STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-273	A. BUILDING: _____ B. WING _____	R 09/20/2024

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BRIGHT LIGHT RESIDENTIAL	18 LOGAN ROAD CASTLE HAYNE, NC 28429

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on September 20, 2024. The complaint was unsubstantiated (intake #NC00221160). 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 currently has a census of 3. The survey sample consisted of audits of 3 current clients and 2 former clients.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills;	V 110	V 110: 27G .0204 Training/Supervision Paraprofessionals To ensure that paraprofessionals demonstrated the knowledge, skills and abilities required by the population served, the licensed professional will conduct a series of trainings with current staff related to: (1) responsibilities and role of paraprofessionals, (2) technical knowledge and decision-making, (3) clinical skills, (4) abuse and neglect, and (5) reporting responsibilities. To ensure that future paraprofessionals demonstrate the knowledge, skills and abilities required by the population served, the agency's orientation training will be revised to include information from the series of trainings conducted with current staff, as well as information deemed necessary from the agency's management that are relevant to the specific area of concern. Trainings and modification to trainings will be completed by 11/19/2024. The program director will be responsible for ensuring that all trainings are completed and updated. Trainings will be evaluated on an annual basis.	11/19/2024

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V 110	Continued From page 1 (6) communication skills; and (7) clinical skills. (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. This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to ensure 1 of 1 former staff (FS) (#8) demonstrated knowledge, skills and abilities required by the population served. The findings are: Review on 09/18/24 and 09/20/24 of FS #8's record revealed: - Date of hire: 03/09/24. - Date of separation: 06/30/24. - Client Rights training 03/05/24. - Population Served training 03/04/24. Review on 09/18/24 of a level I facility incident report signed by the licensee on 07/08/24 revealed: - Date: 07/05/24. - Time: Approximately 3:00pm. - Type of incident: "Other (Specify): Client (Former Client (FC) # 5) concerns that staff (FS #8) demonstrated inapropriate boundaries and behavior." - "Description of the Incident:..8. The client stated [FS #8] took approximately $20.00 out of her locked box to use for gas and promised to pay her back..."	V 110		

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V 110	Continued From page 2 Interview on 09/18/24 FS #8 stated: - He had resigned from the facility. - He had no real "formal training" at the facility. - A staff member needed gas money in the past. - He could not recall the staff's name. - He only had $3.00 and FC #5 offered to assist with the gas. - He took $2.00 from FC #5's money. - He replaced FC #5's money. - The Licensee told him he could not borrow money from the clients. - He never borrowed money after that time. Interview on 09/18/24 the Licensee stated: - FC #5 made an allegation FS #8 took money from her. - She discussed the money with FS #8. - FS #8 had returned the money. - When FC #5 was discharged an audit revealed all money was accounted for.	V 110		
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	V 132	V 132 G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection All future allegations will be investigated and reported to the HCPR. BLC will make every effort to always protect its clients, and the results of all investigations will be reported to the HCPR within five working days. The agency will err on the side of caution and ensure that any allegation is reported and investigated in a timely manner and in accordance with the general statues. A training will be conducted that informs all staff of the purpose of HCPR and the procedures for allegations and protections for clients. The training will be conducted by 10/8/2024 by the licensed professional. The situation will be monitored by the program director to ensure that it does not occur again.	10/8/2024

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V 132	Continued From page 3 (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 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 interview, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of allegations against facility staff and provide evidence that the allegation was investigated affecting 1 of 1 former staff (FS) (#8). The findings are: Review on 09/18/24 of facility records revealed: - No documentation the HCPR was notified of an allegation of abuse against FS #8 on 07/05/24. - No documentation an investigation was completed and submitted to HCPR within 5 working days subsequent to allegations of abuse against FS #8 on 07/05/24. Review on 09/18/24 of former client (FC) #5's record revealed: - 17 year old female. - Admitted on 02/02/24.	V 132		

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V 132	Continued From page 4 - Diagnoses of Major Depressive Disorder, Disruptive Mood Dysregulation Disorder and Adjustment Disorder with Mixed Anxiety and Depressed Mood. - Discharge date of 08/17/24. Review on 09/18/24 and 09/20/24 of FS #8's record revealed: - Date of hire: 03/09/24. - Date of separation: 06/30/24. - Client Rights training 03/05/24. - Population Served training 03/04/24. Review on 09/18/24 of a level I facility incident report signed by the licensee on 07/08/24 revealed: - Date: 07/05/24. - Time: Approximately 3:00pm. - Type of incident: "Other (Specify): Client (FC # 5) concerns that staff (FS #8) demonstrated inapropriate boundaries and behavior." - "Description of the Incident:...3. The client (FC #5) reported that one day, she and [FS #8] were at the bus stop awaiting another client to arrive home from school and only two of them were in the staff member's vehicle. The client reported that [FS #8] was in the driver's seat of his car, and she was in the passenger, and that she and [FS #8] were just listening to music 'just vibing'. She reported that he began looking her up and down, then put his hands around her neck. 4. The client reported that at one point the staff member touched her thigh. The client demonstrated by putting her hand on her lower thigh and stated that he just placed his hand there...and that [FS #8] had previously tried to choke her..." Interview on 09/18/24 and 09/20/24 the Licensee stated: - She had a meeting with FC #5 on 07/03/24 and	V 132		

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V 132	Continued From page 5 07/05/24. - She had not sent FC #5's allegation of abuse to the HCPR. - She had not completed an investigation into FC #5's allegation of abuse.	V 132		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of	V 293	V 293 27G .1701 Residential Tx. Child/Adol – Scope The agency has modified its procedures to ensure that all medications taken at school will be coordinated with the local school system. The procedure includes ensuring that consent for the medication to be administer at the local school is taken to all medical appointments to obtain a physician's signature the same day of the appointment. Staff attending client appointments will ensure that the consent for school administration is signed by the legal guardian and faxed to the school office within 5 working days. This procedure is effective immediately and has been discussed with identified staff as of 10/4/2024. The licensed professional will be following up to ensure that the procedure is followed. Monitoring will be on-going.	10/4/2024

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V 293	Continued From page 6 control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility's residential staff failed to coordinate with other agencies to meet the needs for 1 of 3 audited clients (#2). The findings are: Review on 09/18/24 of client #2's record revealed: - 16 year old male. - Admission date of 05/24/24. - Diagnoses of Disruptive Dysregulation Mood Disorder and Posttraumatic Stress Disorder. - Physician order dated 08/22/24 for ventolin inhaler (treats asthma) as needed. - No documentation client #2's ventolin was coordinated with the local school system to be used as needed.	V 293		

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V 293	Continued From page 7 Review on 09/18/24 of client #2's July 2024 thru September 2024 revealed: - Ventolin - inhale 2 puffs as needed. - Ventolin documented as administered on 07/10/24, 07/18/24, 07/30/24 and 07/31/24. Observation on 09/18/24 at approximately 10:52 am of client #2's medications revealed: - Ventolin inhaler labeled as inhale 2 puffs as needed. - Client #2 was not in the facility. - Client #2 was at a local school. Interview on 09/18/24 client #2 stated: - She took ventolin as needed. - She did not take ventolin to school. - She had taken ventolin at the facility a few times. - She had not needed her ventolin inhaler while at school. Interview on 09/18/24 staff #2 stated: - The physician had given an order for client #2 to have a ventolin inhaler at school. - Client #2's inhaler was not at the school. - The facility was in the process of getting client #2's ventolin inhaler to the school for as needed use. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 293		
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	V 296	V 296 27G .1704 Residential Tx. Child/Adol - Min. Staffing BLC has initiated a work plan to ensure that adequate staffing is always present in the facility. The facility has hired two additional individuals that will begin employment by 10/11/24 to ensure that all shifts are covered by two employees. A contingency plan has been developed that includes retaining a minimum of two PRN employees to cover shifts as needed. The program director is responsible for the contingency and work plan. Plans for work and retaining employees will be monitored on a quarterly basis.	10/11/2024

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V 296	Continued From page 8 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 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.	V 296		

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V 296	Continued From page 9	V 296		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure at least two direct care staff were present for one, two, three or four children or adolescents and supervision of clients away from the facility. The findings are:

Review on 09/18/24 of client #1's record revealed:
- 15 year old female.
- Admission date of 07/29/24.
- Diagnoses of Major Depressive Disorder-Recurrent with Psychotic features, Attention Deficit Hyperactivity Disorder (ADHD) and Generalized Anxiety Disorder.
- Person-Centered Plan (PCP) dated 07/29/24.
- No documentation in client #1's PCP authorizing transportation in the community with one staff.

Review on 09/18/24 of client #2's record revealed:
- 16 year old male.
- Admission date of 05/24/24.
- Diagnoses of Disruptive Dysregulation Mood Disorder and Posttraumatic Stress Disorder.
- PCP dated 05/24/24.
- No documentation in client #2's PCP authorizing transportation in the community with one staff.

Review on 09/18/24 of client #3's record revealed:
- 16 year old female.

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V 296	Continued From page 10 - Admission date of 07/09/24. - Diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder and ADHD. - PCP dated 10/05/23 and updated 07/08/24. - No documentation in client #3's PCP authorizing transportation in the community with one staff. Interview on 09/18/24 client #1 stated: - There was one or two staff at the facility. - Staff #1 worked by himself at night. Interview on 09/18/24 client #2 stated: - There are always 2 staff at the facility. - One staff can transport her to doctor appointments. Interview on 09/18/24 staff #3 stated: - She had worked at the facility since May 2024. - She worked Monday thru Friday from 3pm to 11pm. - There were always two staff at the facility. - She was able to transport one client by herself. Interview on 09/18/24 staff #5 stated: - She had worked at the facility since 03/04/24. - She normally worked 3pm to 11pm or 11pm to 6am or 9am. - She was "rarely" the only staff with clients. - Staff had called out before and she was the only staff. - She could not recall a specific day she was at the facility alone with the clients. Interview on 09/18/24 former client #5 stated: - Former staff (FS) #8 transported her by himself. Interview on 09/19/24 staff #6 stated: - He had worked at the facility for approximately 4 months. - He worked 3rd shift from 11pm to approximately	V 296		

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V 296	Continued From page 11 9am. - The facility attempted to ensure adequate staff. Interview on 09/18/24 FS #8 stated: - He had resigned from the facility in July 2024. - He worked "30 to 50%" of the time by himself. - He was able to transport one client by himself. Interview on 09/18/24 and 09/20/24 the Licensee stated: - She was aware the facility was supposed to have 2 staff at all times. - It was very difficult to retain staff and ensure they show up to work. - Clients are to be supervised in the community. - Staff had training to ensure they monitored clients in the neighborhood. - All staff and clients had to go for walks together. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 296		
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,	V 367	V 367 27G .0604 Incident Reporting Requirements All incidents will be reported within the reporting requirements. This includes that any incidents regarding the allegations of abuse, neglect, or exploitation are submitted to the IRIS system within 72 hours. A training will be provided to all staff that includes the reporting requirements for incidents by 10/08/2024. The training will be conducted by the Licensed Professional. Incident reporting will be monitored by the program director on an on-going basis to ensure that it does not occur again.	10/8/2024

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V 367	Continued From page 12 in person, facsimile or encrypted electronic means. The report shall include the following information: (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	V 367		

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	MHL065-273	A. BUILDING: _____ B. WING _____	R 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 367	Continued From page 13 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). (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:	V 367		

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V 367	Continued From page 14 Review on 09/18/24 of the North Carolina Incident Response Improvement System (IRIS) revealed: - No documentation a level III IRIS report had been completed regarding former client (FC) #5's allegation against former staff (FS) #8 on 07/05/24. Review on 09/18/24 of FC #5's record revealed: - 17 year old female. - Admitted on 02/02/24. - Diagnoses of Major Depressive Disorder, Disruptive Mood Dysregulation Disorder and Adjustment Disorder with Mixed Anxiety and Depressed Mood. - Discharge date of 08/17/24. Review on 09/18/24 and 09/20/24 of FS #8's record revealed: - Date of hire: 03/09/24. - Date of separation: 06/30/24. - Client Rights training 03/05/24. - Population Served training 03/04/24. Review on 09/18/24 of a level I facility incident report signed by the licensee on 07/08/24 revealed: - Date: 07/05/24. - Time: Approximately 3:00pm. - Type of incident: "Other (Specify): Client (FC # 5) concerns that staff (FS #8) demonstrated inapropriate boundaries and behavior." - "Description of the Incident:...3. The client (FC #5) reported that one day, she and [FS #8] were at the bus stop awaiting another client to arrive home from school and only two of them were in the staff member's vehicle. The client reported that [FS #8] was in the driver's seat of his car, and she was in the passenger, and that she and [FS #8] were just listening to music 'just vibing'. She reported that he began looking her up and	V 367		

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V 367	Continued From page 15 down, then put his hands around her neck. 4. The client reported that at one point the staff member touched her thigh. The client demonstrated by putting her hand on her lower thigh and stated that he just placed his hand there...and that [FS #8] had previously tried to choke her..." Interview on 09/18/24 and 09/20/24 the Licensee stated: - She had a meeting with FC #5 on 07/03/24 and 07/05/24. - She had not completed a Level III IRIS report for FC #5's allegation of abuse against FS #8 on 07/03/24 or 07/05/24. - She understood all allegations of abuse must be submitted on an IRIS report to the LME/MCO within 72 hours. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
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. (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.	V 500	V 500 27D .0101(a-e) Client Rights - Policy on Rights BLC will ensure that all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services immediately. This also includes that all instances of alleged or suspected abuse, neglect or exploitation of clients will be reported to the HCPR and on the correct level of incident reporting through the IRIS system. A training will be provided to all staff by that outline reporting requirements and guidelines. The training will be conduced by the licensed professional before 11/19/2024. The monitoring of clients rights will be an on-going measure and will be evaluated at least quarterly by the Q-team to ensure that all clients rights are being adhered to.	11/19/2024

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V 500	Continued From page 16 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: (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	V 500		

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V 500	Continued From page 17 (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 ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the county department of social services (DSS). The findings are: Review on 09/18/24 of facility records revealed: - No documentation the local DSS was notified of an allegation of abuse against former staff (FS) #8 communicated on 07/05/24 by former client (FC) #5. Review on 09/18/24 of FC #5's record revealed: - 17 year old female. - Admitted on 02/02/24. - Diagnoses of Major Depressive Disorder, Disruptive Mood Dysregulation Disorder and Adjustment Disorder with Mixed Anxiety and Depressed Mood. - Discharge date of 08/17/24. Review on 09/18/24 and 09/20/24 of FS #8's record revealed: - Date of hire: 03/09/24. - Date of separation: 06/30/24. - Client Rights training 03/05/24. - Population Served training 03/04/24. Review on 09/18/24 of a level I facility incident report signed by the licensee on 07/08/24 revealed: - Date: 07/05/24.	V 500		

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V 500	Continued From page 18 - Time: Approximately 3:00pm. - Type of incident: "Other (Specify): Client (FC # 5) concerns that staff (FS #8) demonstrated inapropriate boundaries and behavior." - "Description of the Incident:...3. The client (FC #5) reported that one day, she and [FS #8] were at the bus stop awaiting another client to arrive home from school and only two of them were in the staff member's vehicle. The client reported that [FS #8] was in the driver's seat of his car, and she was in the passenger, and that she and [FS #8] were just listening to music 'just vibing'. She reported that he began looking her up and down, then put his hands around her neck. 4. The client reported that at one point the staff member touched her thigh. The client demonstrated by putting her hand on her lower thigh and stated that he just placed his hand there...and that [FS #8] had previously tried to choke her..." Interview on 09/18/24 and 09/20/24 the Licensee stated: - She had a meeting with FC #5 on 07/03/24 and 07/05/24. - FC #5 had stated FS #8 tried to choke her. - She had not notified the local DSS regarding FC #5's allegation against FS #8.	V 500		