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V 000	INITIAL COMMENTS An annual survey was completed on 7/22/24. 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 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, 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: (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	V 118		

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V 118	Continued From page 1 drug. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 2 clients' (#1 and #2) medications were administered on the written order of a physician. The findings are: A. Review on 7/9/24 of Client #1's record revealed: -Admitted: 2/9/24 -Age: 15 years -Diagnoses: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Posttraumatic Stress Disorder (PTSD) -No physician's orders present Review on 7/9/24 of Client #1's May, June, and July 2024 MARs revealed the following medications were documented as having been administered: -Amphetamine/dextroamphetamine 30 mg (milligrams) 1 tablet by mouth at 8am (ADHD) from 5/1/24-7/9/24 -Amphetamine/dextroamphetamine salts 10 mg 1 tablet by mouth at 8am from 5/10/24-7/9/24 -Sertraline HCl (hydrochloride) 25 mg 1 tablet by mouth at 8pm (PTSD) 6/10/24-7/4/24 -Sertraline HCl 50 mg 1 tablet by mouth at 8pm from 7/5/24-7/8/24	V 118		

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V 118	Continued From page 2 B. Review on 7/9/24 of Client #2's record revealed: -Admitted: 6/14/23 -Age: 14 years -Diagnoses: ADHD, Trauma and Stress Related Disorder, Disruptive Mood Dysregulation Disorder, Depressive Disorder, Conduct Disorder -No physician's orders present Review on 7/9/24 of Client #2's May, June, and July 2024 MARs revealed the following medications were documented as having been administered: -Lamotrigine 150 mg 1 tablet by mouth at 6:30pm (Depressive Disorder) from 5/1/24-7/8/24 -Lurasidone 40 mg 1 tablet by mouth at 6:30pm (mood) from 5/1/24-7/8/24 During interview on 7/9/24 the facility's Pharmacist reported: -Client #1 and #2's prescriptions were sent to the pharmacy from the psychiatrist's office electronically -Confirmed current physician's orders for Client #1 dated 7/2/24 including: -Amphetamine/dextroamphetamine 30 mg -Amphetamine/dextroamphetamine salts 10 mg -Sertraline HCl 50 mg -Confirmed current physician's orders for Client #2 dated 5/23/24 including: -Lamotrigine 150 mg -Lurasidone 40 mg -Physicians were cautious about giving paper orders for controlled medication due to concerns with fraud During interview on 7/9/24 the Licensee reported: -Client #1 had an appointment on 7/2/24 and his	V 118		

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V 118	Continued From page 3 sertraline dosage was increased -Client #1 and #2 attended virtual appointments -Client #1 and #2's psychiatrist's office had not given the facility the physician's orders at time of visit -She had requested physician's orders but the psychiatrist sent electronic orders to the pharmacy	V 118		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by:	V 295		

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V 295	Continued From page 4 Based on record review and interview, the facility failed to maintain employment of an Associate Professional (AP) who provided services to the group home on a full-time basis. The findings are: Review of facility records on 7/9/24 revealed: -No employee record for an AP During interview on 7/9/24 the Licensee reported: -The facility had not had an AP since January 2024 -Had a hard time finding an AP -Had the position posted on a job posting site -Was planning to repost to other sites -Would try to get credentialed as an AP	V 295		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as	V 296		

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V 296	Continued From page 5 follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the minimum number of direct care staff was present. The findings are: Review on 7/9/24 of Client #1's record revealed: -Admitted: 2/9/24 -Age: 15 years -Diagnoses: Oppositional Defiant Disorder,	V 296		

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V 296	Continued From page 6 Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder -No documentation that addressed the need for transportation with one staff Review on 7/9/24 of Client #2's record revealed: -Admitted: 6/14/23 -Age: 14 years -Diagnoses: ADHD, Trauma and Stress Related Disorder, Disruptive Mood Dysregulation Disorder, Depressive Disorder, Conduct Disorder During interview on 7/9/24 Client #1 reported: -"Sometimes" there was only one staff at the facility on first shift -Since the end of the school year, had attended an internship Monday, Wednesday, Thursday and Friday of each week from 9:30am to 1:30pm -One staff would transport him to his internship on those days -When he arrived at the facility from his internship at 1:30pm, only one staff was present at the facility with Client #2 -A second staff came in after 1:30pm after he arrived at the facility During interview on 7/9/24 Client #2 reported: -There was only one staff at the facility when Client #1 was at his internship several days during first shift -A second staff came in 1:00pm after client #1 arrived at the facility -"That's every week." -Only on certain days are two staff present in the facility, "not always two staff working." During interview on 7/9/24 the Licensee reported: -Always have two staff available -Lived near the facility and could make it to the facility quickly	V 296		

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V 296	Continued From page 7 -When only one client was at the facility, there was only one staff present -One staff would take Client #1 to his internship several days a week, and one would stay at the facility with Client #2 -Staff took Client #1 to his internship and "may run errands, but comes back"	V 296		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 536		

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V 536	Continued From page 8 (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. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may	V 536		

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V 536	Continued From page 9 review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) 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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years.	V 536		

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V 536	Continued From page 10 (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (#1) was trained in alternatives to restrictive interventions. The findings are: Review on 7/9/24 of staff #1's record revealed: -Hire date of 1/3/23 -Job title - Paraprofessional -No evidence of alternatives to restrictive interventions training.	V 536		

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V 536	Continued From page 11 Interview on 7/9/24 staff #1 stated: -She had only been working in the facility for the last few weeks. -Was home from college for the summer and worked with her mother (Licensee) on shifts. -Did not have training in alternatives to restrictive intervention. -"Thought" a training for alternatives to restrictive interventions was scheduled in the next few weeks. -Will go back to college on 8/2/24 and would only work when home on school breaks. Interview on 7/9/24 the Licensee stated: -Used Crisis Prevention Institute (CPI) for their alternatives to restrictive intervention training. -Staff #1 was her daughter who was home from college for the summer and worked on shift with her. -Staff #1 had been working for a few weeks. -Staff #1's hire date was written down when she first put her records together to open the facility, but had not worked until recently. -Staff #1 had not received training in CPI prior to working with the clients. -Scheduled staff #1 a CPI training for next week.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that	V 537		

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staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.
(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.
(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
(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.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(1) refresher information on alternatives to the use of restrictive interventions;
(2) guidelines on when to intervene (understanding imminent danger to self and others);
(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and

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incremental steps in an intervention);
(4) strategies for the safe implementation of restrictive interventions;
(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
(6) prohibited procedures;
(7) debriefing strategies, including their importance and purpose; and
(8) documentation methods/procedures.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualification and Training Requirements:
(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.
(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by

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observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(5) 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 (j)(6) of this Rule.
(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) evaluation of trainee performance; and
(D) documentation procedures.
(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
(8) Trainers shall be currently trained in CPR.
(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
(11) Trainers shall complete a refresher instructor training at least every two years.
(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcome (pass/fail);
(B) when and where they attended; and
(C) instructor's name.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-994	A. BUILDING: _____ B. WING _____	07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYYWELL HEALTH INC	1033 HAZELMIST DRIVE WAKE FOREST, NC 27587

(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 537	Continued From page 15 (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (#1) was trained in restrictive interventions. The findings are: Review on 7/9/24 of staff #1's record revealed: -Hire date of 1/3/23 -Job title- Paraprofessional -No evidence of restrictive interventions training. Interview on 7/9/24 staff #1 stated: -She had only been working in the facility for the last few weeks. -Was home from college for the summer and worked with her mother (Licensee) on shifts. -Did not have training in restrictive intervention. -"Thought" a training for restrictive interventions was scheduled in the next few weeks. -Will go back to college on 8/2/24 and would only work when home on school breaks.	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 537	Continued From page 16 Interview on 7/9/24 the Licensee stated: -Used Crisis Prevention Institute (CPI) for their restrictive intervention training. -Staff #1 was her daughter who was home from college for the summer and worked on shift with her. -Staff #1 had been working for a few weeks. -Staff #1's hire date was written down when she first put her records together to open the facility, but had not worked until recently. -Staff #1 had not received training in CPI prior to working with the clients. -Scheduled staff #1 a CPI training for next week.	V 537		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the water temperature was maintained between 100-116 Fahrenheit. The findings are: Observation on 7/9/24 at 10:50 AM revealed: -Kitchen sink water temperature was 94 degrees Fahrenheit -The clients' bathroom sink and shower water temperature was 94 degrees Fahrenheit	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-994	A. BUILDING: _____ B. WING _____	07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 752	Continued From page 17 Interview on 7/9/24 Staff #2/Licensee Husband stated: -He had checked the water this week and it was a 100 degrees Fahrenheit. -Did not check it regularly, but noticed it was not getting warm. -They were preparing for their accreditation and doing water temperature checks. -Will turn up the water heater and keep a check on the water temperature.	V 752		