. Investigator identified as Licensee/Owner. Statement obtained from the accused staff, witness staff and 3 clients. No indication or documentation of when facility learned of allegation. -No evidence of the allegation being reported to the HCPR During interview on 4/4/24 client #1 stated: -He had lived at the facility for 8 months. -He told the Owner/Administrator about his allegations against staff #1 on 3/14/24. Interview on 4/4/24 the Owner/Administrator stated: -Client #1 had not mentioned any allegations against the staff to her. -She learned of the allegations from the Licensee/Owner on March 25, 2024. Interview on 4/10/24 the Owner/Director stated: -She was informed of an allegation against staff #1 by client #1 on 3/25/24 when the local department of Social Services visited the facility. -She normally completed the required reporting but it slipped her mind. -She initiated an internal investigation and interviewed staff #1.	V 132		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of	V 318		

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V 318	Continued From page 5 the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all allegations against health care personnel within 24 hours of the health care facility becoming aware of the allegation. The findings are: Review on 4/4/24 of the Licensee/Owner's personnel record revealed: -Hire date: 5/13/10. -Job: Associate Professional/Registered Nurse (RN). Review on 4/4/24 of client #1's record revealed: -14 year old male. -Admitted on 8/11/23. -Diagnoses of Conduct Disorder, Cannabis Disorder, Attention Deficit Hyperactivity Disorder. Review on 4/4/24 of a facility investigation report dated 3/25/24 revealed: -An allegation of abuse reported by client #1 against staff #1. Investigator identified as Licensee/Owner. Statement obtained from the accused staff, witness staff and 3 clients. No indication or documentation of when facility learned of allegation. -No evidence of the allegation being reported to	V 318		

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V 318	Continued From page 6 the HCPR within 24 hours of becoming aware of the allegation Review on 4/4/24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No evidence of an IRIS report submitted for allegations made by client #1. During interview on 4/4/24 client #1 stated: -He had lived at the facility for 8 months. -He told the Owner/Administrator about his allegations against staff #1 on 3/14/24. Interview on 4/4/24 the Owner/Administrator stated: -Client #1 had not mentioned any allegations against the staff to her. -She learned of the allegations from the Licensee/Owner on March 25, 2024. Interview on 4/4/24 Licensee/Owner stated: -She was responsible for submitting reports of allegations to the Health Care Personnel Registry. -She learned of client #1's allegation against staff #1 on 3/25/24. -It slipped her mind to report the allegation client #1 made against staff #1. -She understood allegations of abuse should be reported to HCPR within 24 hours of becoming aware of an allegation.	V 318		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (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.	V 500		

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V 500	Continued From page 7 (b) The governing body shall develop and implement policy to assure that: (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 (2) procedures and safeguards are instituted in accordance with sound medical 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. (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: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (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: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (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:	V 500		

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V 500	Continued From page 8 (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services in the county where services are provided all allegations of resident abuse by health care personnel. The findings are: Review on 4/4/24 of a facility investigation report dated 3/25/24 revealed: -An allegation of abuse reported by client #1 against staff #1. Investigator identified as Licensee/Owner. Statement obtained from the accused staff, witness staff and 3 clients. No indication or documentation of when facility learned of allegation. Review on 4/4/24 of facility records revealed no reports of allegations of abuse to the local DSS. Review on 4/4/24 of client #1's record revealed: -14 year old male. -Admitted on 8/11/23.	V 500		

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V 500	Continued From page 9 -Diagnoses of Conduct Disorder, Cannabis Disorder, Attention Deficit Hyperactivity Disorder. During interview on 4/4/24 client #1 stated: -He had lived at the facility for 8 months. -He told the Owner/Administrator about his allegations against staff #1 on 3/14/24. Interview on 4/4/24 the Owner/Administrator stated: -Client #1 had not mentioned any allegations against the staff to her. -She learned of the allegations from the Licensee/Owner on March 25, 2024. Interview on 4/4/24 Licensee/Owner stated: -She was responsible for submitting reports of allegations to the local department of Social Services. -She initiated an investigation. -She learned of the allegation when Social Services came to the facility on March 25, 2024 about the allegation. -She did not file a formal report with the local social services agency about the investigation. -It slipped her mind to report the allegation client #1 made against staff #1. -She understood allegations of abuse should be reported to HCPR within 24 hours of becoming aware of an allegation.	V 500		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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V 736	Continued From page 10 This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation of the facility on 4/4/24 at approximately 3:05pm revealed: - Client #2's bedroom had debris scattered on the side of the armoire; there was torn curtain at the window; an approximately 3 inch hole in the wall beside the window above the nightstand; the bottom drawer of the nightstand had no knob; the 6 drawer dresser was missing a knob on the top left drawer. - Client #3's bedroom had a hole in the wall behind the bedroom door about the size of a softball; paper and puzzle pieces scattered throughout the floor - Client #1 had a golf ball sized hole behind his bedroom door. Interview on 4/4/24 the Licensee/Owner stated: - Client #2 and client #3 caused the hole in the wall in client #3's bedroom. She understood the facility was required to maintain a safe, clean, attractive and orderly manner.	V 736		