

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>INSPIRATIONZ, LLC CUATRO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2427 PATRIA STREET</b> <b>WINSTON-SALEM, NC 27127</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on February 17, 2025. Complaint intake #NC226498 was substantiated. Complaint intake #NC226481 was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 3 former clients.</p>	V 000	<p><b>Provider Initial Response</b></p> <p>2/6/25 Surveyor Conducted Exit survey, during the exit the surveyor informed the provider that there would only be a deficiency for medication disposal due the prior consumers medications not being disposed of, Surveyor never informed provider before exiting on 2/6/2025 of Inspirationz, LLC Cuatro never expressed or shared any concerns that the facility was facing TYPE B.</p> <p>Facility is licensed to provide category 10 NCAC 27G.1700 Residential Treatment Staff Secure for Children or Adolescents. This agency is co-ed and serves both males and females.</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the</p>	V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>During this review the surveyor debated with the provider while the provider attempted to explain to surveyor the components of a PCP and the rules as it pertains to the development of a PCP. The PCP reviewed by the Surveyor for consumer of complaint was reviewed 9/26/2024 by a team during latest CFT meeting for the consumer, Surveyor informed the consumer that the PCP was not valid and that he provider should have completed a new PCP when the consumer transitioned into the facility , Provider nicely attempted to inform the surveyor that her perception was wrong that the PCP had been reviewed and the goals where supported by Inspirationz. The surveyor began to debate with the provider and stated that PCP was not valid for the agency, provider debated back as the surveyor was not reasoning and debating , Surveyor pulled up the rules and started taping her computer screen stating that " This is Law" Provider continued to explain to the surveyor that the PCP was valid and that it accompanied the required signed service order to support the development of the current PCP , " Surveyor stated she didn't care to see the service order as it had nothing to do with the survey and that she didn't know what the document was and that it was a document the agency just needed for the LME and this was a LME rule and did not apply to State Regulations and it was Law as this was only for us to get paid and had nothing to do with what was needed for the survey" , The provider informed the surveyor a that that time "she didn't care what she was saying was law" at this point the provider was extremely frustrated with surveyors tone and inability to reason</p>	<p>ONGOING, Surveyor reviewed and obtained a copy the PCP , Assessment to Level of Care and reviewed coordination of care documentation to show that the team met</p>

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with the debating as the Surveyor did not know what a PCP service order was and or the development of the PCP. Provider informed the surveyor that the service order was one the primary documents along with the initial cca that identified the level of care and that this had been the provider experience for years. Surveyor finally calmed down enough to review the rule and her screen and noted that it the PCP Service order was indeed apart of the PCP and something that she should be identifying is valid during the survey.

Consumers PCP was developed by prior residential level 3 facility with updates from IGH on 9.26.2024 following CFT meeting and review of goals with consumer, guardians, Care Management for coordination of care. PCP final updates reviewed show PCP Developed 08/8/2024 with another update to the PCP 10/29/2024, with a target dates of the developed PCP by that prior provider on 8/8/2024 the PCP was active and ongoing with a target date and development of new PCP by 8/7/2025 . PCP reflecting the goals and updates was emailed to the surveyor per her request by the consumers therapist on 2/5/2024 @ 1:27pm. PCP review by the surveyor is attached Surveyor states that the provider did not provide this information however the surveyor reviewed and discussed the PCP with the provider. Provider followed up with the Chief, [REDACTED] regarding surveyor's behaviors and not understanding what a PCP Service order was the debating that occurred with the surveyor until she took time to review the rule and recognize that the Service order and components of the PCP , after this call and discussion for the remainder of the survey upon exit the surveyor never discussed he PCP again nor during the 2nd exit for the dame facility . Surveyor justification for this standard level of deficiencies for no development of treatment plan for former client (FC#3) is inaccurate as the surveyor obtained copy of the attached plan with the supporting service order signed, by guardian, licensed practitioner and developer of the PCP for services to be rendered .

Goals Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a treatment plan within 30 days of admission for 1 of 3 former clients (FC #3). The findings are:</p> <p>Review on 2/5/25 of Former Client (FC #3)'s record revealed: -Admission date of 10/31/24. -Discharge date of 1/19/25. -Diagnoses of Major Depressive Disorder, Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder of Childhood, and General Anxiety Disorder. -No documentation of a treatment plan developed within 30 days of FC#3's facility admission.</p> <p>Interview on 2/6/25 with the Qualified Professional (QP)/Contracts Director (CD) revealed: -She was using FC#3's treatment plan dated 10/29/24 from FC#3's hospitalization in an adolescent behavioral unit (6/20/24-8/9/24) followed by placement at a Level 3 adolescent assessment center (8/13/24-8/25/24 ) before she (FC#3) was discharged from the assessment center to her family home on 8/25/24.</p>	V 112			

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STATE FORM

6809

MJZQ11

If continuation sheet 2 of 15

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V 112	Continued From page 2  -"I used her ongoing goals (from the 10/29/24 plan) as her existing goals." -"I couldn't do a new plan (treatment plan) because a PCP (Person-Centered Plan) is not valid unless signed by a doctor."	V 112	These goals were person centered and appropriate for the consumer for level of care, the provider would not complete a new PCP in 30 days of admissions as it would require a new service order as stated . At the expiration of the current goals PCP the provider would then complete a new PCP and not before, unless the service were changing or new services where being added . The provider could however if the goals were going to be modified could have completed and updated revision plan to the current pcg that would also still expire 8/7/2025.	Ongoing- immediately
V 119	27G .0209 (D) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119	10A NCAC 27G .0209 MEDICATION REQUIREMENTS  The provider will ensure that all medications are disposed of with the use of medication disposable kits according to its policy with the use of: Deterra, Drug Deactivation and Medication Disposal System. This will be monitored by the agency nurse.	

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V 119	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility did not dispose of former client medications in a manner to guard against diversion or accidental ingestion. The findings are:</p> <p>Review on 2/ 14/25 of Former Client (FC#4)'s record revealed: -Admission date of 9/30/19. -Discharge date of 5/17/22.</p> <p>Review on 2/ 14/25 of Former Client (FC#5)'s record revealed: -Admission date of 8/6/24. -Discharge date of 9/26/24.</p> <p>Observation on 2/6/25 between 11:35 am to 12:20 pm of the facility revealed: -A medication closet which contained a 3-drawer black-colored metal cabinet. -The 1st drawer of the cabinet contained FC #4's and FC#5's prescribed medications: -FC#4's Hydroxyzine Hydrochloride (HCL) 25 milligram (mg)(anxiety)- 1 tablet daily with a pharmacy label that was illegible to read the dispense date. -FC#5's Escitalopram (depression) with a dispense date of 9/10/24.</p> <p>Interview on 2/6/25 with the Qualified Professional/Contracts Director revealed: -FC#4 was discharged about 2 years ago. -FC#5's family member "checked" her in with the Escitalopram. "I can give it back to him (family member) or dispose of it (medication)." -A contract nurse who conducted medication</p>	V 119			

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V 119	Continued From page 4  reviews at the facility "sometimes" took medication that needed to be disposed of and disposed of the medication herself. -"Usually I take the medicine back to the pharmacy or to the police department for drop off but the police department quit taking medicine." -She named 2 pharmacies where client medications could be disposed.	V 119			
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;	V 293	27G .1701 Residential Tx. Child/Adol -  Scope 10A NCAC 27G .1701  SCOPE  While on site the Surveyor reviewed discharge documentation for coordination of care between provider and family discharge 1/19/2024 Provider participated in transition discharge of the consumer and the Care Manager providing next steps, medication count and records, follow up appointments.  The residential treatment staff security facility shall coordinate with individuals and agencies within the child or adolescent's system of care. The surveyor reviewed documentation on site that supports the Providers' actions as governed by this rule but has also left this information duly unnoted in the survey outcomes to meet the rule		

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V 293	<p>Continued From page 5</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate with individuals within a client's system of care for 1 of 3 former clients (FC#3). The findings are:</p> <p>Review on 2/5/25 of Former Client (FC #3)'s record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 10/31/24.</li> <li>-Discharge date of 1/19/25.</li> <li>-Diagnoses of Major Depressive Disorder, Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder of Childhood, and General Anxiety</li> </ul>	V 293			

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V 293	<p>Continued From page 6</p> <p>Disorder.</p> <p>-Age: 15 years old.</p> <p>-12/16/24 physician-ordered medications for:</p> <p>-Vraylar 3 milligram (mg), one capsule (cap) daily.</p> <p>-Venlafaxine Hydrochloride (HCL) 37.5 mg Extended Release (ER), one cap daily.</p> <p>-Hydroxyzine HCL .25 mg, 1 tablet (tab) daily.</p> <p>-Prazosin HCL 1 mg, 1 cap at bedtime.</p> <p>-Trazadone 150 mg, 1 tab at bedtime.</p> <p>-10/29/24 treatment plan revealed:</p> <p>- "November (2024): The consumer struggled in the setting, and the team discussed transitioning to ... higher levels of care due to high-risk safety concerns with consumer's impulsivity to run and/or elope with strangers or persons of knowing and the refusal to participate in treatment."</p> <p>- "December: (2024) The consumer struggled with mood due to no medications (prior to 12/16/24)."</p> <p>Review on 2/13/25 of a medication printout from FC#3's previous pharmacy for 10/1/24 through 10/31/24 revealed:</p> <p>-Clonidine HCL 0.1 milligram (mg) tablet (tab) (sleep), prescriber's name, filled on 10/7/24 and a dispensed quantity of 30 tabs.</p> <p>-Medroxyprogesterone 150 mg/milliliter (ml) (birth control), prescriber's name, filled on 10/14/24 and a dispensed quantity of 1.</p> <p>-Trazadone 100 mg tab, prescriber's name, filled on 10/7/24 and a dispensed quantity of 30 tabs.</p> <p>-Vraylar 3 mg, prescriber's name, filled on 10/8/24 and a dispensed quantity of 30 tabs.</p> <p>Interview on 2/14/25 with the Qualified Professional/Contracts Director (QP/CD) revealed:</p> <p>"I don't really know. I would have to google (what</p>	V 293			

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V 293	<p>Continued From page 7</p> <p>the medications prescribed on 12/16/24 were used for). The medications are the same ones she (FC#3) was prescribed at [FC #3's previous Level 3 placement] per her mom's report when the medication management (meeting) occurred (12/16/24). I just sat there and listened."</p> <p>Interview on 2/14/25 with a pharmacist from FC#3's previous pharmacy revealed:</p> <ul style="list-style-type: none"> <li>-Vraylar was used to treat depression and "one would expect symptoms to return such as mood or behavior disturbances if not taken for 1 ½ months."</li> <li>-Venlafaxine was used to treat depression.</li> <li>-Hydroxyzine was used for sleep.</li> <li>-Prazosin was used to treat anxiety.</li> <li>-Trazadone was used to treat depression and had a "12-hour half-life similar to Clonidine ...if not taken on a daily basis, the individual could become de-stabilized in their mood and level of depression. Usually a 2nd dose is administered after 12 hours."</li> <li>-Clonidine HCL was usually administered at bedtime for sleep and had a "short half-life meaning that after 12 hours from being administered the medication, the medication would be eliminated out of the (body) system after 12 hours. You might see sleep disturbance or increase in anxiety if not taken for several days."</li> <li>-Medroxyprogesterone was an injection for birth control and was administered to FC#3 on 10/14/24.</li> </ul> <p>Review on 2/5/25 of facility incident reports from 11/1/24 to 2/3/25 revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of missed or refused medication administration.</li> </ul> <p>Review on 2/5/25 of FC#3's Medication</p>	V 293	<p>The surveyor Failed to report that consumers did not experience any sudden mood changes and behavior disturbances while in the facility from 10/31/2024 until medication review on 12/16/2024 Provider actually reported that consumer was never a issue other than she felt like she didn't need therapy and barely said anything during therapy but participated. The surveyor failed to show inconsistency with reactions of medications reported by previous pharmacy that the consumer had gotten these medications on 12/16/2024 with no medications from 10/31/2024 there was no sudden mood changes or behavior disruption reported by the facility and or consumer therapist of this side effect to medications. .</p> <p>The provider began to administer this medication on 12/16/2024 with no lapses and the consumer behaviors were still in compliance while being back on the medication until she eloped a month after medications by choice presenting some inconsistency in the pharmacy indications on effects of the medication.</p> <p>Medications do not fix the history of the behaviors of the consumer the elopement was by choice and not based on the lapse of medication the surveyor is insinuating the consumers actions are the fault of the facility.</p>		
		V 293	<p>Medroxyprogesterone was never administered to FC#3 on 10/14/2024 providers photographs show that his valve still full was inside prescription bottle on 10/31/2024 and given back to the family. Surveyor failed to notate in her report that this drug was never administered to FC#3 as the provider has photos of the medication on 10/31/2024 so there was no possible way that this medication was administered to FC#3on 10/14/2024.</p>		

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		V 293	FC#3 was medication compliant while in the care of Inspirationz llc based on surveyor's comments on 2/5/25 surveyor failed to report that she reviewed consumers MAR for the evening of 12/16/2024 for consumer FC#3 surveyor stipulates that there was no MAR this finding is not true	
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V 293	<p>Continued From page 8</p> <p>Administration Records (MARs) for the review period of 10/31/24 to 1/19/25 revealed: -No MAR from 10/31/24 to 12/16/24.</p> <p>Interview on 2/10/25 with FC#3 revealed: -"It took three weeks before I got my medicines refilled. I heard [QP/CD] cussing the pharmacist about running out of refills. [QP/CD] took me to a medicine doctor to get my medicines refilled."</p> <p>Interview on 2/10/25 and 2/11/25 with FC#3's guardian/mother revealed: -On 10/31/24, the QP/CD and another staff (Staff #1) transported FC#3 from her home to the facility for admission. -"They (QP/CD and Staff #1) forgot to get [FC#3]'s medicines until they were half way to the group home. [QP/CD] called me and I met her half way (between FC#3's home and the facility) and I gave her [FC#3]'s medicines." -"[QP/CD] took (FC#3)'s medicines. I gave her the paper that listed the medicines and the instructions. This paper came from [psychiatrist] who worked at [FC#3's previous placement at the level 3 adolescent assessment center]." -She identified 4 medications she gave to the QP/CD as Vraylar, Atarax, Trazadone and Clonidine.</p> <p>Interview on 2/14/25 with the QP/CD revealed: -"On 23rd of October (2024), I did her (FC#3)'s intake assessment. [FC#3's guardian] brought out this big bag of medicine and said [FC#3] didn't take them (medicines). I knew she had medication ... but there were no physician orders (for the medicines). The medicine came from [the level 3 adolescent assessment center]." -FC #3's guardian was supposed to take FC#3 to a medication management appointment prior to FC#3's admission but she (FC#3's guardian) did</p>	<p>V 293</p> <p>V 293</p> <p>V 293</p>	<p>Based on internal investigations 2/10/2025 the provider is not aware of a conversation with any pharmacy regarding refills for medications for consumer FC#3 as consumer had no refills or medications until 12/16/2024, FC#3 was never taken to doctor by QP/CD for medications this appointment was scheduled with FC#3 and her parents whom participated on 12/16/2024. This information was shared with the Surveyor.</p> <p>Interview with client FC#3 and consumer guardians during medication evaluation the consumer and family reported that the consumer had only been without medications for approximately 1 week of the appointment date 12/16/2024, However FC#3 reported that she hadn't had medications parents reported that the prior medication appointments had not taken place prior to admissions to IGH due to the consumer refusal to comply with the regimen while in the home</p> <p>Surveyor was made aware of the inconsistency and reporting regarding the provider encounters and inconsistency of consumer reported behaviors by the family. Medications bottles that attempted to be provided to the provider was the following: <b>NO REFILLS</b></p> <ul style="list-style-type: none"> <li>• Clonidine HCL 0.1mg tablet take 1 by mouth at bedtime filled on 8/9/2024 for QTY of 30</li> <li>• Trazadone 100 mg tablet filled on 8/9/2024 for QTY of 30</li> <li>• Hydroxyzine 25mg (PRN)</li> <li>• Vraylar3mg capsules 8/9/2024</li> <li>• Mupirocin 2% ointment apply topically to the affected area twice daily, guardian had box but no ointment</li> <li>• Medroxyprogesterone 150mg/ml injection into the muscle every 3 months filled 10/14/2024 (We do not provide injections or knew anything about birth control medications prior to admission)</li> </ul> <p>The provider informed the surveyor that no information had been provided regarding medications, and it was the agency belief that the consumer during the CFT meeting had not been medication complaint, and that the family was inconsistent with treatment and treatment interference. There were several CPS reports filed against the family that were active. QP/CD never revealed to the surveyor that she was aware the consumer had medications and refused to take them without orders. The QP/CD informed the surveyor that the guardian had a bag of empty medications with no orders and no follow up appointments and that without medication and supporting documents for any consumer the provider was not going to accept the empty bottles of medications that had no refills from august , however the medication bag was of empty container that included an empty Atarax package with label from prior pharmacy.</p>	<p>8/4/2025 time for provider to interview and admit new consumers for chart evaluations and admissions criteria</p>

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			<p>Internal investigation QP/CD spoke with Blue Ridge Pharmacy who indicated the following medications had not been filled with them. The only medication that had been filled or prescribed was Clonidine on 10/5/2024 and that they only prescribe medications to consumers that are admitted to their facility no other medications were filled. However, bottle provided to agency indicated a fill date of 8/9/2024.</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p><b>MHL034-379</b></p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p><b>C</b> <b>02/17/2025</b></p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p><b>INSPIRATIONZ, LLC CUATRO</b></p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p><b>2427 PATRIA STREET</b> <b>WINSTON-SALEM, NC 27127</b></p>	

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V 293	<p>Continued From page 9</p> <p>not follow through with the appointment.</p> <p>-"[FC#3] said she was okay and (she) didn't need her medicine."</p> <p>-"I tried getting her an appointment before she (FC#3) came in for admission but was told by [a mental health clinic] the first available appointment was on 12/16/24."</p> <p>-She denied having met FC#3's mother halfway on 10/31/24 to receive FC#3's medicines and medication paperwork.</p> <p>-She denied she received FC #3's medicines from the guardian.</p> <p>-"In a CFT (Child and Family Team) meeting after [FC#3] got here (facility), [FC#3] said she couldn't sleep but she was doing fine otherwise."</p> <p>-"Clients are not required to be on medicine when they come here (facility). It's in my policy."</p> <p>-"This was not my first rodeo, I've been down this road before (regarding client medication issues in previous state surveys)" when asked about her efforts to get the medication orders from FC#3's former doctor or have FC#3's guardian or herself obtain the physician orders from the pharmacy.</p> <p>Review on 2/14/25 of the Plan of protection dated 2/14/25 written and signed by the QP/CD and signed by the Facility Director on 2/14/25 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of consumers in your care?"</p> <p>-The Agency has updated its Admission Policy process and Policy effective 2/14/25.</p> <p>Describe your plans to make sure the above happens.</p> <p>-Please see the attached.</p> <p>-Inspirationz, LLC Policy Title: Medication and Supporting Orders Required for Admission into Residential Level 3 Services Effective Date: February 14, 2025, Policy Number: Review Date:</p>	<p>V 293</p> <p>V 293</p>	<p>Provider informed the Surveyor that facility indeed never met the mother halfway with medications but indeed meet the grandparents whom had the same medications that are in the photo that was provided originally by the parents and was given back , provider did not accept these medications(empty bottles with the exception of 1) but took photos, Provider questioned the surveyor as to why we would go and get med orders for prescription bottles with no meds that were given in August 2024 and give them to FC#3 as this was the direction of the Surveyor. Surveyor informed the provider on 2/14/2025 that because the agency did not go and fill these meds and get the documents from the pharmacy that the provider failed to demonstrate coordination of care for something that shows no refills FC#3 failed to participate in follow up medication management appointment after discharge and or transfer medications from pharmacy to date per 12/16/2024. These medications were filled on 1/15/2025 and was to be picked up by guardian and as of 4/8/2024 these medications</p> <p>Trazodone 150mg Venlafaxine 37.5 mg Hydroxyzine 25mg Vraylar 3mg Prasonze 1mg</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INSPIRATIONZ, LLC CUATRO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2427 PATRIA STREET WINSTON-SALEM, NC 27127</b>		
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V 293	<p>Continued From page 10</p> <p>February 13, 2026.</p> <p>-Approved by: [Facility Director] date: 2/14/25.</p> <p>-Purpose: To ensure compliance with NC (North Carolina) Administrative Code 27G .1700, this policy outlines the requirements for medications and supporting orders prior to admitting a client into a Level 3 Residential Group Home. This policy guarantees that all clients receive consistent and appropriate care upon admission.</p> <p>-Scope: This policy applies to all prospective clients of the Inspirationz Level 3 Residential Group Home.</p> <p>-Policy: 1. Admission Criteria: Prospective clients must have all prescribed medications and supporting physician's orders in place prior to admission. Admission will be delayed if the requirements outlined in this policy are not met.</p> <p>2. Medication Requirements: The client or their legal guardian must provide a complete list of all prescribed medications, including dosages, frequency, and any special administration instructions. Medications must be current, appropriately labeled, and in original packaging.</p> <p>3. Supporting Orders: A current, valid medication order from the prescribing healthcare provider must accompany all medications. Orders must be dated and signed by the healthcare provider within the last 30 days prior to admission.</p> <p>4. Compliance Monitoring: Preadmission review will be conducted by a designated medical staff member to ensure all requirements are met. Admissions will not proceed until compliance is confirmed.</p> <p>5. Non-Compliance: In instances where a client is non-compliant with medication and supporting order requirements, admission will be postponed until all documentation is satisfactorily furnished. The prospective client will remain on the waiting list until compliance is achieved.</p> <p>6. Documentation: All medication records and</p>	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>INSPIRATIONZ, LLC CUATRO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2427 PATRIA STREET</b> <b>WINSTON-SALEM, NC 27127</b>		
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V 293	<p>Continued From page 11</p> <p>supporting documentation must be maintained in the client's permanent file for review and audits.</p> <p>Responsibilities: The Admissions Coordinator is responsible for verifying that all medication and supporting order requirements are fulfilled before admission. The Agency Nurse is responsible for training staff and ensuring adherence to this policy.</p> <p>References: NC Administrative Code 27G.1700. This policy will be reviewed annually and updated as necessary to remain in compliance with governing regulations."</p> <p>Former Client (FC#3) was 15 years old with an admission date of 10/31/24 and diagnoses of Major Depressive Disorder, Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder of Childhood, and General Anxiety Disorder. FC #3 had 4 medications filled at her previous pharmacy at least 23 days prior to her admission. The QP/CD was aware FC#3 was on prescribed medications 8 days prior to FC #3's admission, did not make efforts to coordinate with FC#3's guardian, the prescribing physician or the pharmacy to obtain physician orders for FC#3's medications, and refused to accept FC#3's medications on the date of her admission because there were no medication orders. FC #3 was without her medication for 46 days and struggled with her mood and non-compliance with her treatment before she was prescribed and administered her medication on 12/16/24.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 293			

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STATE FORM

*Janice Keri*  
6899 MJZQ11  
3/7/25

If continuation sheet 14 of 15

## **INTERNAL Professional Analysis and Proposed Response Regarding Survey Findings and Provider Plan of Correction**

Below is a consolidated, professionalized analysis of the inconsistencies noted in the Surveyor's Summary of Deficiencies, along with a review of the Provider's corresponding Plan of Correction (POC). This analysis addresses whether the Provider's actions and documentation satisfy the requirements of 10A NCAC 27G .0205 (Assessment/Treatment/Habilitation Plan) and 10A NCAC 27G .0209 (Medication Requirements), as well as the Person-Centered Planning (PCP) expectations. Finally, it provides a rationale for requesting that a follow-up survey be conducted by a different surveyor.

### **Background**

- **Facility License/Service Category:** The agency is licensed to provide 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.
- **Survey Conducted:** A survey was completed on February 17, 2025, citing certain deficiencies. The Provider's Plan of Correction was developed in response.

### **Alleged Deficiency 1: 10A NCAC 27G .0205 (Assessment/Treatment/Habilitation Plan)**

#### **Surveyor's Finding**

The surveyor alleges that the facility failed to develop a treatment plan within 30 days of admission for Former Client #3 (FC#3), citing no new PCP was created specifically under the facility's banner after FC#3 transitioned in.

#### **Provider's Position & Supporting Details**

##### **1. Existing PCP Validity**

- The Provider clarifies that FC#3 arrived with a valid PCP originally developed on 08/08/2024 by a previous Level III facility, reviewed/updated on 09/26/2024, and again reviewed on 10/29/2024.
- As per the rules governing Person-Centered Planning, if a client already has a current, valid PCP accompanied by a signed service order, a separate (entirely new) PCP is not mandated within 30 days of admission unless there is a material change in services or the PCP has reached its expiration.

- The existing PCP had a projected expiration/renewal deadline of 08/07/2025, making it valid and covering the client's needs until then.

## **2. Compliance With Rule**

- 10A NCAC 27G .0205(c)–(d) states that each client shall have a plan including strategies, anticipated client outcomes, and staff responsibilities, and that it be developed “in partnership with the client or legally responsible person.”
- The Provider verified that:
  - The PCP had been reviewed in a Child and Family Team (CFT) meeting on 09/26/2024 and 10/29/2024.
  - The PCP and the accompanying service order were signed by the guardian, licensed practitioner, and relevant team members.
  - The plan was still valid and ongoing, thus fulfilling the requirement for having an updated treatment plan in place.

## **Conclusion on Alleged Deficiency**

The PCP in question meets regulatory requirements, and there is no indication of non-compliance. The Provider is correct to maintain a single, ongoing PCP rather than duplicate documentation unnecessarily. The basis for the standard deficiency appears inconsistent with the rules governing PCP continuity and validity.

## **3. Alleged Deficiency 2: 10A NCAC 27G .0209 (Medication Requirements)**

### **Surveyor's Finding**

The surveyor indicated that two former clients' medications were not disposed of promptly and properly (i.e., FC#4's and FC#5's medication still present in the medication closet). Additionally, there was criticism regarding FC#3's alleged lapse in medications upon admission.

### **Provider's Position & Supporting Details**

#### **Medication Disposal**

- The Provider's POC references using Detera Drug Deactivation and Medication Disposal System (or an equivalent) per facility policy.

- The Provider clarifies that medications from discharged clients are typically either returned to the family (when appropriate), disposed of using recognized procedures (Deterra pouches, pharmacy returns), or, if controlled, disposed of in compliance with the NC Controlled Substances Act.
- Any oversight in physically discarding a prior resident's medication was addressed in the plan by reinforcing the existing policy to ensure prompt disposal and thorough documentation.

## **2. FC#3 Medication Timeline**

- The Provider documents that FC#3 grandparents arrived with purportedly outdated empty bottles or incomplete medication orders, many without refills. Guardian statements and internal notes indicate a period of non-compliance at home prior to admission.
- The Provider was not presented with valid, up-to-date orders on admission, so staff could not administer medications without medical orders from a prescriber as medication bottles were empty and dated from August 2024 with no refills identified on the bottles.
- FC#3 did receive a medication evaluation on 12/16/2024, and the new prescriptions were promptly administered from that date forward.
- The facility has since revised and formalized its Admission Policy to require supporting prescriptions/orders before admission to avoid confusion or gaps in future cases if the consumer is taking any medications when transitioning to the facility from home to be signed by their physician to clarify those prescribed medications, provider is provided with this information when the consumer is coming from other facilities in advance provider has always made this an requirement upon admissions when there are current and valid orders supporting medications.

## **Conclusion on Alleged Deficiency**

The Provider demonstrates existing policies and a revised Admission Policy to ensure all orders and medications are in place and promptly documented upon each client's entry. While there may have been minor administrative oversights (e.g., retained medication in a drawer), the Provider's plan addresses any lapse to guard against future occurrences. The overarching approach—particularly regarding FC#3's medication continuity—appears to

align with the requirement that staff must have valid orders before administering medications.

### **PCP Requirements & Compliance**

- **Person-Centered Planning:**
  - Under 10A NCAC 27G .0205, a PCP must be developed (or updated) within 30 days for clients expected to receive services beyond 30 days, unless a valid PCP exists at the time of admission.
  - The Provider has demonstrated that an active PCP, duly signed and accompanied by a service order, was already in place; re-creating a new PCP from scratch was neither required nor clinically indicated unless the goals or interventions had changed.
  - **Conclusion:** The PCP updates, sign-offs, and service orders satisfy the rule's requirements.

### **Request for Alternate Surveyor for Follow-Up**

Given the conflicts and inconsistencies described—such as the surveyor's reported misunderstanding of PCP orders, the abrupt shift from what was communicated at the exit meeting versus what ultimately appeared in the written deficiency report, and the provider's documented evidence that was not fully considered—it is reasonable and within professional courtesy to request that any follow-up or re-survey be assigned to a different surveyor. This ensures:

1. **Objectivity:** A fresh, unbiased review of the provider's documentation and processes.
2. **Fair Assessment:** Reduced risk of repeated miscommunication or preconceived judgments.
3. **Collaborative Compliance:** Encourages open dialogue, allowing the Provider and regulator to align on state regulations without lingering tension.

### **Professionalized Language for the Provider's POC Statements**

#### **Plan of Correction ( Ongoing )**

### 1. Regarding 10A NCAC 27G .0205 (PCP Requirements)

- *Action Taken:* We have verified that each newly admitted client arrives with a current PCP or, in the absence of one, we develop a new PCP within 30 days. FC#3's PCP remained valid and was actively updated based on clinical need, with documented reviews and signatures.
- *Ongoing Compliance:* All admissions will include a thorough review of the existing PCP and service orders to confirm validity. If modifications are necessary, updated or revised PCPs will be signed and dated.

### 2. Regarding 10A NCAC 27G .0209 (Medication Requirements)

- *Action Taken:* We dispose of any discharged resident's medications using Detera Drug Deactivation Kits and document the method, date, and signatures. Medications discovered during the survey have been disposed of per policy.
- *Ongoing Compliance:* We have revised our Admission Policy to require supporting prescriptions/orders at admission. We will maintain consistent disposal logs for any leftover medication.

### 3. Request for Alternate Surveyor

- *Rationale:* In light of conflicting statements and confusion around PCP service orders, we respectfully request that DHHSR assign a different surveyor for any follow-up visit. This measure ensures impartiality and supports a constructive approach to ongoing compliance.

## 7. Summary

- **PCP Validity:** The Provider appears to have acted correctly under 10A NCAC 27G .0205, as the documented PCP and accompanying service order were current and valid.
- **Medication Management:** Provider policies around disposal are in place; any minor oversight has been promptly corrected, with revised policies ensuring no future repetition.
- **Professional Disagreement:** The cited deficiencies largely hinge on the surveyor's interpretation of PCP requirements and medication orders. Given the

documentation provided, the Provider's approach remains consistent with state rules.

- **Recommendation:** The Provider's request for a different surveyor for follow-up is warranted to allow an impartial review of compliance and to ensure a fair resolution of the items raised.

**By affirming adherence to the relevant 10A NCAC 27G regulations, implementing a clear Admission Policy for medications and orders, and documenting all PCP requirements comprehensively, the Provider demonstrates a commitment to quality care.**

**It is recommended that the Provider submit the above clarifications and a formal request for an alternate surveyor as part of the ongoing Plan of Correction.**

Below is a concise, professional explanation highlighting the conflict between the surveyor's medication-related findings and the Provider's records, as well as why those inconsistencies do not support a Type B violation.

### **Conflict in Surveyor's Medication Reporting**

#### **1. Surveyor's Assertion**

- The surveyor claimed that Former Client #3 (FC#3) was without medication for an extended period (46 days) because the Provider did not secure or administer refilled prescriptions that had no refills. Or that there was a MAR for review on 12/16/2024. The surveyor reviewed this MAR on site but indicated that there was not a MAR available and took a photo of the MAR.
- This was cited as contributing to a Type B violation, alleging risk to the client's health, safety, and welfare.

#### **2. Provider's Evidence & Context**

- **Medication Bottles and Orders:** The Guardian initially presented medication containers that were out of refills or close to expiration, meaning they lacked valid physician orders. The Provider's policy precludes administering medications without current orders signed by a healthcare prescriber.
- **Client/Family Non-Compliance:** Multiple records indicate that FC#3's family had not ensured consistent medication administration at home prior

to admission, contributing to lapses before the client entered the facility's care and several CPS reports surrounded by the health and safety of FC#3 while in her guardians care due to health and safety and treatment interference .

- **Appointment & New Prescriptions:** The Provider promptly scheduled and completed a medication-management evaluation on 12/16/2024, obtaining up-to-date prescriptions. Documentation confirms that, once valid orders were received, the Provider consistently administered medications.

### 3. Surveyor Oversight

- The surveyor did not fully acknowledge (1) the lack of valid refills at the time of admission, (2) the Guardian's own account suggesting FC#3's non-compliance began at home, and (3) the facility's obligation to avoid administering medications without proper orders.
- The omission of these factors minimized the importance of current, physician-authorized prescriptions and misconstrued the timeframe during which the Provider could legitimately administer medications.

## Why This Should Not Have Resulted in a Type B Violation

### 1. Type B Violation Definition

- Under North Carolina regulations, a Type B violation involves a direct, substantial risk to a client's health, safety, or welfare when the provider has failed to correct or prevent a known hazard or breach in care.
- In this case, the Provider's actions (securing updated orders before administering medication) did not pose a substantial risk but rather demonstrated due diligence, protecting the client from possible harm due to administering prescriptions without valid orders.

### 2. Provider Adherence to Medication Rules

- **10A NCAC 27G .0209 (Medication Requirements)** mandates that prescription medications must be administered only under valid physician orders and documented properly.
- The Provider complied by refusing to dispense medications without proper refills or current prescriptions, then obtained valid prescriptions through a

physician's evaluation. This step protects the client from medication errors, which aligns with best practices for medication management.

### 3. Demonstrable Compliance ( Ongoing )

- The Provider had a process to ensure any leftover or outdated medications are disposed of with documentation (Deterra kits, pharmacy return).
- While minor administrative oversights can occur (e.g., stored meds from clients already discharged), the overarching systems—securing valid orders and disposing of expired medication—reflect compliance rather than neglect or misuse.
- Therefore, citing the facility for a Type B violation over these circumstances appears disproportionate, given the documented evidence of compliance steps and the surveyor's omission of context.

### 4. Inconsistency in Reporting

- The surveyor's report did not incorporate the Provider's documented evidence of medication management efforts, nor the Guardian's admissions about pre-existing non-compliance at home.
- Without these facts, the citation for a "direct and substantial" risk is incomplete or misleading, as the Provider was acting in the best interest of the client by requiring valid orders before administration.

## Conclusion

The surveyor's medication-related findings were inconsistent with the Provider's documented evidence and policies, which show appropriate handling of medication orders and disposal. The Provider's diligence in refusing to administer medication without valid prescriptions—and then promptly obtaining new prescriptions—demonstrates compliance, rather than negligence. Therefore, the incomplete depiction of events in the surveyor's report does not substantiate a Type B violation.

In sum, **the failure to acknowledge the Provider's valid reasoning for withholding medication that were expired until proper orders were obtained undermines the basis of the citation**, rendering the Type B classification unwarranted. Below is a refined, professional statement that incorporates the additional points about the surveyor's handling of the investigation, the unacknowledged coordination of care efforts, and the late notice of a Type B citation.

## Clarification on Surveyor's Investigation and Coordination of Care Findings

### 1. Lack of Prior Notice on Type B Citation

- Despite conducting the exit meeting at the facility approximately five days earlier, the surveyor did **not** communicate any intention to cite the Provider with a Type B violation.
- The Provider only learned of this citation upon exit on 2/14/2024 as the provider and surveyor exited said location on 2/6/2024 receiving written notice, rather than during or immediately after the on-site exit conference. This omission deprived the Provider of an opportunity to clarify or address the alleged concern while the survey was still active.

### 2. Surveyor's Inconsistent Reporting on Medication Management

- The surveyor advised that the Provider “should have administered the medications” first and sought physician orders afterwards—a position that stands in direct conflict with established requirements to hold valid prescriptions before administering any medication.
- The surveyor then cited the Provider for alleged failures in medication management, despite having reviewed documentation that showed the Provider withheld administration precisely **because** there were no valid orders at the time of admission along with empty pill bottles with the exception that surveyor didn't take into account providers statement but informed the provider it was their responsibility to have filled old medications and got the orders and provided those medications to the FC#3 , surveyor noted that this was why she was citing the agency with TypeB

### 3. Comprehensive Coordination of Care

- Contrary to the surveyor's statement that the Provider failed to coordinate care, the facility extensively participated in:
  - **Child and Family Team (CFT) Meetings:** Monthly (and sometimes more frequent) team meetings that included the client's family, a care manager, medical/clinical staff, and the Provider's Qualified Professional.
  - **Medical Appointments:** The Provider ensured scheduling and transportation for physician visits, mental health assessments, and

medication management appointments, including the pivotal evaluation on 12/16/2024 that included the FC#3 stepfather and mother as provider listened to the call the parents requested medications and stated that the medications had no refills and there was no follow through with medication appointment from prior facility due to consumers behaviors and lack of compliance in the home and or school.

- **Consistent Communication:** The Provider maintained ongoing coordination with family members, guardians, and external care managers to align interventions and ensure timely access to services.
- Documentation of these efforts, including attendance at meetings, and written communication, was shared with the surveyor. However, this evidence of robust coordination was neither reflected in the surveyor's final report nor apparently considered when evaluating compliance.

#### 4. Failure to Consider Key Evidence of Coordination Efforts

- Despite having received copies of the client's appointment records, meeting minutes, and communication logs, the surveyor still concluded that "coordination of care was not valid."
- This conclusion overlooks the fact that the Provider met the mandated requirements for service coordination under 10A NCAC 27G .1700, consistently engaging in collaborative care and ensuring the client's needs were met in conjunction with the care manager and family.

### Conclusion

- **Omission of Critical Evidence:** The surveyor did not incorporate the Provider's thorough coordination of care—demonstrated through documented participation in monthly CFT meetings, scheduling and accompanying the client to medical appointments, and maintaining consistent contact with the family and care manager—into the deficiency findings.
- **Inconsistent Medication Guidance:** The surveyor's instruction to "administer first, obtain orders later" not only contradicts state rules requiring physician-authorized orders but also undercuts the Provider's due diligence in preventing the misuse of medication.

- **Late Citation Notice:** The Provider had no opportunity to address or clarify these alleged issues in real-time, since the Type B citation was not disclosed during the initial exit meeting or before moving to the 2<sup>nd</sup> location surveyor was with provider from 2/5/2025 until exit 2/14/2025 never mentioning this type of action or perceptions.

Given these inconsistencies, **the Type B violation appears unjustified.** The Provider's documentation and coordination efforts confirm that it exercised the caution and compliance required under 10A NCAC 27G, and the surveyor's failure to integrate these facts calls the citation's validity into question.

The provider is requesting follow up time to interview other consumers and implement the policy set forth when consumer is transitioning into care. However, the provider stands firm of identifying a surveyor who can provide non-bias . Could, you please also share what the follow survey would entail.

Thanks,

  
[Redacted] QP/CD

Inspirationz, LLC

CC; [Redacted] Owner

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #:

**[REDACTED]'S PERSON-CENTERED PLAN**

[REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
(Non - I/DD Plans ONLY) PCP Completed on: 8/8/2024 Update: 10/29/2024	(I/DD Plans ONLY) Plan Meeting Date:    /    /        Effective Date:    /    /		

**Life Domains Assessed during Development of Person-Centered Plan:**

<b>Daily Life and Employment</b> [REDACTED] is currently residing in Advent Health Hope Unit waiting for discharge into Eliada Level III Assessment Center.	<b>Community Living</b> [REDACTED] when not hospitalized, resides in the home setting with her parents and siblings.
<b>Safety and Security</b> [REDACTED] is in a secure setting while placed in the Hope Unit and will be monitored for continued safety while transitioning to Eliada.	<b>Healthy Living</b> [REDACTED] enjoys reading, writing and art.
<b>Social and Spirituality</b> When in school, [REDACTED] was making Straight A's. Currently homeschooled.	<b>Citizenship and Advocacy</b> No concerns.

***What do you want to work on? What would you like to accomplish?***

"To better deal with my anger (not punching the walls or others and not yelling)."

***What strengths do you currently have?***

"I am smart. I am caring. I have good boundaries. I am determined and know what I want to do with my life."

***What are the obstacles to meeting your goals?***

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: 9 [REDACTED]

Record #:

"It seems like my parents are an obstacle. My parents pulled me out of school and I'm not allowed to have a job either."

### ACTION PLAN

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, interventions, and timeframes.

#### Long-Term Goal:

"To become emancipated. The get a driver's license and car."

#### Short-Term SMART Goal

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #:

**Level III Goal:** [REDACTED] will practice using positive coping skills to work on verbal and physical aggression, thoughts to self-harm and impulse control. She will use positive coping skills 6 out of 7 days a week for the next 30 days.

Daily  
Ongoing

Eliada Homes, Inc. Level III  
24/7/365  
1 unit per day

Therapeutic Leave, 0-15 days per quarter, up to 45 days per year.

Medication management 1 x month or as needed (Level III)

Divine Minds Day Treatmet; 5 days per week 6 hours per day

**Update 10/29/2024:** [REDACTED] has been accepted to a long term Level III, this level III will create new goals with her for treatment.

#### **Short-Term SMART Goal**

**Level III** [REDACTED] will practice using positive coping skills to work on verbal and physical aggression, thoughts to self-harm, and impulse control. She will use positive coping skills 6 out of 7 days a week for the next 30 days.

Daily  
Ongoing

Inspirationz, LLC Level III  
24/7/365

1 unit per day

Therapeutic Leave, 0-15 days per quarter, up to 45 days per year.

Medication management 1 x month or as needed (Level III)

Divine Minds Day Treatmet; 5 days per week 6 hours per day

**Update 10/29/2024:** [REDACTED] y has been accepted to a long-term Level III, this level III will create new goals with her for treatment. Daisy will transition with this goal with Inspirationz, LLC.

#### **Interventions – Provider(s):**

**LIII** – Will provide weekly individual therapy; family therapy at minimum twice per month; group therapy. Provide 24-hour supervision to ensure safety. Provide trauma-informed therapeutic and mindfulness practices such as meditation, yoga, creative modalities, use of sensory items, animal/equine therapy to increase the student's ability to self-soothe and regulate emotions. Provide recreation and exercise opportunities such as basketball, football, swimming (seasonal), biking, skateboarding, use of exercise room/gym. Provide therapeutic daily schedule/routine to reduce arousal levels, and prepare students for transitions. Establish clear rules and expectations in the cottage and during academic blocks. Teach and encourage the student to use self-regulation skills to increase the ability of safely managing triggers and emotions. Remind the student of both positive and negative consequences for actions and how actions affect others. Role model appropriate behavior and provide learning opportunities. Provide positive attention for desired responses. Provide opportunities for education on nutrition. Coordinate medical needs. Monitor throughout sleeping hours. Facilitate therapeutic leave. Coordinate discharge and aftercare services.

**Psychiatrist (LIII)** – Provide psychiatric assessment, psychoeducation, monitor the efficacy and side effects of medications, and consult with guardian/family/team.

**Divine Minds Day Treatmet** – To provide interventions to assist with the development of skills and replacement behaviors to reduce symptoms; to enhance communication and problem-solving skills; to provide and teach strengths-based behavior supports; to provide case management

Name: [REDACTED]

(s): [REDACTED]

LIII –

Will provide weekly individual therapy; family therapy at minimum twice per month; group therapy. Provide 24-hour supervision to ensure safety. Provide trauma informed therapeutic and mindfulness practices such as meditation, yoga, creative modalities, use of sensory items, animal/equine therapy to increase student's ability to self soothe and regulate emotions. Provide recreation and exercise opportunities such as basketball, football, swimming (seasonal), biking, skateboarding, use of exercise room/gym. Provide therapeutic daily schedule/routine to reduce arousal levels, and prepare students for transitions. Establish clear rules and expectations in the cottage and during academic blocks. Teach and encourage student to use self-regulation skills to increase ability of safely managing triggers and emotions. Remind student of both positive and negative consequences for actions and how actions affect others. Role model appropriate behavior and provide learning opportunities. Provide positive attention for desired responses. Provide opportunities for education on nutrition. Coordinate medical needs. Monitor throughout sleeping hours. Facilitate therapeutic leave. Coordinate discharge and aftercare services.

Psychiatrist (LIII) – Provide psychiatric assessment, psychoeducation, monitor the efficacy and side effects of medications, and consult with guardian/family/team.

Divine Minds Day Treatment –

To provide interventions to assist with development of skills and replacement behaviors to reduce symptoms; to enhance communication and problem solving skills; to provide and teach strengths-based behavior supports; to provide case management.

Any updates on strategies for managing behaviors will be documented in multiple places, including but not limited to: nursing notes, CCR, emails to staff, shift change, etc.

#### Interventions – Individual and/or Natural Support Actions:

D [REDACTED] –

Will participate in assessments to help with treatment planning and identification of strengths, triggers, and preferred coping skills. Participate in individual, family and group therapies. Attend and participate in Child and Family Team Meetings. Work with staff on support and safety planning. Participate in academics. Follow basic expectations of the program.

Family –

Will attend and participate in monthly Child and Family Team Meetings and collaborate with the team. Attend family therapy twice per month, or as clinically recommended, and work on treatment goals during phone conversations. Assist student with skills learned during therapeutic leave. Follow recommendations regarding therapeutic passes.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
8/7/2025	10/29/2024	N	New goal to be used for admittance to Inspirationz Level III and Divine Minds Day Treatment Programs.

MOTHLY GOAL UPDATES

Sure, I can help with that.

**Provider Monthly Update:**

**November:** The consumer struggled in the setting, and the team discussed transitioning to PRTF or higher levels of care due to high-risk safety concerns with the consumer's impulsivity to run and/or elope with strangers or persons of knowing and the refusal to participate in treatment.

**December:** The consumer continued to show no progress with a lot of family interference and triggers, feeling they need no assistance. On December 16, the consumer was evaluated for medications as there was no follow-through with appointments from Elida Homes upon discharge. The consumer struggled with mood due to no medications.

**January:** The consumer continued to show no progress with a lot of family interference and triggers, feeling they need no assistance.



**Short-Term SMART Goal**

Name: [REDACTED] Record #: [REDACTED]

**Divine Minds Day Treatmet Goal:** [REDACTED] learn and utilize Zones of Regulation to help with behaviors of verbal and physical aggression, thoughts to self-harm and impulse control while in the school setting. She will maintain appropriate boundaries with peers in the school setting. She will utilize these skills and healthy boundaries 4 out of 5 days a week for the next 30 days.

Daily  
Ongoing

Eliada Homes, Inc. Level III  
24/7/365  
1 unit per day

Therapeutic Leave, 0-15 days per quarter, up to 45 days per year.

Medication management 1 x month or as needed (Level III)

Divine Minds Day Treatmet; 5 days per week 6 hours per day

**Update 10/29/2024:** [REDACTED] has been accepted to a long term Level III with a Divine Minds Day Treatmet component, this level III and Divine Minds Day Treatmet will create new goals with Daisy.

#### **Short-Term SMART Goal**

**Divine Minds Day Treatmet Goal:** [REDACTED] will learn and utilize Zones of Regulation to help with behaviors of verbal and physical aggression, thoughts to self-harm, and impulse control while in the school setting. She will maintain appropriate boundaries with peers in the school setting. She will utilize these skills and healthy boundaries 4 out of 5 days a week for the next 30 days.

Daily  
Ongoing

Inspirationz, LLC Level III  
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1 unit per day

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Medication management 1 x month or as needed (Level III)

Divine Minds Day Treatmet; 5 days per week 6 hours per day

**Update 10/29/2024:** [REDACTED] has been accepted to a long-term Level III with a Divine Minds Day Treatmet component, this level III and Divine Minds Day Treatmet will create new goals with Daisy.

#### **Interventions – Provider(s):**

**Divine Minds Day Treatmet:** Divine Minds Day Treatmet will utilize the program-based rewards to encourage the student to participate. Divine Minds Day Treatmet will provide clear expectations for the student to encourage participation. In accordance with the service definition, to provide interventions to assist with the development of skills and replacement behaviors to reduce symptoms; to enhance communication and problem-solving skills; to provide and teach strengths-based behavior supports; to provide case management. Divine Minds Day Treatmet staff to check in with the student regarding their status and level each day.

#### **Interventions – Individual and/or Natural Support Actions:**

**Daisy:** Student will attend Divine Minds Day Treatmet five days a week. Student will participate in daily scheduled activities and complete school assignments as given by staff.

**Family:** Guardian will attend monthly child and family team meetings. Guardian will provide any items needed for the student in this program.

**Target Date (Not to exceed 12 months)**

Name: [REDACTED]

Record #:

**Interventions – Provider (s):**

Divine Minds Day Treatmet: Divine Minds Day Treatmet will utilize the program based rewards to encourage student to participate. Divine Minds Day Treatmet will provide clear expectations for student to encourage participation. In accordance with the service definition, to provide interventions to assist with development of skills and replacement behaviors to reduce symptoms; to enhance communication and problem solving skills; to provide and teach strengths-based behavior supports; to provide case management. Divine Minds Day Treatmet staff to check in with student regarding their status and level each day.

**Interventions – Individual and/or Natural Support Actions:**

Daisy: Student will attend Divine Minds Day Treatmet five days a week. Student will participate in daily scheduled activities and complete school assignments as given by staff.

Family: Guardian will attend monthly child and family team meetings. Guardian will provide any items needed for student in this program.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
8/7/2025	10/29/2024	N	New goal to be used for admittance to Inspirationz Level III and Divine Minds Day Treatmet Programs.

**MONTHLY GOAL UPDATE**

**Provider Monthly Update:**

**November:** The consumer struggled in the setting, and the team discussed transitioning to PRTF or higher levels of care due to high-risk safety concerns with the consumer's impulsivity to run and/or elope with strangers or persons of knowing and the refusal to participate in treatment. Daisy felt that she didn't need treatment and didn't apply herself.

**December:** The consumer continued to show no progress with a lot of family interference and triggers, feeling they need no assistance. On December 16, the consumer was evaluated for medications as there was no follow-through with appointments from Elida Homes upon discharge. The consumer struggled with mood due to no medications. Daisy felt that she didn't need treatment and didn't apply herself.

**January:** The consumer continued to show no progress with a lot of family interference and triggers, feeling they need no assistance. Daisy felt that she didn't need treatment and didn't apply herself.

**\*\* Copy and use as many Action Plan pages as needed.\*\***

Name: [REDACTED]

Record #:

## CRISIS PREVENTION AND INTERVENTION PLAN

Date of Initial Crisis Plan (mm/dd/yyyy): 8/8/2024	Date of Last Revision (mm/dd/yyyy): 10/29/2024	Medicaid ID #: [REDACTED]	Record #:
Name: [REDACTED]		Date of Birth (mm/dd/yyyy): 5/1/2009	
Address: [REDACTED]		[REDACTED]	
Clinical Home/First Responder: Inspirationz ILC	Emergency Phone #: [REDACTED]	Alternate Phone #: [REDACTED]	
LME-MCO: Vaya Health	LME-MCO Phone #: 828-225-2785	County: Caldwell	
Living Situation			
Living Situation (Stable, Unstable): Stable		If "Unstable" Describe:	
In a crisis, assistance will be needed in the following areas (if not applicable, leave blank)			
Children (if yes, indicate ages):	Pets (Yes/Blank):	Transportation (Yes/Blank):	Other (Describe the type of assistance needed):
Explain what help will be needed:			
Employment (In a crisis, assistance will be needed to contact my employer)			
Assistance will be needed (Yes/No): N/A	Contact Name:	Contact Phone #:	
Please inform them:			
Communication		Preferred Language	
Method (Nonverbal, Picture System, Gestures, Other): Verbal	Preferred Language (English, Spanish, Sign Language, Other): English	If "Other", specify:	
Legally Responsible Person			
Guardian Appointed (Yes/No): No	Legally Responsible Person Name: [REDACTED]	Contact Phone #: [REDACTED]	
Insurance			
Type of Insurance: Medicaid	Name of Company or Payer (If Type is Private or Other):	Policy Number/Member ID:	
Diagnoses			
DSM Code:	Diagnosis:	Diagnosis Date (mm/dd/yyyy):	
F33.1	Major Depressive Disorder, Recurrent, Moderate		
F91.3	Oppositional Defiant Disorder		

Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

<b>Medication Name:</b>	<b>Dose:</b>	<b>Frequency:</b>	<b>Reason for Change:</b>	<b>Date:</b>	<b>Prescribing MD:</b>	<b>Pharmacy:</b>
Vraylar	3mg	Daily			[REDACTED]	Blue Ridge
Clonidine	0.1mg	Nightly			[REDACTED]	Blue Ridge
Depakote ER	500mg	Nightly			Dr. [REDACTED]	Blue Ridge
Depakote EC	250mg	Daily				
Trazadone	100mg	Nightly				
Atarax	25mg	PRN				
<b>True Allergies</b> (Medication(s) and reaction - Update/revise anytime there is a change)						
Geodon						
<b>Poorly Tolerated Medications</b> (Medication(s) and reaction - Update/revise anytime there is a change)						
<b>Medical/Dental Concerns</b>						

Name: [REDACTED]

Record #:

**Supports For The Individual****Notification**

List the individuals that should be called in the event of a crisis, indicate the calling order, provide contact information, and indicate if a consent to release information to that person exists.

Call Order	Who	Agency	Name	Address	Phone #	Is there a valid consent to release (yes/no) ?
	Guardian/ Legally Responsible Person		[REDACTED]	[REDACTED]	[REDACTED]	
	[REDACTED]		[REDACTED] y Adams	[REDACTED]	980-297-9069	
	Family Contact 2					
	Service Provider	[REDACTED]	Therapist			
	Case Manager					
	Care Coordinator	Vaya Health	[REDACTED]		[REDACTED]	
	Primary Therapist	Eliada Homes, Inc.				
	Primary Care Physician					
	Psychiatrist	Eliada Homes, Inc.	Dr. [REDACTED]	[REDACTED] ille, NC	8 [REDACTED]	Y
	Other Physician					
	Peer Support Specialist					
	Other Support					

**Crisis Follow-Up Planning**

(Include contact number(s) if not provided above)

	Name	Contact #	Contact #
Who is the primary contact to coordinate care if the individual requires inpatient or other specialized care?	Inspirationz [REDACTED] QP	[REDACTED]	
Who will visit the individual while hospitalized? (This information should come from the individual and reflect the individual's preference)	Guardian / Care Manager		
Who will lead a review/debriefing following a crisis? Within what timeframe?	Cottage Supervisor		Within 24 hours

**Additional Planning Documents**

(Indicate if the individual has any of the following documents. If "Yes", attach the document to the Crisis Plan)

	Yes/ No	Notes
Individual Behavior Plan	Y	
Suicide Prevention & Intervention Plan	N	
WRAP Plan	N	
Futures Plan (youth in	N	

Name: [REDACTED]		Record #:
transition/young adult)		
<b>Psychiatric Advanced Directives</b> (a PAD is a legal document allowing a client to direct his or her psychiatric treatment in the event that he or she becomes unable to make or communicate decisions about that treatment. To find out more information about PADs in North Carolina, go to <a href="http://www.nrc-pad.org/states/north-carolina-resources">http://www.nrc-pad.org/states/north-carolina-resources</a> .)	N	
<b>Other Advance Directive or Living Will</b>	N	

**General Characteristics/Preferences – as described in the individual's own words**

<b>What I am like when I am feeling well?</b> Describe what a good day looks like for this person. Provide examples of how s/he interacts, behaves, appears and feels when s/he has an overall sense of wellness and wellbeing.
(Pre-Crisis)  [REDACTED] enjoys reading, writing and art. 10/29/2024 D [REDACTED] states she will continue to enjoy reading , writing and art she just wants to be out of the home
<b>What are some events or situations that have caused me trouble in the past?</b> Outline significant events that may create or increase stress and trigger the onset of a crisis. (Examples include anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, out of medication, being isolated, etc.).
(Triggering)  “My triggers are my parents bringing up stuff or making me mad.” 10/29/2024 [REDACTED] states nothing has changed about how she feels about her parents she doesn’t trust them and don’t want to live with them get her out of the home immediately”
<b>What are the early warning signs that I am not doing well? What will others notice about my behavior, speech, and actions when I am not doing well?</b> Describe what others observe when s/he is entering a crisis episode. Include lessons learned from previous crisis events. (Examples include not keeping appointments, isolating self, loud or hyper-verbal speech, not sleeping well, eating too much, etc.)
(Prevention and Early Intervention Strategies)  “I will get upset. When I feel like cutting, I will isolate. I get defensive.” 10/29/2024 [REDACTED] still remains the same but states she is in control on feeling like cutting.
<b>How can others help me and what can I do to help myself to address a crisis early on? Who is best able to assist me?</b> Describe prevention and intervention strategies that have been effective in reducing stress, problem solving, and keeping the person from needing higher levels of care such as a trip to an

breathing exercises, journaling, taking a walk, listening to music, calling a friend or family member or provider, etc.)

(Escalation)

“If I’m not allowed to walk away, I will fight. Talk me out of harming someone.”

Special staffings can be requested as needed to review specific strategies that will provide an effective response and support. Consideration for the revision of student’s support plan. Adhering to crisis on call procedures, established within Eliada’s crisis response procedure; this includes consultation with clinical on call – to determine the necessity for assessment of hospitalization, or to seek further clinical recommendation.

1. Eliada PRTF staff will follow agency protocol for dealing with psychiatric emergencies.
2. Contact Guardian.
3. If there is potential for harm, medical emergency, assess risk, provide CPR, first aid, call 911 or take her to nearest ER

10/29/2024 Inspirationz will continue to support this strategy will following their own crisis intervention and protocol upon health and safety concerns for daisy

***If I am in crisis, what are ways that others can help me and how can I help myself? What strategies do not work well for me? List everything that has worked well for the person in the past. Focus first on the least restrictive steps including natural and community supports. Describe how crisis staff should interact with the person in crisis. Describe preferred and non-preferred medications, treatment facilities, and options for respite. Include the person’s preferred process for obtaining back-up in case of emergency. (Examples include I like music, I like to go for a walk, I like to be talked to, call my sponsor, remind me of my PRN meds, I don’t like to be talked to, I don’t like to be touched, I prefer ABC hospital over XYZ hospital, etc.).***

(Outburst)

(Recovery)

“I cry a lot. I could sleep. I usually write.”

10/29/2024 [REDACTED] states she still will cry allot and sleep at times and will write her feelings out when she is in recovery mode.