Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on September 11, 2024. Three complaints were unsubstantiated (intake #NC00221579, NC00221600 and NC00221617). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to	V 300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 300	Continued From page 1	V 300		

make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.
(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.
(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.

This Rule is not met as evidenced by:
Based on interview and record review, failed to ensure a service planning meeting was held within five business days of an emergency discharge affecting 1 of 1 former clients (FC#5).
The findings are:

Review on 9/10/24 of FC #5's record revealed:
-12 year old male.
-Admitted on 7/2/24.
-Discharged on 8/28/24.
-Diagnoses of Oppositional Defiant Disorder Attention Deficit Hyperactivity Disorder.
- Child and Family Team Meeting note dated 8/30/24 "Summary: Emergency meeting called because of [FC #5]'s escalating behavior...he got suspended from school on 8/27/24 and on that same day eloped from the house that evening...On the next day 8-28-24 [FC #5] broke in the [facility]...vandalized the home and took items from the house. [House Manager] along with [Guardian] went to have him IVC'D...

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	**4507 JOHNSON CIRCLE AYDEN, NC 28513**

(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 300	Continued From page 2 [Owner/Licensee] stated he is Discharge from the [facility]" -No documentation of a service planning meeting within 5 days of his discharge on 8/28/24. Attempted Interview on 9/11/24 with FC #5's guardian representative was unsuccessful. Interview on 9/11/24 the Qualified Professional (QP): - He was responsible for completing discharges for the facility. - FC #5 had been involuntarily committed and discharged from the facility on 8/28/24. - He had not completed a discharge summary. - A service planning meeting was not held within 5 days of 8/28/24 when he (QP) considered FC #5 as discharged.	V 300		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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:	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	**4507 JOHNSON CIRCLE AYDEN, NC 28513**

(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 367	Continued From page 3 (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 367	Continued From page 4	V 367		

.0300 and 10A NCAC 27E .0104(e)(18).
(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:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and
(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:

Review on 9/10/24 of former client (FC) #5's record revealed:
- 12 year old male.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 367	Continued From page 5 - Admitted on 7/2/24. - Discharged on 8/28/24. - Diagnoses of Oppositional Defiant Disorder Attention Deficit Hyperactivity Disorder. - Child and Family Team Meeting note dated 8/30/24 "Summary: Emergency meeting called because of [FC #5]'s escalating behavior...he got suspended from school on 8/27/24 and on that same day eloped from the house that evening..." Review of facility shift progress notes revealed: - 8/27/24 second shift- "Assessment of Progress: No issue's/[FC #5] ran at 8:10 He was gone I went to ask him if he wanted to watch the movie soon as he came out of room he left." - 8/27/24 third shift; "Intervention(s) staff made aware of consumer elopement on 2nd shift. Assessment of Progress: consumer eloped on 2nd shift around 8:30pm.." Review on 9/10/24 of the North Carolina Incident Response Improvement System revealed: - No level II incident report for FC #5 incident/elopement that required law enforcement. Interview on 9/11/24 staff #2 stated: - He had worked when FC #5 eloped. He called the Associate Professional and got instructions. The Associate Professional called the Qualified Professional (QP). - He called the police. Interview on 9/11/24 the House Manager/Associate Professional stated: - She was contacted by staff when FC #5 eloped. She told staff to call the police if FC #5 had not returned in 45 minutes. - Immediately contacted the QP to inform of FC #5's elopement.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 367	Continued From page 6 Interview on 9/11/24 the QP stated: - He had not submitted a level II incident report for FC #5's elopement that required police contact. - He submitted a level II incident report for the 8/28/24 of FC #5 breaking into the facility and vandalizing the facility which the police were called and FC #5 was IVC'd. - He understood it was two separate incidents that occurred on 2 different dates. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 9/11/24 between 9:32am and 9:50am during a tour of the facility revealed: - Client #2 had no screen on his bedroom window; his five drawer dresser had the 2nd drawer chipped at the left corner, 3rd drawer off track and the 5th drawer was off track with a broken bottom. His closet had clothes and trash bags on the floor; closet light had no globe or light bulb; closet door had a hold at the top left door; hole in the wall behind door about 1 inch;	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 736	Continued From page 7 bathroom in client #2's room had a hole in the wall approximately 2 inches behind the door and the window had approximately 5 slats broken. - The living room had a 3 bulb ceiling fan that was missing 2 bulbs. - The hall bath had a 3 bulb light fixture over the sink that was missing 1 bulb. - The wall beside the bathroom had an approximately 1 foot sized white plastered area that had not been completed. - Client #3 had a 4 bulb ceiling fan with 3 bulbs missing and 2 globes missing; curtain rod to the right window was bent in the middle; the window to the left of the room had several broken blind slats; the bedroom door had several cracks on the front bottom right the backside of the door had an approximate 1 foot hole covered in tape. - Client #1 had a 4 bulb ceiling fan with 1 bulb missing; closet had no door or curtain. Window blinds at each window not wide enough for the window. - The vacant room had a 4 bulb ceiling fan that made noise when turned on with 2 bulbs not working. Interview on 7/11/24 the Home Manager/Associate Professional stated: - Client #3 kicked in his door causing the hole and cracks. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed,	V 744		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: ______ B. WING ______	R 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 744	Continued From page 8 constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to be equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are: - The left and right side railing on the ramp leading up to a side entrance door to the facility was loose and wobbly. - The vacant bedroom had a reversed lockset. Interview on 9/11/24 the House Manager/Associate Professional stated the ramp was already scheduled to be repaired and she would ensure the door knob to the vacant room was changed.	V 744		